

**REPORT TO THE ILLINOIS CRIMINAL JUSTICE INFORMATION
AUTHORITY:**

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

FINAL REPORT

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INTRODUCTION

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 violent crimes committed against family members between 1998 and 2002, roughly 49% were crimes against spouses (Durose et. al, 2005, p.1). Since domestic violence was first acknowledged as a serious social problem in the 1970s, research in the area has proliferated (Gordon, 1996). As Gordon (1996) notes, many works have focused on the prevalence, causes and treatment of abuse (see for example Walker, 1984; Gelles & Straus, 1988; Dutton-Douglas & Dionne, 1991; Briere, 1994; Roberts, 1998). Studies of the criminal justice and social service systems, and evaluations of innovative intervention strategies have also multiplied (see National Institute of Justice & American Bar Association, 1998; Buzawa & Buzawa, 1996a, 1996b; Steinman, 1991; Davis & Smith, 1995; Reulbach & Tewksbury, 1994; Syers & Edleson, 1992; Davis & Hagen, 1994). Nonetheless, the research is more limited in terms of exploring variations in experience related to characteristics such as race, ethnicity, sexual orientation, age or locale (for some exceptions, see Sullivan & Rumptz, 1994; Marsh, 1993; Sorenson, 1996; Websdale & Johnson, 1998; Short et al., 2000; Brandl & Raymond, 1997; Vinton, 1991; Grossman & Lundy, 2003). Either information about such variables is not provided, distinctions among race and ethnic minorities are not made, or samples tend to be white, heterosexual and comprised of women from urban or suburban settings.

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 and expectations, 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. In addition, 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. The information which is available suggest that difference between groups do exist, based on characteristics such as race and ethnicity (Grossman & Lundy, 2007; Bonilla-Santiago, 2002; Short et al., 2000; Sullivan & Rumptz, 1994;), whether the program is in a rural or urban setting (Websdale & Johnson, 1998; Feyen, 1989) and age (Lundy & Grossman, 2004; McKibben, 1988, cited by Vinton, 1991), as well as these factors in combination with each other (Grossman et al., 2005; Grossman & Lundy, 2003). Further clarification of service patterns and how they vary by such characteristics is essential not only for funding purposes but to insure that groups are not underserved.

In addition to the adults who are direct victims of violence, children exposed to domestic violence suffer serious consequences as well. Edleson, (1999) in a review of the literature related to the co-occurrence of woman battering and child maltreatment,

notes that a majority of studies indicated co-occurring violence in 30% to 60% of families where either child maltreatment or spouse battering was occurring (pg. 136; see also Dietz & Craft, 1980 who were among the first to document this co-occurrence). Although Edleson (1999b) notes that there are methodological problems making comparisons between studies problematic, an overview of these works indicates that the victims of adult abuse were most often mothers and the type of child abuse most frequently reported was some type of physical abuse. The legacy of such abuse has been clearly documented in the child abuse literature, including a number of mental health problems, (Lehmann & Carlson, 1998; Pearce & Pezzot-Pearce, 1997; 2006; Straus, 1992; Wolak & Finkelhor, 1998). In fact, studies reveal a significant link between victimization in childhood and later involvement in violent crimes, suggesting an ongoing cycle of violence as well as a greater likelihood of substance abuse, future delinquency, repeated victimization in adulthood, and adult criminality (Groves et al., 2002; Lee, 2001; Wolfe, et al., 1986, p.96).

Even children who are not direct victims of violence are affected by exposure to domestic abuse. Thus, 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 (Christopheropoulos 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). The American Academy of Pediatrics reports that children who witness domestic violence are likely to become sufferers of post traumatic stress disorder, "...a long-term mental health condition characterized by flashbacks, anxiety, withdrawal, nightmares, developmental regression, and self-blame"(Lee, 2001, p. 1; see also, Groves et al., 2002, p. 5). A better understanding of the factors associated with problems among such children will help us to identify interventions that may be most useful.

The analyses presented here were conducted in order to look more fully at these issues. They build upon our previous work examining both domestic violence data and sexual assault/abuse information for the Illinois Criminal Justice and Information Authority (ICJIA) (Grossman & Lundy, 2000; Grossman & Lundy, 2004). The domestic violence data with which we worked made clear that there were differences in the circumstances of abuse, paths into referral and assessed service need for some groups, including victims of color versus those who were White, older versus younger victims and victims in rural settings compared to those in Cook County. Variations in difficulties among children related to their characteristics, as well as the characteristics of the abuse situation were also identified. The data which were used in these analyses, however, were older data, predating the InfoNet system and, as such, limited in time (no later than 1995) and depth. The sexual assault and abuse data we worked with allowed us to look at a broader range of variables in more recent time, but because these data focused on victims of sexual assault and/or abuse, they did not provide further clarification on the experience of victims of domestic violence (although some of the victims in the sexual assault/abuse data were also victims of such abuse). Nonetheless, differences in experiences and service patterns related to characteristics such as race/ethnicity, primary presenting

problem, age, gender and region were evident in the data. The present analysis, utilizing data from the InfoNet system related to the experiences of victims of domestic violence allowed us to see if previous differences still existed and to assess the nature of differences and associated variables more closely. We first present the findings, discuss their implications and then use this information to develop recommendations about possible changes in the service system or emphases of that system in the delivery of services as appropriate. We also discuss changes in the data collection system itself that may improve the quality of data collected and its usefulness to service providers and policy makers. Ultimately, our goal is to better meet the service needs of women and their children who are victims of domestic violence.

Research Questions Related to the Experiences of Victims/Survivors.

This study has six specific research questions related to the experiences of adult victims. They focus on describing who is served over time, the types of services they receive, and how this may vary depending on characteristics such as the circumstances of abuse, their race/ethnicity, socio-economic status, disability status, age, gender, and the region in which services are provided. Because there was also interest, we also consider how experiences vary depending on whether or not the victim received onsite shelter services at some point in time.

Specific questions included in the descriptive analyses are:

- 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?
 - a) How do these characteristics vary by year?
 - b) How do these characteristics vary by region of service?
 - c) How do these characteristics vary by whether or not the victim/survivor received onsite shelter?

- 2) What are the circumstances of the abuse situation?
 - a) How do these circumstances vary by year?
 - b) How do these circumstances vary by age of the victim/survivor?
 - c) How do these circumstances vary by race/ethnicity?
 - d) How do these circumstances vary by disability status?
 - e) How do these circumstances vary by region of service?
 - f) How do these circumstances vary by whether or not the victim/survivor received onsite shelter?

- 3) What is the relationship between the victim and abuser and what are the abuser's characteristics?
 - a) How do these vary by year?
 - b) How do these vary by the age of the victim/survivor?
 - c) How do these vary by the race/ethnicity?
 - d) How do these vary by the disability status?

- e) How do these vary by region of service?
 - f) How do these vary by whether or not the victim/survivor received onsite shelter?
- 4) What are the referral sources of individuals who were served by Domestic Violence programs in Illinois since 1998?
- a) How do these sources vary by year?
 - b) How do these sources vary by the age of the victim/survivor?
 - c) How do these sources vary by race/ethnicity?
 - d) How do these sources vary by disability status?
 - e) How do these sources vary by region of service?
 - f) How do these vary by whether or not the victim/survivor received onsite shelter?
- 5) What are the referral paths of victims/survivors? (i.e., to what services are they referred?)
- a) How do these paths vary by year?
 - b) How do these paths vary by age of the victim/survivor?
 - c) How do these paths vary by race/ethnicity?
 - d) How do these paths vary by disability status?
 - e) How do these paths vary by type of abuse/primary presenting issue?²
 - f) How do these paths vary by region of service?
 - g) How do these paths vary by whether or not the victim/survivor received onsite shelter?
- 6) Which services are received by victims/survivors?
- a) How do these vary by year?
 - b) How do these vary by age of the victim/survivor?
 - c) How do these vary by race/ethnicity?
 - d) How do these vary by disability status?
 - e) How do these vary by type of abuse/primary presenting issue?
 - f) How do these vary by region of service?
 - g) How do these vary by whether or not the victim/survivor received onsite shelter services?

Multivariate analyses are also included. They are exploratory and are utilized in an attempt to identify the characteristics and experiences of those who receive more service than others. In addition to looking at the experiences of all victims, we construct models for those who were and were not in onsite shelter.

Research Questions Related to the Experiences of Children

² Originally, we had intended to also look at variations related to severity of the abuse as assessed by questions from the Conflict Tactics Scale (CTS). However, because of issues with these data which are discussed subsequently, we did not conduct this analysis. As a substitute, we included analysis of differences between those who did and did not receive onsite shelter.

We initially had two questions related to children, derived from our previous work and our desire to obtain more reliable information about children's experiences in the service system. These questions were

- 1) What are the characteristics children who come into the domestic violence service system?
 - a) How do these vary by year?
 - b) How do these vary by region?

- 2) What are the types of problems experienced by children who come into the domestic violence service system?
 - a) How do these vary by year?
 - b) How do these vary by age of the child?
 - c) How do these vary by race/ethnicity of the child?
 - d) How do these vary by the child's gender?
 - e) How do these vary by whether or not the child received onsite shelter services?³

In addition, since we had service data for children, we added a third question:

- 3) What services are received by children who enter the service system with a victim/survivor?
 - a) How do these vary by year?
 - b) How do these vary by age group?
 - c) How do these vary by the types of problems children have?
 - d) How do these vary by the child's gender?
 - e) How do these vary by whether or not the child received onsite shelter services?

Multivariate analyses of child data were originally intended to look at the characteristics of the child that related to the likelihood that he or she would have a problem in one of four areas: emotional well-being, social relationships, physical development and educational achievement. However, from our previous work for ICJIA we knew that parent circumstances were important co-variates in these models. Since we were not able to link child and parent data in this data set, we did not construct these regression models. Instead we constructed models for children that were intended to identify the factors related to greater receipt of service as indicated by higher service hours.

METHODOLOGY

³ Originally, we proposed to look at the relationship between children's problems and the victim's circumstances, but, as is discussed subsequently, we were unable to make the link between child and victim data which would have allowed us to engage in this comparison. Instead, we substituted an examination of the problems of children receiving onsite shelter compared to those who did not for child questions 2e and 3e.

The data which form the basis of this report were collected 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 the Authority, 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 Authority 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. Some information, particularly related to the offense, is available only for victims, but demographic and service information is also included for children who come into the service system as witnesses to domestic violence.

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)

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.⁴ However, of this total, 124,166 or 26.1% were

⁴ 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 analysis. Another 9218 individuals

served in more than one year. The actual unduplicated count of clients was 342,462.⁵ This represents all clients served at least once by one of the 70 agencies serving victims of violence in Illinois during this time period.

Because we were interested in the experiences of all clients each year when we conducted the analysis by year, we included all clients served in a given year whether they were new or ongoing clients. Conversely, when we looked at the experiences of clients across years, we included each client only one time. We did this because we were concerned that including clients more than one time in such analyses might result in bias, particularly if multiple year clients differed from clients who received all their services in one year. For example, if multiple year clients were more likely to be younger or White, and they were also more likely to receive adult group counseling, it would look as if younger or White clients were more likely to receive such services compared to older clients or clients of color, when in fact, the real issue would not be age or race, but the fact that multiple year clients were more likely to be in these groups. In essence, we would not get an accurate picture of differences if we included clients more than once when looking across all years.

Missing data, limitations to the analysis, assumptions and solutions to data problems.

The InfoNet system is designed so that data relevant to particular areas can be entered on specific screens. This results in the creation of several unique data sets related to demographics, presenting issues and the circumstances of abuse, referrals, contact with the medical and criminal justice systems, and client limitations or special needs. Not all the information asked about in the system must be provided, however. Data related to special needs is to be completed only when a special need or disability is present. Similarly, data on contacts with the medical and criminal justice system do not have to be completed.

In theory, all data should be provided for required fields, but the demands of providing service to clients in great need often means that only information which is available immediately is included for some clients. Some information may have been skipped with the intention of providing it later. Staff may then forget to provide the relevant data. The result, however, is that in some areas, there is a lot of missing

also entered service before January 1, 1998 but they received at least some services after that date so they are included in the present study. Service time, for these individuals includes only the hours and service contacts they received after January 1, 1998. Demographic information for these 9218 people includes the information that was obtained when they first came into service, even if it was before January 1, 1998. At the same time, 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. Appendix Tables 1 and 2 include additional information on the counts of clients in the service and demographic data files as well as the count the final data set used in the present analysis when analysis was conducted across years.

⁵The final data set that was used in the analysis of data on children who entered the service system included only children under 21. Thus, although there were data on 68,645 unique, unduplicated children in the service data, 115 were excluded from the final data set when years were combined. The final count of unduplicated cases, therefore, was 342,345. See Appendix Table 2.

information and we cannot assume that clients for whom data are missing are clients for whom the variables in question are not applicable.⁶ Some specific recodes and areas related to missing data or data problems with which the reader should be aware include the following:

1. Demographic data on socio-economic status. Some demographic data contained relatively large numbers of missing cases or data that may not have been fully reliable. This was especially the case for data on education, employment, health insurance and income. For these variables, the number of missing cases was relatively large, although, the amount of information on these variables in the domestic violence data was generally much better than was the case for the data from sexual abuse and assault programs. Education is probably the one variable missing most data. Some of the income variables, particularly those asking about primary income sources and whether or not the individual had any income at all, were not very complete. Therefore, we combined information about primary and secondary sources whenever possible and did not use the “no income” variable. Given the number of missing cases for some of the variables we did include, trends for these variables should be viewed as suggestive, more than definitive.

2. Age data. Age data was somewhat problematic. Although programs do serve victims who are younger than 18, among victims, age was entered as 0 for 1819 individuals (about 0.7% of all individuals). After consulting with staff at ICJIA, we decided that 0 was probably entered for victims as a missing value and we set age to missing for all victims whose age was recorded as 0. At the same time, we assumed that age was correct for all other individuals. This resulted in an age range among victims that was from 1 to 100. Only a very small percentage of all victims were under 14 (0.3 percent in total were under 14) and overall, those under 18 comprised only 2.3% of all victims. Therefore, even if these young ages were entered in error, few individuals were affected relative to the total number of victims. In addition, analyses of differences by age pull this group of victims under 18 out as a separate group so that it is possible to determine if their experience differs in meaningful ways from adult victims.

We had the opposite problem with children. Among children, the age range was from 0 to 87 in the original data although only a very small number of individuals and percent of the total number of children were over 21 (about 0.2%). While 0 was a legitimate age for children, we decided that anyone over 21 would be deleted from the analyses of child data. The exception is that when we looked year by year at the

⁶ The only case where we could make this assumption related to data on disabilities and special needs. It was felt by the persons administering the InfoNet system that in this instance, this data would only be provided if relevant and if the data were missing, it would be safe to assume it meant that no disability was present. Accordingly, every client for whom we did not have an identified disability was coded as “no” for all questions about special needs and limitations, whether the data were initially missing or already entered as no. Additional recodes to the disability data were also made to separate those with language limitations (included as a limitation in the disability data) from those with other types of disabilities. This and other modifications are discussed above under the discussion of data on disabilities.

characteristics of all children, their problems, and their service patterns, we included all individuals who were in the child data regardless of age. Tables where years are combined, however, and when variations between groups of children are compared, only children 21 and younger are included

Offender age data also included offenders who ranged in age from -2 to 107. Clearly, some of these were codes for missing data or mistakes in data entry, but a small number of offenders were between the ages of 1 and 9 (about 500, most of whom were coded as 1 year of age). Because it seemed unlikely that children younger than 10 would be able to inflict serious harm, we set all offenders under 10 to missing on the age variable. We did not take them out of the analysis of other variables.

3. Data on disabilities. As noted, disability data was the one set of data where we could assume if an individual was missing, she most likely did not have a disability. In theory, only individuals with some disability or special need were asked these questions. Therefore, victims who were not asked these questions were coded as not disabled on all questions about disability. We also made some additional modifications and assumptions about the individuals who were included in the disability data set. First, we did not include language limitations as a disability. While we understand that language barriers may impose a burden on programs, especially among those that do not have interpreters, we were interested in looking at the experiences of those with physical or mental impairments or challenges; language limitations did not seem like the same type of problem. Accordingly, we examined language problems as a separate problem apart from disabilities. Also, when we looked specifically at the experience of persons with disabilities, we did not include individuals whose only limitation related to language.

Second, excluding language problems, the only disability for 11,147 individuals was an “other” disability. While there was information about what this “other” disability was for many people, it was missing for about 5800 individuals. Information that was available for the remaining individuals who had “other” disabilities (including an additional 2000 that also had specific disabilities in the categories provided), indicated that problems such as mental health concerns, or chronic health issues were common. Pregnancy was listed as a disability for many individuals, which was confusing since a separate question in the system asked about pregnancy. Our first inclination was to exclude such individuals from the disabled group, but it was hard to pull out all the cases. Also, we were not sure if there might have been complications with the pregnancy which required special care and if this was why it was listed as a disability. Therefore, we included and counted these individuals as disabled.

Lastly, for a small number of individuals, the comments under “other” indicated that there was no disability of any kind. These individuals were recoded as having no disabilities when they had none of the other specific disabilities that were listed in the data base.

4. The Conflict Tactics Scale. We had hoped to use data derived from questions on the Conflict Tactics Scale (CTS) to get some measure of the severity of abuse that we

could then use to determine if there were differences in referral and service data related to severity. However, we discovered some limitations in the extent to which we could do this. First, the items that were included primarily focused on physical abuse (throwing things, shoving, slapping, hitting, beating up, choking and threatening to or using weapons). Second, of all victims served over the 8 year period included here, data are available for only 81,713 or 29.8%. 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. We speculated that perhaps victims who were given the CTS were more severely abused, but the data did not support this. Some of those who had the CTS administered to them did not answer yes to any of the items. We also thought it might be possible that differences in who was and was not asked these questions were related to agency patterns; that is, perhaps certain programs were more likely to ask the CTS questions than others. However, further analysis did not show any clear pattern related to agencies or region and use of the CTS questions. There was some indication that the CTS was slightly more likely to be used among those who had physical abuse as their primary presenting issue compared to those whose primary presenting issue was emotional or sexual abuse (35.5% of all those who had physical abuse as their primary presenting issue were asked the CTS questions compared to 22.7% of all those whose primary presenting issue was emotional abuse and 27.0% of those whose primary presenting issue was sexual abuse). Since most of the questions relate to physical abuse, this makes sense. Programs may have asked the items as a way to assess severity or they may have used this information for court advocacy. However, most individuals were not asked the CTS questions regardless of their primary presenting problems. Therefore, because there is so much missing data and because the CTS questions seem to represent severity of physical abuse most clearly, we do not feel they provide a good basis for comparison. Analysis of differences in referrals to various sources and service patterns between those for whom the CTS was and was not administered are included in the appendices of this report (See Appendix Tables 10a, 10b1 and 10b2) in case the reader is interested. We believe the analyses, focusing on differences related to primary presenting issues are more helpful, however, and include only those in the body of the report.

5. Data on experience with the criminal justice and medical systems. We did not propose to look closely at experience with the criminal justice and medical systems in this analysis. This was based on our experience analyzing InfoNet data for victims of sexual abuse and assault. In that analysis, most of the information on these variables was missing and we expected to find the same thing in the domestic violence data. This was indeed what we discovered for the few variables we did look at. This included information about whether or not the victim went to a medical facility, was treated, hospitalized, had an evidence kit used or photos taken, as well as information about police charges for offenders.

We include, in Appendix Table 3, the information about the victim and the medical system broken down by year. We put it in an Appendix because we think the data are somewhat deceptive. It looks as if most people visited medical facilities, were

treated, had injuries that did not require hospitalization and had an evidence kit used. However, we believe this is because data on these variables may have only been provided when victims did these things. The number of cases included in the analysis is quite limited as a proportion of all cases served in a given year. This difference must be considered when viewing this data. Programs are not required to provide this data so it is not consistent. It is likely that many missing cases are individuals who did not get any medical treatment. It is also possible that some of those missing from this analysis did get care, but they never reported or were asked about it.

We included information about the percent of offenders who were charged with felonies and misdemeanors in the year by year analysis (Table 3a). Still, much of these data were missing which increased the percent that looked like they were charged with various types of offenses. We wanted to give the reader some sense of the trend related to type of charge among those who were charged, but missing data make this information questionable and the findings should be viewed as suggestive. We did not include this information in subsequent analyses of offender data across years.

6. Data on Child Problem Areas. Data on child behavioral issues is not a mandatory data entry area for programs. Perhaps as a consequence, data on problems children were having was missing for almost half of all children (it was available for 55.8% or 38,233 of 68,520 children 21 and under). About 45% of the children who were assessed were in onsite shelter but so were 45% of all children who were not assessed. Furthermore, some of those who were assessed, as the data indicate, had no problems in any areas. We also do not know precisely how assessments were made. Presumably, the professional who did the assessment did so with input from the victim. Problem areas were divided into four distinct categories in the InfoNet data. These include emotional problems, social problems, physical or health problems and educational problems.

The data indicate that some questions, intended only for younger children, were apparently answered for all children, regardless of age. Accordingly, we report all responses and did not control for age (apart from an analysis comparing age groups- see Table 8b). It is also quite notable that almost all children who were assessed at both intake and departure were seen as doing better over time in all problem areas. It is certainly possible that children displayed more problematic behaviors when they first came into programs given that they may have just witnessed violence between the people who care for them and ostensibly have just been removed from all that is familiar. It is a time of extreme potential trauma for any age child and therefore children would understandably have more symptomology at that point in time. Nonetheless, it is possible evaluators may have been biased and these data should be viewed with some caution. It is also important to note that ICADV provides additional funding for children's services. These funds are tied to the behavioral category data and may influence its use and the manner in which reporting occurs.

7. Linking child and victim data. It was initially our hope to look at the relationship between the types of experiences the victim had related to the abuse, such as the primary presenting issue, where the abuse occurred, and the relationship between the

victim and abuser, and the type of problems the child was having. Unfortunately, we found, in working with the data, that we were unable to link victim and child data and so we were unable to answer this question. We had also hoped to include victim-related variables, as covariates in the multivariate analysis of child data and problem areas, but because we could not link the data sets, we were unable to do this. Instead, we looked at the relationship between child problems and whether or not the child utilized on-site shelter services, as well as service utilization patterns for children who were and were not in on-site shelter. Multivariate analyses focused on predicting hours of service and not child problems.

8. Service data. Data on services were perhaps some of the most reliable. Altogether, data were available for 32 different services across the years, with some small variation across years in the number of different services provided. Analysis of service data was conducted to count service contacts as well as hours. We also determined how many different services of the 32 services provided each client received. Total counts for clients in analyses that combine years include total contacts, hours and types of services for all years in which services were received. The data presented on a yearly basis includes totals for each client in that year only. It is important to note that there were some changes in service providers over time (there were new funded providers in 2000 and 16 new user programs brought into the system in July of 2004) which may had an impact on variations in service data over the years.

The service data were generally very “clean” but there were some services, particularly phone counseling where data on service hours were missing despite the fact that there was at least one service contact⁷. Rather than set these cases to missing for the service in question, we assumed that they did receive the service but that the hours were recorded incorrectly and the hours were set to missing. The client was still counted as having received the service and the number of service contacts was included. The result in the tables is that the number of cases included in the analysis of hours and contacts for a given service and for total services is different for some services.

Data presented for the year by year analysis for victims and children includes all of the identified 32 services. When we combined years and looked at service data, we also grouped some services together based on feedback from staff of the Illinois Coalition Against Domestic Violence. Thus, civil legal advocacy and criminal legal advocacy related to Orders of Protection were combined into one service category. In-person counseling, telephone counseling and individual children’s counseling services were also combined.

Given the number of services included in each table, we divided the information such that the set of tables included in the body of the report (Tables 6a1-6g1 and 9a1-9e1) provides data on the percent of individuals receiving each service, the average number of

⁷ During 1999, there were 9010 individuals for whom there was information about a service contact related to phone counseling but no data on hours of service provided. The reason for this large amount of missing data is unclear. In general, hours of service data for most services was missing for no more than 10 clients about whom there was contact information for any given service.

service hours and contacts per individual for those receiving a given service, and the average number of hours and service contacts in total, along with the information on the average number of different services received. Appendix Tables 6a2-6g2 and 8a2 through 8e2 present data on the range of service hours and contacts for each service as well as for all services in total. We split the data this way because we believe that it makes it easier to interpret patterns of service receipt. The average is perhaps the more important data related to service use, but the range provides the reader with a sense of how much service has been provided to some individuals as well as how much the mean might be influenced by extremes. We do not talk about the ranges in the report except when we believe extremes might be affecting the average, but encourage the reader to examine this data if it is of interest.

9. Data on case closings. Data on case closings is only presented in the analysis of service data by year. This is because data are missing on case closings for the first three years (1998 through 2000). We also did not conduct any multivariate analyses using this variable because of the missing cases and small number of closed cases.

10. Data for 2005. This report, as noted, includes data collected by the InfoNet system through December 11, 2005. While the few weeks' difference between this year and the other years should probably not be critical in terms of data for this year, in reality, according to staff of the ICJIA, some of the programs do not enter all the data for the month until the end of the month. Similarly, if they enter quarterly, data may not be entered until the end of the quarter, which in this case, would also be the end of December. Compounding this issue is that numbers may rise during the holiday season. For other years, this time period is included, but it is not for 2005. This means that totals for 2005 may be misleading. Obviously, clients who had an intake closer to 12/11/05 would have been less likely to have as many contacts or hours as those opened earlier. These issues should be kept in mind when viewing differences in the results across years.

Analysis and Presentation of the Data

This report is organized such that the sub-analyses for each of the nine questions included in the descriptive analyses are presented together. For each question, we first present the findings by year and look for changes and trends over time. We then look at variations in the relevant areas as proposed in the research questions. These include variations related to regions of service, age group, race/ethnicity, disability status, primary presenting problem, and whether or not the individual received onsite shelter. In the analyses that focus on different client groups across years, we have combined some of the categories that are included in the analyses by year. We did this to simplify the tables given the enormous amount of data presented here. In general, the categories that are combined are ones where small percentages of clients are included and/or it makes theoretical sense to combine them.

We also note that there was generally not a lot of variation by year in the areas examined here. In fact, in some instances, we were surprised at the stability over time, especially related to client demographics. This helped to justify our decision to combine

years to look at group variations. The decision to combine years, in turn, helped us to reduce the number of analyses. We did not want to overwhelm the reader by providing tables of variations between the various groups by year.

Sub-analyses. Analysis by region was based on a system used by the Illinois Criminal Justice Information Authority. This system separates counties into four types: 1) Cook County, 2) collar counties, 3) urban counties (outside of Cook and the collar counties), and 4) rural counties. Because of its size, Cook County is compared to the rest of the state. This county includes the city of Chicago. The collar counties are the five which border Cook County (DuPage, Lake, Kane, McHenry and Will). Urban and rural counties are defined by whether or not they lie within a Metropolitan Statistical Area (MSA). A geographic area qualifies as a MSA in one of two ways defined by the U.S. Bureau of the Census: if it includes a city population of at least 50,000 or if it includes an urbanized area with a population of at least 50,000, with a total metropolitan population of at least 100,000. In addition to the county containing the main city or urbanized area, a MSA may include counties having strong economic or social ties to the central county (U.S. Department of Commerce, Bureau of the Census, April, 2002). Based on this definition, there are 28 counties in Illinois which are part of a MSA (Cook, collar and urban counties) and 74 counties which are not part of a MSA (in other words, rural). We do not provide any program specific information in this report. Rather, we talk about all programs within a given region. It is also important to note that the region represents the location of the service provider, not the client. It is possible that in some instances, clients from one region were served in another. Because we did not have client level address data, we could not make this determination.

In order to compare differences by age, victims were divided into three groups; those under 18, individuals 18 to 64 and those 65 and older. We chose these groups based on our previous work and understanding that those 65 and over have different experiences from adults under 65 within the domestic violence service system. Similarly, we expected those under 18 to have somewhat different experiences as well. For children, the groups were created based on meaningful developmental markers.

In the analysis by race/ethnicity, all victims and children were divided into groups based on whether they were White, African American, Hispanic American, Asian American, American Indian or Bi-Racial. While the data included an “other” race category, we excluded this category as we did not know who this might include, apart from the designated categories and we had no way to contextualize the experience of persons in this group.

To look at the experience of those with and without disabilities, we included, as disabled, all those who had at least one of the 8 specific impairments included on the disability data screen⁸ and/or those who had an “other” disability. As discussed, we did not include individuals whose only limitation related to language barriers. Everyone who

⁸These include an ADL problem, a visual problem, deafness or impaired hearing, a need for wheelchair accessibility, developmental disabilities, immobility, special dietary needs, or need for assistance administering medications.

did not have one of these impairments was included among the non-disabled group for purposes of comparison.

Other comparisons involving victim and child data were easily achieved through the use of key variables to divide the groups. Accordingly, comparisons based on primary presenting problems of victims compared all those who had physical abuse as their primary presenting problem to all those who had emotional abuse and sexual abuse as their primary presenting issues. To compare those who were and were not in onsite shelter, we split all victims and children according to whether or not they were a yes or no on the variable that looked at whether or not onsite shelter was provided at least once over the 8 year period.

For children, we used information on gender in the child demographic data to divide the group into male and female for comparisons based on gender. For the examination of service data by problem area, we decided the best comparison would be to compare all those who had a problem exclusively in one of the four identified areas (emotional problems, social problems, physical health problems, or educational problems) to those who had a problem in more than one area and those who had no problems at all. We did this because many children had problems in more than one area. In order to discern if some problems were associated specifically with some types of services, we needed to create mutually exclusive groups. This was the best way, we felt, to do this.

Multivariate analysis. We include, at the end of the report, several multivariate analyses intended to predict the total number of service hours using regression analysis. We used service hours since this seemed to be a better measure of service intensity than contacts. However, we did run models using total contacts as the dependent variable as well and these are included in the appendix tables (see Appendix Tables 9a-9d). The results were quite similar whether we used service hours or contacts.

In this report, we constructed 4 regression models. One of these predicted total service hours for all adult victims and included whether or not the victim was in onsite shelter as a covariate in the model. A second included only adult victims in onsite shelter and a third was comprised only of adult victims who were not in onsite shelter. In both instances, the dependent variable was total service hours. The final model looked at predictors of total service hours among children.

We note that these analyses should be viewed as exploratory and as a beginning attempt to assess, where variables overlapped, what accounted for the variation in service hours. By this we mean that the regression analysis helped us to tease out the independent effects of a number of variables that related to each other and to total service hours, such as race and region. We describe the independent variables included in each model in our discussion of the regression analysis. Here we point out that variables that were included were either empirically or theoretically related to total service hours. When we had more than one option for the focal group to which all others would be compared, for instance, individuals from different racial and ethnic

groups, those served in different regions or those with different primary presenting problems, we ended up selecting the group that seemed to improve the model the most after exploring different combinations.

Statistical Considerations. Much of the analyses conducted for this report involve description and do not include any statistical tests. We decided not to run statistical tests on the basis of several considerations. First, it seems clear that what we are describing is the population of service users in this state, which renders statistical prediction somewhat meaningless.⁹ Second, the statistic which would typically be used to look at differences in many of the variables utilized here is not very useful with a population this large. The Chisquare, which is the statistic that is typically used to assess variation between categorical variables (most of the variables included in the analysis are categorical) is very sensitive to sample size and may yield a significant relationship when the sample is large regardless of the meaningfulness of the difference. The very large number of cases, particularly for analyses involving clients across all years, makes it likely that we will find significant differences even when differences are very slight.¹⁰ Finally, given the number of comparisons involved in this report, we do not want to conduct more statistical tests than are necessary since significant findings can occur by chance alone when too many tests are conducted.

At the same time, we do conduct statistical tests in the regression analysis, but, given the large sample size, we count as statistically significant only those variables where the results are significant at an alpha level of .0001 or less. This means that the probability of our finding this result by chance alone is less than 1 in 10,000 cases. This helps to control for the greater likelihood of finding significance with such a large number of individuals included in the analysis.

Presentation of Data. Data related to the main research questions are presented in tables at the end of the report. In addition, there are a number of appendix tables. Some of these appendix tables relate to the number of individuals included in the analyses. Others contain sub-analyses that include large numbers of missing cases that we felt, as discussed above, might be less reliable. A third set of appendix tables include information about the demographic characteristics of some of the groups we did not formally include under the first research questions, but about whom such information may be important in order to understand some of the analyses of groups in questions 2 through 6. This includes tables on the characteristics of the various age and racial/ethnic groups, as well as the characteristics of victims who were disabled versus those who were not (See Appendix Tables 4a-4c). We included these as appendix tables because we felt the reader might wish to see the data for these groups in order to better contextualize

⁹ There may have been some programs which were providing assistance to people who were victims of domestic violence that did not provide data to the InfoNet system, but we believe that these programs were limited.

¹⁰ It could be argued, on the other hand, that when we are talking about 300,000 individuals, changes of 1 percent, which involve increases of potentially 3000 individuals, or even increases of .5 percent, which would affect 1500 persons, may be important. We let the reader draw these conclusions, however, rather than relying on statistical tests.

analyses that are included in the body of the report. We also refer to these in our discussion of these analyses.

All tables are set up so that the total number of all individuals included in the analysis of a given variable is presented in bold type before the percents or averages are displayed. This is so the reader can see the number of individuals who are missing from any given set of analyses as well as calculate the number represented by the percentage if he or she wishes to do so.

Presentation of the Report. Because there are so many comparisons included in this report, the narrative is presented such that the more detailed discussion of the results is followed in each section, by a summary. This allows readers to more quickly capture the main points and identify differences between the groups that are discussed in-depth within each section.

RESULTS

I. Demographic Characteristics of Victims- Tables 1a through 1c

Analysis by Year. Table 1a provides the background information for all the survivors/victims across the years from January 1, 1998 through December 11, 2005. The data are presented to show all individuals who received services in a given year so that each year includes individuals served for the first time that year as well as individuals who may have also been served in previous years. The data indicate that between 1998 and 2004, the number of clients served increased by almost 10,000 individuals (some of whom were repeat clients), from 29, 998 to 39, 914. There was a decline in the total for 2005, but it is likely that this is related to the cutoff period for data collection. As noted, many agencies report totals at the end of the month or quarter and data cutoff, for purposes of this analysis, occurred before this end point. What is perhaps most striking about the data in this table is that with very few exceptions, changes over time were quite limited. Even for those variables changing more, most shifts were not greater than 10% over the 8 year period.

A more detailed elaboration of service use by the four key regions in Illinois indicates some variation by region in numbers served. Excluding totals for 2005, the data indicate that programs in Cook and the collar counties, generally experienced increases in the number of clients served over time while programs in urban and rural counties experienced declines. Programs in urban and rural counties did experience an increase in the number of clients served between 2003 and 2004, but totals for 2004 in both regions were below those of 1998. Programs in Cook County served the greatest proportion of all victims each year (between a low of 36.1% in 1998 and a high of 41.5% in 2001). The proportions of all clients served in the remaining regions were fairly similar. Proportions ranged around 19 to 20% for all three regions for most years, although in the earlier years, programs in the collar counties tended to have lower proportions of all clients served while programs in urban counties had somewhat higher ones.

Data on gender indicates that only small percentages of all victims who came into service were male. The proportion of male victims ranged from a low of 3.8% in 1999 to 6.1% of all victims in 2004. There is also little variation by age across the years. Despite a wide range of ages each year (from 1 to the 90s), the average age of victims ranged only slightly from 32.5 to 33.8 years. No more than 1.3% were 65 or older at the time of their first service contact and between 2.1% and 2.4% were under 18.

Information on race and ethnicity shows greater variation over time, at least for some groups, particularly White victims. In 1998, roughly 61% of all victims were White. This proportion declined each year to a low of 49.1% in 2005. In contrast, there was a slight increase in the proportion of all African American and Hispanic victims, although it was not quite as great a shift. For African Americans, the proportion increased from a low of 24.4% in 1999 to a high of 29.2% in 2005. Among Hispanics, the increase was from 11.5% in 1998 to 18.0% in 2005. These three groups comprised the majority of all victims. The proportion of all victims in the other racial and ethnic groups was quite limited each year. Generally, no more than 2% of all victims were in any of these groups and some groups, particularly American Indians, comprised less than 1% of all victims in any given year (ranging from 0.2% to 0.4%). The proportion of Asian American victims ranged from 0.9% in 1998 to 1.9% in 2003. Victims who were Bi-Racial comprised anywhere from 0.7% to 1.1% of all victims who were served and those of "other" races made up anywhere from 0.5% (in 1998) to 1.9% (in 2001) of the service population.

As noted, data on socio-economic variables, particularly educational level, were missing from many victims. The data which do exist indicate that levels of education are relatively consistent across the years. About one quarter of all victim/survivors, in any given year, had not graduated from high school. Slightly more than one third had graduated (between 33.4 and 35.3%) and between 26.9 and 29.7% had some college. The proportion of individuals who were college graduates or beyond showed a small increase over time and grew from 9.8% of all victims who were served in 1998 to 12.5% in 2005.

Data on employment and income sources tend to be somewhat more complete, although data on income combines information about both primary and secondary sources. Employment data indicate that there was a small decline in the proportion of individuals who were employed full-time over time and a subsequent increase in the proportion who were not employed. The proportion of all individuals who were employed full time fell from 44.2% in 1998 to 37.4% in 2005 while the percent unemployed grew from 41.7% to 47.1% over the same time period. The proportion of individual who were employed part-time remained relatively stable, increasing slightly from a low of 13.9% in 2001 to a high of 15.5% in 2005.

Data on income indicates that employment, whether full or part time, was the primary or secondary source of income for most victims each year. Roughly anywhere between 49 to 55% of all victims in a given year reported this as an income source. No other income source included here stands out as a major resource; less than 10% of all

victims in a given year tended to receive income from the TANF program, general assistance, social security, SSI, or child support. The proportions of victims receiving any of these sources remained relatively stable over time, with the exception of TANF; the percent of all victims who reported TANF as a primary or secondary income source fell from a high of 10% in 1998 to about 3 to 4% in most subsequent years. This, no doubt, reflects changes in welfare policy, including the implementation of time limits on receipt of support and more stringent work requirements. Between 10 and 12% of all victims reported “other” income as a primary or secondary source of income in each of the 8 years included here.

Data on income from a spouse was only available if it was a primary source of income; therefore, more data are missing on this variable. However, only about 2% of all victims reported this as a primary income source in 1998 compared to roughly 9% in later years, indicating that income from a spouse is not a major resource for most victims.

Information on health insurance suggests that the proportion of individuals with no health insurance among those served by programs has remained relatively stable over time. The percent of victims in this category range from 30.2% (in 2005) to 33.3% (in 2002). The percent with private insurance declined about 10% from a high of 42.9% in 2000 to 32.3% in 2005. Again, because a somewhat large number of individuals are missing on this data, the information should be viewed as suggestive, but it does indicate that about one third of all those served each year who provided this information did not have any form of health insurance.

The biggest changes over time occurred among those who received insurance through Medicaid, particularly related to whether they were also receiving a cash grant. Again, this most likely reflects changes in welfare policy which went into effect after the passage of the Personal Responsibility and Work Opportunity Reconciliation Act in 1996 (and subsequent adjustments in 1997). Thus, 10.8% of all victims about whom we have health insurance information were receiving Medicaid without a cash grant in 1998 and 11.2% were receiving it with a cash grant. By 2005, there had been an increase in the former category (without a cash grant) to 26.8%, and a decline in the proportion of those who were receiving Medicaid with a cash grant (to 6.1%). Roughly 4% of all victims had Medicare, most likely because only small proportions were old enough to qualify (or qualified because of a disability).

Data on marital status indicates that the greatest proportion of victims/survivors were currently married, although this declined over time (from 46.9% in 1998 to 41.8% in 2005). Given the subsequent increases in the proportion of victim/survivors who were single (from 34.7% in 1998 to 40.9% in 2005), the proportions who were single and married were comparable by 2005. About 15% of all victims were divorced or separated each year, with the exception of 1998 when almost 17% of all victims were in this category. Only very small percentages of victims were widowed (between 1.3 and 1.5% in any given year). Although according to research studies co-habiting partners have been on the rise in the last several years (U.S. Department of Commerce, 2002), there was only a very small percentage of victim/survivors who were in common law

relationships, less than 1% for all years. It is important to note, however, that providers, for many of the years included here, did not have comprehensive definitions of terms such as common law. This may account for the low percents reflected here.

An additional and highly relevant category for victims of domestic violence is pregnancy status at the time of the abuse. Although information on this variable is missing for a fairly large number of victims, the data suggest that only about 6% of all victim/survivors were pregnant at the time they entered programs.

The final page of Table 1a contains information about language limitations and special needs and disabilities. As the data indicate, the proportion of individuals with language barriers, although small, essentially doubled over time, from 5% to 9.6% of all victim/survivors. This may correspond to the small increase in the percentage of Hispanic and perhaps Asian American victims who were served. Conversely, the proportion of individuals with special needs or disabilities fluctuated very little over the 8 year period, ranging from a high of 5.7% in 2000 to a low of 4.6% in 2004.

Among those with a special need or disability, there was little change across the years in the proportion of individuals with specific types of disabilities. Most fluctuated over time no more than 1 to 3 percent and relatively small percents, usually only between 5 and 10%, of all individuals with disabilities, had the more severe disabilities that were included such as ADL challenges, visual problems, hearing impairments, need for wheel chair accessibility, developmental disabilities, or immobility. Between 5.4% and 7.3% had special dietary needs, which may have reflected cultural or religious requirements as much as health needs. Of the specific types of limitations listed, the one with the largest proportion of individuals was “need help administering medications.” Individuals with this problem ranged from 20% of all those with disabilities or special needs in 1998 to 27% in 1999 and 2001. By far, the greatest proportion of those with a special need or disability had a limitation that was “other” than those identified specifically. Anywhere from 55.6% of all those with a disability (in 1999) to 67.6% (in 2003) fell into this category in each of the 8 years included here. As noted in the methodology section, these disabilities, when specified, often include things such as severe mental illness or chronic health problems such as kidney problems, heart disease and so on. The average number of disabilities or special needs for those who had such challenges was not much more than 1 per person in any given year.

Analysis by Region of Service. Table 1b provides a description of the basic demographics of victims by the region in which they received services. This table collapses data by region across all years and does not include duplicate cases so the total number of victims in the analysis is smaller.

As was true in the previous table, the largest proportion of all victim/survivors were served by agencies and programs located in Cook County. Approximately 40% of all victims served over the past 8 years were served by programs in this region. The number and percent of victims served by programs in urban and rural counties were quite similar. Almost 22% of all victims were served by an agency in an urban county while

20.5% were served by programs in rural counties. The smallest proportion of all victims, 17.8% were served by programs in the collar counties. However, as noted from the previous table, there were fluctuations in these last three regions by year making them all quite similar in terms of the numbers served.

There was only very slight variation among regions related to gender and age differences among their service populations. Programs serving victims in the collar counties and those in rural counties had the greatest proportion of male victims (5.5 and 5.3% respectively), but the clear majority of clients in each region, as we might expect from the year to year breakdown, were female (between 94.5 and 95.7% across the regions). The average age ranged only slightly from 33.8 years to 32.2. Programs in the collar counties served the oldest clients, on average (mean age of 33.8 years). They also had the smallest percent of victims under 18 (1.6%), and the smallest proportion of victims 65 and older (1.0%). Programs in rural and urban counties saw more victims under 18 compared to programs in Cook and the collar counties, but only about 3% of all victims served in either rural or urban counties were in this age group.

Greater variations existed related region and race/ethnicity. Specifically, programs in Cook County had the smallest proportion of White victims and the greatest proportion of victims of color while agencies in rural counties had the greatest proportion of White victims and the smallest proportion of victims in the other racial and ethnic groups. Only slightly more than one quarter (28.5%) of all victims served by programs in Cook County was White compared to 89.8% of those served in rural counties. In Cook County, 41.8% of all victims who were served were African American compared to 6.2% of all victims served by programs in rural counties. Similarly, almost one quarter (24.9%) of all victims served in Cook County were Hispanic while only 2.5% of all those served by programs in rural counties were in this ethnic group. Differences are smaller for Asian Americans, American Indians, Bi-Racial victims and those of “other” races, but with the exception of American Indian victims, slightly greater percentages of all victims served in Cook County were from these racial and ethnic groups.

The racial and ethnic profile of victims served by programs in the collar and urban counties fell between these two extremes. Victims served by programs in the collar and urban counties were more likely to be White compared to victims served in Cook County. In the collar counties, 60.6% of all victims were White and among programs in urban counties, 71.5% of all those served were in this racial group. Smaller proportions of victims served in these regions were African American, although about one quarter of all victims served by programs in urban counties (23.1%) were in this racial group compared to 14.6% of those served by programs in the collar counties. In contrast, 21% of all victims served by programs in the collar counties were Hispanic compared to 3.4% of those served by programs in urban counties. Programs in the collar counties were also similar to programs in Cook County related to the proportion of Asian American victims who were served. Although the proportion is small, 2.3% of all victims served in Cook County were from this group as were 2.1% of victims served by programs in the collar counties. In urban and rural counties, the proportions of Asian victims were 0.5 and 0.3% respectively. Only small proportions of victims served in any region were

American Indian (0.3% in all regions), and Bi-racial (0.7 to 0.9%).

To some extent, the breakdowns by region reflect census data for the state, in that White individuals comprise the greatest proportion of persons in all regions, but to a greater extent outside of Cook County while African Americans tend to be the second largest group, except in the collar counties. However, census data also suggests over-representation of some groups and under-representation of others.

According to 2000 census data, White individuals comprise 47.6% of all persons in Cook County, African Americans comprise 26.1%, Hispanic American comprise 19.9%, Asian Americans represent 4.8% and American Indian 0.3% (U.S. Census Bureau, Census 2004). This suggests that in this region, White and to a lesser degree Asian American victims are somewhat under represented while African Americans and to a small extent Hispanics are over represented in the victim/survivor population. In the collar counties, census data indicates that 82.9% of all individuals are White, 5.5% are African American, 12.3% are Hispanic American, 4.4% are Asian American and 0.2% are American Indian (U.S. Census Bureau, Census 2000a). In urban counties, White persons comprise 83.8% of all individuals, African Americans account for 8.1% of the total population, Hispanic Americans comprise 7.9%, Asian Americans represent 2.9% and American Indians 0.2% (U.S. Census Bureau, Census 2000a). Clearly, African Americans are over-represented among victims using services in this region while White, Hispanic and Asian Americans are under-represented. Finally, in rural counties, 2000 census data indicates that 97.6% of the population is White, 1.5% is African American, 1.4% is Hispanic American, 0.5% is Asian American and 0.4% is American Indian (U.S. Census Bureau, Census 2000b). The data on victims who use services in this region suggests that under and over-representation of groups is less extreme for this region, but White individuals remain under-represented while Hispanic and African Americans are slightly over-represented.

Educational information, which was missing for many clients, indicated that across all regions the largest percent of victims had a high school degree and/or some college. About two thirds of victims served in all regions were in this group, although a slightly higher proportion were served by programs in rural counties (66.3%) compared to the proportion served by programs in Cook County (60.1%). The proportion of all victims in each region who did not graduate from high school was about a 25%, ranging from a high of 27.8% for victims served in Cook County to 21.8% for victims served by programs in the collar counties. Programs in the collar counties also had the highest proportion of victims who were college graduates or beyond; 14.1% of all victims served in this region were in this category while 9.2% of victims served by programs in rural counties had this level of education. The proportion of victims in Cook and urban counties who were college graduates or whose education extended into graduate degrees fell between these two points.

Employment data indicate some moderate variations by region. The data show that victims served by programs in Cook County were less likely to be employed full time or part time and more likely to be unemployed than victims in other regions.

Differences were most evident when victims in Cook County were compared to victims served by programs in the collar counties. About 46% of all victims served in the collar counties were employed full time while 38.9% were not currently employed. In contrast, 37.3% of victims served in Cook County worked full time and 49.1% were unemployed at the time they were served. The proportion of victims served by programs in urban counties who were employed full time, part time and unemployed were more similar to the profile of victims served by programs in the collar counties, while those served in rural counties were somewhat more similar to victims in Cook County with respect to employment.

Income data also indicate some differences, but with a few exceptions, most variations are not very large. Individuals served by programs in the collar counties were less likely than those served in all the other regions to have a primary or secondary income source that was from a public program such as TANF or social security¹¹. Only 8.7% of all victims in the collar counties had income from a public source compared to 15.5% of those served in urban counties, 16.6% of those served by programs in rural counties and 17.0% of those served by programs in Cook County. Victims served by programs in the collar counties also differed from those in other regions related to the proportion receiving support from a spouse as a primary income source. Although the percents were small and data are missing for many individuals, the results indicate that 12.8% of those in the collar counties received support from a spouse compared to 7.5% of victims in Cook County, 6.4% of victims served in urban counties and 6.0% of those served by programs in rural counties.

Employment income was the primary income source for victims in all four regions but, perhaps reflecting employment differences noted previously, those served by programs in Cook County were less likely to report this as an income source compared to those in the other regions. Only 48.2% of victims served in Cook County mentioned employment as a primary or secondary income source compared to 56.1% of those in the collar counties, 55.4% of those served in urban counties and 54.7% of victims served by programs in rural counties. Victims in Cook County were also least likely to be receiving alimony or child support (3.3% of all victims in this region who reported income sources) while those in rural counties were most likely (7.0%).

Health insurance information reflects income data to a large extent. Individuals served by programs in the collar counties were least likely, compared to those in other regions, to have some form of public insurance (17.5%) while those served by programs in rural counties were most likely (35.% of those reporting who were served in this region). Conversely, only about 35% of individuals who were served in rural counties had private insurance compared to 53.7% of all victims served by programs in the collar counties. Individuals who were served by programs in Cook County were most likely to be uninsured (35. %) while about 29% of victims in the remaining three regions had no health insurance.

11 This category combined receipt of income as a primary or secondary source from any of the following sources: TANF, General Assistance, Social Security and Supplemental Security Income or SSI.

Data on marital status also indicates that individuals served in the collar counties differed from those in other regions, particularly those served in rural counties. For example, 33.3% of all those served in the collar counties were single and 50.5% were currently married. In contrast, 47.0% of victims who used programs in rural counties were single and 31.0% were married. Among those served by programs in Cook County, 42.2% were single and 44.1% were married while roughly 40% of victims served by programs in urban counties were in these two categories. Individuals served by programs in rural counties were most likely to be divorced or separated; 20.3% of victims served by programs in this region were in this marital category while victims in Cook County were least likely to be divorced or separated (11.4%). Between 1.1 and 1.5% of victims in the four regions were widowed and very small percentages were in common law relationships, although victims in Cook County were more likely than victims in other regions to be in these relationships (0.8% compared to 0.2 or 0.1% in the other regions).

Variations in the proportion that were pregnant at the time of service were very small. Roughly anywhere from 5.3 to 6.7% of all victims in the four regions were pregnant when they were served. Information on language challenges or barriers, however, shows more variation. This probably reflects, to some extent, differences in race and ethnicity that existed between regions. Thus, in regions with higher percentages of Hispanic and Asian American victims, such as Cook and the collar counties, a much greater proportion of individuals had language challenges (13.2% in Cook County and 10.0% in the collar counties). Among victims served by programs in urban and rural counties, less than 1% of all victims had language challenges.

Finally, there was not large variation by region related to the proportion of individuals with a disability or special need requiring accommodation by programs. Few individuals, in any region, had such needs. The smallest percentage of disabled individuals was victims served by programs in urban counties; only 3.5% of all victims served in this region had some type of limitation or special need. In comparison, 6.7% of all victims served by programs in rural counties had a disability. Roughly 5% of all those served by programs in Cook County and 6% of all those served by programs in the collar counties also had special needs or challenges.

Analysis by Onsite Shelter Status. Table 1c describes the differences between those victims who received onsite shelter at some time in their service histories, and those who did not. The data show that most victims or 89.4% were in the latter category. Only 10.6% of all those who were served over the 8 year period received onsite shelter at some point. There was very little difference between the group of individuals who got onsite shelter and those who did not related to the region in which they were served. Roughly 40% of victims in both groups were served by programs in Cook County and about 18 to 20% of victims who received onsite shelter as well as 18 to 20% of victims who did not receive onsite shelter were served by programs in the collar or rural counties. The biggest difference related to the proportion of all victims in each group who were served by programs in urban counties. Twenty-one percent of those who were not in onsite shelter were served by programs in urban counties compared to 27% of those who were in onsite shelter

Given the large proportion of female victims in total, it is not surprising that most victims served in either setting were female, but those in the onsite shelter group were almost exclusively so. Almost 100% of all onsite shelter victims were female (99.8%) compared to 94.3% of all those who were not provided with this service. It seems logical that many programs would be unlikely to house male victims with their predominantly female clients due to the inability to ensure safety. It is also possible that male victims have more resources available to them in order to remain safe without shelter.

Data on age suggests that those who were in onsite shelter were somewhat younger, on average (mean age of 31.74 years compared to 33.2 for those not in onsite shelter), although the proportion of all victims under 18 who received onsite shelter was smaller than the proportion of all victims under 18 who did not receive this service (0.9% versus 2.5%). It is possible that onsite shelter programs cannot house victims under 18 which might explain this discrepancy.

Comparison of the groups by race and ethnicity indicates that individuals in onsite shelter were more likely to be African American compared to those not in this group (43.0% versus 24.7%) and less likely to be White (42.1% versus 56.0%) or Hispanic (10.2% versus 15.8%), although this last difference is smaller than the other two. The groups were more similar related to representation of the remaining ethnic and racial groups. They also did not differ greatly in terms of education, but those who were not in onsite shelter at any time were somewhat less likely to have less than a high school education (24.7% versus 32.2%) and more likely to be college graduates or beyond (12.0% versus 7.2%).

Data on employment, income and health insurance suggest that those in the onsite shelter group had more economic need. Thus, the onsite shelter group was much less likely to be employed full time (18.2% versus 44.1%) and much more likely to be unemployed (71.9% versus 41.0%). They were also somewhat less likely to be working part time (10% versus 15%). Analysis of income sources indicates that those who were in onsite shelter were almost twice as likely to be obtaining income from a public source (25.7% versus 13.9%) and half as likely to be obtaining income from employment (27.3% versus 55.1%). Differences were less noticeable related to receipt of alimony or child support, support from a spouse or “other” income sources. Insurance data follows a similar pattern. Those in the onsite shelter group were more likely to be receiving insurance through a public program such as Medicaid or Medicare (42.7% versus 27.6%) and much less likely to have private insurance (14.0 versus 41.8%). Differences were less large related to the proportion with no insurance source, but again, those in onsite shelter were at a disadvantage; 43.2% of those in this group had no insurance compared to 30.6% of those who were not in onsite shelter.

Noticeable differences between the groups were evident as well regarding the proportion that was single and currently married. Almost 50% (49.7%) of those in the onsite shelter group were single when they were first served compared to 36.9% of those not in onsite shelter. Thirty-three percent of the onsite shelter group were married in

contrast to 46% of those not in onsite shelter. Differences in the proportion who were divorced, separated, widowed or in common law relationships were quite small, but 10.6% of all those in onsite shelter were pregnant at the time of the abuse compared to 5.4% of those not in the onsite shelter group.

Lastly, those in the onsite shelter group were more likely to have a disability or special need requiring accommodation. Eleven percent of those in onsite shelter had such limitations compared to 4.5% of those not in the onsite shelter group. As noted in the methodology section, many programs reported pregnancy as an “other” disability and it is possible that there is some relationship between the higher proportion of pregnant victims and higher proportion of disabled victims within the “onsite” shelter group. It is also possible though that it was because of other disabilities besides those related to pregnancy, that individuals were more likely to be provided with shelter.

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

- Changes over time in the demographics of who was served are generally minimal.
- Cook County was consistently the region in which programs were serving the greatest proportion of victims each year.
- The typical victim was a woman, who was about 33 years old.
- The largest proportion of victims in any year were White, but the proportion of victims of color, particularly African American and Hispanic victims increased slightly over time.
- 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 American victims are overrepresented.
- Most victims had less than a college diploma although about one quarter in any given year had some college education. Slightly more than one quarter had less than a high school education.
- About one third of all victims had full time employment while less than one fifth was employed part time. In comparison, between 40 and 50% were unemployed in any give year. Unemployment among victims was highest for victims served by programs in Cook County and lowest among those served by programs in collar counties.
- Despite this trend, employment was the primary or secondary income source for over half of all victims reporting on income. Other sources such as public

assistance programs and support from a spouse provided support to much smaller proportions of victims each year. Despite the fact that spouses did not generally provide a lot of financial support, victims served by programs in the collar counties were twice as likely than those served by programs in other regions, to get such assistance from a spouse.

- 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 proportions of victims who were currently married and single became more equivalent (about 40% in each category by 2005). Regional variations indicated that victims served by programs in the collar counties were more likely to be married and those served by programs in rural counties were more likely to be single.
- 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 those in onsite shelter and those who did not receive this service indicates that the onsite shelter group was more vulnerable in terms of their economic status. 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. They were also more likely, perhaps related to the pregnancy but perhaps not, 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.

II. Analysis of Victim Experience of Abuse and Offender Characteristics- Tables 2a-2f and 3a -3f.

The next set of tables present data on victims and offenders. Analyses include an examination of differences by year, as well as by age group and ethnicity of the victim. Additional differences were explored related to (1) whether or not the victim had a disability of some type, (2) the region in which service was provided, and (3) according to whether or not the victim received onsite shelter services. For ease of comparison, we first present information on victims (Tables 2a-2f) and then look at offenders (Tables 3a-3f).

Analysis of Victim Experience of Abuse by Year. Table 2a contains information about primary presenting issues for victims, as well as data about the location of the offense, and severity as assessed by the 9 items from the Conflict Tactics Scale that are included in the InfoNet database. An additional variable included in this analysis is whether or not there was more than one offender.

The data indicate that each year, the majority of individuals who sought help were victims of physical abuse, although this proportion declined over time from almost 75% of all victims in 1998 to 57.7% in 2005. Conversely, the proportion of all victims for whom emotional abuse was the primary presenting problem increased from 25.3% to 40.7% over the same time period. Sexual abuse, as a primary presenting problem, remained fairly constant over the years and was the primary problem for only a small proportion of all victims (less than 2% in all the years included here). It is perhaps likely that sexual abuse was not the primary abuse mentioned when individuals came into services, but it may have been a secondary abuse for many. Indeed, some current research supports this reality. 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. McFarlane and Malecha found that 68% of physically abused women also report sexual assault (2005). In a study conducted across the Illinois DV shelters, Bennett, Riger, Schewe, Howard, & Wasco (2004), found that of the current DV victims/survivors, 45% were survivors of childhood sexual assault, 48% were victims/survivors of childhood physical abuse, and 13% were victims of adult sexual assault (p.822). Data on secondary presenting problems were not available, however.

Data on severity, as assessed by the CTS indicates that among those individuals who were asked these questions, the most common expression of abuse was to be pushed, grabbed or shoved by the offender. The proportion of all victims in this group with this experience ranged from 80.2% in 1999 to 62.5% in 2003. The range of victims who had the following experiences tended to be similar and to vary from slightly less than 1/3 to somewhat less than half of those assessed over the 8 year period; having something thrown at them (between 31.0% and 44.7%), being slapped (34.1% to 47.4%), being kicked, bit or hit by the offender with a fist (32.1% to 44.9%), and being hit or having the offender try to hit then with something (28.1% to 40.4%).

The proportions of victims assessed by the CTS who had more severe experiences

of violence were somewhat smaller, but in some years, closer to or slightly more than one third of all victims experienced violence such as being beaten up and being choked. Among those who were beat up, the range was from a high of 32.7% in 1998 to 20.9% by 2005. For those who were choked, the lowest percentage of victims was 26.6% (in 2003) of all those assessed while the highest was 34.5% (in 2005). Roughly 20% of all victims who were assessed were threatened with a knife or gun (between 18.8% in 2004 and 22.5% in 1999) while smaller percentages (between 5.3% and 6.6% over the years) actually had a knife used or a gun fired at them. On average, over the years, those victims who were assessed for physical violence experienced anywhere from 2.66 to 3.51 of the types of violence included in the InfoNet data. The range was from victims who experienced none of these events to those who experienced all 9.

As we might expect given the nature of intimate partner violence, almost all of the abuse that occurred each year occurred either in the victim or the offender's home. By far, the victim's home was the primary location of the offense, although the proportion of abuse occurring in this location declined over time. In 1998, 81.7% of all victims reporting were abused in their homes whereas by 2005, this proportion had declined to 70.2%. On the other hand, the proportion of victims who reported that they were abused in the offender's home increased from 7.3% to 13.3% over the 8 year period. Small proportions of victims were abused in the other identified locations. Between 1.5% and 2.4% were abused in a car over the years and the pattern is similar for the proportion abused on the street (between 1.4% and 2.1%). Less than 0.5% of all victims in any given year were abused in a park or school setting, but roughly 3.5 to 4.5% reported being abused in another public location. We do not know what type of public setting that was. Between 2.5% and 3.8% of all victims over the 8 year period were abused in another private location, other than their home or their offender's home. Finally, the proportion abused in an "other" location in general, while small, increased over time from 1.4% in 1998 to 4.2% in 2005. What these "other" locations were, however, is not clear.

Data on multiple offenders indicates that most victims had only one assailant. Very small percentages were abused by more than one person in any given year. The largest percentage of victims with multiple offenders was 3.6%, in 2001, while the smallest was 1.1% in 2005.

Analysis of Victim Experience of Abuse by Age Group. Table 2b compares victims in three different age groups; those under 18 (2.3% of all victims about whom we had age information), those 18 to 64 (96.4% of all victims), and those 65 and older (1.3%). In this table, we collapse some of the categories related to location of the offense, particularly those in which only small percentages of victims were present across the years, in order to ease interpretation of results.

The data in the table indicate some differences by age group and primary presenting issue. Among those under 18 and those 18 to 64, physical abuse is the most common primary presenting issue. Sixty-two percent of all those under 18 and 65.4% of those 18 to 64 had this as their primary presenting issue. About one third of those in these two age groups experienced emotional abuse as their primary problem. In contrast,

among those 65 and older, about half of all victims had physical abuse as their primary presenting issue (49.9%) and a similar proportion had the primary problem of emotional abuse (49.4%). Sexual abuse was not a common primary presenting issue for any of the age groups, but those under 18 were more likely to have this as their primary presenting issue compared to those over 18; 4.3% of all victims under 18 were in this group compared to 1.5% of those 18 to 64 and 0.7% of those over 65.

Analysis of data from the CTS indicates that about 31% of those in the two age groups under 65 were asked the CTS items as were 27% of those 65 and older. For those under 18, the largest proportion experienced being pushed, grabbed or shoved (67.4%). Thirty-seven percent were slapped, 34.5% were kicked, beaten or hit with a fist and 29.3% were hit or had an abuser try to hit them with something. Roughly one quarter had something thrown at them (27.1%) or they were choked (24%). Twenty percent were beaten up while 14.6% had an offender threaten to use a knife or gun on them. A smaller percent, 3.7%, actually experienced an offender who used a knife or gun. Overall, the average number of violent behaviors experienced by those under 18 was 2.58.

For those 18 to 64 who were assessed by the CTS items, the percent of victims in each category was slightly higher than was the case for those under 18. Reflecting this difference, the average number of items endorsed was 3.10. Almost three quarters or 72% were pushed, grabbed or shoved. Forty-one percent were slapped and 38.7% were kicked, bit or hit with a fist by an offender. Almost the same proportion or 38.5% had something thrown at them. More than one third (34.2%) were hit by the abuser or had the abuser try to hit them with something and 32% were choked. Slightly more than one quarter (26.1%) were beaten up by their abuser while 21.1% were threatened with a knife or gun. Almost 6% actually had an offender use such weapons on them.

Those over 65 who were assessed using the CTS were less likely to have experienced the types of violent behaviors that were asked about, compared to those in the other two age groups, with the exception of being threatened with a knife or gun. The average number of items endorsed by those 65 and older was 1.87. Similar to those in the other age groups, the type of violent behavior experienced by the largest proportion of all victims 65 and over was being pushed, grabbed or shoved; 54.7% of all victims in this age group were in this category. About one quarter (24.9%) had something thrown at them while roughly one fifth had experienced the following types of violence: being hit or having an abuser try to hit them with something (21.8%), being kicked, bit or hit with a fist (20.9%), being threatened with a knife or gun (19.2%), and being slapped (19.0%). Twelve percent of those 65 and older who were assessed were choked and 11.5% were beat up; 2.9% had an offender use a knife or gun.

Data on the location of the offense suggests some variations by age group. Victims 65 and older had the greatest proportion of victims who were abused in their own homes. Almost all victims in this age group were in this category (88%). Only about 5% were abused in the offender's home and less than 5% were abused in a public place (3.2%), a private place (2.9%) or an "other" location (1.3%). Among those 18 to 64, three quarters were abused in their own homes, while 10.7% were abused in the

offender's home. About 5% of victims in this age group were abused in a public or private place respectively, and 2.5% were abused in an "other" location. For those under 18, the pattern was slightly different. The greatest proportion of all victims in this age group was also abused in their own homes, but the proportion was smaller than was the case for the other two age groups at 59.5%. Fourteen percent of victims under 18 were abused in the victim's home and almost 14% (13.8%) were abused in a public place, which included a street, park, school or other public location. Eight percent were abused in a private location including a car or other private place while 3.8% were abused in an "other" location.

Finally, data on multiple offenders indicates the groups were very similar. For those in the two groups over 18, 2.4% of victims in both groups had multiple offenders. Among those under 18, the percent was only slightly higher at 3.2%.

Analysis of Victim Experience of Abuse by Race/Ethnicity. Table 2c presents information on presenting issues, severity of violence as assessed by the CTS, location of offense, and multiple offenders for victims by race and ethnicity. As we might expect, physical abuse was the most common type of primary presenting issue, but there were variations by group. The biggest difference is between Asian and African Americans. Three quarters of all victims who were African American had physical abuse as their primary presenting issue and slightly less than one quarter (23.9%) were emotionally abused as their primary problem. In contrast, among Asian Americans, 54.2% had physical abuse as their primary presenting issue and 43.8% had emotional abuse. For the other racial and ethnic groups included in the analysis, roughly 60 to 67% had physical abuse as their primary presenting issue and 31 to 37% had emotional abuse. Sexual abuse was the primary presenting issue for only very small percentages of victims in all the groups. The proportion was lowest among African Americans (1.1%) and Hispanic victims (1.3%) and highest among victims who were American Indians (2.3%).

Data on the severity of abuse, as assessed by the CTS also shows some variation between groups. Victims who were Asian American and Hispanic were less likely to be assessed by the CTS (17.1% of all Asian American victims were asked these items and 22.5% of Hispanic victims). In contrast, almost one third of all White (33.2%), Bi-Racial (32.4%) and African American victims (31.2%) were evaluated. For all groups, being pushed, grabbed or shoved was the experience endorsed by most members, but there was some variation by group. Seventy-eight percent of all American Indian victims who were assessed had this experience compared to 68.6% of all Hispanic victims who were evaluated.

In general, for each of the types of violence that were asked about, 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, although there were one or two exceptions. For instance, 40.5% of all White victims who were assessed had something thrown at them compared to 36.2% of African American victims, 31.0% of Hispanic victims and 35.3% of Asian American victims. Similar to the patterns discussed already, for most groups, after being pushed,

grabbed or shoved, the next type of violence experienced by most victims was being slapped (between 38% and 48.4% of those in the 6 groups had this experience), followed by having something thrown at them (between 31% and 47.5% across the groups). For some groups, being kicked, bit or hit with a fist was the next most common experience (between 35.6% and 44%) followed by being hit by an abuser or having the abuser try to hit them with something (between 31.7% and 42.6% depending on group). Almost 40% of Bi-Racial and African American victims were choked as were 35.4% of American Indian victims who were assessed. In comparison, 29% of White and Asian victims had this experience as did 24.5% of Hispanic victims. Similarly, one third of all African American victims who were assessed and about 30% of all American Indian and Bi-Racial victims were beaten up. Smaller proportions of White (22.2%) Asian American (24.9%) and Hispanic (25.7%) victims experienced this type of violence. African American, American Indian and Bi-Racial victims who were assessed were also more likely to have their abuser threaten them with a knife or gun (about 26% in all three groups) and also use such weapons (7.5 to 8.1%) compared to White, Hispanic and Asian American victims. It is not surprising then, that looking at the average number of items endorsed for individuals who were assessed, by racial and ethnic group, that American Indian, Bi-Racial and African American victims tended to have higher averages (3.60, 3.50 and 3.43 respectively) compared to Asian American, White and Hispanic victims (3.06, 2.94 and 2.87 respectively).

Data on offense location also indicates that White and Hispanic victims had the greatest proportion of victims who were abused in their own homes (77.4% and 80.4%) and the smallest proportion that were abused in the offender's home (9.3% and 9.1%). Although the majority of African American and Bi-Racial victims were also abused in their own homes, the proportions were smaller (69.6% for African Americans and 67.6% for Bi-Racial individuals). Fifteen percent of Asian American and Bi-Racial victims were victimized in the offender's home as were 13.9% of African American and 12.5% of American Indian victims.

Looking at the other offense locations, the data indicate that the proportion of victims abused in a public place was smallest for Hispanic (4.7%) and largest for African American victims (7.3%). The proportion abused in a private location was generally small. Again, Hispanics had the smallest proportion of all victims abused in this location (3.4%) and Bi-Racial victims had the largest proportion (6.5%). Between 2.3% and 4.3% of individuals in the 6 groups were abused in an "other" place.

Data on multiple offenders indicates that only very small proportions of victims in any group had more than one offender. American Indian (3.4%) and White (2.9%) victims had the highest proportions while only 1.1% of all Hispanic victims who were served reported that they had more than one offender involved in the abuse.

Analysis of Victim Experience of Abuse by Disability Status. Table 2d presents information on the abuse experience according to whether or not the victims had any of the special needs or disabilities about which data were collected. These included a developmental disability, being immobilized, being confined to a wheelchair, deafness or

hearing impairment, visual impairment, at least one problem related to activities of daily living, special dietary requirements, need for assistance administering medication or “other” disabilities. The data indicate this group comprised about 5.2% of all victims, although information on the primary presenting issue and experience of abuse was not available for all individuals in either the disabled group or for those who did not have special needs.

The information on primary presenting problems suggests the groups did not differ much. Roughly two thirds of those in each group had a primary presenting problem of physical abuse and one third was emotionally abused as their primary issue. Those with a disability were slightly less likely to have the former as their primary issue and slightly more likely to have emotional abuse as their primary problem. Only a small percent of victims in either group had sexual abuse as their primary presenting problem (1.5% of those who were not disabled and 2.3% of those who were).

Data on those who had the severity of their abuse assessed using the CTS indicate that those with disabilities were slightly more likely to be assessed (34.5% versus 29.6%) compared to those without such limitations or needs. While there are some small differences, the data do not suggest huge variations in the types of violence experienced by the two groups. Most differences are no larger than 7%. The biggest difference relates to the proportion that was slapped; 47.5% of those with a disability who were assessed experienced this type of violence compared to 40.6% of those who were not disabled. However, for all the categories that are listed, those in the disability group had slightly higher proportions of individuals who experienced each of the types of violence. Overall, the mean number of items individuals in the disabled group endorsed was slightly higher (3.43 versus 3.05).

Information on the location of the abuse shows little difference between the two groups. The only really noticeable difference is in the proportion of victims who were abused in the offender’s home and again, the difference is not large. Among those who were disabled, 14.1% were in this category compared to 10.5% of those who did not have a disability. Otherwise, most victims in both groups were abused in their own homes (about 75%). Only about 5% of those in either group were abused in a public or private location about 2.5% were abused in an “other” location.

Data on multiple offenders also reveal no large differences. The disabled group was slightly more likely to be abused by more than one person; 4% of all individuals in this group had multiple offenders compared to 2.3% of those who were not disabled.

Analysis of Victim Experience of Abuse by Region of Service. Table 2e provides data on the experience of victims related to abuse according to the region in which services were provided. The data suggest that there were some notable differences in the primary presenting issues of victims depending on region. Among victims who were served by programs in Cook County, more than 70% experienced physical abuse as their primary problem while 27.1% experienced emotional abuse. For those served by programs in rural counties, the percentages were 55.7% and 42.1% respectively. Those

served by programs in the collar and urban counties fell somewhere between these two points and were more similar to each other. For those served by programs in the collar counties, 63% had physical abuse as their primary presenting issue and 35.9% had emotional abuse; for those served by programs in urban counties, the percents were 65.0% and 33.2% respectively. Proportions of victims who were sexually abused as their primary problem ranged from 1.1% (among victims served by programs in the collar counties) to 2.2% (for victims served by programs in rural counties).

Data on assessment using the CTS indicate that victims in Cook County were least likely to be asked these questions and those served by programs in the collar counties were most likely (26.0% versus 37.3%). Among those who were assessed, in each region, the data indicate that individuals served by programs in the collar counties tended to have the highest proportion of victims who experienced each type of violence. There were some notable exceptions though. First, looking at the proportion of victims in each region who were beat up, the data indicate that the greatest proportion of victims who had this experience were victims in Cook County (32.2%) while those served by programs in the collar counties had the smallest proportion of individuals (18.8%). Second, 25.4% of all victims served by programs in urban counties who were assessed indicated they had been threatened with a knife or gun compared to 21.1% of those served by programs in the collar counties.

Victims served by programs in the collar counties differed most from those served in other regions related to the proportions of victims in each region who had something thrown at them, as well as those who were slapped. Roughly half of all victims in this region experienced these types of violence while fewer than 40% of victims in the other regions had these experiences. Overall, the average number of items endorsed by those served by programs in the collar counties was 3.51. For those served by programs in Cook County, the average was 3.08 and for those served by programs in urban and rural counties, the mean number of endorsed items was 2.95 and 2.92 respectively.

Data on the location in which the abuse occurred suggests that victims served by programs in Cook County and those served by programs in rural counties were more similar. Seventy-four percent of individuals served by programs in Cook County were abused in their own homes while 13.2% were abused in the offender's home. Among those served by programs in rural counties, 75.5% percent of victims were abused in their own homes compared to 9.6% who were abused in the offender's home. Roughly 6% of victims served by programs in rural counties were abused in a public or private place and 2.6% were abused in an "other" location. For those served by programs in Cook County, the proportions were similar. Six percent were abused in a public place and 4.9% in a private location; 2.3% were abused in an "other" place.

The experiences of victims served by programs in the collar and urban counties were a bit different from those served in these other regions. For those served by programs in the collar counties, 82.3% were abused in their own homes and 8.2% were abused in the offender's home. For those served by programs in urban counties, these percents were 78.0% and 8.5% respectively. Although variations are small, those served

by programs in the collar counties were less likely than those served by programs in the other three regions to have been abused in a public, private or “other” location. The percents of victims served by programs in this region who were abused in each of these locations were 4.1%, 3.6% and 1.8% respectively. For those served by programs in urban counties, percentages were more similar to the findings for those served in Cook and rural counties. Six percent of those served by programs in urban counties were abused in a public place, 5.6% were abused in a private place and 1.9% abused in an “other” location.

Lastly, data on the number of offenders indicates that those in urban and rural counties were more likely than those served in Cook and the collar counties to have more than one offender. Although the percents are very low, about 4% of victims in the first two regions had multiple offenders compared to 1.2% of victims in Cook County and 1.7% of those served by programs in the collar counties.

Analysis of Victim Experience of Abuse by Onsite Shelter Status. Table 2f presents the final analysis of the victims’ experiences of abuse. It focuses on differences between individuals who received onsite shelter at some point and those who did not. Data on primary presenting issue suggests that those who received onsite shelter were slightly more likely to have physical abuse as their primary presenting issue and less likely to have emotional abuse be their primary problem. About 73% of all those who received onsite shelter had physical abuse as their primary problem and 25.3% had emotional abuse as the issue. In contrast, 64.1% of those who were not in onsite shelter had physical abuse as their primary issue and 34.4% had emotional abuse. The proportions who had sexual abuse as their primary problem were quite similar (1.8% for those who received onsite shelter and 1.5% for those who did not).

Information on severity as assessed by the CTS also shows some differences. Those who were in onsite shelter at some point were slightly more likely to be assessed using the CTS compared to those who were not in this setting (32.5% versus 29.5%), but this is not a large difference. Generally, greater proportions of individuals in the onsite shelter group had experienced each of the types of violence that were asked about, compared to those who were not in onsite shelter. This may perhaps relate to their greater experience of physical abuse as well, since the items that were included from the CTS generally relate to physical abuse more than other types. Overall, the average number of items endorsed by those in the onsite shelter group was about 1 item more than the number endorsed by those not in onsite shelter (3.94 versus 2.95).

There are also differences between the groups related to the location of the offense. Notably, 63.9% of those in the onsite shelter group were abused in their homes compared to 77.3% of those not in this group. On the other hand, 21.4% of those in the onsite shelter group were abused in the offender’s home compared to 9.3% of those who were not in onsite shelter. Other differences between the two groups, related to location are small. About 5 to 6% of victims in the two groups were abused in a public or private location and 2.5 to 3% were abused in an “other” setting.

Finally, data on multiple offenders indicates that those in the onsite shelter group were more likely to be abused by more than one person compared to those not in this group (3.8% versus 2.2%). However, the proportion of all victims in either group who had more than one offender, as before, is quite small.

Analysis of Offender Data by Year. Table 3a contains information on offenders by year. It includes data on the relationship between the victim and offender, information on the gender, age and race/ethnicity of offenders, and arrest and charge information. The data indicate that most offenders over time were either current or former husbands or current or former boyfriends. Although the proportion of offenders in each of these categories changed over time, combined, these two categories accounted for about 80% of all relationships between offenders and victims. The proportion of offenders in the remaining categories was less than 5% for most categories in almost all the years included here. Further, in many cases, less than 2% of all offenders were in these categories.

Changes in the proportion of offenders who were current or former husbands and the proportion who were current or former boyfriends generally went in opposite directions over the 8 year period. Thus, in 1998, 46.8% of all offenders were current or former husbands. This proportion declined each year such that by 2005, 38.8% of all offenders were in this relationship category. In contrast, the proportion of offenders who were current or former boyfriend rose about 10% over the years from 32.7% in 1998 to 43.0% in 2005. The result was that as time passed, almost equal proportions of offenders fell into these two categories.

There were not very large shifts in the proportion of offenders who were in the remaining categories listed in Table 3a. Among the male offender categories, apart from husbands and boyfriends, the category with the greatest proportion of offenders was “other male relative.” Over time, the proportion of offenders in this category ranged from 3.9% (in 1999) to 4.8% (in 2005). Male friends comprised about 2% of all offenders after 2000, but prior to this time, they comprised a greater proportion, 7.9% in 1998 and 3.9% in 1999. Less than 1.5 % of all offenders in any given year were fathers of victims (or the mother’s boyfriend) while less than 1% were male acquaintances.

Only small percentages of all offenders were in the categories that included female relationships. While the proportions involved were quite small, there were increases in the proportion of all offenders who were current or former wives (from 1.5 to 2.0% between 1998 and 2005), those who were current or former girlfriends (from 1.2% in 1998 to 2.6% in 2005) and “other female relatives “(from 1.6% to 2.6% over the same 8 years). These changes may relate to the increase in male victims noted in Table 1a.¹² The proportion of all offenders in the remaining categories, with the exception of those

¹² Analysis of offender relationships by the gender of the victim indeed shows that over 60% of all male victims were abused by either a current or former wife or girlfriend. Another 16% of male victims were abused by a male relative. About 2% were abused by current or former husbands and 4% by current or former boyfriends. It is not clear if these were miscodes or if these were serving as a stand in for same sex relationships (although there is a same sex relationship category). Less than 4% of all male victims were abused by individuals in any of the other categories.

who were unknown to the victim, was less than 1%; changes over time were small. Offenders whose relationships to the offenders were unknown comprised only a small proportion of all offenders as well, ranging from a low of 0.7% in 2005 to a high of 1.8% in 2000. This is perhaps to be expected since offenders with an “unknown” relationships to the victim would not technically indicate that the client was a victim of domestic abuse.

Information about the characteristics indicate that the clear majority of offenders were male, but there was a small decline over time such that 94.2% of all offenders were male in 1998 compared to 90.7% in 2005. This corresponds to the increase in the proportion of offenders who were current or former wives or girlfriends, as well as female relatives. Information about the race and ethnicity of offenders indicates that most were either White or African American while a notable proportion was Hispanic. There were some fluctuations over time, but they were not large. Offenders who were White comprised 54.3% of all offenders in 1998. This percent declined over time to 47.7% in 2005. Offenders who were African American ranged from between 28.8% in 1999 to 31.9% in 2005 and offenders who were Hispanic increased about 5% over the 8 years from 12.9% to 17.3% of all offenders. Offenders in the other racial and ethnic groups comprised only a small proportion of all offenders and percentages did not vary greatly over time. To some extent, these data mimic the racial composition of victims and suggest that victims and abusers tended to be of the same race and ethnicity. The data in Table 3c, which look at differences by race and ethnicity, will help to confirm this. Age data indicate that the average age of offenders rose over time by about 1 year from 34.4 in 1998 to 35.3 in 2005.

Table 3a also contains information about visitation between the offender and children. We note that information about visitation is missing for many offenders, especially in the earlier years in which data were collected. Therefore, these results should be seen as suggestive of trends only. The data indicate that for most offenders, visitation did not apply, e.g. in 1998, 85.8 % of all offenders were individuals for whom visitation was not an issue. Among those offenders for whom visitation was relevant, the proportion who had supervised and unsupervised visits remained quite stable over the 8 year period. Slightly less than one third of all offenders about whom there was visitation data had supervised visitation while slightly more than two thirds had unsupervised visitation each year.

Finally, Table 3a contains data on police charges. It is important to point out that data on police charges were available for only a very small number of all offenders each year. Therefore, these data again need to be seen as suggestive of patterns and tentative rather than definitive. The data which are available suggest that most offenders who were charged were charged with misdemeanors. Of those for whom these data were available, anywhere from 85.7% (in 2000) to 75.8% (in 2002) were charged with misdemeanor offenses. Between 8.7% (in 1998) and 11.9% (in 2002) were charged with felony offenses. For the remaining percent of offenders for whom there is police charge data about the type of charge, this information was unknown.

Analysis of Offender Data by Victim's Age Group. Data on offenders as it corresponds to the age of the victim is provided in Table 3b. As the tables makes clear, there were some large differences in the relationship of the victim and offender related to age of the victim. First, as we might expect, for those under 18, the offender was much less likely to be a current or former husband compared to offenders of persons 18 to 64 (6.4% versus 44.7%). Offenders of victims over 65 were also less likely to be current or former husbands compared to offenders of victims between 18 than 64 (21.9% versus 44.7%). Second, offenders of victims under 18 were more likely to be current or former boyfriends (58.0%) compared to offenders of victims 18 to 64 (38.8% of offenders in this age group were current or former boyfriends), and only a very small proportion of offenders of persons 65 and older were current or former boyfriends (4.6%). Third, offenders of victims under 18 were more likely to be fathers or the boyfriends of the victim's mother compared to offenders of victims in the other two age groups; 12.3% of offenders of victims under 18 had this relationship to the offender compared to 1.1% of offenders of those 18 to 64 and 0.3% of those 65 and older. While the proportion of offenders in this category is small, offenders of victims under 18 were also more likely to be the mother or the girlfriend of the victim's father compared to victims 18 to 64 and 65 and older (5.9% compared to 0.7% and 0.2% respectively).

Conversely, 42.2% of all offenders of victims 65 and older were male relatives other than husbands. In comparison, only 3.8% of all offenders of victims 18 to 64 were in this category as were 5.7% of offenders of persons under 18. Offenders of victims 65 and over were also more likely to be a female relative other than a spouse compared to offenders of victims in the other two groups; 18.0% victims over 65 had this relationship to their abuser compared to 1.8% of offenders of those 18 to 64 and 2.5% of offenders of those under 18. Other differences between the groups related to the relationship between the victim and offender were smaller and involved only small percentages of all offenders.

Data on the characteristics of the offender indicate that offenders of victims under 18 and victims 18 to 64 were more likely to be male compared to offenders of victims 65 and over. For the latter group, 75.6% were male compared to 89.5% for offenders of victims under 18 and 93.1% for offenders of victims 18 to 64. This may relate to the larger proportion of female relatives among offenders 65 and older. Information on race and ethnicity suggests that offenders of victims over 65 were more likely to be White (68.2%) compared to offenders of victims in the other age groups (56.2% for offenders of those under 18 and 50.3% for offender of victims 18 to 64). They were also less likely to be Hispanic; only 5.2% of all offenders of victims 65 and older were in this ethnic group compared to 16.1% of offenders of victims under 18 and 15.9% of offenders of victims 18 to 64. Offenders of older victims as well as offenders of those under 18 were somewhat less likely to be African American (23.7% and 24.8% respectively) compared to offenders of victims 18 to 64 (30.6% were African American). Differences between groups for the other racial and ethnic groups were smaller, in part because so few offenders were members of these groups, but offenders of victims under 18 were less likely than offenders in the other two groups to be Asian American and more likely to be Bi-Racial.

To some extent, differences in race and ethnicity between offenders and victims in the different age groups reflect difference in race and ethnicity among the victims themselves. Appendix Tables 4a through 4c provides demographic information about the different age groups, including data on their race and ethnicity. The data indicate that victims in the older group were more likely to be White and less likely to be African American and Hispanic compared to those in the other age groups. Given that many of the offenders of older victims were relatives, we would expect these racial differences to also be reflected in the race and ethnicity of the offenders.

Age information also reveals differences between the three groups of offenders. Offenders of victims under 18 were youngest, with an average age of 25.2. This probably relates to the fact that many of the offenders in this age group were current or former boyfriends, some of whom may have been close in age to the victim. Among offenders of victims 18 to 64, the average age was 34.9 years which is close to the average age for victims in general each year. Again, given that most offenders of victims in this age group were current or former partners (either husbands or boyfriends), it is possible that the victim and offenders are the same age (although it is also likely that for some, there is an age gap). Finally, offenders of victims 65 and older, the average age was higher at 47.9 years. This may reflect the mix of current or former husbands among offenders along with relatives, which may include older children.

Lastly, information on visitation is included. Again, given the large number of missing cases, particularly for offenders of victims 18 to 64, this data should be viewed with caution. They suggest that visitation was not an issue for most victims in all the age groups, particularly for offenders of victims 65 and older. Among those for whom visitation applied, there was not a lot of variation in the proportion of offenders who did and did not have supervised visitation across the three age groups. Again, roughly two thirds had unsupervised and about one third had supervised visitation in each group. Offender of victims over 65 were most likely to have supervised visitation compared to offenders of victims in the other groups (37.5% compared to 33.9% of offenders of victims under 18 and 31.4% of offenders of victims 18 to 64), but only 24 offenders were included in this analysis among offenders of people 65 and older so it is hard to conclude large differences exist.

Analysis of Offender Data by Victim's Race/Ethnicity. Table 3c contains information on relationships between offenders and victims as well as offender characteristics by the race/ethnicity of the victim. The most notable differences between the groups with respect to the relationship between the victim and offender relate to the proportion of victims in each group whose offender was a current or former husband or a current or former boyfriend. Offenders of victims who were Asian American were most likely to be current or former husbands (67.5%) compared to the other groups, but for offenders of victims who were Hispanic, White and American Indian, this relationship category, while having smaller proportions of abusers compared to Asian American victims, had the largest proportion of all offenders. In contrast, offenders of victims who were African American or Bi-Racial were more likely to be current or former boyfriends;

52.9% of offenders of African American victims and 52.3% of offenders of Bi-Racial victims were in this relationship category. For all the other racial and ethnic groups, this relationship category was the next most common, after current or former husbands. About one third of offenders of victims who were White, Hispanic and American Indian were current or former boyfriends and 16.9% of offenders of Asian American victims were in this group.

These differences, to a large extent, probably relate to differences in the marital status of victims in the different racial and ethnic groups. Appendix Table 4b contains information about the demographic characteristics of individuals in the various racial and ethnic groups, including their marital status. The data indicate that more than half of all African American and Bi-Racial victims were single (about 57% of each group) while for all other racial and ethnic groups, the category with the greatest proportion of victims was currently married. Among Asian Americans, 69.7% were currently married which could explain why so many of their abusers were current or former spouses.

The other relationship categories included generally small proportions of offenders regardless of the race or ethnicity of the victim (no more than about 5% at most for all groups and categories). Some small differences existed, however, and these are briefly summarized here. First, offenders of Bi-Racial victims were more likely than offenders of other victims to be a father or boyfriend of the victim's mother (2.8% compared to about 1% for the other groups). Second, 3.2 to 5% of offenders of victims in all racial groups but offenders of Hispanic victims were male relatives other than a husband. About 2% of offenders of Hispanic victims were in this category. Offenders of Hispanic victims were also less likely to be a male friend compared to offenders of victims in the other racial and ethnic groups (1.1% for offenders of Hispanic victims compared to between 2.1 % and 5.5% for offenders of victims in the other groups). Among the categories involving female relationships, only small proportions of offenders were involved (no more than 3% at most for any group in any of the categories). Differences between groups were also small. Offenders of White victims tended to be slightly more likely to be a current or former wife compared to offenders of victims in the other groups (roughly 2% versus 1% in the other groups) while offender of African American and Bi-Racial victims tended to be more likely to be current or former girlfriends (2.7% of offenders of African Americans were in this category and 2.2% of offenders of Bi-Racial victims compared to between 0.5% to 1.6% of offenders of victims in the other racial and ethnic groups).

Demographic information on offenders reveals little difference in gender related to the race or ethnicity of the victim. For all racial and ethnic groups, at least 90% of all offenders were male. Offenders of Hispanic victims had the smallest proportion of female offenders (4.7%) while offenders of Bi-Racial victims had the largest (8.2% female). Race information, however, suggests differences related to the victims racial and ethnic groups. The data clearly indicate that with the exception of two groups; offenders of American Indian victims and offenders of Bi-Racial victims, the majority of offenders were in the racial or ethnic group that matched the race and ethnicity of the victim. Thus, among offenders of White victims, 87.2% of all offenders were White,

among offenders of African American victims, 95.1% were African American and among offenders of Hispanic victims, 86.3% were Hispanic. The largest proportion of offenders of Asian American victims were also Asian American (67.1%), although for this group, a sizeable minority of offenders, 19.9%, were also White. Among offenders of victims who were American Indian or Bi-Racial, there was more racial and ethnic diversity. About 49% of offenders of American Indians were White, 20.1% were African American and 11.4% were Hispanic. An additional 15.5% of all offenders of victims in this group were also American Indian. Among offenders of Bi-Racial victims, 24.5% of all offenders were White, 49.7% were African American and 13.7% were Hispanic. An additional 10% were Bi-Racial.

Demographic information on age indicates that there was some variance related to the victim's race and ethnicity. Asian American victims tended to be victimized by the oldest offenders. The average age for offenders of this group was 39.0 years. In contrast, among Bi-Racial victims, the average age of the offender was 31.7 years. Offenders who victimized White and American Indian individuals were about 35 years old, while offenders of African American and Hispanic victims were 34.6 and 33.4 years of age, respectively. Again, some of these age differences reflect age differences among victims as well. Asian American victims tended to be older on average than those in the other racial and ethnic groups (36.4 years on average) and Bi-Racial victims were younger (28.1 years; see Appendix Table 4b).

Finally, visitation data indicate modest differences between the groups. Large numbers of missing cases, particularly for offenders of White and African American victims, may have influenced the results so conclusions are tentative. The data that are available suggest that visitation was not an issue for anywhere from about 88% to 93% of all offenders. For those with visitation, the largest proportion of offenders in all racial and ethnic groups had unsupervised visitation, but offenders of African American and American Indian were less likely to have unsupervised visitation compared to the offenders of victims in the other racial and ethnic groups; 61.9% of offenders of African American victims and 63.8% of offenders of American Indian victims had unsupervised visitation compared to 67.2% to 71.0% of offenders of victims in the other racial and ethnic groups.

Analysis of Offender Data by Victim's Disability Status. Table 3d explores differences in the relationship between offenders and victims as well as the characteristics of offenders according to whether or not the victim had one of the disabilities included in the InfoNet system (see footnote 8). The data indicate that there are only very slight differences between the groups related to disability status and the relationship of the offender and victim. Roughly 43% of offenders of victims in both groups were current or former spouses of the victim. Thirty-nine percent of offenders of victims who did not have special needs or disabilities were current or former boyfriends as were 35.8% of offenders of victims with a disability. Offenders of victims with disabilities were slightly more likely to be male relatives other than husbands compared to offenders of victims who were not disabled (6.7% versus 4.2%), but this difference was quite small. Other differences between the groups, if they existed, were all less than 1%.

Offenders of victims in both groups were also quite similar related to gender and race/ethnicity. Similar proportions were male (about 92%), White (about 50%) and African American (about 30%). Offenders of victims who had a disability were less likely to be of Hispanic origin compared to victims who had no disabilities (8.7% versus 16.2%). Differences in the proportion of offenders in the other racial and ethnic groups were small. We note that data on the racial and ethnic breakdown of victims who were and were not disabled (presented in Appendix Table 4c) indicate that there was a similar difference in the proportion of victims who were and were not disabled related to the percent who were Hispanic; 8.3% of all disabled victims were in this ethnic group compared to 15.6% of victims who did not have a disability or special need.

One noticeable difference between offenders of victims in the two groups relates to the age of the offender. Offenders of victims with disabilities or special needs were about 4 years older on average compared to offenders of victims who did not have a disability (38.4 years versus 34.6). Again, data on the demographics characteristics of the victims themselves indicate that those with disabilities were older than those who were not in this group (37.7 years versus 32.8; see Appendix Table 4c)

The two groups of offenders also differed somewhat related to visitation. Given the large number of missing cases, these differences are suggestive of patterns rather than conclusive, but they indicate that offenders of victims with disabilities who had visitation were more likely than offenders of victims without such limitations, to have supervised visitation (40.7% versus 30.9%).

Analysis of Offender Data by Victim's Region of Service. Table 3e contains information on the relationship between offenders and victims as well as offender characteristics according to the region in which the victim was served. Once more, the data indicate that larger proportions of offenders, regardless of region in which the victim was served, were either current or former husbands or boyfriends, but some differences existed in the proportion of offenders in each group. For offenders of victims served in Cook County, the proportion of offenders who were current or former spouses and current or former boyfriends were roughly comparable at 43.3% and 41.7% respectively. For all other relationship categories, there were only small proportions of offenders for victims in this region; only one category, other male relatives, had more than 2% of offenders in it and only 4.1% of all offenders of victims in this region were other male relatives.

Among offenders of victims served by programs in the collar counties, the percent who were current or former husbands versus boyfriends varied more distinctly. Thus, 49.4% of all offenders of victims in this region were current or former husbands while 34.6% were current or former boyfriends. Similarly, among offenders of victims served by programs in rural counties, greater proportions of offenders were current or former husbands than current of former boyfriends (46.4% and 34.9% respectively). For offenders of victims served by programs in urban counties, differences were virtually nonexistent between the proportions of offenders in these two categories; 39.6% were

current or former husbands and 39.3% were current or former boyfriends¹³

While there are small variations in the proportion of offenders in the other relationship categories across the regions, only a few stand out strongly. Offenders of victims served by programs in urban counties were more likely than offenders of victims served by programs in Cook or the collar counties to be a male acquaintance (6.0% for the former and 1.9% and 1.5% for the latter two respectively). About 3% of offenders of victims served in rural counties were in this relationship category. Offenders of victims served by programs in urban counties, as well as those served by programs in Cook County were slightly more likely to have an unknown relationship as well compared to offenders of victims in the other two regions.

Data on gender of the offender indicate little variation by region. Anywhere from 92.1% to 93.8% of all offenders were male regardless of the region in which the victim was served. Differences in the offender's race and ethnicity were apparent, but these generally reflect the same racial differences evident in the analysis of victim data by region (see Table 1b). Thus, offenders of victims served by program in Cook County were more likely to be African American (44.1%) and less likely to be White (26.0%) compared to offenders of victims served in other regions. Offenders of victims served by programs in rural counties were most likely to be White (85.1%) and least likely to be African American (10.0%). About one quarter of offenders of victims served by programs in Cook and the collar counties were Hispanic compared to 4.4% of offenders of victims served by programs in urban counties and 3.2% of offenders of victims served in rural counties. Offenders of victims served in Cook and the collar counties were also more likely to be Asian, but the proportion of offenders in this racial group was small (2% or less). Data on the age of the offender does not show a lot of variation by region. Offenders of victims served in Cook County had the oldest average age (35.5 years) while the youngest offenders, on average, were offenders of victims who were served in urban counties (34 years).

Table 3e also include information on the county the offender was from so that we can see if there are differences related to the victim and offender's location. The data clearly indicate that most offenders were from the same region as the one in which the victim obtained service. For instance, among offenders of victims served in Cook County, 98.1% of all offenders were from Cook County. Among offenders served by a program in the collar counties 93.7% were from this same region and approximately 96% of all offenders of victims served by programs in urban and rural counties were from these two regions respectively. Given that the primary relationships between victims and abusers were intimate partner relationships, it perhaps makes sense that so many offenders were from the same region as their victims.

¹³ To some extent these regional variations reflect the variations in marital status which were discussed previously when the data in Table 1b were examined. Victims served by programs in Cook and urban counties were more likely to be single than victims served by programs in the collar and rural counties and less likely to be currently married.

Data on visitation, which again include large numbers of missing cases for all regions, indicate that for most offenders regardless of region, visitation was not an issue. Anywhere from 86.7% of 90.8% of all offenders did not have visitation issues regardless of the region in which the victim was served. For those for whom visitation issues applied, there were some variations. Most offenders, regardless of the region in which the victim was served, had unsupervised visitation, but offenders of victims served in Cook County who had visitation issues were the least likely to have unsupervised visitation compared to offenders of victims served in the other three regions. About 59% of all offenders of victims served in Cook County who had visitation issues had unsupervised visitation. In the other regions, these percentages were 80% among offenders of victims served in the collar counties, 70.7% for offenders of victims served by programs in urban counties and 71.6% among offenders of victims served by programs in rural counties.

Analysis of Offender Data by Victim's Onsite Shelter Status. One final set of analyses look at the relationship between the offender and victim, as well as offender characteristics by whether or not the offender's victim received onsite shelter or not. These data are presented in Table 3f. Differences here are similar to some of the variations noted in previous analyses. 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 (34.4% versus 50.0%). In contrast, offenders of victims who were not in onsite shelter had the opposite pattern; 44.9% were current or former husbands and 37.2% were current or former boyfriends. While other differences were smaller, offenders of victims who received onsite shelter services were less likely to be male relatives other than husbands compared to offenders of victims who were not in onsite shelter (2.6% versus 4.5%). They were more likely to be male acquaintances; 5.2% of offenders of victims in onsite shelter versus 2.9% of offenders of those not in onsite shelter were in this category. Virtually no offenders of victims in onsite shelter were current or former wives (0.1%) and only 0.7% were current or former girlfriends. Although the proportions were very limited, among offenders of victims who were not in onsite shelter, 1.9% of all offenders were in each of these categories. This difference may relate to the fact that fewer males were in the onsite shelter group.

Data on demographic characteristics indicates that most offenders were male but among the group whose victims were not in onsite shelter, a somewhat larger proportion was female (7.5% versus 4.6% for offenders of victims in onsite shelter). This makes sense in light of the somewhat higher proportion of offenders who were in the female offender categories among the group of offenders whose victims were not in onsite shelter. However, it is important to emphasize that few offenders in either group were female or in these female relationship categories.

Data on race indicates differences as well. Offenders of victims not in onsite shelter were more likely to be White compared to offenders of victims in the onsite shelter group (52.6% versus 35.5%) and less likely to be African American (27.9% versus 49.4%). The former group was also slightly more likely than offenders of victims in onsite shelter to be Hispanic (16.4% versus 10.9%). Again, these differences reflect

differences noted in Appendix Table 4b regarding the race and ethnicity of victims. Few offenders in either group were Asian American, American Indian, Bi-Racial or from an “other” race or ethnicity.

The average age of offenders of victims who were in onsite shelter was about one year older than the average for offenders of victims who did not receive this service (35.78 versus 34.70). This is in contrast to the pattern observed for other groups in that victims who were in onsite shelter tended to be younger than those who did not get this service.

Visitation data, which again, should be viewed cautiously given the large numbers of missing cases, suggests that visitation was an issue for a slightly greater proportion of offenders of victims who were not in onsite shelter compared to offenders of victims who were (88.5% versus 95.1%). Among those for whom visitation was applicable, differences were slight. Roughly 69% of all offenders of victims who were not in onsite shelter had unsupervised visitation while 31.1% had visitation that was supervised; for offenders of victims in onsite shelter, the proportions were 63.3 and 36.7% respectively.

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 who sought help over the years, but the proportion declined over time. Conversely, the proportion of all victims who sought help because of emotional abuse increased. It is not clear if this shift 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. 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) questions, 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 abusers home rose slightly through the years. This may relate to changes in the relationships between victims and abusers over time. As offender data also indicate, the proportion of spouses who were abusers declined over the years, while the proportion of boyfriends grew. When the abuse was a current spouse, the offender’s home would most likely also be the victim’s home, while this might be less true if the offender was a current or former boyfriend. Whether this shift in location might also be related to changes in the type of primary presenting issue which were noted above is unclear.

- 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 most 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 American victims who sought help had the greatest proportion of victims who were physically abused and the smallest proportion of victims who were emotionally abused. Asian American victims 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. Only very small proportions of victims in any group had sexual abuse as their primary type of 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, but in general, abuse experience was not an area where there were large differences between the groups.
- Analysis of differences by region suggest that for those served by programs in rural counties, the proportion of victims for whom physical abuse was the primary presenting issue 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.
- Victims served by programs in the collar counties were most likely to be asked the questions from the CTS while those served in Cook County were least likely. Data on severity as assessed by the CTS does not indicate huge variations by

region, although those in the collar counties tended to have higher proportions of victims endorsing each of the items asked about compared to those served in other regions. Variations in the location of the offense were also small, but individuals served by programs in Cook County had the largest proportion of victims who were victimized in the offender's 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 to those who did not receive this service indicates that the onsite shelter group was somewhat more likely to have physical abuse as their primary presenting issue versus emotional abuse, compared to those who were not in onsite shelter. 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. Although the proportion of offenders in each of these categories changed over time so that they were equivalent in more recent years, 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 of relationships to victims included in the InfoNet data base 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 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 abuser 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 abuse generally matched the race and ethnicity of the victim for most groups. However, the racial group with the greatest proportion of offenders for victims who were 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 likely 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.
 - Offenders of victims with disabilities were also more likely to have supervised visitation when they had visitation issues, but because data on this is missing for so many individuals, this trend should be viewed with caution.
 - Differences in the relationship between offenders and victims related to region seem to reflect differences in marital status for the different regions. Most offenders were, again, either the current or former husband or boyfriend of the victim in all regions, but for those regions that tended to have higher proportions of single victims, the proportion of offenders who were current or former boyfriends tended to be slightly higher than the proportions who were current or former husbands and vice versa.
 - 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 one in which the victim was served. Given that the primary relationships between victims and abusers were intimate partner relationships, it perhaps makes sense that so many offenders were from the same region as their victims
 - Data on visitation, which again should be viewed with caution suggests offenders of victims served by programs in Cook County were more likely than offenders of victims in other regions to have supervised visitation.
 - 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. This probably is related to the very small percent of male victims in the onsite shelter group. Variations between the two groups were also evident related to the offender's race and ethnicity but these seemed to reflect the racial and ethnic differences between victims in each group. 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.

III. Analysis of Referral Sources for Victims – Tables 4a-4f

The data in Tables 4a-4f include information about referral sources for victims. Analysis focuses on differences by year, as well as by age, race/ethnicity, and disability status of the victim. Differences related to the region in which service was provided and whether or not the victim received onsite shelter are also explored.

Analysis of Referral Sources by Year. Table 4a contains information about the referral sources for victims by year. The data indicate very little variation in the proportion of victims who were referred from a specific source over the 8 year period. We note that none of the proportions changed by more than 5% over time. Further, most victims were referred by only a few sources; apart from these, most sources accounted for no more than 5% of all referrals in any given year.

The data indicate that the three most common referral sources were police, social service programs and self-referral. Nearly forty percent of referrals each year came from the police; however, the proportion of clients with this referral source decreased gradually over time from 39.6% in 1998 to 35.5% in 2005. The proportions of victims referred from social service programs and self-referred were fairly equivalent. Roughly anywhere from 9.9% to 14.6% of victims were self-referred over the 8 year period and 9.5% to 12.9% were referred by a social service program. The proportion of referrals from these sources tended to fluctuate within these parameters over the 8 years.

The only remaining sources that accounted for more than 5% of all referrals, but less than 10% were referrals from a friend, referrals from the State's Attorney's office, referrals from a hotline and referrals from "other" sources not included in the specific categories that InfoNet asks about. Approximately 7 to 8% of all victims were referred by a friend each year. Referrals from the State's Attorney's office reached as high as 7.3% in 1999, but during 1998, they accounted for only 3.7% of all referrals, and ranged between 4.2 and 6.1% over the remaining years. The proportion of referrals from an "other" source was somewhat higher, ranging from a low of 5.8% (in 1998) to a high of 8.8% (in 2001). However, we do not know what these "other" sources were.

The data suggest that hotline referrals were increasing over time. It appears that no referrals were made from this source prior to 2001, either because data were not collected about this source or the hotline was not yet operational. However, after referrals began to come in 2001, they rose each year to a high of 9.7% in 2004. The percent referred by this source dropped slightly in 2005, but it is possible that this relates to the loss of end of the year data for this year. Referrals might have gone up again over the holidays, bringing the proportion for 2005 closer to the percent for 2004.

The remaining referral sources included in the table provided referrals to programs for no more than approximately 5% of all victims in any given year. Several, including referrals from medical service providers, clergy, educational personnel, public health programs, DCFS, the media, and telephone directory assistance, did not refer more than about 1% of all victims to services in any of the 8 years included here.

Analysis of Referral Sources by Age Group. Table 4b compares victims that were under age 18, 18 to 64, and 65 or older related to where their referral for services came from. In general, the data show some variations by age, but most of the differences between the groups are not very large. As we might expect given the trend across years, the largest proportion of victims in each age category was referred by police. However, those who were 65 and older were most likely to be referred by this source especially compared to those 18 to 64; 47.6% of all victims 65 and older were referred to a program by police compared to 37.8% of those 18 to 64. Among those under 18, the proportion was in the middle of the two groups at 44.0%.

Those in the oldest age group were also more likely than those in the other two age groups to be referred by the State's Attorney's office although differences between the groups were not large' 8.7% of those 65 and older were referred by this source compared to 5.3% of those 18 to 64 and 6.2% of those under 18. Victims in the oldest age group were also more likely to be referred by a legal system source, a private attorney and the clerk of the circuit court, but differences between the groups for these sources were generally very small and they accounted for smaller proportions of referrals for all groups.

Victims under 18 differed somewhat from the other groups related to the proportion referred by an "other" source. Sixteen percent of victims in this age group were referred by this source, which included clergy, educational personnel, DCFS, media sources, telephone, other projects and "other" sources that are unknown. Although 12% (11.7%) of victims aged 18 to 64 were referred to programs from an "other" source, this was a referral source for only 7.4% of victims 65 years old

Victims in the youngest age group were less likely than those who were older to be referred to a program by a social service provider (7.0% versus 11.4% and 10.3% respectively). They were also less likely to be self referred (6.9% versus 11.8% and 8.3%). On the other hand, they were slightly more likely to be referred by a relative; 7.4% of all victims under 18 were referred to programs by this source compared to 4.0% of those 18 to 64 and 5.2% of those 65 and older.

Those ages 18 to 64 were slightly more likely than those in the other two age groups to be referred by a social service program and to be self-referred but differences between those 18 to 64 and those 65 and older for these referral sources were not very great. The biggest difference was between victims in this age group and those under 18. They were also somewhat more likely to be referred by a friend. Approximately 8% of all victims 18 to 64 were referred by this source compared to 5.4% of those under 18 and 3.9% of those 65 and older.

Other differences between the groups were very small. Those 18 to 64 were slightly more likely to be referred by a hotline (2.7% versus about 1% for those in the other two age groups). Roughly 3 to 4% of those in each age group were referred by a hospital and about 3% were referred by a medical source.

Analysis of Referral Sources by Race/Ethnicity. Table 4c presents information on referral sources for victims by race and ethnicity. The data indicate that there are some instances where larger variations exist related to race and ethnicity and referral source, but for many of the referral sources, differences are not very great. The most common referral source for all victims regardless of race was the police. However, the proportion of victims referred by this source within each racial and ethnic group included here varied. White victims had the largest percent of referrals from this source (43%); In contrast, only about one quarter of Hispanic (26.7%) and Asian American (26.1%) victims were referred by this source. African American, American Indian and Bi-Racial victims fell in the middle; between 30-35% of individuals across these groups were referred to programs by the police.

There were also differences between the groups related to the referral source for each which comprised the next largest proportion of all victims. For victims who were White, self-referrals were the next greatest source (12.7%) followed by referrals from an “other” source (9.8%) and a social service program (9.6%). About 8% of all White victims were referred by a friend and 5.7% were referred by the State’s Attorney’s office. Less than 5% of all White victims were referred by any of the remaining referral sources.

For African American victims, the pattern was fairly similar, although social service programs were the next greatest referral source for victims in this group after the police. Thirteen percent of all African American victims were referred to programs by a social service program. Twelve percent were referred by an “other” source and 9.3% were self-referred. African American victims were similar to White victims with respect to the proportion referred by the State’s Attorney’s office; 5.9% of all African American victims were referred to programs from this source and 5.3% were referred by a legal system source. In contrast to White victims, only 4.6% were referred by a friend to a program, but 5.8% were referred by a hospital. This was greater than the proportion of victims referred by this source in any of the other racial or ethnic groups included here.

Victims who were Hispanic had a higher proportion of all victims referred by an other source compared to those who were White or African American; 16.6% of all

Hispanic victims were referred by an “other” source. After this, the next largest proportion of Hispanic victims were referred to programs by a social service program (12.7%) and then by a friend (11.8%). About 10% of all Hispanic victims were self-referred. Similar to African American victims, 5.6% were referred by a legal system source, but only 4% were referred by the State’s Attorney’s office. Less than 5% of all Hispanic victims were referred by a source in any of the remaining categories.

Asian American victims were similar to Hispanic in that they had larger proportions of victims referred to programs from an “other” source than White and African American victims (17.2%). However, Hispanic victims differed from all the other groups to the extent that they had a very large proportion of victims who were self-referred; 22.3%. This was much higher than the proportion of self-referred victims in any of the other racial and ethnic groups. Thirteen percent of all Asian American victims were referred by a social service program, similar to African American and Hispanic victims, and 12.5% were referred by a friend, which was comparable to the proportion of Hispanic victims referred by this source. For all other categories, including legal system sources and the State’s Attorney’s office, less than 5% of Asian American victims were referred by these sources.

American Indian victims had the greatest proportion of victims who were referred by a social service program; 17.9% of all American Indian victims were referred by this source. This was the source which referred the second greatest proportion of all victims for American Indians, following referrals by police. Fourteen percent of American Indian victims were referred from an “other” source and 13.3% were self-referred. Only 6.8% were referred by a friend, but similar to African American victims, 5.6% were referred by a hospital. Less than 5% of all American Indian victims were referred by any of the remaining sources in the table including legal sources like the State’s Attorney.

Finally, Bi-Racial victims were perhaps most similar to African American victims in their referral sources. As noted, like African American victims, about one third was referred by police. The source which referred the next largest proportion of Bi-Racial victims was a social service program (14.7%) followed by an “other” source (14.6%). Self-referrals accounted for about 10% of all referrals for Bi-Racial victims and 5.7% were referred by a hospital. In contrast to White and African American victims, less than 5% of all Bi-Racial victims were referred by the State’s Attorney’s office (3.6%) and only 2.9% were referred by a legal source. Seven percent were referred by a friend. Less than 5% of all Bi-Racial victims were referred by any of the other sources included in the table.

Analysis of Referral Sources by Disability Status. Table 4d presents information on referral sources for victims by disability status—whether or not the victim had a special need or disability. The data suggest that there were some notable differences in the referral sources of victims depending on disability status. Among victims who had a special need or disability, one-fourth (26.4%) were referred by the police compared to 37.7% % victims who did not. In contrast, victims who did not have a special need or disability were less likely to be referred by a social service program; 10.7% of those

without a disability were referred by this source compared to 17.8% of those who were disabled.

Two other differences between the groups stood out. First, those with a disability were more likely to be referred by a hospital (8.3% versus 3.8%). Second, disabled victims were more likely to be referred by an “other” source; 16.2% of those with a disability were referred to programs from one of the many sources included in this category while 11.3% of those without a disability were referred from one of these other sources. Apart from these sources, differences between the two groups were fairly small, often less than 1%.

Analysis of Referral Sources by Region of Service. Table 4e provides data on the referral sources of victims according to the region in which services were provided—whether the program was in Cook County, a collar county, an urban county or a rural county. Again, the most common referral source regardless of region was the police, but differences existed by region. Most notably, nearly half (46.0%) of the victims served by programs in a collar county were referred by this source compared to only 32.8% of those served by programs in Cook County. The proportion of victims in the other two regions referred by this source fell somewhere between these two points; 41.3% those served by programs in urban counties and 37.4% of those served by a program in a rural county were referred by the police.

Victims served by programs in Cook County also differed from those served in the other regions related to the proportion referred by an other source and the proportion that were self-referred. Other sources, perhaps because they were comprised of a number of sources which alone comprised only small proportions of all victims but combined, accounted for a greater proportion, were the second greatest referral source for victims served by programs in Cook County; 15.3% of all victims served in this region were referred by this source. In contrast, only 8.1% of all victims served by programs in urban or rural counties were referred by other sources. For those in the collar counties, the proportion was in the middle at 11.8%.

On the other hand, looking at self referrals, the data indicate that victims served by a program in an urban county (16.8%) had the highest proportion of self-referrals, followed by those served in rural (13.9%) and the collar (13.6%) counties. For victims served by a program in Cook County, only 6.7% were self-referred. Victims served by programs in Cook County also had lower proportions of victims who were referred by a friend (6.3%) compared to those served by programs in the other regions (8.2% to 10.1% of victims in these other regions were referred by friend), as well as lower proportions of victims referred by a relative; 2.4% of all victims served by programs in Cook County were referred by a relative compared to 4.4% of victims served by programs in the Collar counties, 5.0% of those served by programs in urban counties and 6.4% of those served by programs in rural counties.

The proportion of victims referred by a social service program were more comparable across the regions although victims served by a Cook County program were

slightly more likely to be referred by this source (12.7%) compared to those served by programs in other regions (12.0% urban; 10.2% collar; 9.3% rural). Similarly, victims served in Cook County were also most likely to have been referred by a hospital compared to victims served in any other service region. Nearly six percent (5.6%) of victims served in Cook County were referred by a hospital compared to 5.0% of those served by a program in a collar county, 2.6% of those served by a program in a rural county and 2.3% of those served by a program in an urban county.

Referrals to programs from legal sources varied by region as well. Referrals by the State's Attorney's office accounted for over eight percent (8.3%) of the referrals for victims served in rural counties while referrals from this source made up less than five percent (2.9%-4.8%) of all referrals among victims served by programs in the other three regions. On the other hand, referrals by a legal system source accounted for 6.7% of all referrals for victims served by programs in Cook County compared to between 2 and 3% of all referrals for victims served by programs in the collar, urban and rural counties.

In each of the four regions, 1.0% to 3.0% of victims were referred by the Clerk of the Circuit Court, 0.7% and 3.1% were referred by a private attorney. Only between 1.5% and 3.8% of the victims in each of the four regions were referred by a medical source, with the largest proportion coming from victims being served in Cook County.

Finally, victims served by programs in Cook County were more likely than victims served in the other regions to have been referred by a hotline (6.9%). This is likely because Cook County is the only large area that uses a hotline. Between 0.2% and 1.0% of victims served in other regions were referred by this source.

Analysis of Referral Sources by Onsite Shelter Status. Table 4f provides data on the referral sources of victims according to their status in onsite shelter—whether the victim received onsite shelter or not. The data indicate several areas where there are fairly large differences between the two groups. First, almost 40% of those who did not receive onsite shelter were referred to programs by the police (39.3%) compared to only 18.7% of those who did receive onsite shelter. Second, and in contrast to the previous trend, more than one quarter (26.6%) of the victims who obtained onsite shelter were referred to a program by a social service agency compared to only 9.2% of those who did not receive shelter. Third a higher proportion of victims were referred by an “other” source among those receiving onsite shelter (18.3%) compared to those who did not receive shelter (10.7%).

In addition to these differences, which were perhaps the most distinct, greater proportions of victims who were in onsite shelter were referred to services by a hospital, relative, friend or a hotline compared to those who were not in onsite shelter. Small differences also existed related to self-referrals, although the groups were almost identical related to the proportion who entered programs in this way.

On the other hand, for several other sources, particularly legal ones, those who were not in onsite shelter at any time were more likely to be referred. In these instances,

differences between the groups were not very large. Approximately 6% of those who were not in onsite shelter were referred by the State's Attorney's office compared to 0.8% of those who were; 2.0% of those not in onsite shelter were referred by a private attorney and 4.5% were referred by a legal source. In contrast, only 0.3% of those in onsite shelter were referred by a private attorney and 1.3% was referred by a legal system source. Finally about 2% of those not in onsite shelters were referred by the Clerk of the Circuit Court compared to 0.3% of those in onsite shelter.

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.
- Among victims who had a special need or disability, one-fourth (26.4%) were referred by the police compared to 37.7% % victims who were not disabled. In contrast, victims who did not have a special need or disability were less likely to be referred by a social service program; 10.7% of those without a disability were referred by this source 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. 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).

IV. Analysis of Victim Referrals from Programs to Services and Resources- Tables 5a-5f.

The data in Tables 5a-5g include information about the referral sources to services for victims. Analysis focuses on differences by year, as well as by age, race/ethnicity, and disability status of the victim. Differences related to the primary presenting issues, region in which service was provided and whether or not the victim received onsite shelter are also explored.

Analysis of Referral Sources for Victims by Year. Table 5a contains information about the sources to which victims were referred by year. The data indicate that overall, the proportion of victims referred to a given source was not very great. The largest proportion was 18.2% (referred to social service programs in 2005). In addition, for most categories, there were not large increases or decreases over time. However, there are some exceptions. These included referrals to police, social service programs, the legal system and the Clerk of the Circuit Court, as well as referrals to "other" sources.

In 1998, 3% of all referrals were to the police, by 1999 that percent more than doubled to 6.6%. In the following years the percentages decreased to as low as 3.4% before rising again in 2005 to 8.2%. Similarly, in 1998, 3.8% of all referrals were to a social service program; in 1999 that proportion increased to 7.8%. During 2000 to 2005, there was a steady increase in the proportion of referrals to this source such that by 2003, the percent who were referred to such programs reached 17.0%. This proportion dropped slightly to 15.6% in 2004, before increasing to 18.2% in 2005.

Referrals to a legal system source increased from five percent (4.9%) in 1998 to nearly ten percent (9.7%) in 1999. In 2000, the number of referrals to this source decreased by almost half to 5.4% and then began to increase steadily. In 2005, 8.8% of

all victims' served that year were referred to a legal system source. For referrals to the Clerk of the Circuit Court, changes were more dramatic. Up until 2003, less than 1% of all victims were referred to this source, but in 2003, the proportion increased to 4.1% and climbed to 8.0% by 2005. It is possible that the Clerk's office instituted some new program which may account for this shift.

Referrals to "other" sources also underwent a large increase, climbing each year from a low of 1.4% to 10% by 2005. Unfortunately, because this category includes all referrals not included in the specific categories included in the InfoNet system, it is not possible to know what sources these referrals included. Therefore, the reason for their increase is unclear.

For the remaining categories, shifts were generally smaller if they existed at all. Most of these referrals, with the exception of referrals to the State's Attorney's office and referrals to private attorneys, were made for less than 1% of all victims who were served each year. No one was ever referred to clergy in any of the years included here.

Analysis of Referral Sources for Victims by Age Group. Table 5b compares victims that were under age 18, 18 to 64, and 65 or older related to where they were referred for services. Generally, differences between the groups are small (not greater than 1 or 2%). The largest proportion of victims in each age category was referred to a social service program. Between 10.8% and 12.5% were referred to this source, with the largest proportion in the age group of 18 to 64. The next most common referral for victims in all age categories was to a legal system source. Victims age 18 and younger had the lowest proportion in this category (5.6%), while 7.2% of victims 18 and over, including those over 65 were referred to a legal system source.

About 5% of victims in all the age groups were referred to police and roughly 3% were referred to the State's Attorney's office. Approximately five percent (4.8%) of older victims were referred to the Clerk of the Circuit Court compared to 2.5% of victims age 18 to 64 and 1.8% of victims younger than 18. This is the largest difference between groups in the table and is likely related to the fact that victims under age 18 cannot file a civil case in Illinois. In addition, 2.4% of the older victims were referred to a private attorney, along with 1.7% of the 18 to 64 year old victims and 1.3% of the youngest victims. Between 3.6% and 4.7% of victims in the three age groups were referred to an other source which in this table, encompasses a number of the sources included separately in table 5a, such as clergy, educational personnel and "other" sources. For the remaining categories included in Table 5b, only small proportions of victims were referred to the source and differences between the groups by age are small.

Analysis of Referral Sources for Victims by Race/Ethnicity. Table 5c presents information on sources to which victims were referred according to race/ethnicity. As we might expect given the previous analyses, the most common referral source for all victims regardless of race was to a social service program. Hispanic victims had the largest percent of referrals to this source (17.1%) while American Indian victims were least likely to be referred (10%). Only 11.2% of White victims were referred to social

service programs but about 13% of African American, Asian American and Bi-Racial victims received referrals to this source.

The next greatest proportion of victims in all the racial and ethnic groups was referred to a legal system source. Again, Hispanic victims had the highest proportion of referrals with 10.7% followed by Asian American victims; 9.1% of all Asian American victims were referred to this resource. Approximately 7% of all White victims were referred to a legal system source as were 6.1% of Bi-Racial victims, while only 5.5% of American Indian and 5.2% of African American victims received such referrals.

The data indicate that Hispanic victims had the highest proportion of referrals to the police and state's attorney's office compared to victims in the other racial and ethnic groups. Over six percent (6.4%) of the referrals for Hispanic victims were to the police while only between 1.6% and 5.8% of victims in the other groups were referred to this source. Similarly, more than five percent (5.2%) of Hispanic victims were referred to the State's Attorney's office compared to only between 1.0% and 2.8% of victims from other racial/ethnic groups.

Although referrals to the remaining resources included in Table 5c are limited, the data indicate some small differences for some of these categories. White victims were most likely to be referred to a private attorney. About 3% of all White victims were referred to attorneys compared to only 0.3% of African American victims. The other groups fell between these two points. About 5% of White victims were also referred to other sources as were 4.5% of Hispanic and 4.4% of African American victims. About 3.5% of American Indian and Bi-Racial victims were referred to other sources as were 2.8% of Asian American victims. Asian American victims were also most likely to be referred to another project (4.1%) whereas, only between 0.7% and 1.0% of the victims in other race/ethnicity categories were referred to another project. Bi-Facial victims were most likely to be referred to the Clerk of the Circuit Court (4.8%) compared to those in the other racial and ethnic groups (between 1.5 and 3.9% of those in the other groups were referred to this sources). For the remaining two categories, differences were small and generally less than 1% of victims in any of the groups were referred to these sources.

Analysis of Referral Sources for Victims by Disability Status. Table 5d presents information about the sources to which victims were referred according to disability status—whether or not the victim had a special need or disability. The data indicate that there were not very large differences between the groups for any of the sources included in the table. The most common referral regardless of disability was to a social service program. Victims with a special need/disability had a slightly higher proportion of referrals to this source (14.2%) compared to those who did not have a disability (12.8%). The next most common referral for those without any disabilities was to the legal system. Again, differences were small; about 7% of victims without disabilities were referred to this source versus 6.1% of those victims who were disabled. Referral to an “other” source was the source with the next greatest proportion of disabled victims, after social service agencies. Roughly 8% of all disabled victims were referred to an “other” source compared to 5.0% of those who were not disabled.

The only other source that accounted for greater than 5% of all victim referrals from programs were referrals to police. In this case, 6.5% of those with a disability were referred to police compared to 4.4% of those who had no disabilities or special needs. Otherwise, less than 5% of all victims in either group were referred to a specific source and differences between the two groups were small (less than 1 or 2% at most).

Analysis of Referral Sources for Victims by Primary Presenting Issue. Table 5e contains information about referrals according to the primary presenting issues of the victims. Here we see some larger differences between the groups, particularly related to referrals to social service programs. While referrals to social service programs accounts for the greatest proportion of victims regardless of primary presenting issue, the data indicate that victims for whom sexual abuse was the primary presenting issue had the highest proportion of referrals to this source (21.4%) while only 14.5% of those for whom emotional abuse was the primary presenting issue and 11.3% of those for whom physical abuse was the primary presenting issue were referred to this source.¹⁴

Victims with sexual abuse as the primary presenting issue had the highest proportion of referrals to the State's Attorney's office (4.7%) compared to 3.0% of victims with physical abuse and 2.4% of victims with emotional abuse. Similarly, victims with sexual abuse as their primary presenting issue were more likely to be referred to a medical source (2.3%) compared to victims with emotional abuse (1.1%) or physical abuse (0.7%). as their primary problems.

In contrast, over eight percent (8.3%) of the victims whose primary presenting issue was emotional abuse were referred to a legal system source (versus 7.3% of those with sexual abuse and 6.5% of those with physical abuse as their primary presenting issue). Those whose primary presenting issue was emotional abuse also comprised the greatest proportion of victims who were referred to police (6.1% versus 5.6% of those with sexual abuse and 3.9% of those with physical abuse as their primary presenting issue) and to the Clerk of the Circuit Court (4.1% versus 2.4% of those with sexual abuse and 1.8% of those with physical abuse as their primary presenting issues). Again, we note that these differences are not very great. Victims for whom emotional abuse was the primary presenting problem were also more likely to be referred to an "other" source (5.5%) but they did not differ much from those for whom sexual abuse was the primary presenting issue; (5.2%). Three percent (3.3%) of those for whom physical abuse was the primary presenting issue also were referred to an "other" source. The same pattern appeared related to referrals to private attorneys; those with emotional abuse as their primary presenting problem had slightly higher proportions referred, but the overall percent of all victims referred to private attorneys was small and differences between groups were no greater than 1.3%.

For the remaining two categories included in Table 5e, referrals to hospitals and

¹⁴ 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.

to another project, those for whom sexual abuse was the primary presenting issue had slightly higher proportions referred, but overall, the percent that were referred was very low and differences between groups were less than 1%.

Analysis of Referral Sources for Victims by Region of Service. Table 5f provides data on the sources of referrals for victims according to the region, in which services by a program or an agency were provided— whether in Cook County, a collar county, an urban county or a rural county. Here several distinct differences stand out. First, victims served by programs in the collar counties were not generally referred to many of the resources included in the table. No more than 3.3% of victims served by programs in this region were referred to any of the listed sources. Second, victims served by programs in urban counties were most likely to be referred to a social service program; almost 20% of all victims in this region were referred to this source (18.2%). This proportion was greater than the proportion referred to social service programs in Cook County (13.7%) or among those served by programs in the rural counties (13.1%). Only 2.3% of all victims served by programs in the collar counties were referred to this source. Apart from such programs, and legal system sources, to which 5.7% of all victims served by programs in urban counties were referred, no more than 2.9% of victims served by programs in urban counties were referred to the remaining sources.

Third, victims served by programs in rural counties tended to have the greatest proportion of victims referred to many of the sources included in the table. Almost 13% of all victims served in this region (12.8%) were referred to police compared to about 3% for those served in Cook and urban counties and 1.6% of those served by programs in the collar counties. Eleven percent of victims served by programs in rural counties were referred to a legal system source. This is close to the percent of victims referred to this source among victims served by programs in Cook County (9.4%) but higher than the proportion referred to the legal system among those served by programs in urban counties (5.7%) and the collar counties (only 1.3%). Looking at other legal sources, the data show that those served by programs in rural counties were more likely to be referred to the State’s Attorney’s Office (5.5% compared to 3.1% for victims served in Cook, 2.1% for victims served in urban counties and 0.4% for those served in the collar counties), and private attorneys (6.4% versus 1% or less for those served by programs in the other 3 regions). Differences related to the Clerk of the Circuit Court are smaller. About 1% of victims served by programs in rural and urban counties as well as Cook County were referred to this source as were 0.5% of victims served by programs in the collar counties.

Almost 9% of all victims served by programs in rural counties were referred to an “other” source compared to 4.8% of victims served by programs in Cook County, 3.3% of victims served by programs in the collar counties and 1.6% of victims served by programs in urban counties. Victims served by programs in rural counties were also more likely to be referred to medical source and to a hospital, but here, the proportion of victims involved was very small and differences between the groups were less than 1%.

Analysis of Referral Sources for Victims by Onsite Shelter Status. Table 5g provides data on the referral sources for victims according to whether or not the victim

received onsite shelter. There are some differences between the groups, but none are greater than 5% and some differences are smaller than this. The most common referral for victims, regardless of whether they received onsite shelter or not, was to a social service program. Sixteen percent of victims that received onsite shelter were referred to a social service program as did 12.5% of the victims that were not. The next most common referral was made to a legal system source. Over seven percent (7.7%) of the victims that did not receive shelter were referred to this source compared to 2.7% of the victims that did.

For all of the remaining referral sources except for referrals to hospitals and referrals to a medical source, both of which were very limited, individuals that did not receive onsite shelter had the higher proportion receiving a referral. For example, 5.5% of the victims that did not receive shelter were referred to an “other” source compared to 2.3% of those who did receive it. Nearly five percent (4.9%) of the victims that were not in onsite shelter were referred to the police versus 1.3% of those who were in such settings. Three percent of the victims that did not receive onsite shelter were referred to the State’s Attorney’s office compared to less than one percent (0.9%) of those that did receive onsite shelter. Less than one percent of the individuals that were receiving onsite shelter were referred to a private attorney (0.6%), the clerk of the circuit court (0.4%) or to another project (0.5%); while larger proportions of individuals that were not receiving shelter had referrals to these sources (1.7%, 2.7%, and ; 0.9% respectively

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. Only small proportions of victims were referred to many sources (less than 5% in any given year). However, there were increases over time in the proportions referred to social service programs, police, the legal system and the Clerk of the Circuit Court, as well as referrals to “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.
- Differences by age related to referrals from programs to other sources were generally not greater than 1 or 2% for most sources. The biggest difference was between those under 18 and those 65 and older related to referrals to the Clerk of the Circuit Court. . About 2% of all victims under 18 (1.8%) were referred to this source compared to 4.8% of victims 65 and older. As noted, this is probably related to the fact that minors in Illinois cannot file civil cases For all age groups, referrals to social service agencies accounted for the largest proportion of victims.
- Analysis of differences by race and ethnicity indicated no very large differences between the groups (more than 5% difference) with one exception; only 10% of all American Indian victims were referred to a social service

program compared to 17.1% of victims who were Hispanic. Other groups did not differ as much from Hispanic victims, although only 11.2% of White victims were referred to social service programs. Roughly 13% of African American, Asian American and Bi-Racial victims received referrals to this source.

- 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.
- A comparison of those with and without disabilities and special needs related to referral source did not indicate that there were very large differences between the groups for any of the sources to which victims were referred. The most common referral regardless of disability was to a social service program.
- A comparison of victims and referrals based on primary presenting issues indicated greater variations. Victims for whom either sexual abuse or emotional abuse was the primary presenting issue tended to have higher proportions of referrals to many of the sources included in the InfoNet data. Many differences between the groups were not large since only small proportions of victims in any group were referred to most sources, but a comparison of the groups related to referrals to social service programs indicated that 21.4% of those for whom sexual abuse was the primary presenting issue were referred to this source while only 14.5% of those for whom emotional abuse was the primary presenting issue and 11.3% of those for whom physical abuse was the primary presenting issue were referred to a social service program.
- Differences in region were evident. Only very small proportions of victims in the collar counties were referred to any sources included in the InfoNet data. Victims in the urban counties were most likely to be referred to a social service program compared to those in the other regions. Overall, however, victims in rural counties had the greatest proportion of victims referred to almost all the sources included in the data. Proportions were not always large, but this suggests victims in rural counties may have had greater need for outside resources than those in the other regions.
- 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 than 5%. Those not in onsite shelter tended to be somewhat more likely to be referred to other legal sources like the State's Attorney, private attorney and the Clerk of the Circuit court, but the proportion of victims referred to these sources in both groups were small. Those in onsite shelter were more slightly more likely to be referred to a social service

V. Analysis of Service Use by Victims – Tables 6a1- 6g1

Tables on service use first review patterns by year and then collapse across years to compare patterns of use by age group, race and ethnicity, disability status, primary presenting issue, region and whether or not the victim was in onsite shelter. All tables discussed here include the percent of victims each year or in each group being compared who received a given service as well as presenting for each service, the average number of hours and average number of service contacts per person for all those receiving the service. There are also averages for total hours across all services, total contacts and the total number of different types of services each person received. These tables do not include information on the range of hours or contacts for each service because we felt it was too much information to include in one table. Therefore, each table has a corresponding table in the appendices that includes range information specifically. We generally do not discuss ranges in the text, but urge the reader to review this data so that he or she can see the wide range of service hours and contacts that were provided for some services and to some groups. Numbers in parentheses in the tables reflect the total number of individuals included in that analysis of a specific variable.

Services are generally grouped according to type so that legal advocacy services are first, followed by the primary types of individual counseling services. Following this, we group assistance related to basic needs such as transportation, employment help and economic assistance, as well as child care and lock-up services. Specific legal help and conflict resolution-related services are next, followed last by services that were provided generally in a group setting. Each of the 31 different services we examined is included in the first table, which looks at changes over the 8 year period. In subsequent tables, we combined some of the legal advocacy and counseling services to reduce the total number of specific services that are discussed.

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.

Analysis of Service Use by Year. Table 6a1 contains information on the service use of victims, including information about case closings by year. The first part of the table focuses on the proportion of clients who received any services in each of the service

categories. The data on the proportions of victims receiving each of the 31 different services examined here indicates that for most services, proportions did not vary by more than 10%, at most, over time. There were two notable exceptions, however. First, the proportion of individuals who received criminal legal advocacy related to obtaining orders of protection declined over time from a high of 24.3% in 1998 to a low of 10.5% in 2003. It increased slightly after 2003, but remained low (at 11.7% in 2005). Second, the proportion of victims who received collaborative case management service increased greatly over the 8-year period. In 1998, only 1% of all victims received this service; by 2005, 17.4% were receiving it. This last proportion actually represented a small decline from a high of 18.6% in 2003.

Apart from these larger shifts, patterns of service receipt remained, as noted, relatively stable across time, despite some changes, as noted, in the number of providers in the system. Generally, 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). Less than 20% of all victims but usually more than 10% in any given year received criminal legal advocacy related to orders of protection (except as noted in 1998 when 24.3% of all victims received this assistance), criminal legal advocacy related to charges, transportation assistance, collaborative case management services and adult group counseling. For the remaining services, 10% or fewer of all victims received help in these categories in any given year over the 8 years and for some services, the percents were as small as 1% or less of all victims in any given year. This last group of services included individual children’s counseling, off-site shelter, lock-up services, art therapy, children’s group counseling services and group therapy (for which official data were available only from 2002 through 2005).

Data on hours and contacts also indicate few large shifts over time in the average number of hours of service or contacts. Most of the larger changes over time appeared in the average number of contacts rather than hours of service. For example, the average number of contacts per person related to obtaining medical assistance increased from 1.7 in 1998 to 4.4 by 2005 while hours of service for legal advocacy increased only from 1.8 to 2.1 over the same time period. Those services which experienced larger shifts 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). None of the changes over time for these services however, exceeded more than an increase or decrease of five, with the exception of legal services or attorney services. Here, the average number of contacts increased greatly, specifically between 2003 and 2004 from an average of 1.7 to 7.7. Only a very small percentage of all victims during the years prior to 2004 received this service and it is possible that the increase relates to

the greater number of victims receiving this type of help and their greater service needs.

Information on the average number of hours of service indicates that the most time intensive services tended to involve group-related services. Thus, the average hours of service per person among those receiving adult group counseling ranged from a low of 11.3 to a high of 13.1 hours over time; for group therapy, the averages were between 7.2 hours per person and 9.6 for the four years on which data about this service were collected. The average number of service hours per person for children's group counseling was lower; declining from 7.6 hours in 1998 to 3.0 hours in 2005, but still higher than the average number of hours for many of the other services that were available. Victims who received family counseling received anywhere from 4.7 to 6.0 hours of service per person during the 8 year period and those who participated in art therapy also received a greater number of hours of service, on average (increasing over time from 3.6 hours per person in 1998 to 8.3 in 2005). Group IDVA advocacy was, in fact, the only group-related service that did not reflect a larger average number of hours of service per person (it ranged from between 2.0 and 2.8 hours per person, on average over the years).

Apart from these services, the only other service in which the average number of hours per person exceeded 5 hours, on average, for more than one year were child care (ranging from 9.2 to 6.2 hours per person on average over the 8 years), life skills services (ranging from 4.1 and 5.9 hours over time) and, as noted, legal services or attorney services (ranging from 1.1 to 6.4 hours per person and exceeding 4 hours only in the last two years included here). The average number of hours per person for those who received in person counseling tended to be between 4 and 5 hours per person. For the remaining services, averages tended to be lower. For the legal advocacy related services, averages over the years generally ranged between 2 and 3 hours of service per person. For other individual counseling services, apart from in-person counseling, average hours of service ranged between 1 and 2 hours.

For many services, average hours and contacts were similar and increased and declined in similar patterns over time, although contacts tended to vary more by year than hours of service. Given this relationship, it is not surprising then that the service which tended to have the highest number of contacts per person, on average, was adult group counseling (ranging from 7.6 contacts per person to 9.4 over time). Assistance related to life skills, which had higher averages on service hours, also had higher numbers of contacts per person (ranging from a low of 4.6 to a high of 7.8 per person over the 8 year period). Contacts related to individual in-person counseling were greater as well and ranged between 5.1 contacts per person in 1998 to a high of 6.3 contacts on average in 2004. Contacts related to family counseling averaged between 4 and 5 per person over the 8-year period. Some of the other services for which service hours were relatively high did not have equally high averages for service contacts. For example, although hours of service for child care were high, and contacts were still great, they tended to be lower, ranging from 3.0 to 5.1 per person. Similarly, for group therapy, the average number of contacts per person was lower than hours, ranging from 3.7 to 5.6 contacts per person. The same was true for children's group counseling, where average contacts

ranged from between 1.9 and 3.8 per person. In some instances, contacts were greater than hours, even though the average number of service hours remained relatively low (less than 5 per person). These included contacts related to “other” advocacy, contacts related to phone counseling, contacts related to transportation assistance, employment assistance, medical assistance, economic assistance, lock up services and collaborative case management. It is likely that for many of these services, particularly those related to providing or securing concrete assistance, the time of any one contact may be short but larger numbers of contacts may be needed to get things in place.

Data on total service contacts and hours shows 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.

Data on case closings is only presented in Table 6a1 since data were missing for several years in the earlier time period. The data show that over time case closings declined. In 2001, 17.3% of all existing cases (not just those opened that year) were closed but by 2005, the percent had declined to 7.9%. To some extent, this is an artifact of time in that cases that might be “closable” each year should decline as more and more of them are closed. As will be discussed subsequently, the fact that there was decline in the proportion of cases closed because they had not received service in the previous 12 months suggests that this was what was happening. Further, the interval between the date when service began and the date when the case was closed grew smaller each year (from an average of 660.3 days per year in 2001 to 60.9 in 2005), implying that over time, the number of long term cases that were closed declined as well. It is unclear, however, if more cases might have been closed at the end of 2005. It is possible that the shorter time period and lower percent of closings in that year were related to when case closings were reported in the InfoNet data. If closings were reported at the close of the year, then some of these data were not included in the present study.

Reasons for closings tended to fluctuate over the years. In 2001, 2002 and 2003, the most cases were closed because they had not received service in the previous 12 months. In 2001 and 2002, half of all open cases were closed for this reason. By 2004, only 19.4% of all cases were closed because they had not received services in a year. The main reason for case closings in this year and in 2005 was that there was no further need for service; in 2004, 29.8% of all closed cases were closed for this reason and in 2005, this reason applied to 51.9% of all closed cases. Reasons such as client moves, clients declining services and clients who could no longer be reached comprised only a small proportion of the reasons for case closings in any of the 5 years for which there were data. The percent of cases closed for “other” reasons increased over time from 6.1% to 14.8%. Similarly, the proportion of cases closed because there had been no service in the past 3 months, or 6 months tended to change over time as well, perhaps reflecting changes in the number of cases closed for no service over time in previous years.

Analysis of Service Use by Age Group. Table 6a2 repeats the analysis of service utilization, collapsing across years and comparing the experience of victims by age group (under 18, 18 to 64, and 65 and older). The data indicate that for many services, the trend was similar for all three age groups. Regardless of age, the service that the largest proportion of victims in each group received was a service related to civil or criminal legal advocacy pertaining to orders of protection. More than three quarters of victims in each age group received help in this way. The services which were received by the next greatest proportion of victims in both age groups were counseling services of some kind (in person, telephone or children's counseling). Seventy percent of victims 18 to 64 received some type of counseling as did 64.1% of those under 18. A smaller proportion of victims 65 and older received counseling services compared to the other age groups (54.5%), but this was still the service that the second greatest proportion of all those 65 and older received. About one quarter of victims in all three age groups received other types of advocacy services, although the proportion of victims under 65 who received such services was slightly greater than the proportion 65 and older. An additional 17.9% of those under 18 obtained criminal legal advocacy around charges as did 16.5% of those 65 and older. Among those 18 to 64, 13.3% of all victims obtained such assistance. About 16% of those under 18 and those 18 to 64 were given collaborative case management services as were 11.3% of those 65 and older and roughly 13% of those under 18 and 11.6% of those 18 to 64 received help related to transportation; a slightly smaller proportion of those 65 and over received this assistance (9.0%).

Despite these similarities, there were some differences between the groups. Most did not involve large proportions of victims, however. Victims who were 18 to 64 were more likely to obtain onsite shelter (11.2%) compared to those under 18 (4.2%) or those 65 and over (3.5%). Victims who were older tended to be less likely to receive group services such as adult group counseling (6.6% versus 13.8% for those under 18 and 15.9% for those 18 to 64) or family counseling compared to younger victims (0.7% for those 65 and over versus 2.2% for those under 18 and 3.5% for those 18 to 64). Victims who were under 18 were, appropriately, more likely to receive children's group counseling services (3.9% versus 0.5% of those 18 to 64 and 0.2% of those 65 and older). Indeed, it is unclear why there are any victims over 18 who received this service. It is possible that recording errors account for the small percentage of victims over 18 who received such assistance. Older victims were also less likely than younger ones to obtain services such as child care, or parental services, but those under 18 were less likely to obtain this last service, as well.

Data on the average number of hours and service contacts per person for each service also do not indicate large differences between the groups for many services. Generally, for all groups, the services for which victims received the greatest number of service hours, on average, were group-related. For those 18 to 64, the greatest number of service hours, on average, was 15.18 per person among those in this age group who received adult group counseling. Among those 65 and older, the average number of service hours per person received for this service was 12.31. This was similar to the average number of hours of service per person for group therapy for those in this same

age group. Victims who were under 18 received slightly less hours of adult group counseling, 11.9 on average, and had slightly higher averages per person for hours of children's group counseling (12.59 hours per person on average).

Existing differences seemed to most often relate to the differential needs of victims of varying ages. For example, as noted, for those under 18, the service for which the average number of hours was greatest was children's group counseling. Those under 18 received 12.59 hours of such counseling compared to those 18 to 64 who received 3.25 hours and those 65 and older who averaged 4.46 hours of service per person. Again, why those over 18 would receive children's group counseling is unclear and this data may have been recorded in error. Another area where there were differences by age group related to time spent providing educational assistance. On average, those under 18 who received this help received 9.21 hours of service while those between the ages of 18 and 64 received 2.81 hours and those 65 and older received 1.33 hours of such assistance. At the same time, those 65 and older received fewer hours of service than those in the other age groups related to services such as child care; those 65 and older who received this service received 1.23 hours on average compared to 5.07 hours per person for those under 18 and 7.92 hours for those 18 to 64.

For those under 18, other services for which there were high hours of service per person (averages of about 5 hours or more) included art therapy (5.83 hours per person on average) and family counseling (5.21 hours). Among victims 18 to 64, services which seemed to involve greater hours of service, in addition to those already mentioned, included individual counseling services (in person and/or by phone, 5.38 hours per person on average), legal services or attorney assistance (4.95 hours per person), life skill services (5.95 hours per person), art therapy (7.11 hours per person), family counseling (6.25 hours per person), and group therapy (9.50 hours per person). For those 65 and older, services for which the average hours of service per person ranged at about 5 or more, in addition to those already discussed included only art therapy (5.08 hours per person).

Data on contacts showed slightly more variability between the groups although most differences were not very large. Where differences existed, the general trend was for those in the 18 to 64 year age group to have more contacts, on average, than those in the other two groups. The services for which those under 18 had the most contacts per person, on average, included adult group counseling (10.35 contacts per person), children's group counseling (9.62 contacts per person), family counseling (5.49 contacts per person), life skills-related services (5.34 contacts per person), educational assistance (5.08 contacts per person) and art therapy (4.87 contacts per person). For those 18 to 64, services for which contacts tended to be greater involved some of the same services as well as some additional ones. Services for which the average number was around 5 per person or greater for those in this age group included adult group therapy (10.87 contacts per person), life skill services (7.8 contacts per person), individual counseling services (in person and/or by phone, 7.42 contacts per person), legal services or attorney service (6.31 per person), group therapy (6.05 contacts per person), collaborative case management (5.74 contacts per person), family counseling (5.45 contacts per person), and child care

(5.11 contacts per person), For those 65 and older there were fewer services for which contacts exceeded five per person. They included adult group counseling services (8.38 contacts per person), group therapy (7.05 contacts per person), life skills-related services (6.16 contacts per person), and collaborative case management (5.52 per person).

Given that those in the 18 to 64 age group tended to have more services for which average hours of service and contacts per person exceeded 5 or more, it is perhaps not surprising that overall, the total number of hours and contacts per person across all services was higher for this group than it was for victims in the other age groups. For those 18 to 64, the average number of hours for all services was 12.55 and the average number of contacts was 15.14 per person. For those under 18, the average number of hours of service overall was 9.37 and the average number of contacts was 11.12. Among those 65 and over, the averages were smallest; total hours for all services on average, per person were 8.07 while total contacts were 8.99 per person. Smaller differences existed in the average number of different services each person in each of the three age groups received. Those 18 to 64 had the highest average of 3.35 services per person followed by those under 18 who averaged 3.07 services per person. Among those 65 and older, the average number of different services received was 2.65.

Analysis of Service Use by Race/Ethnicity. Table 6c1 repeats the analysis of service use looking at variations in the experience of the six key racial/ethnic groups across the years. We present the findings related to service use such that each group is compared successively to those discussed before it.

Among White victims, the greatest proportion of all individuals received civil and/or criminal legal advocacy related to orders of protection (81.4%). Individual counseling (either in-person or by phone, or children's counseling) was the service received by the next largest proportion of White victims (71.2%). Smaller, but still a somewhat large proportion of White victims received "other" advocacy services (32.2%). Roughly 17% of all White victims obtained collaborative case management services, 14.3% received transportation assistance and adult group counseling services respectively. Twelve percent received both criminal legal advocacy and individual legal advocacy, and 8.4% obtained onsite shelter. Apart from these larger percents, less than 7% of White victims received any of the remaining services. For several of these, the percents were as small as less than 1%.

Similar to the trends found in the previous analyses by year and age group, the services for which victims who were White received greater numbers of contacts and service hours were those that involved group processes such as adult group counseling (14.97 hours of service per person and 10.94 contacts, on average), group therapy (11.89 hours of service and 7.60 contacts per person), family counseling (6.18 hours of service and 5.87 contacts on average), and children's group counseling (5.26 hours and 4.01 contacts per person). Averages for individual counseling services (5.67 hours and 7.89 contacts per person) and art therapy (5.59 hours and 3.96 contacts) were also fairly high. The only other service for which the average number of hours and contacts was within this range, that was not a "therapy" related service in either a group or individual context

was child care. The average number of hours of service for those receiving this service was 6.16 per person and the average number of contacts was 4.59.

Although services related to legal and ‘other’ advocacy were generally those for which greater proportions of White victims received help, the average number of hours of service per person and contacts were somewhat lower for these services and tended to range between about 2 and 4 hours or contacts depending on the specific service. The average number of hours of service per person for the remaining services that were offered did not exceed 5 per person. Looking at contacts, the only other services for which contacts per person had an average greater than 5, apart from those already mentioned, were life skills services (4.43 hours of service but 7.23 contacts per person) and collaborative case management. The average number of hours for this last service was relatively low among White victims, (averaging 2.37 hours) but the average number of contacts was 5.87 per person. Overall, white victims received an average of 12.46 hours of service per person across all services and had an average number of 15.82 contacts. On average, they received 3.43 different services,

Among African American victims, the pattern was somewhat similar related to the services that the greatest proportions of victims received. Like victims who were White, the two services received by the greatest proportion of African American victims were respectively civil or criminal legal advocacy related to orders of protection (71.7%) and counseling services (66.6%). ‘Other’ advocacy was the service received by the next largest proportion (29.5%) of African American victims. We note, however that while this pattern was similar to the trend for White victims, smaller proportions of African American victims received these services. In contrast to victims who were White, slightly larger proportions of African American victims received adult group counseling (19.3%) and on-site shelter; 17.5% of victims who were African American received this assistance. Collaborative case management was provided to 15.1% of all African American victims and 16.4%, slightly higher than the proportion of White victims, received criminal legal advocacy services related to charges. Almost 10% of all African American victims obtained individual legal advocacy, again a slightly smaller proportion than the percent of White victims who got such aid, and 9.7% received assistance with transportation. Similar to White victims, the percent who received the remaining services was small and included less than 8% of all African American victims.

Data on service hours and contacts indicates a pattern somewhat similar to that of victims who were White. The greatest number of service hours, on average, was spent providing adult group counseling. The average number of hours per person, for this service was 13.53 and the average number of contacts was 10.41. Hours and contacts for family counseling (6.35 hours and 4.72 contacts per person) and art therapy (5.92 hours and 3.42 contacts per person), as well as child care (6.55 hours per person and 4.77 contacts) were also relatively high and similar to those of victims who were White. Contacts related to collaborative case management were also comparable (5.26 contacts per person and 2.43 hours). However, in contrast to victims who were White, the average number of hours and contacts for group therapy was lower; 4.71 hours per person and 3.08 contacts. Hours and contacts related to children’s group counseling (3.94 hours and

2.40 contacts), and individual counseling services (4.92 hours and 7.08 contacts) were also somewhat lower.

At the same time, there were two services where the average numbers of service hours and/or contacts for African American victims were greater than they were for White victims. These included legal or attorney services (5.57 hours and 7.68 contacts per person), and life skills services (7.42 hours and 7.26 contacts per person). Comparisons between White and African American victims on the other services included in the table do not indicate large differences. African American victims tended to have slightly greater hours of service in some areas compared to White victims (for instance, criminal legal advocacy related to charges, employment assistance, substance abuse services, parental services), but they had somewhat lower averages related to civil or criminal advocacy around orders of protection as well as some of the group services already discussed. Their overall average for hours of services per person across all services was quite close to the average for White victims at 12.01 hours. The total for contacts was slightly lower at 14.10 contacts per person. Like victims who were White, the average number of different services that were provided as slightly more than 3 at 3.39 per person.

Hispanic American clients were slightly different from the other two groups related to the services that the greatest proportion received. The two services received by the greatest proportions of Hispanic victims were again civil or criminal legal advocacy related to orders of protection and individual counseling services, but for Hispanic victims, the proportion who received counseling services was slightly greater than the proportion receiving advocacy around orders of protection (70.2% and 66.6% respectively). Similar to White and African American victims, the service received by the third largest proportion of Hispanic victims received was “other advocacy” (28.4%). Like African American victims, a slightly greater proportion of Hispanic victims received adult group counseling (13.9%) and criminal legal advocacy related to charges (11.3%) than collaborative case management (10.3%). The proportion of Hispanic victims receiving this last service was in fact smaller than the proportions of victims receiving such assistance in the other two groups. Eight percent of Hispanic victims obtained individual legal advocacy and 7.3% received onsite shelter; 5% received transportation assistance. Again, these percents are generally lower than the percent of White and African American victims who received these three services. Less than 5% of all Hispanic victims received any of the remaining services included in the InfoNet data.

While the trend suggests smaller proportions of Hispanic victims received certain services, data on service hours and contacts suggests that Hispanic victims who received specific services tended to receive more hours of service than African American victims and, in some instances, White victims as well. The average hours of adult group counseling, for example, among Hispanic victims who received this service were 19.21 while contacts per person were 11.54. For child care, the average hours of service were 12.18 and contacts per person were 6.07. Hours of service for art therapy averaged 9.83 per person and 5.24 contacts. The average hours and contacts for group therapy were also high at 8.82 hours and 5.53 contacts per person, although the average for White

victims was higher for this service. Among Hispanic victims, hours of family counseling per person averaged 6.00 and contacts 4.65 per person. The average hours and contacts related to children's group counseling were 4.59 hours and 3.03 contacts. These averages were higher than the averages for African Americans receiving this service, but lower than the average for White victims.

Other services for which either hours or contacts were high among Hispanic victims included life skills service (6.13 hours per person and 6.10 contacts) and collaborative case management (only 2.69 hours but 5.47 contacts). Similar to African American clients, Hispanic victims had a high average number of hours and contacts related to legal or attorney services (7.25 hours per person and 9.94 contacts). Indeed the averages for Hispanic victims were higher than they were for African Americans. Hispanic victims who received civil or criminal legal advocacy related to orders of protection also tended to receive more hours of service and greater contact, on average, compared to those who were White and African American (4.48 hours and 4.41 contacts on average), but differences were less large. Additionally, Hispanic differed from those in the other two groups related to hours of service for educational assistance. Among Hispanic victims, the average hours were 5.69 per person and contacts averaged 4.50. For the other two groups, both the average hours and contacts per person were less than 3.

Hispanic victims also received fewer hours of service and service contacts for some services compared to African American and sometime White victims. In particular, these included individual counseling services (3.88 hours and 4.89 contacts per person). Further, averages for the total hours of service across all services and service contacts for victims who were Hispanic were lower compared to the averages for White and African American victims (and, in fact, compared to victims in all the other racial and ethnic groups) at 11.40 service hours per person and 11.76 service contacts. Perhaps because individual counseling services were provided to so many Hispanic victims and their hours and contacts for this service were lower, this decreased their total hours and contacts, despite the fact that they exceeded White and African American victims on hours on contacts for several of the other services discussed here. Hispanic victims were also likely to receive slightly fewer services, averaging 2.78 per person.

Similar to Hispanic victims, the greatest proportion of all Asian American victims received individual counseling services (70.7%) followed by civil and/or criminal advocacy related to orders of protection (59.9%). This last proportion was smaller than the percent of victims who received this service in all other groups previously discussed. It was closer to the percent of Hispanic victims, but about 20% less than the percent of White victims receiving such advocacy. Asian American victims were more like the other groups related to the proportion receiving other advocacy (30.6%).

Asian American victims were much more likely than those in the other racial and ethnic groups to receive individual legal advocacy; more than one quarter of all Asian American victims received such aid (27.5%). Almost 21% of all Asian American victims received collaborative case management. This proportion was higher than the

percent of persons in the other groups receiving this assistance, although it was not that much greater than the proportion of White victims who got this service. In contrast, the proportion of Asian American victims who received adult group counseling was lower than the proportion of individuals receiving this help in the other racial and ethnic groups (10.9%). Roughly 12% of Asian American victims received transportation assistance and 10.2% received onsite shelter. These percents are again closer to the percentage of White victims receiving these services. The proportion of Asian American victims receiving the remaining services was generally less than 7%.

Asian Americans were very different from the other groups discussed thus far to the extent that they tended to receive more service contacts and hours of service in many areas. Looking first at those services which tended to be high on hours and contacts for all groups, the data indicate that averages for Asian American victims were often much greater; for adult group counseling, the average number of hours of service receipt were 22.22 and contacts were 13.44 per person. For art therapy, the average was 16.57 for hours and 7.59 for contacts. The average service hours and contacts for group therapy were somewhat lower and more in line with the averages for Hispanic victims at 8.34 hours and 5.13 contacts per person. Hours and contacts for family counseling were also similar to those of the other groups discussed; for hours, the average for Asian American victims was 6.76 and for contacts, it was 5.60. On the other hand, Asian American victims again had a much higher average related to service hours and a somewhat greater number of contacts pertaining to children's group counseling (17.46 hours on average and 5.52 contacts). Asian American victims also had higher averages than all other groups reviewed so far related to hours and contacts for life skills services (11.13 hours and 10.77 contacts per person).

For some services, the pattern for Asian Americans was more similar to Hispanic victims to the extent that they had higher averages for hours and/or contacts per person than White or African American victims. For example, like Hispanic victims, Asian American victims had higher averages with respect to hours and contacts for child care service but they also tended to exceed the averages for Hispanic victims for this service (13.28 hours and 8.08 contacts per person) as well as for educational assistance, another service where hours and contacts for Hispanic victims tended to be higher. Among Asian Americans, averages for this assistance were 7.14 hours and 5.19 contacts. The same pattern existed related to civil and/or criminal legal advocacy pertaining to orders of protection. Here, Asian American victims who received this service received on average 5.13 hours of assistance and had 5.11 contacts per person.

There were several other services where hours and/or contacts for Asian American victims were distinctly different from the other three groups discussed so far. In all instances, average hours and/or contacts were noticeably greater for Asian American compared to the other groups. These included individual legal advocacy (10.54 hours and 10.18 contacts), individual counseling services (9.97 hours and 10.80 contacts per person), "other" advocacy services (8.39 hours and 10.55 contacts), as well as several services where averages were lower but still greater than those for the other groups such as criminal legal advocacy related to charges (4.47 hours and 3.48 contact

per person), transportation assistance (4.81 hours and 4.28 contacts), employment assistance (4.44 hours and 5.06 contacts) and medical assistance (3.98 hours and 5.57 contacts).¹⁵

Given the large number of services for which Asian American victims tended to receive more service hours and contacts compared to the other groups, it is not surprising that their averages for total hours and contacts per person, across all services are much higher than those of the other groups. The average for total hours was 23.25 hours per person and for contacts it was 23.49 contacts. Still, Asian American victims did not receive more varied services than victims in the other racial and ethnic groups examined so far examined; on average, the total number of different services received was 3.36 per person.

The fifth column in Table 6c1 provides information on American Indian victims. It is important to note, in looking at this data, that the total number of American Indian victims is low at 796 compared to all the other groups. This smaller number may explain some of the differences observed related to this group and should be considered in understanding the data. When the number is limited, extremes in terms of hours or contacts can pull the average higher or lower more easily. Thus, averages may represent the experience of this group as a whole less precisely.

The data in the table related to the proportion of American Indian individuals receiving the various services indicates that they were, in most instances, similar to the other groups. Roughly three quarters of all American Indian victims received civil or criminal legal advocacy concerning orders of protection and 73.1% obtained individual counseling services. A slightly greater proportion than was found in the other racial and ethnic groups compared so far received “other advocacy” (37.9%), but this difference was not great. Two noticeable differences which do exist relate to the proportions who received adult group counseling (28.1%) and onsite shelter (24.1%). For both of these services, the proportion of American Indian victims who received the service was greater, and compared to some of the other racial and ethnic groups already discussed, much greater. They were also more likely than the other groups to obtain life skills services (11.9%). Further, although smaller percentages of American Indian victims received these services, they were more likely to receive group IDVA advocacy (8.0%), employment assistance (6.4%), medical assistance (9.3%), family counseling (7.3%), economic assistance (6.4%) and substance abuse services (4.9%).

American Indian victims were also similar to Asian American and White victims

¹⁵ It is important to note that for some of these services, the number of victims obtaining the service were smaller since Asian Americans tended to be a smaller group compared to victims who were White, African American or Hispanic. Extreme experiences or “outliers” related to individuals who had greater needs would therefore be more likely to increase averages than in instances where there were more individuals receiving a service. This may explain some of the differences particularly pertaining to child group counseling and art therapy where the number of Asian American victims receiving the service was fewer than 100. Further, data in Appendix Table 6c2 indicates that ranges for Asian American victims for these services, particularly related to hours of service, were quite high, again suggesting extremes may have pulled up the average for the group.

related to the higher proportion who received collaborative case management services (21.6%). They were slightly less likely to obtain advocacy related to criminal legal charges compared to the other groups (8.9%) but this difference was not great. They were comparable to African American and Hispanic victims regarding the proportion who obtained individual legal advocacy (9.8%).

Looking at hours and service contacts there are some interesting trends apparent for this racial group. First, similar to those in the other groups examined, the average number of hours and service contacts for adult group counseling service was high for American Indian victims (17.43 hours and 13.19 contacts). However, this was not the service with the highest average for service hours. Instead, it was group therapy. American Indian victims who received this service received an average of 20.95 hours. It is important to note though that there were only 5 American Indian victims who received this service which suggests it was not typical for victims in this group¹⁶. American Indian victims also had a high average for hours and contacts related to individual counseling services. Their average hours were almost as high as those of Asian American victims at 9.74 and their contacts, at 13.12 per person, were higher than those of any of the other groups examined.

Second, some of the other services that tended to have higher hours of service per person in the other groups were not quite as high for American Indian victims, although in most cases, they were not much lower. For example, the average number of hours for family therapy was 5.95 per person (and 58.3 contacts) which is comparable to the average for Hispanic victims. The same is true for art therapy; American Indian victims received an average of 8.86 hours of service per person and had 4.27 contacts, figures where are slightly lower than the averages for Hispanic victims. The average hours of child care were 7.39 (and 3.04 contacts), which is slightly higher than the average for African American victims. Hours and contacts for children's group counseling (1.18 hours and 1 contacts per person, on average) were much lower than those for most of the other groups, but the number of individuals who were American Indian who received this service was again quite small (7).

Third, and perhaps most noticeable is that for a few services, including those where hours of service per person seemed to be lower than they were for other groups, the average number of service contacts for American Indian victims tended to be higher. Although this was not always the case, hours and contacts tended to be more comparable for most of the other racial and ethnic groups. Thus, American Indian victims only had 3.54 hours of service per person related to "other" advocacy services, but they had 6.48 contacts. This was not quite as high as the contacts for this service for Asian American victims, but it was higher than the averages for White, African American and Hispanic victims. Similarly, the average hours of transportation related help American Indian victims received was not very high, at 3.24 hours, but contacts averaged 6.07 per person. The same pattern held true to a somewhat lesser extent for economic assistance (1.92

¹⁶ Indeed, looking at Appendix Table 6c2, it is clear that the range for these 5 victims was very large, ranging from 0.75 to 97.5 hours. Because there were so few individuals included, this higher number most likely pulled the average up for the group as a whole.

hours on average but 4.67 contacts per person) and legal or attorney service (3.05 hours and 5.20 contacts). Like other groups, hours for collaborative case management were low (2.62 hours of service per person on average), but contacts were higher (5.87 per person) for American Indians. Finally, American Indian victims who received substance abuse services had the highest average hours of service and contacts per person at 4.51 hours and 3.23 contacts.

Overall then, total hours and contacts for American Indian victims were high. The average number of hours of service across all services was 20.10 hours. This was the second highest average for total hours, falling only somewhat below the total for Asian American victims. The average for total contacts was 24.49 and was the highest of all the racial and ethnic groups discussed. Further, American Indian victims received an average of 4.13 different services over time. This is again higher than the average number of different services received by any of the other racial and ethnic groups examined.

Bi-Racial victims comprise the last of the groups examined. Overall, they were perhaps most similar to American Indian victims with respect to the proportion receiving specific services. The greatest proportion of victims in this group received civil and/or criminal advocacy related to orders of protection (75.4%) followed by individual counseling services (72.7%). Similar to American Indian victims, differences between the proportions of victims receiving either of these services were small. Like the other racial and ethnic groups, “other” advocacy was the service which was provided to the next greatest proportion of Bi-Racial victims (30.6%) followed by adult group counseling (20.5%). Again, similar to American Indian victims, the fifth most commonly received service was collaborative case management; 19.7% of all Bi-Racial victims received this service, percentages that are comparable to the proportions of Asian American and American Indian victims receiving such help. Almost 19% of all Bi-Racial victims obtained onsite shelter. This is the second largest proportion, preceded only by American Indian victims. Twelve percent of Bi-Racial victims received criminal legal advocacy related to charges and another 11.9% got help with transportation. Smaller proportions of Bi-Racial victims received legal individual advocacy (9.6%) lifeskill services (7.3%), group IDVA advocacy (6.9%) and medical assistance (6.6%). For the remaining services, 5% or less of all Bi-Racial victims received these services.

Data on hours and contacts indicates that Bi-Racial victims, like those in the other racial and ethnic groups, had higher service hours, on average, for those services that were provided in group settings, with a few exceptions. Thus, they received 14.65 hours of service related to adult group counseling, on average, and had 12.22 contacts per person for this service. For children’s group counseling, they had the second highest average number of hours of service per person, preceded only by Asian Americans, at 9.87 hours, and they had the highest number of contacts (7.0 per person). However, the total number of all Bi-Racial victims receiving this service was small (16). Compared to the other groups, they had the highest average number of hours of service per person for family counseling (7.0 hours) and were equal to White victims in having the highest number of contacts (5.87 per person). The average hours and contacts for group therapy were lower, but comparable to African American victims at 5.17 hours per person and

4.30 contacts. Similarly, they fell between African American and Hispanic victims related to hours and contacts for art therapy (7.15 hours per person and 3.95 contacts on average). Much like victims who were White and African American, the only services that were not a “group” related service for which Bi-Racial victims had higher average hours of service (greater than 5) were individual counseling (6.08 hours on average and 8.48 contacts per person), child care and life skill services (5.31 hours and 7.90 contacts).

There were a few other services for which Bi-Racial victims had lower averages for service hours but higher service contacts. These included “other” advocacy (2.81 hours and 5.61 contacts), parental services (3.59 hours and 5.13 contacts on average), and, like those in the other groups, collaborative case management services (2.63 hours and 6.26 contacts).

Given that Bi-Racial victims did not generally fall toward the lower or middle range relative to other groups for many services, it is perhaps to be expected that their total hours of service across all services fell between the lower averages for White, African American and Hispanic victims and the higher totals for Asian American and American Indian victims at 14.43 hours, on average, per person. Contacts were slightly higher at 18.02 contacts per person, perhaps reflecting the several instances where hours were low but contacts higher for this group. Bi-Racial victims received an average of 3.62 different services across time.

Analysis of Service Use by Disability Status. Table 6d1 contains information on services comparing victims who did and did not have some type of disability or special need. Data on the proportion of victims in each group who received a given service indicate that although the general pattern related to the services received by the largest proportion of persons in each group is similar, there are some clear differences between the groups. Thus, for both groups, the two services that were received by the majority of victims were civil and/or criminal advocacy related to orders of protection and individual counseling services. Among victims who did not have disabilities or special needs, the proportion of victims receiving advocacy services was slightly greater than the proportion receiving individual counseling services (74.3% versus 69.6%). While a comparable percentage of individuals with disabilities received civil and/or criminal advocacy around orders of protection (73.9%), individual counseling services were the services that the greatest proportion of disabled victims obtained (83.4%).

The service received by the next greatest proportion of victims in both groups was “other” advocacy, but a greater proportion of individuals who had some kind of disability or special need received this service compared to those who did not (42.8% versus 29.7%). In fact, individuals who had special needs or disabilities were more likely than those without such needs or challenges to obtain almost all the services included in the InfoNet data. Some of the larger differences between the two groups included the proportion in each who obtained collaborative case management services (28.5% versus 14.5%), adult group counseling services (23.8% versus 14.8%), transportation assistance (19.6% versus 10.8%), life skills services (11.9% versus 4.9%) and medical assistance (10.5% versus 4.6%). Individuals who had a disability or special need were also more

likely to be in onsite shelter at some point in time; 22.6% of all those with a disability received onsite shelter services compared to 9.9% of victims who did not have a disability. There were only three services, in addition to civil or criminal legal advocacy around orders of protection, in which a greater proportion of individuals without a disability were likely to receive the service. These were criminal legal advocacy related to charges, legal individual advocacy, and IDVA legal services or attorneys. In all three instances, differences between the two groups were very small (less than 1%).

Examination of patterns for the two groups related to hours of service and service contacts indicates that despite the fact that those with a disability were more likely to receive most services, they did not always or consistently receive more of it. For many services, differences between the groups related to the average number of hours or service or service contacts were relatively small, differing by no more than 2 hours or 2 contacts and for some services, by no more than 1 hour or 1 contact. Individuals who were not disabled received less time and had fewer contacts with respect to individual counseling than those victims who had disabilities (the average hours for those without a disability were 4.95 and average contacts per person were 6.87 compared to 8.22 hours and 10.95 contacts for those who were disabled), but the opposite pattern was apparent related to group therapy (those without disabilities received 10.11 hours of service and 6.32 contacts per person, on average while disabled individuals had an average of 4.94 hours of services and 3.98 contacts).

Those services for which hours of service and contacts were high for victims in both groups included adult group counseling (15.15 hours of service per person for those without a disability and 10.83 contacts and 15.02 hours and 11.14 contacts for victims who were disabled), child care (7.98 hours and 5.11 contacts per person for those who were not disabled and 6.25 hours and 4.54 contacts for those with a disability), art therapy (7.25 hours and 4.28 contacts per person for those who were not disabled and 6.08 hours and 3.45 contacts for those with a disability), family counseling (6.14 hours and 5.39 contacts for victims who did not have a disability and 6.95 hours and 5.93 contacts for those who did), and life skills- related services (5.96 hours and 7.37 contacts for those without a disability and 5.82 hours and 6.98 contacts for those who were disabled).

There were also some services where contacts or hours for one group only exceeded 5 or more, but not necessarily both hours and contacts. These included “other advocacy (for those without a disability, the average hours were 3.57 and contacts were 6.41 whereas they were 2.0 hours and 4.09 contacts for those with a disability), legal or attorney services (4.97 hours of service per person on average and 6.31 contacts for those without any disabilities compared to 3.39 hours and 4.40 contacts for victims who were disabled), and children’s group counseling (5.07 hours and 3.50 contacts per person for victims who were not disabled versus 3.56 hours and 2.35 contacts for those with disabilities). As was true in the other analyses discussed, contacts for collaborative case management for both groups exceeded 5 (5.62 contacts per person on average for those who were not disabled and 6.30 for those who were) while hours were lower (2.39 and 3.09 respectively for the two groups).

Despite the fact that differences were not necessarily large, the average number of hours of service per person across all services for victims who had a disability was much greater than the average for those who were not disabled; 19.76 hours per person on average compared to 11.70. Similarly, total contacts were higher by about 10 contacts per person; for those who were disabled, the average for total contacts per person was 24.55 compared to 14.05 for those who were not disabled. Lastly, victims who had a disability tended to receive a greater number of different services on average at 4.45 services per person versus 3.20 for those who had no disabilities.

Analysis of Service Use by Primary Presenting Issue. Table 6e1 provides information on service receipt, hours and contacts according to the primary presenting issue of the victim. The data indicate that there were some variations between the groups related to services that were provided, although for the most part, none of the differences are very large. Civil and/or criminal legal advocacy around orders of protection and individual counseling services remained the two services provided to the greatest proportion of victims in all three groups with some small variation; for those whose primary presenting issue was sexual abuse, a slightly larger proportion of individuals received individual counseling compared to advocacy services while the opposite pattern was evident for individuals whose primary presenting issue was physical or emotional abuse. Roughly one third of all individuals in each group received “other” advocacy services, but the proportion of individuals who received this service among those for whom emotional abuse was the primary presenting issue was slightly smaller compared to those for whom sexual abuse was the primary presenting issue (27.7% versus 35.7%).

For individuals whose primary presenting issue was physical abuse, roughly 16% received adult group counseling services (16.3%) and criminal legal advocacy related to charges (16.1%). Fifteen percent obtained collaborative case management services, 12% received transportation assistance and 11.5% were provided with individual legal advocacy. Twelve percent received onsite shelter services. For the remaining services, the proportion of individuals who were provided with assistance was no greater than 6% of all those whose primary presenting issue was physical abuse.

Among victims whose primary presenting issue was emotional abuse, the pattern was quite similar although the proportion of victims receiving services tended to be slightly smaller than was true of those whose primary presenting issue was physical abuse, with some small exceptions. Thus, fourteen percent of individuals whose primary presenting issue was emotional abuse received adult group counseling services, and only 8.6% obtained criminal legal advocacy related to charges. Almost 17%, however, received collaborative case management services. Roughly 11% received transportation help and individual legal advocacy. Only 8.2% received onsite shelter. For the remaining services, again, less than 6% of all individuals in this group obtained the service.

Victims for whom sexual abuse was the primary presenting issue also tended to

have larger proportions of victims receiving services such as adult group counseling, transportation, individual legal and criminal legal advocacy, but for this group, the proportion of victims receiving these services tended to be slightly higher than the percent in the other two groups. Among victims for whom sexual abuse was the primary presenting issue, 18.3% obtained adult group counseling, and 25.1% received collaborative case management services. Only 12.9% received criminal legal advocacy related to charges, which is smaller than the percent of victims for whom physical abuse was the primary presenting issue who received this service, but not by a great deal. Sixteen percent obtained transportation help and 13.1% obtained individual legal advocacy services. Only about 5% of individuals in the other two primary presenting issue groups obtained services related to life skills; among those for whom sexual abuse was the primary presenting issue, 8.3% of all victims were provided with this type of help. Almost 13% of those in this group also received onsite shelter at some point. Less than 6% of all victims for whom sexual abuse was the primary presenting issue received any of the remaining services included in the InfoNet data.

Data on hours and service contacts did not indicate large variations between the groups for most services. Those differences which do appear again seem 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 than 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.

Like the findings in previous analyses, the service for which average hours and contacts were greatest was adult group counseling. For those whose primary presenting issue was physical abuse, the average hours of service in this category were 14.98 per person and contacts averaged 11.03; among those whose primary presenting issue was emotional abuse, the average hours were 15.28 and contacts average 10.53 per person. Those whose primary presenting issue was sexual abuse had an average of 15.71 hours of service per person and 10.74 contacts. The service with the next highest number of hours and contacts, on average, for all three groups, was group therapy. The average hours of service for those whose primary presenting problem was physical abuse was 9.40 and contacts per person averaged 5.79; for those in the emotional abuse group, the average number of hours was 9.75 per person and 6.47 contacts; for those in the sexual abuse group, the average hours and contacts were higher at 12.98 hours and 8.33 contacts. Family counseling and art therapy were also services for which all three groups had higher averages for hours of service (between 5.75 and 7.90 hours for family counseling and 6.64 and 7.36 hours for art therapy) and contacts (between 5.14 and 6.62 for family counseling and 3.95 and 4.69 for art therapy). For family counseling, victims whose primary presenting issue was sexual abuse had the highest average number of service hours and contacts per person but for art therapy, those in the emotional abuse group had the highest averages.

Apart from these “group” related services, a few services for which all three groups tended to have higher average hours and/or service contacts per person included

child care (ranging from 6.95 hours and 4.60 contacts for those in the sexual abuse group to about 8.23 contacts per hour and 5.31 contacts for those in the physical abuse group), individual counseling services including in-person and/or phone counseling (with the highest average hours and contacts per person apparent for the sexual abuse group at 6.83 hours and 9.40 contact per person), life skills services (with the highest average hours of 6.58 per person and 7.34 contacts evident among those in the physical abuse group); and legal or attorney services (ranging from a low of 4.75 hours on average and 5.85 contacts for those in the physical abuse group to a high of 5.57 hours and 7.95 contacts for those in the sexual abuse group). Similar to other findings, hours for collaborative case management were relatively low for all groups (between 2.39 for those in the physical abuse group and 2.76 for those in the sexual abuse group), but contacts were higher and ranged from 5.53 per person among the physical abuse group to 6.49 for those in the sexual abuse group.

With only one exception, for all the remaining services, neither average hours nor contacts exceeded five and although there was variation between the groups, most differences were relatively small. The one exception was children's group counseling. For this service, individuals whose primary presenting issue was emotional abuse had higher averages for both hours of service and contacts per person. Differences between this group and those in the sexual abuse group were smaller but the difference in the averages between the emotional and physical abuse groups were more distinct. Thus, among those receiving this service whose primary presenting issue was emotional abuse, the average hours of service per person were 7.18 while contacts averaged 5.25 per person. For those whose primary presenting issue was sexual abuse, the average number of hours of service per person was 5.39 and contacts averaged 4.50 per person. In the group whose primary presenting issue was physical abuse, the average hours of service for those who received children's group counseling was 3.55 and contacts averaged 2.31.

Apart from this service, there were few other services where those whose primary presenting issue was emotional abuse had the highest average number of service hours or contacts. Consequently, it is perhaps not surprising to note that total hours for all services, on average per person for those in this group were 11.78 and contacts were 14.12 per person. This was lower than the averages for those in the physical and sexual abuse groups whose average hours in total were 12.62 and 16.02 respectively and who had an average of 15.28 and 19.89 contacts per person overall. Those who were in the emotional abuse group also received a slightly smaller number of different services on average, at 3.16 services per person, compared to those in the physical abuse (3.41 services per person) and sexual abuse groups (3.84 services per person on average).

Analysis of Service Use by Region of Service. Table 6f1 contains information about the service utilization of victims by region of service. Here, variations between groups are more apparent. Among individuals who were served by programs in Cook County, about two thirds received civil and/or criminal legal advocacy related to orders of protection (67.1%) and individual counseling services (62.1%). Another 30.2% received "other" advocacy and 17% received criminal legal advocacy related to charges. Almost 14% obtained adult group counseling services and 11.2% received collaborative

case management services and individual legal advocacy, respectively. Ten percent obtained onsite shelter services. The remaining services in the table were provided to less than 5% of all victims who were served in Cook County.

Among those who were served by programs in the collar counties, three quarters (75%) each obtained civil or criminal legal advocacy around orders of protection and individual counseling services; 31.3% received “other” advocacy services and 15.1% obtained adult group counseling services. Only 6.2% received criminal legal advocacy related to charges and 5.9% received individual legal advocacy. Similar to those served by programs in Cook County, roughly 11% obtained collaborative case management services and ten percent had onsite shelter at some time. Small proportions of all individuals served in this region received any of the remaining services in the table (less than 3.7% for any given service).

Victims who were served by programs in urban counties had a higher proportion of victims who were provided civil or criminal legal advocacy pertaining to orders of protection than was the case for victims in the other two regions; 82.5% of all victims who were served by programs in urban counties received this assistance. Seventy-one percent obtained individual counseling services and 29.1% received “other” advocacy help. In contrast to individuals who were served by program in Cook or the collar counties, one fifth (21.3%) obtained adult group counseling services. Slightly higher proportions of victims served in this region compared to those in the other regions obtained collaborative case management services (13.6%), but this difference was not great. Victims served in this region were also similar to those who were served in Cook County to the extent that a higher proportion of individuals received individual legal advocacy services compared to those served in the collar counties (14.7%), but only 9.4% received legal advocacy pertaining to charges.

This region had the greatest proportion of all victims who received onsite shelter (13.1%) but this percent was not much greater than the proportion of victims in the other regions who got this service. Compared to those who were served by programs in either Cook or the collar counties, those served in urban counties were more likely to obtain group IDVA advocacy services (13.5%) and transportation assistance (12.8%); almost 6% received medical assistance compared to about 2 to 3% of victims in the other two regions. Less than 5% of all victims served in this region received any of the remaining services in the table.

Data on victims served by programs in rural counties indicates that they were more likely than those served in the other three regions to obtain many of the services provided by programs. The proportion of victims who were given services such as civil or criminal legal advocacy related to orders of protection (86.3%), individual counseling services (80.3%) and “other” advocacy help (37.0%) was greatest for this region. There were also several services that were provided to larger proportions of victims in this region in contrast to victims who were served by programs in the other three regions. These included transportation (30.3%), collaborative case management (29.6%) and medical assistance (11.3%). Although the proportions involved were smaller, individuals

who were served by programs in this region were also more likely to receive life skill services (8.6%), economic assistance (7.7%), educational assistance (7.6%), employment assistance (6.2%), family counseling (6.4%) and help with conflict resolution (5.7%) compared to the small proportions of individuals served in the other regions receiving such aid.

At the same time, individuals who were served by programs in rural counties were somewhat less likely than those who were served by programs in urban counties to obtain individual legal advocacy (13.5%), and similar or less likely than those in Cook County to be provided criminal legal advocacy related to charges (13.9%), or adult group counseling services (13.7%). They were least likely of all the groups to receive onsite shelter (9.3%).

Data on hours and contacts also show some differences between the regions, particularly for the services where service hours and contacts tended to be greater such as counseling and therapy services provided in a group context. There were also similarities between victims served in the different regions.

Looking first at adult group counseling, it is evident that for victims served in all regions but Cook County, this was the service accounting for the greatest number of service hours per person and service contacts. For victims who were served by programs in the collar counties, the average number of hours of service for adult group counseling was 16.17 and contacts averaged 11.45 per person; for those served in rural counties, the average number of hours was 15.20 and contacts averaged 11.02 and for victims served by programs in urban counties, the average number of service hours was slightly lower but still high at 13.33 hours and 11.17 contacts per person. Ironically, although this was not the service that had the highest averages for victims served in Cook County, the average number of service hours for adult group counseling for individuals served in this region were slightly higher than the averages for victims served in other regions at 16.31 per person (and 10.13 contacts). Nonetheless, group therapy was the service for which hours of service and contacts were highest for individuals who were served by programs in Cook County. For those who received this service within this region, the average for hours of service was 19.67, contacts averaged 10.88 per person. For those in the other regions, averages for hours and contacts related to this service were much lower ranging from 3.55 to 6.31 hours per person and 2.04 to 5.10 contacts.

Individuals served by programs in urban counties had the highest average number of hours of service for family counseling (8.17 hours and 6.27 contacts per person) compared to those in the other three regions. Contacts were slightly higher for those served by programs in rural counties (6.73 per person) but hours of service related to family counseling for those in this region were lower (averaging 6.54 per person). Hours of service for family counseling for those in Cook and the collar counties were 5.04 hours and 4.51, respectively while contacts averaged 4.07 and 3.49 per person. Hours and contacts for art therapy also varied across the regions. Individuals served by programs in Cook County had the highest averages for hours and contacts (8.82 hours per person and 4.40 contacts) while individuals in rural counties had the lowest (3.91 hours and 3.43

contacts). Individuals served by programs in the collar and urban counties were in the middle, averaging about 5 hours of service per person and 4 contacts. Variations between the groups also existed relative to children's group counseling, but the hours of service and contacts related to this service for all groups tended to be a bit lower. The highest number of service hours per person was 6.0 (for those served by programs in urban counties) and the lowest was 3.1 (for those served by programs on the collar counties). Contacts ranged from 4.96 per person (for persons served in urban counties) to a low of 2.03 (for those in rural counties).

Variations between the groups for other services that tended to have high hours such as individual counseling services and child care also existed to some extent. Differences in hours and contacts related to child care were more distinct; among those who were served in Cook County, the average number of hours of service for child care was 10.26 per person (and 5.40 contacts). For those served in the collar counties, the average hours were also high at 8.83 per person (and 5.46 contacts). However, victims who received child care services from programs in urban and rural counties had lower averages (5.01 for programs in urban counties and 5.60 hours for programs in rural counties, with contacts at about 4.3 and 4.4 respectively). For individual counseling services, the average hours of service and contacts ranged from a low of 4.57 hours and 5.50 contacts for victims served by programs in Cook County to a high of 6.37 hours for individuals served by programs in rural counties and 9.36 contacts per person, for victims served by programs in urban counties. For collaborative case management services, hours were generally low for victims in all regions (ranging from 2.29 to 3.10) but contacts were again higher. The greatest number of contacts per person for case management services was 7.10 for victims served by programs in urban counties; the lowest average was 4.33 for victims served by programs in Cook County.

Some other notable differences between the groups for certain services were apparent. While hours and contacts related to legal or attorney services were generally low for those served by programs in the collar, urban and rural counties (ranging for hours from about 2 to 3.87 and for contacts from 2.31 to 2.81), they were higher for victims served by programs in Cook County (6.40 hours and 8.43 contacts). One possible reason for this may be because the Illinois Department of Human Services funds two large programs in Cook County only for such services. Similarly, victims served by programs in Cook County had higher averages than those served by programs in the other regions with respect to hours of parental service; for those in Cook County, the average hours were 5.03 per person while they were about 3 hours for those in the other regions. Contacts were more similar for all victims who received this service (ranging from 3.41 to 4.30 per person). Life skill services was another area of difference. Again, victims in Cook County received the highest average number of service hours for this service (8.98 per person), but victims served by programs in the collar counties also had higher hours and the average number of service contacts for life skill services for victims served in this region was the highest of all regions (6.57 hours and 9.15 contacts per person). For those served by programs in urban counties, the mean number of hours of service for life skills assistance was 3.34 and contacts averaged 6.63 while those served by programs in rural counties received 4.24 hours of service in this area and had 7.59 contacts. Lastly, there

were a few instances where contacts for victims in a specific region were higher than they were for those in other regions even if hours did not differ greatly. This was so related to contacts for criminal legal advocacy around charges (those served by programs in the collar counties had higher contacts), and medical assistance, where those served by programs in urban counties tended to differ.

Looking at total hours of service and contacts across all services, the data indicate that although there were not as many services, if any, where those served in rural counties had the highest average number of service hours or contacts, perhaps because they tended to receive more services, those in rural counties had the highest overall average of 16.04 hours per person and 21.51 contacts per person. As we might expect, they also had the highest average for the total number of different services received (4.33). Individuals served by programs in Cook and the collar counties were more similar. For the former, the average number of service hours was 11.28 per person and contacts averaged 11.44 while those served by programs in the collar counties received 10.60 hours of service, on average, overall across all services and had 12.65 contacts per person. Individuals served by programs in Cook County received an average of 2.89 different services; this average was 2.94 for those served by programs in the collar counties. Finally, those served by programs in urban counties had higher averages than those in Cook or the collar counties but averages were lower than they were for those served by programs in rural counties. Total hours, on average, for those in urban regions were 12.47 and contacts were 17.44 per person. The average number of different services received for individuals in this region was 3.52.

Analysis of Service Use by Onsite Shelter Status. Finally, the data in Table 6g1 compares victims who did not receive any onsite shelter services to those who did. The data on service receipt indicates some clear differences between the groups, perhaps the greatest of all comparisons discussed so far. Essentially, 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 (71.8% of those in onsite shelter obtained this service compared to 8.6% of those not in onsite shelter), “other” advocacy services (71.3% of those in onsite shelter received this versus 25.6% of those who were not), collaborative case management (52.5% of those in onsite shelter obtained this services compared to 10.8% of those who were not), transportation, (34.9% of those in onsite shelter received this service compared to 8.5% of those who were not in onsite shelter), and life skill services (35.8% of those in onsite shelter received this assistance versus 1.6% of those who were not). In addition, almost all those in onsite shelter received individual counseling services of some kind (97%) compared to two thirds of those who did not receive shelter onsite. Other services for which the differences between groups were roughly 10 to 20%, with the greater proportion found among those who received onsite shelter, included parental services, employment assistance, economic assistance, child care, substance abuse services, conflict resolution services, family counseling and group IDVA advocacy.

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 of protection (75.2% of those not in onsite shelter received this service compared to 66.9% of those who were) and criminal legal advocacy related to charges (13.8% of those not in onsite shelter got this help compared to 7.4% of those who were in onsite shelter).

Data on hours and service contacts shows a mixed pattern. For many services, differences between the groups are not large, but for some, they are distinct. For example, individuals who were in onsite shelter who received individual counseling services obtained 16.61 hours on average and had 24.88 contacts per person around such services. Those who were not served in onsite shelter had an average of 3.18 hours and 4.08 contacts per person for the same service. Similarly, individuals who were served on site who received life skill services received 7.29 hours of service related to this assistance and had 8.81 contacts on average, but those who were not served on site who received this service had an average of 2.45 hours and 3.45 contacts per person. Those in the onsite shelter group who received family counseling also had greater hours (7.67 versus 4.19) and contacts (7.01 versus 3.23) than those who were not.

In contrast, individuals who were not served on site who received group therapy had an average number of service hours per person of 12.37 and 7.67 contacts while those who were served in onsite shelter had lower averages (5.13 hours and 3.58 contacts per person). The same trend was apparent looking at legal or attorney services; those who were not in onsite shelter received 5.33 hours of service in this area on average and had 6.77 contacts while those in shelter onsite averaged 1.66 hours and 2.10 contacts per person. Children's group counseling shows a similar pattern; those who were not in onsite shelter had an average of 7.03 hours of counseling and 5.11 contacts while those in onsite shelter had 3.68 hours of service and 2.37 contacts.

For several services, the average hours were more equivalent and sometimes fairly low, but the average contacts were generally higher for those in the onsite shelter group. This pattern is evident to a greater degree for services such as collaborative case management and "other" advocacy (although here, hours also differed by almost 3 on average), and to a lesser extent for services like transportation assistance, employment assistance, medical assistance, and economic assistance. It is possible that some of this relates to the fact that those onsite are able to have more frequent contact even if the length of service provided at each contact is not noticeably greater.

There were also several services for which the average service hours and contacts were high for both groups. For example, the average hours of adult group counseling for those who received this service were 14.11 for those who were not in onsite shelter and 16.18 for those who were. The average contacts were 8.11 (for those not in onsite shelter) and 13.61 (for those in onsite shelter). For art therapy, the average hours and contacts per person for those in onsite shelter were 6.94 and 3.97 per person while the averages for those who were not in onsite shelter were 7.64 hours and 4.91 contacts. Child care was also similar and higher for those in both groups (7.67 hours and 5.96 contacts for those in shelter onsite and 8.06 hours and 4.18 contacts for those not in this

group).

In sum then, given that averages were quite high for some services for those who were in onsite shelter and given that they were more likely to receive many services, the overall average hours of service for those in onsite shelter across all services was 46.13 hours; contacts averaged 62.72 per person. The average number of different services received by victims in this group was 8.08 per person. In all three instances, these averages are much higher than the averages for those who were not in onsite shelter, despite the fact that they received more hours of service, on average, for some services. Overall, 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.

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

- 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, however. 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).
- 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.
- 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.
- Comparison of the types of services received according to age group 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 greatest proportion of victims in all regions, civil or criminal legal advocacy related to orders of protection and individual counseling services, victims served by programs in rural counties had the highest proportions of victims receiving the service and victims served by programs in Cook County had the smallest. Differences between the two groups in these areas were as great as 20%.
- 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 as 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%.
- It is likely that differences between the two groups are at least partially related to the greater opportunity that programs providing shelter have to deliver certain services to their clients onsite compared to clients who are not onsite. It is probably easier to initially engage clients in group counseling, for example, when they are residing in the place where it is offered. Services like legal advocacy, on the other hand, may be provided as easily offsite so that residence does not increase the likelihood of service receipt. Further, legal advocacy, especially related to order of protection, may be even more critical to keep individuals safe when they are outside of shelter.
- 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.

VI. Analysis of Demographic Characteristics of Children Using Services- Tables 7a-7c

The data in Tables 7a-7c include information about the child characteristics. Analysis focuses on differences by year, as well as by the region in which service was provided and whether or not the victim received onsite shelter.

Analysis of Child Characteristics by Year. Table 7a contains information about the child characteristics by year. Overall, the total number of children served did not vary greatly from year to year. The biggest changes were between 2002 and 2003 when there was an increase of almost 2,000 children served, and between 2004 and 2005, when there was a decrease of about 2500 children. Otherwise, over the 8 year period, there was a difference of approximately 500 children served each year. Looking at gender, the data indicate very little variation in the proportion of victims who were male or female over the 8 year period; for all years, the proportions of boy and girls were about even, although

slightly more than half of all children were female. The largest difference between the groups was in 1998 and 1999 when there were about 10% more female children than male.

The data indicate that the most common region of service was consistently Cook County followed closely by rural counties, except during 2004 when the proportion of children served by programs in rural counties was the greatest of all regions. The average age varied between 6.5 and 7 years old; however, the ages ranged from 0 to between 35 and 87 years old over the 8 year period. 17 Between 35 and 37% of children were age 6 to 11 in any given year and roughly thirty percent were age 0 to 3. Approximately one fifth each year were 12 to 17 years old while between 14 and 16% were 4 to 5. The smallest proportion (less than 0.6%) of children were 17 years or older. Given the ages of the children, it is not surprising that the majority in any year (56.0% to 63.9% over the years) were in grade school and between 18 to 25% were in pre-school. The data indicate that the smallest proportions of children had graduated school or dropped-out (no more than 0.5% in any given year) while no more than 12.5% were in kindergarten or high school.

In light of the racial and ethnic distribution of all victims, it make sense that data on child race/ethnicity indicates that the largest proportion of children was White, although the percent of White children decreased from 47.0% in 1998 to a low of 34.5% in 2004 (the percent increased slightly in 2005 to 39.8%). African American children comprised the largest proportion of children (37.9%) in 2004. In all other years, they were the second largest group, comprising 30% or slightly more of all children. The percentage of Hispanic children increased steadily from nearly 11% in 1998 to almost 20% in 2003, and then to just below 18% in 2005. The proportions of children that were Asian American or an “Other” races were fairly equivalent (between 0.3% and 1.3%), and the proportion of American Indian children consisted of 0.5% or less over the 8 years. In addition, the proportion of Bi-Racial children remained consistent over the years, ranging from a low of 6.6% (in 2000) and to a high of 8.9% (in 2005).

Data on custody indicates that the most common custody status was that the client had custody of the child; this was true for about 80% of all children in any given year. Similarly, data on living arrangements indicated that between 82 and 86% of all children were living with the client over the 8 year period. Between 13% and 16% of all children were in joint custody (client and offender), and anywhere from 11% to 15% of children were living with both the client and the offender throughout the 8 year span. The remaining statuses of custody that accounted for more than 0.3% of all cases but less than 2% in any given year were custody by the offender, other relative, DCFS, or other person. Of these, the smallest proportion of children was in the custody of DCFS (0.3% to 0.6%), and the largest proportion of children was in custody with a person other than the client, offender or relative. The proportions of children in each of the remaining categories of residency were fairly equivalent as well. Over the 8 years, the percentage

17 As noted, analysis of child data by year included all individuals coded as children in the InfoNet data, regardless of age. Analyses which look at differences between various groups of children include only individual 21 and younger.

of children that resided with the offender varied from a low of 0.9% (during the years 2000 and 2001) to 1.9% in 2004; between 1.4% and 1.9% of children were living with a relative and 1.2% of fewer lived with an “other” person.

Finally, Table 7a includes data on child abuse. The data in the table indicate 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.

Analysis of Child Characteristics by Region of Service. Table 7b provides data on the child characteristics according to the region in which services were provided—whether the program was in Cook County, a collar county, an urban county or a rural county. The county with the largest number of children served by a program was reported in Cook County (18,767) followed by rural, urban and collar counties (in order by proportion). Again, this fits with the profile for victims, as we would expect (See Table 1b).

Data on gender indicates that a greater proportion of children were female regardless of the service-providing region. The average age of the children was identical for three regions (6.84) and only slightly lower at 6.41 years (for children served by programs in urban counties) in the fourth. More specifically, between 35% and 40% of all children were age 6 to 11 and approximately 30% were age 0 to 3 across all regions. Fourteen to 15% were between the ages of 4 and 5 regardless of service region and 16 to 19.5% were 12 to 16. Across all regions, only 0.3% of children served were ages 17 or older.

School information indicates the children served by programs in the collar had the highest proportion of children in grade school (66.6%) although the proportions of children who were in grade school children were the high for the other three regions as well (54.5 to 58.7% of all children). Children served by programs in rural counties had the largest proportion in pre-school (24.4%) while the smallest proportion of children in pre-school were children served by programs in the collar counties (13.7%). About 10 to 11% of all children were in kindergarten, regardless of service region. There was a little more variation related to high school. About 13% of all children served in Cook County were in high school as were 10.9% of all children served by a program in a rural county. Among children served by programs in the collar counties, 8.8% were in high school; 7.2% of all children served in urban counties had this educational status. The data also indicate that there was very little variation between the regions related to the proportion of children in each who had graduated (0.0 to 0.2%) or dropped out (0.2 to 0.5%).

Data on race and ethnicity to a large extent reflect the findings for victims (see Table 1b). Most notably, nearly eighty percent (79.7%) of the children served by programs in a rural county were White compared to only 17% of those served by programs in Cook County. The proportion of White children served by programs in the other two regions fell somewhere between these two points; 48.9% of those served by programs in urban counties and 37% of those served by a program in a collar county were

White. By contrast, the majority (54.4%) of children served in Cook County were African American compared to only 9.1% of African American children served by a program in a rural county. About one third of all children served by a program in an urban county were also African American as were 22.9% of those served by a program in one of the collar counties. Children served by programs in the collar counties comprised the largest proportion of Hispanic children (29.4%), while the smallest proportion was among children served by programs in rural counties (3.3%). Roughly one fifth of all children served by a program in Cook County were Hispanic but only 6.4% of those served by programs in urban counties were in this ethnic group. The largest proportion of Bi-Racial children was among those served by programs in urban counties (11.1%). The proportions of Bi-Racial children served by program in the other regions ranged from a low of 5.2% in Cook County to a high of 8.5% in the collar counties. As we might expect given the small proportions of children in the remaining race/ethnicity categories—Asian American, American Indian, and “Other,” only small proportions of children from these groups were served by programs in any region; from 0.2% to 1.1%.

The most common custody status across each region was the one in which the client had custody of the child. It was highest for children served by programs in Cook County (85.9%) and the lowest for children served by a program in the collar counties (73.8%). Similarly, the most common living arrangement for children in all four regions was one where the children resided with the client, but children served in Cook County again had the highest proportion (84.4%) with this living arrangement. For the other regions the proportion of children living with the client ranged from 77.8% to 83%. Children served by programs in the collar counties were most likely to be in joint custody (the client and offender, 22%) but the proportion of children served by programs in rural counties who had this living arrangement was also fairly high (19.5%). It was lower for children served by programs in Cook and urban counties (11.7 and 12.3% respectively). Children served by programs in the collar county were also most likely to live with both the client and the offender (18.5%) compared to any other region. For children in the other regions, the proportions that lived with both parents ranged from 12.2 to 13.5%. Only a small proportion of children served in any of the regions were in the custody of the offender (0.4 to 1.2%), another relative (0.4 to 1.6%), DCFS (less than 1% for all regions), or an “other” person (0.8 to 2.3%). Similarly, anywhere from 0.6% (in Cook County) to 1.6% (in rural counties) of children lived with the offender only and between 0.8% (in Cook County) and 2.4% (in an urban county) lived with another relative. Less than 1.1% of children served in any region lived with an “other” person.

Analysis of Child Characteristics by Onsite Shelter Status. Table 7c provides data on child characteristics according to their status in onsite shelter—whether the child received onsite shelter or not. The data indicate only a few areas where there are fairly large differences between the two groups otherwise most differences were not great. Overall, more children did not receive shelter (54.9%) than did (45.1%). According to data on gender, the proportions of boys and girls were similar regardless of shelter status.

One difference that is apparent relates to region. Almost 40% of those who did not receive onsite shelter received service from programs in rural counties (40.9%) while

only 17.4% of all those who did receive shelter onsite were served in this region. In contrast, 40.3% of all those in the onsite shelter group were served by a program in Cook County compared to 24.9% of those who were not in onsite shelter. About one quarter of those in onsite shelter were served by a program in an urban county; 15.6% of those not in onsite shelter were served in this region. The proportions of children who were and were not in onsite shelter were more comparable for children who were served by programs in the collar counties – about 18% of children in both groups were served in this region.

In contrast to the previous trends, the average age of children also varied according to shelter status; the average age of children receiving onsite shelter was close to 5 and a half years (5.42) while the average age of those who did not was close to 8 years (7.92). In addition, the proportion of children receiving shelter between the age of 0 and 3 was double (41.4%) the proportion of children who were the same age but were not (21.2%). Conversely, about one quarter of children who were not in onsite shelter were 12 to 16, but only 10% of all children in onsite shelter were in this age group. Other differences between the groups, related to age group, were smaller (generally 6% or less).

In light of the age differences, data on school also shows some variations, although most are small. Almost a quarter (24.5%) of those in pre-school received onsite shelter while 16.3% of those who were not in onsite shelter were in pre-school. In contrast, 5.2% of those in the onsite shelter group were in high school compared to 14.2% of those who were not in onsite shelter. The groups were more similar related to the proportion who were in grade school (59.8% of those not in onsite shelter and 57.7% of those who were) and kindergarten (9.2% of those not in onsite shelter and 12.4% of those who were). Fewer than 0.5% of all children regardless of group were graduates or had dropped out.

The data on race/ethnicity present recognizable differences between the groups as well. Most notably, more than half (56.1%) of the children who did not receive onsite shelter were White compared to the quarter (27.1%) of White children who did receive onsite shelter. Alternatively, almost half (47.3%) of all children who received onsite shelter were African American but only 20.2% of those who were not in onsite shelter were in this racial group. In contrast to these differences, which were perhaps the most distinct, the proportion of children of Hispanic and Bi-Racial origin did not vary more than three percent across the shelter status categories and proportions of children from the remaining racial and ethnic groups only varied between 0.1% and 0.3%.

The data for custody and residency status indicate small variations. The most obvious is that 88.2% of children who were in onsite shelter were in a situation where the client had custody compared to slightly smaller proportion of those who did not receive onsite shelter (74.5%). Those in the onsite shelter group were also somewhat less likely to be in a situation where there was joint custody compared to those who did not receive this service (10.1% versus 19.9%). All other differences related to custody stats were very small (less than 2%).

The proportion of all children who lived only with the client was slightly greater for the onsite shelter group compared to those not in onsite shelter (86.8% versus 79.5%). All other differences between the groups related to living arrangements were small (no greater than 5%).

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 greatest proportion of children served each year were generally served by 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 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.
- Variations in custody and living arrangements indicated that 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.

VII. Analysis of Child Problem Areas – Tables 8a-8e

The data in Tables 8a through 8e examine problems and symptoms that children from violent homes experience based on data collected by the InfoNet system. Analyses look at variations by year and by specific child characteristics, including age group, race/ethnicity, gender and whether or not the child was in onsite shelter at some point. The symptoms that are included fall into four main areas; emotional difficulties, problems in socialization or social problems, physical health problems and educational difficulties. They relate to difficulties that might be typical of children who were witnesses of domestic violence, although they did not come from a standardized instrument.¹⁸ Information on the percent of children who had at least one problem within each of the four problem categories is presented. For those who had at least one problem in a given area, we then examine the proportion that had different types of difficulties within that category. In addition, data on the average number of problems at intake and departure, as well as the percent of children with fewer problems at departure than at intake in each category, and overall across all four categories are provided.

Analysis of Child Problems by Year. Analysis by year looks at changes over time and includes a comparison of the total number of children who received services each year in order to compare that to the total number for whom problem information was available. This is presented in the first two rows of Table 8a. These data make clear that data on problems were missing for large numbers of children each year; in some years problem data were missing for almost half of all children who received services. As noted, programs were not required to provide data on child problems and we do not know if there was a bias in who was and was not assessed. Indeed, a small portion of all children (about 2300 or 6.1% of all those for whom we had problem data), were assessed and found to have no problems at intake, so there is no clear evidence that those who were not assessed were exclusively those without symptoms or difficulties¹⁹. Programs

¹⁸ We note that assessment of child problems was based on information from the parent and not necessarily based on a clinical assessment of the child, although this may have also occurred. Thus, it would be incorrect to assume that the picture presented here is based on a diagnostic interview. Assessments may be more inconsistent than would be the case if a standardized assessment tool had been utilized. This is not to criticize the assessment skills of those conducting the intake interview or the knowledge of the parent as to the problems of her child. It is important to remember the context of the information provided, however.

¹⁹ By assessed, here, we specifically mean assessed utilizing the problems included in the InfoNet data and entering this information into the system. It is likely that all children receiving services got some type of assessment, but we do not know, for those who had no data entered, what that included.

also receive additional funding for children's services from ICADV which probably has an impact on their willingness, likelihood and manner of reporting as well. Ultimately, because we do not know who might have been excluded from inclusion in the InfoNet data, we are cautious about assuming these data represent the experiences of all the children who were in service with an adult victim.

Given this caution, we note that the data presented in Table 9a do not, for the most part, reveal large changes in the proportion, of those who were assessed who had a problem in any of the four areas over time. Across all the years, even with fluctuations, the problem area with the largest proportion of children was emotional problems followed by social and then physical health difficulties. Educational problems accounted for the smallest proportion of all children who were assessed in any given year.

The biggest changes over the 8 years occurred in the proportion of all assessed children who had at least one emotional problem or one social problem. Looking first at emotional problems, the proportion grew slightly from 80.3% to 82.0% between 1998 and 2001 and then began to decline, with the biggest drop occurring between 2002 and 2003. By 2005, 68.7% of all children who were assessed had one or more emotional problem. For social problems, there was a similar increase and decline over the 8 year period. The highest proportion of assessed children who had a social problem was 76.1% (in 2001) and the smallest proportion was 62.7% (in 2005). Changes in the proportions with physical health and educational difficulties were more modest. For the former, the proportion of assessed children who had a problem ranged from a high of 40.1% (in 2002) to 34.9% in 2005. For educational difficulties, the greatest proportion was 27.2% (in 2000) and the smallest was 21.1%, in 2005.

Looking specifically at those who had emotional problems, the data indicate relatively small changes over time, of no more than about 5% in the proportion who had any specific symptom. Some of the problems in this category that had larger proportions of children included: 1) mood swings (between 52.6% and 56.9% over the 8 years); 2) difficulty leaving a parent (between 37.7% and 41.8% across the years); 3) being often afraid (between 34.6% and 38.4% over time), and 4) crying often (33.3 to 36.7% over the 8 years). Other items that were important but apparent in smaller proportions of all children across all years were: has frequent nightmares (between about 21 and 26% over time), accepts things without question (between 18 and 21%), and does not interact with others often (between about 11 and 15% over the years). We note that more than 5% (between 6.2% and 8.4% for the years included here) of those with emotional problems hurt themselves on purpose and roughly 2 to 4% were suicidal.

At intake, those with emotional problems had an average of about 2 problems. The range over time was from 2.25 to as high as 2.43. At departure, children who had emotional problems at intake were assessed as having fewer problems; averages over time ranged from 0 in 1998 to 0.43 by 2005. Similarly, the percent who had fewer problems at departure compared to intake was quite high, particularly prior to 2002. Between 1998 and 2002, virtually all children with emotional problems at intake had

fewer symptoms at departure. The proportion who improved declined slightly after that so that by 2005, it had reached a low of 82.5%.

Data on children with social problems also indicates few large shifts in the proportion with specific behaviors or difficulties over time. Again, the largest shift in the proportion that had any given problem over time was slightly more than 5% (for role reversal).

The majority of children with social problems fell into the category of being very protective of family members. About 62 to 65% of all children with social problems were in this category across the years. Slightly less than half (between 41 and 46%) had problems related to resisting guidance and discipline. Between 35.5% and 41.9% of all children engaged in role reversal behaviors, while between 33.1% and 37.9% were aggressive; hitting, kicking, biting and shoving frequently. Slightly more than one quarter each year was possessive of toys (including all age groups²⁰) and about one fifth behaved like younger children. These are common reactions to stress/abuse. Smaller percentages of children exhibited the most problematic and serious social problems; those of harming small animals (between 2.8% and 3.6% of children with social problems were in this category for the 8 years included) and playing with fire (between 5.2% and 6.6% of all children with social problems engaged in this behavior).

Similar to those with emotional problems, the average number of social problems at intake was less than 3. Averages increased slightly over time from a low of 2.33 in 1998 to a high of 2.43 in 2005. Once more, at departure, most children with social problems had apparently improved. The average number of problems at departure increased slightly over time from 0 in 1998 to 0.47 in 2005 and the proportion that had fewer problems at departure than at intake declined from 99.9% in 1998 to 80.8% in 2005.

Data on physical problems that is collected in the InfoNet data primarily relate to somatization and not disability. Here again, changes over time in the proportion of children with physical health problems who had any of the specific problems or behaviors included in this category remained limited. The largest shift was related to the proportion that bed wet; over the 8 years, this proportion dropped from 30.5% to 24.9%. Otherwise, most changes were no larger than 5%.

Of those with at least one physical problem, the greatest proportion was seen as being more active than other children. Between 51.6% and 55.2% of all children with a physical health problem were in this category over the years. Nonetheless, we note that only a small percent of all children with physical problems were in a class related to their hyperactivity (between 6.1% and 9.4% over time).²¹ About one quarter to slightly less

20 We note that data on behaviors that were age specific were collected apparently for all children, not just those of the appropriate age. Therefore, we did not limit the reporting to a specific age group.

21 It appears that this information was available for all children, not just those who were seen as being more active. Therefore, we include it for all children as an additional measure of problems in this area. If the reader wants to see the percent specifically with a problem who received special classes, we refer him or her to Appendix Table 7. This table had information only on the proportion of all children who had a

than one third of those with physical problems were wetting their beds (as noted between 24.9% and 30.5%). Slightly less than one quarter (between 19.9% and 22.2%) had frequent illnesses and a similar proportion had weight problems (between 18.0% and 23.2%). As we might expect given the young age of most children in service, the proportion of children who abused drugs (between 1.1% and 2.3%) and alcohol (between 0.9% and 1.9%) was very small in any given year.

The average number of problems for children with a physical health problem was lower than the average among those with emotional or social problems. There were also fewer problems in this category which might explain at least part of the difference. On average, across all years, those with physical problems had between 1.30 and 1.35 problems. At departure, their average problems ranged from 0 to 0.26. Again, there was a decline over time in the proportion that was seen as having fewer problems at departure than at intake. In 1998, this proportion was 99.8% but by 2005, it had dropped to 80.9%.

Data on the proportion of children with educational problems who had each specific problem included in this category revealed the greatest fluctuations over time. In particular, the proportion of children who had behavior problems remained at around 45 to 46% until 2000 and then dropped beginning in 2001 to a low of 30.6% by 2003, before increasing slightly to 33.7% by 2005. Similarly, the proportion of all children who were in a special class for learning problems was somewhat variable. It dropped from 17.8% in 1998 to 10.5% by 2000 and then increased again to a high of 21.8% in 2004 (dropping slightly in 2005 to 21.3%)²². Variations in the proportion of children with educational problems who had each of the other problems included in this category remained smaller and generally did not exceed more than 5% across time.

The two problems that the greatest proportions of children with educational problems had, over time were learning problems (which ranged from 40.5% to 46.3% across the years), and behavior problems (which as discussed varied over time from a low of 30.6% to a high of 46.4%). Despite the high proportion of children with learning problems, no more than 21.8% were in a special learning class over the years and only between 8.5% and 12.1% of all children were in a class for a behavior problem (see Note 20). More than two thirds (between 33.4% and 39.6%) also had problems obeying rules at school. The percent that missed school often for reasons that were not medical increased slightly from a low of 17.0% in 1999 to a high of 20.9% in 2004 (dropping

problem and shows the percent who were referred to a special class related to being more active, learning disabilities and behavior problems. We included an analysis of all 3 problem areas and the percent that had the problem and got help by year as well as by age group, race/ethnicity, gender and whether or not the child received onsite shelter.

²² Data were available for all children related to whether or not they were in a special class for a learning disability or behavior problem, regardless of whether they were also assessed as having one of these two problems. We therefore included all data on children who were reported as being in a special class rather than restricting inclusion to just those who also had a learning or behavior problem. We did this because we believed the two special class variables were in themselves indicative of severity of educational difficulties. Again, we refer the reader to Appendix Table 7 for a breakdown of the proportion of children specifically with learning disabilities and behavior problems who obtained help.

slightly to 20.2% in 2005). About 1 to 2.5% of all children had dropped out of school over the 8 years.

The average number of educational problems at intake for those with problems in this area was quite consistent over time, ranging from a low of 1.58 in 1999 to a high of 1.71 in 2004. At departure, the average number of problems was lower for all years, ranging from 0.0 in 1998 to 0.27 in 2005. Accordingly, the proportion of children who were seen as having fewer educational problems at departure compared to intake was high, but declined from 99.9% in 1998 to 83.5% in 2005.

The last portion of Table 8a provides data on the average number of problems at intake for those with at least one problem, across all areas and the average number for these same individuals at departure. It also provides information on the proportion that had fewer problems, more problems and the proportion that experienced no change.

Consistent with the previous trends, the average number of total problems at intake for those with at least one problem was fairly stable over time, ranging from 4.4 in the earlier years to a high of 4.9 in 2003. The average number of problems at departure was very small, despite increases over time. Averages ranged from 0 in 1998 to 0.89 by 2005. As we might expect, the proportion of children who were assessed as having fewer problems at intake than at departure also was high, although it too dropped over time from 99.9% in 1998 to 82.1% by 2005. The proportion of children who experienced no change in the number of problems increased from 0.1% to 17.6% during this same time period. Only a very small proportion of children were assessed as having more problems at departure; the greatest proportions were in 2003 (0.6%) and 2004 (0.5%).

Analysis of Child Problems by Age Group. Table 8b contains information on child problem areas comparing children in the 5 specific age groups that reflect developmental markers for children. The data in the first two rows show the number of children who received services who were in each age group and the number for whom there is data on problem areas. These data make clear that less than half of those who were 3 or younger or 12 or older were assessed but somewhat larger numbers of all children between 4 and 11 were evaluated.

Looking first at emotional problems, it appears that very equal proportions of children in all the age groups who were assessed had at least one emotional difficulty. Approximately 76 to 78% of children in each group had such problems. The average number of problems at intake also did not vary greatly. Those who were in the youngest group and those in their teenage years (12 to 16) had the lowest averages of 2.22 while those 17 to 21 had the highest at 2.82. At departure, averages for all age groups were much lower (0.16 to 0.33) and the percents who had fewer emotional problems at departure compared to intake were comparable. For all groups but those who were 17 to 21, this percent was about 93%; it was 88.9% for those in the oldest age group. Despite these similarities, within each age group, there were some slight differences related to the proportions that had specific problems. As we might expect, differences seemed to reflect and compliment the developmental stage of each group.

Among those in the youngest age group (0 to 3 years) the largest proportion of children had difficulty leaving their parent (62.2%) followed by crying often (42.1%), mood swings (36.6%) and being often afraid (30.5%). Twenty percent of those in this age group had frequent nightmares and about 16% accepted things without question. For those in this age group, this last response might not necessarily be indicative of an emotional problem. Less than 10% did not interact often with others or hurt him or herself on purpose. Only 0.1% was seen as being suicidal.

Among those who were 4 to 5 years of age, the specific problem that the greatest proportion had was mood swings (52.2%) followed by difficulty leaving parents (45.6%) and being often afraid (40.2%). Slightly more than one third cried often (38.2%) and 30.1% had frequent nightmares. About one fifth (20.3%) accepted things without question. Almost eleven percent did not interact with others often and 8% hurt themselves on purpose. Only a small percent, 0.9% was suicidal.

Among those 6 to 11, mood swings was also the specific problem experienced by the majority; 60.5% of all children in this age group had this problem. Being often afraid was the next most frequently experienced difficulty (41.4%) followed by crying often (33.9%) and having difficulty leaving parents (31.8%). More than one quarter (27%) had frequent nightmares and, similar to those 4 to 5 years of age, about one fifth (21.8%) accepted things without question. A slightly greater proportion than those in the younger age groups did not interact with others often (13.4%) and 7.2% hurt themselves on purpose. Although the proportion is very small at 3.5% for suicidal behavior, this is greater than the proportion of children with this behavior in the younger age groups.

Children who were 12 to 16 and those who were 17 to 21 were most similar to each other. For both groups, over 70% had mood swings and about one third was often afraid (32.3% of those 12 to 16 and 37.8% of those 17 to 21). Roughly one quarter of children in both age groups cried often and about one fifth accepted things as they were without question (21.5% of those 12 to 16 and 24.4% of those 17 to 21). One fifth to one quarter had difficulty leaving a parent (19.8% of those 12 to 16 and 24.4% of those 17 to 21). There were differences between the two groups for several problems, too. Those who were 16 to 21 had smaller proportions of children who did not interact with others often (20.3% versus 31.1% of those in the older age group). They also had smaller proportions of children who had frequent nightmares (15.2% versus 20.0%). Differences were apparent in two additional areas; among those 12 to 16, only 8.3% hurt themselves on purpose or were suicidal. For those in the older age group, these proportions were greater; 15.6% hurt themselves on purpose and almost one quarter or 24.4% were seen as being suicidal at intake. Given the small number of children in this older age group, it is hard to know how representative they are of older children who are exposed to family violence. However, this high proportion is disconcerting.

Data on social problems indicates that roughly 71 to 75% of all children who were between the ages of 4 and 16 had problems. Only those in the youngest age group differed from those who were older. Among those 3 and under who were assessed,

55.5% had one or more social problems. This is perhaps to be expected as social issues and interactions would be less prominent for children in this age group. Still, the average number of social problems at intake, for children in all the age groups did not vary greatly. Those in the youngest group had the smallest average at 2.20 problems per person and those in the oldest age group had the highest average at 2.73. The average number of problems at departure was quite small and variations between groups were limited. The range was from 0.15 (for those 12 to 16) to 0.21 (for those 17 to 21). The proportion of all children in each age group who had fewer social problems at departure than intake was also comparable. The percents ranged from 90.2% (for those in the oldest age group) to 93.7% (for those 12 to 17).

Looking at the specific problems that children had in each age group, the data show that children with a social problem in the youngest age group differed somewhat from those in the older groups. For this youngest group, the most common problem was hitting, kicking, biting or shoving, frequently (52.6%) followed by being very protective of family members (50.1%) and resisting guidance and discipline (41.8%). Although only children older than 3 were to be assessed for this problem, almost one third (32.3%) was possessive of toys and about one quarter (23.3%) of those in this youngest age group, engaged in role reversal. Given their young age, it is perhaps surprising to see that 14% were assessed as behaving as a younger child. Only small percents engaged in the most problematic behaviors including playing with fire (2.5%) and harming small animals (3.4%).

Among those who were 4 to 5 years of age, the most common problem was being very protective of family members (60.4%) followed by resisting guidance and discipline (47.4%). Forty-one percent of children age 4 to 5 who had a social problem hit, kicked, bit or shoved frequently, and roughly 37% engaged in both role reversals and being possessive of toys. Slightly more than one fifth (21.5%) of children in this age group behaved like younger children. Again, only small percents of children in this age group who had social problems played with fire (4.9%) or harmed small animals (4.9%).

For those 6 to 11, the proportion with problems in each of the specific areas included under social problems was somewhat similar. Two thirds (66.0%) were protective of family members and 42.3% resisted guidance and discipline. Almost 42% engaged in role reversal and roughly one fifth (22.4%) behaved like a younger child. These proportions were similar to the percent of children 4 to 5 who had such problems. In contrast, those 6 to 11 were less likely to be possessive of toys; only 25.3% of children in this age group had this problem. They were also less likely to hit, bite, kick or shove frequently (33.2%) compared to younger children. Only a small proportion (2.9%) harmed small animals and 6.9% played with fire. This last proportion was small but greater than the proportion for younger children.

Among those in their early teenage years (12 to 16), the greatest problem was also being protective of family members (67.9%) followed by role reversal (48.8%), and then resisting guidance and discipline (43.6%). Smaller proportions again had such problems as being possessive of toys (17.6%) and hitting biting or shoving frequently (21.1%)

compared to those in the younger age groups. About 17% behaved like a younger child. Only 2.2% of children in this age group harmed animals but 8% played with fire.

For the oldest age group, the pattern was fairly similar to that of those who were 12 to 16 although in some instances, the proportions with specific problems were larger. Eighty percent of those in this age group were protective of family members and 56.1% resisted guidance and discipline. Fifty-one percent engaged in role reversal. About one quarter (26.8%) hit, kicked, bit, or shoved frequently and almost one fifth (19.5%) were possessive of toys and behaved like younger children. This group had the highest proportion of all children who harmed animals (7.3%) and played with fire (12.2%).

Data on physical health problems shows variation by age group in the proportion who had such problems. The smallest proportion of children with these problems was 29.4%; this was for children in the youngest age group (0 to 3). About 45% of those 4 to 5 years of age had physical health problems. For those ages 6 to 11, the proportion was somewhat similar at 41.7% but it dropped for those in their early teenage years (12 to 16) to 33.6%. Those who were 17 to 21 had the greatest proportion of children with physical health problems; 46.5%.

Despite these variations, the average number of problems at intake did not vary greatly by age group. The range was from 1.21 (for those 0 to 3) to 1.59 for those 17 to 21. At departure, there was virtually no difference between the groups; the average number of problems at departure was either 0.10 or 0.11. Similarly, approximately 92 to 93% of all children with a physical health problem at intake had fewer problems at departure.

Again, age differences were apparent in the proportions with various problems. These probably related as well to the developmental stages of each group. For those under 4, the most common physical problem was being more active than other children; roughly two thirds of all children in this age group had this problem (67.3%). Only 1.8% was in a special class for being more active, but this is perhaps to be expected given the fact that children in this group were not yet school age. One quarter (24.9%) had frequent illnesses and 16.2% wet their beds. This last problem, however, was only to be included for children over age 4. Therefore, although children in this age group were assessed as having this problem, it may not truly reflect physical health issues for this age group. Ten percent had weight problems. Oddly, although the proportion was very small, 0.1% was assessed as abusing drugs, but we assume this was an error either in recording or in designating actual age. None of the children in this age group had alcohol abuse problems.

For those 4 to 5, the most common problem was also being more active than other children; 58.5% of all children in this age group had this specific behavior. However, only 4.1% of all children in this age group who had physical health problems were in a special class for such behavior. This includes both children who were and were not assessed as being more active than other children. Forty-one percent of all children age 4 to 5 had problems with bed wetting and 15.4% had frequent illnesses. Eleven percent

had weight problems. Only a very small percent, as we would expect, had either drug or alcohol abuse problems (0.1% for both).

Fifty-one percent of those 6 to 11 years of age were more active than other children. For this group, 9.4% were in a special class for this behavior. About one third (31.8%) had problems with bed wetting and about one fifth (19.3%) had frequent illnesses. Compared to those in the younger age groups with physical health problems, a greater proportion (22.9%) had weight problems. Less than 1% of children this age, as we would expect, had drug or alcohol abuse problems.

For those in the early teenage years, the problem profile was somewhat different. About one third of children in this age group who had physical problems had weight problems (36.7%) and were more active than other children (34.4%). Almost fourteen percent (13.6%) were in special classes for being more active than others. Only 10.3% had problems related to bed wetting but 27.1% had frequent illnesses. Further, for those in this age group, drug and alcohol problems were more apparent; 9.1% had drug abuse problems and 7.9% abused alcohol.

Those in the oldest age group differed from those in the other groups related to the percent with different problems as well, but only a very small number of all children (27) were included in this analysis so it is unclear how representative they might be of older children exposed to family violence. The data indicate that weight problems were also the most common problem for this group (37.0%) followed by alcohol abuse (33.3%) and drug abuse (25.9%). Almost 20% (18.5%) had bed wetting issues and 22.2% had frequent illnesses. Eighteen percent were seen as being more active than other children but only 3.7% of all children in this age group who had a physical health problem were in a special class for such behavior. This small percent may be related to the fact that children in this group were above school age.

Data on the educational problems of children who were assessed indicates that the proportion with a problem in this area generally increased with age from 4.0% of those under 4, who were not school age, to 41.1% of those 12 to 16. The percent with educational problems dropped slightly for those 17 to 21 to 39.7%. The average number of problems at intake for those who had problems in this area ranged from 1.41 for those 0 to 3 to 1.91 for those 17 to 21. At departure, total problems average anywhere from 0.09 to 0.11 per person. The proportion that had fewer problems at departure than at intake was between roughly 91 and 94%.

Because children in this youngest group were not yet school age, we assume that the problems reported here really represent behavior and not educational problems or refer to their behavior in pre-school programs. For the small proportion of children in this group who were assessed as having educational problems, about half (54.3%) had behavior problems. Eight percent of all children in this group, whether they had behavior problems or not, were in special classes for this problem. Already at this young age, about one third (30.9%) were assessed as having learning problems and almost 10% were in special classes for such problems. Slightly more than one quarter (27.7%) had

problems obeying rules. In this case, we assume it is rules in a day care or special pre-school program that this refers to. Ten percent often missed whatever programs they were going to for reasons other than medical ones. Ironically, the data report that 0.5% had dropped out of school. Again, we assume this is a mistake either in coding for this item or in recording the child's correct age.

Children age 4 to 5 were in pre-school or kindergarten. Once more, for this group, behavior and learning problems were already evident. Forty-nine percent of children age 4 to 6 had behavior problems and 9.4% were in special classes related to such problems. One third (32.7%) had learning problems and 12.1% were in special classes for this. Thirty-eight percent had problems obeying rules at school and 15.1% missed school often for reasons that were not due to medical problems. The data for this age group also show a very small proportion of drop outs (0.6%) which we once more assume is a recording error.

For those 6 to 11 years of age, behavior problems, learning problems and problems obeying school rules again stand out as the critical problem areas. Almost half of all children in this age group (46.9%) had a learning problem and 17.6% of all children this age were in special learning classes. Thirty-seven percent had behavior problems and 10% were in special classes related to such problems. Thirty-six percent had problems obeying school rules. Similar to those ages 4 to 5, 15.7% missed school for reasons other than medical ones and a small proportion (0.4%) were recorded, in error we assume, as having dropped out of school.

Children in their early teen years (12 to 16) also tended to have problems with learning (42.6%), behavior (34.4%) and obeying school rules (37.3%). Only 17.6% of all children this age with educational problems were in special learning classes and 9.7% were in special classes for behavioral problems. In contrast to the younger age groups, a larger proportion missed school often for reasons other than medical problems (28.2%) and 5.3% had dropped out by this age.

Those 17 to 21 were past school age in terms of required schooling and although the proportion of children in this age group who had such problems was relatively high as a percent of all those assessed (39.7%) the actual number of children included in the data for this problem area was only 23. Again, this makes it difficult to determine if the results reflect the experience of all children in this age group who are exposed to family violence. The data indicate that about 40% of children in this group missed school often for reasons other than medical ones, had behavior problems and had learning problems. Thirteen percent were in special classes related to behavior problems and 21.7% were in special classes related to learning disabilities. About one quarter (26.1%) had problems obeying school rules and 13% had dropped out (although some were beyond school age so it was not clear exactly what this percent reflected).

Finally, data on all problems across categories indicates that those in the youngest age group had fewer problems, on average (3.76) while those who were in the oldest group (17 to 21) had the most (5.82). Those in the middle age groups had averages

between 4.8 and 5.0. To some extent, this reflects the types of problems included in the assessment and the fact that more problems may have been relevant to older children than younger ones. Still, at departure, the variations between groups in the total number of problems were small and ranged from 0.29 (for the youngest age group) to 0.52 (for the oldest age group).

The percent that had fewer problems at departure than at intake was almost identical for all five groups (about 93 to 94%) although those in the oldest age group had a slightly smaller proportion of children in this category (91.2%). About 6 to 7% of children across the age groups showed no change over time. The percent of those who had more problems at departure than intake was very small. For all those except children age 17 to 21, the percent was less than 1% (0.2 to 0.3%) while it was 1.8% for those in this oldest age group.

Analysis of Child Problems by Race/Ethnicity. The data in Table 8c examines differences in problem areas by race and ethnicity. The data in the first two rows reflects the number of children in the service data in each racial and ethnic group and the number of children in each group who were assessed for problems. As the data indicate, a somewhat greater proportion of White children were assessed than children in the other racial and ethnic groups (almost 65% versus 45 to 55% of those in the other racial and ethnic groups).

Among those who were assessed, somewhat similar proportions of children had one or more emotional difficulties. White, Hispanic and American Indian children had similar proportions with such problems (about 80%). Seventy-five percent of all Bi-Racial children had an emotional problem as did 73.3% of all Asian American children. African American children had the smallest proportion of children with problems in this area; 69.6%. The average number of problems at intake in this area did not vary greatly between groups. Averages ranged from a low of 2.05 problems per person for African American children to 2.46 for Hispanic children. At departure, the average number of problems was low for all groups ranging from 0.11 for White children to 0.36 for Asian American children. White and American Indian children had the greatest proportions that had fewer problems at departure than at intake (95.5% and 94.1% respectively). This proportion was high though for all groups. Even for the group which had the smallest proportion, Asian American children, the reported percent who were better at departure than intake was 87.1%.

Looking within the category of emotional problems at specific difficulties, there were both similarities and differences between the groups. For all groups but Asian American children, the problem which was most common was mood swings. About half of all children in each group apart from Asian American children had this problem. For Asian American children, the proportion with this problem was slightly smaller at 42.1%. The problem which the larger group of Asian American children had was difficulty leaving a parent; 47.4% of all Asian American children with emotional problems had this problem. About 37 to 43% of children in the other racial and ethnic groups also had difficulty leaving parents. For Hispanic children, a large proportion (46.0%) was often

afraid as were about 40% of White and American Indian children. Only slightly more than one quarter of all African American children had such problems (26.5%). Asian American and Bi-Racial children fell between these two groups; about one third of all children in these racial groups were often afraid.

Variations between groups also existed somewhat related to the proportion who cried often. The group that had the greatest proportion of children with this problem was Hispanic children (41.5%) while American Indian children had the smallest percent (27.7%). Approximately 35% of all White, Asian American and Bi-Racial children cried often; the proportion for African American children was slightly lower at 30.9%.

About one fifth to one quarter of White, Hispanic, American Indian and Bi-Racial children with emotional problems had frequent nightmares. A slightly smaller percent of African American and Asian children also had nightmares often (17.8% and 18.7% respectively). African American children had the greatest proportion of children who accepted things without question (23%) while Asian American and American Indian children had smaller percentages with this problem than other groups (15.3% and 15.8% respectively). Between 18 and 20% of children in the remaining groups engaged in this behavior.

Between 10 and 16% of all children did not interact often with others. American Indian and Bi-Racial children had lower proportions of children with this problem while Hispanic children had the highest. Again, for all groups, the percent who hurt themselves on purpose or who were suicidal were more limited. African American children had the smallest proportion of children with these problems (4.1% for hurting self on purpose and 1.2% for suicidal behavior) and American Indian children had the highest (8.9% for hurting self on purpose and 5.0% for suicidal behavior).

Data on social problems shows more variability between the groups in the proportion who had at least one problem in this area. White children had the greatest proportion with such problems (74.6%) followed closely by American Indian (73.6%), Bi-Racial (70.3%) and Hispanic children (69.8%). The proportion of African American children with social problems was lower at 64.7%; Asian American children had the lowest proportion at 57.2%. Still, there was not a lot of difference between the groups in the average number of problems. Averages at intake ranged from a low of 1.96 for Asian children to a high of 2.47 for White children. At departure, the average number of problems was once more quite low for all groups, ranging from 0.12 for White children to 0.25 for Hispanic children. Ninety percent or more of children who were assessed as having a social problem at intake had fewer problems at departure than they did at intake; the highest proportion was for White children at 95.5%.

For all groups, being very protective of family members was the problem that the greatest proportion of children with a social problem experienced. However, variation across the groups in the proportion with this problem was evident. Among African American and American Indian children, two thirds had this problem (66.5% and 66.3% respectively); for Asian American children, the proportion was smaller at 54.6%. Other

groups fell between these two points. Resisting guidance and discipline was the next most common problem for all groups except for African American children. About 47% of White and Hispanic children had this problem as did 44.5% of Bi-Racial and 43.5% of American Indian children. Thirty-eight percent of Asian American children reportedly resisted guidance and discipline and only about one third of African American children had this problem (32.6%).

For African American children, the problem area that had the second greatest proportion of all children after being very protective of family members was role reversal; 37.1% of all African American children with a social problem had this problem. Similar proportions of Hispanic and Bi-Racial children also had this problem. The proportion of White children engaging in role reversal behaviors was slightly higher at 40.5% and for American Indian children it was somewhat lower at 33.7%. It was lowest among Asian American children; 28.8% of all children in this group had this problem.

Hitting, kicking, biting, and shoving frequently was also a common problem for children in almost all the groups. Roughly 38 to 40% of all children with a social problem except for those who were African or Asian American had this problem. Among African and Asian American children, the proportions were lower at 28.9% and 23.9% respectively. Between 24.4% (African American children) and 31.1% (Hispanic children) were possessive of toys and between 15% (American Indian children) and roughly 20% (all groups but Bi-Racial children who had 17.2% of children in this category) behaved like younger children.

The proportions in each group who had the more serious social problems such as playing with fire and harming small animals were low although there was variation across the groups. Only 2.5% of all Asian American children played with fire while the highest proportion, 7.4% was among White children. The groups differed a bit less related to harming small animals. The percents ranged from a low of 1.6% (among African American children) to a high of 4.4% (again, among White children).

Data on physical health problems indicates that the groups were quite similar related to the proportion who had such problems; between 35 and 39% of all children across all the groups. The smallest proportions were for Asian American and American Indian children and the highest was among Hispanic children. The average number of problems in this area at intake, for those assessed, ranged only between 1.16 (for American Indian children), to 1.36 (for White children). At departure, the average number of problems for all groups was again very low ranging from 0.07 (for White children) to 0.29 (for Asian American children). Of note here is that for all groups but Asian American children, the proportion who had fewer problems at departure than intake was 90% or greater (up to almost 95% for White children). For Asian American children, the percent, although high, was smaller at 82.2%.

Data on specific problems, for those with a physical health problem, again shows variation between the groups. The greatest problem for all groups was the child being more active than other children. However, for African American, Hispanic and Bi-Racial

children, the proportions were greater (60.3%, 56.0% and 57.3% respectively) than they were for White, Asian American and American Indian children (about 47% for all three groups). None of the groups had a high proportion of children in special classes for such problems. The range was from 2.3% for American Indian children to a high of 8.7% for White children, with the other groups falling between these two points. Bed wetting was the second most common problem for White, African American and Bi-Racial children. About 27 to 28% of children were in one of these groups. Among Hispanics, the percent that had bed wetting problems was only slightly lower at 23.5% and for Asian American children, it was 19.8%. One quarter of American Indian children had this problem.

For Hispanic and Asian American children, the problem that was second after being more active than other children was weight problems; 26.1% of all Hispanic children with a physical problem had this issue as did more than one third (34.7%) of Asian American children. One quarter of all American Indian children had a weight problem as did 22.4% of all children who were White. The percent of African American and Bi-Racial children with weight problems was slightly lower at 14.0% and 16.9% respectively.

Twenty-five percent of all White children had a frequent illness but for the other groups, the proportions with this problem was slightly lower ranging from about 15% for African American and American Indian children to about 18% for all other groups. White children also had the highest proportion of children who abused drugs or alcohol, but these proportions were very low at 2.8% for drugs and 2.2% for alcohol abuse. For the other groups, the percent of children with either problem was 1% or lower.

Information on educational difficulties shows that for all children who were assessed, about one fifth to one quarter had an educational problem with the exception again, of Asian American children. Only 11.6% of all Asian American children who were evaluated had an educational problem. The average number of educational problems at intake ranged from 1.48 (for American Indian children²³) to 1.71 (for White children). At departure, the averages for all groups were quite low ranging from 0.09 (for White children) to 0.15 (for Asian American children). Further, between 91 and 95% of all children with an educational problem, across the racial and ethnic groups, had fewer problems at departure than at intake.

Learning problems were an issue for between 39.5% and 45.2% of all children across the groups. The group that had the smallest proportion of children with such problems was Bi-Racial children and those with the greatest proportion were American Indian. About one third of all American Indian children (not just those who were assessed as having learning problems) were in a special class for learning (32.3%) compared to about 16 to 18% of White, African American and Bi-Racial children. Fourteen percent of Hispanic children were in a special class for learning but only 3% of all Asian children were in such classes.

²³ We note again that the number of American Indian and Asian children included in the analysis of problems for this category is somewhat small which may account for some of the differences reported.

Behavior problems were also a problem for many of the children but the proportion with such problems tended to vary more by group. Asian American children had the highest proportion of children with such problems at 45.5% followed by White (39.8%), Bi-Racial (38.5%) and African American (38.4%) children. A smaller proportion of Hispanic and American Indian children had behavior problems (31.5% and 29.0% respectively). Despite these higher proportions, the proportion that was in special classes for learning problems was fairly low. It was about 10 to 11% for African American, White and Bi-Racial children, about 7% for American Indian and Hispanic children and lowest, at 3% for Asian American children.

More than one third of children in all groups but American Indian children had problems obeying the rules at school, but only 16.1% of all American Indian children had this difficulty. About one fifth or slightly lower, missed school often due to reasons other than medical ones, but more than one quarter (27.3%) of Asian American children had this problem. Lastly, only small proportions of children in any of the groups had dropped out of school. The highest proportion was among Asian American children (3.0%) and the lowest was for American Indians (0).

Finally, data on the average total number of problems at intake for the various racial and ethnic groups indicates a small range, but a notable one. Asian American children had the lowest average number of problems at intake (3.83) followed by African American children (3.99). White children had the highest average at 5.00 problems per person. At departure, on the other hand, White children had the smallest number of problems, on average, at 0.24 while Asian American children had the highest (0.55). It is not surprising then that a comparison of the proportion of children in each group who had fewer problems at intake than at departure indicates that White children had the greatest proportion of children in this group at 95.4% and Asian American children had the smallest at 88.4%. Other groups ranged between 91.5% (African Americans and Hispanics) and 94.9% (American Indians). The proportion of each group who experienced no change between intake and departure was smallest for American Indian (4.2%) and White children (4.4%). Asian American, Hispanic and African American children were all similar; about 8% of all children in these racial and ethnic groups experienced no change in number of problems. Roughly six percent of Bi-Racial children experienced no change. Less than 1% of children in all groups but Asian American children had more problems at departure than at intake; for Asian American children, this proportion was higher, although it remained slight at 3.2%.

Analysis of Child Problems by Gender. Table 8d has information on differences between male and female children for each of the problem areas and overall. Looking at the first two rows comparing the number of male and female children who received services and the number assessed, it appears that similar proportions (about 55%) of children in each group were evaluated for problems that were recorded in the InfoNet data.

Data on emotional problems show few differences between boys and girls. Roughly three-quarters of children in both groups had at least one emotional problem and

the average number of problems at intake and departure were almost identical (at intake, 2.31 for boys and 2.36 for girls; at departure, 0.16 for boys and 0.17 for girls). Ninety-three percent of children in both groups had fewer emotional problems at departure compared to intake.

Information on the specific problems that boys and girls with emotional problems experienced also shows that the two groups were quite alike. The percents with each problem included in this category were very similar and differences were no greater than 4% for any problems; frequently, they were only 1%. As was true for all children each year, the problems that had greater proportions of children for both genders in descending order were mood swings (about 55%), difficulty leaving parents (about 39%), being afraid often (about 35 to 38%) and crying often (between 33 and 37%).

Data on social problems similarly indicate that the proportion of male and female children with problems in this area was close; 72.3% of all boys and 69.4% of all girls had one problem in this category. There was a small difference in the average number of problems at intake. Boys had an average of 2.45 social problems while girls with such problems averaged 2.28. At departure, the groups were very similar with boys averaging 0.18 problems and girls 0.16. Ninety-three percent of both boys and girls with social problems were seen as having fewer problems at departure than at intake.

The information on specific social problems does show some gender differences. These seem to reflect what are often more gender linked behaviors such as being parentified and acting as a caretaker in this way (more common here for girls) and “acting out” more aggressively or resisting guidance (for boys). Thus, 44.1% of all girls engaged in role reversal compared to 33.6% of all boys with a social problem. In contrast 47.4% of all boys resisted guidance and discipline and 41.8% hit, bit, kicked or shoved frequently compared to 39.4% and 30.4% of all girls, respectively. Although the proportions were small, boys were also more likely to play with fire compared to girls (8.6% versus 3.2%) and to harm small animals (4.5% versus 2.0%). Boys and girls were similar related to the proportions that were protective of family members (about 60 to 64% between the two groups), possessive of toys (28.5% of boys and 26.2% of girls) and behaved like younger children (20% of boys and 19% of girls).

Boys were also more likely than girls to have at least one physical health problem. Overall, 41.7% of all boys and 33.8% of all girls had problems in this area. The average number of problems at intake for those with difficulties in this category was similar for both groups; for boys it was 1.34 and for girls it was only slightly less at 1.25. At departure, both groups had 0.10 problems on average and about 92% of males and females were seen as having fewer problems at departure compared to intake.

There were some differences between the two groups related to the proportion of those with physical health problems who had each of the symptoms or difficulties included in this category, but only one was large; 58.8% of all boys were more active than other children compared to 45.8% of all girls. While a greater proportion of all boys than girls with physical problems were in special classes related to over activity, the

difference was not large (9.1% of boys versus 5.7% of girls). Boys were less likely than girls to have frequent illnesses (17.9% of boys and 24.5% of girls) and weight problems (16.5% for boys versus 24.8% for girls). Again, these divisions perhaps reflect the ways in which boys and girls differentially cope with stressful situations. Boys and girls were more similar related to the proportion who had bed wetting problems (28.9% of boys and 25.1% of girls), and the proportions abusing drugs and alcohol (less than 2% for both groups).

Boys were also more likely than girls to have educational problems. Almost 29% of all boys who were assessed were seen as having such problems compared to 19.9% of girls. Boys had a higher average number of such problems at intake (1.74 compared to 1.55 for girls) but only differed from girls by a very slight number (0.11 versus 0.09) at departure. About 94% of children who had educational problems in both groups were seen as having fewer problems at departure than at intake.

As was apparent in the data on social and physical problems, boys were more likely than girls to engage in problematic behaviors that could be seen as “acting out” in some way. A greater proportion were again seen as having behavior problems and as having problems obeying rules compared to girls (43.3% versus 31.5% for behavior problems and 40.6% versus 30.8% for problems with rules). Yet, only a slightly greater proportion was in a special class for behavior problems (11.6% versus 7.2%). Girls, in contrast, were more likely to miss school not due to a medical reason (25.0% of girls versus 15.2% of boys). Similar proportions had learning problems (44.3% for boys and 42.3% for girls) and there were not large difference in the proportion who were in special classes for learning problems (17.7% for boys and 15.4% for girls) or who had dropped out (1.1% for boys and 3.1% for girls).

In total, boys and girls were similar related to their average number of problems at intake (4.85 for boys and 4.46 for girls), average number of all problems at departure (0.35 for boys and 0.32 for girls) and the proportion in each group who were seen as having fewer problems at departure overall than at intake (about 94% for both groups). The proportion who were seen as having no change in problems were also the same (about 6% for both males and female); 0.2% of all boys and all girls with any problems were seen as having more problems when they left than when they arrived.

Analysis of Child Problems by Onsite Shelter Status. The final comparison for problem data relates whether there were differences in problems related to whether or not the child was in onsite shelter at some time in his or her service history. In theory, the mother’s problems and circumstances should have had more to do with whether or not the child was in onsite shelter than problems the child was having, but it was possible that differences between the groups still existed. The data in Table 8e explore this issue. They indicate that about equal proportions of children in each group who received services were also assessed for problems listed in the InfoNet data (about 55% in each group).

Data on emotional problems indicates that a greater proportion of children who were not in onsite shelter had emotional problems; 81.6 of those in this group had such

problems compared to 71.3% of all children who received shelter onsite. Differences in the average number of problems at intake for those with emotional problems were not large. The average for those who were not in onsite shelter was 2.45 compared to 2.17 for those who were. Differences were not large at departure either; those not in onsite shelter had an average of 0.13 problems at departure compared to 0.20 for those who were. About 92% of those in onsite shelter had fewer emotional problems at departure compared to intake. This was comparable to the 94.5% of those who were not in onsite shelter in this category.

Looking at specific problems, it was evident that those in not in onsite shelter had a greater proportion of children with mood swings (60.4% versus 47.7%), and a greater percent who were often afraid (40.9% versus 31.3%). Those in onsite shelter had greater proportions of children who had difficulty leaving a parent (44.6% versus 35.8%). All the differences between the groups for other problems in this category were less than 5%.

The data on social problems also shows that those who were not in onsite shelter were slightly more likely to be assessed as having problems of this nature. Seventy-six percent of those not in onsite shelter had one or more social problem compared to 63.9% of those in the onsite shelter group. Children who were not in onsite shelter had only slightly higher averages at intake related to total social problems (2.47 versus 2.22) and slightly lower averages at departure (0.14 versus 0.21). Ninety-four percent of children who did not receive onsite shelter had fewer social problems at departure than intake as did 91.5% of the onsite shelter group.

Analysis of specific differences between the groups among those who had at least one social problem indicate that there was only one difference that was greater than 10%; this related to the proportion of children in each group who resisted discipline and guidance. Forty-seven percent of those not in onsite shelter had this problem compared to 36.4% of those who were in onsite shelter. The only other difference that was slightly larger than 5% included the percent who engaged in role reversal behaviors. Here, again, those who were not in onsite shelter had a slightly larger proportion of children who displayed this behavior (41.2% versus 35.7%). All other differences in the proportions of each group with a specific problem were less than 5%.

The groups were comparable related to the proportion with at least one physical health problem. Slightly more of those in onsite shelter (37.1%) had a physical problem compared to those who were not in this group (31.1%) The average number of problems at intake for both groups was similar (1.34 for those not in onsite shelter and 1.28 for those who were) as were averages at departure (0.09 for those not in onsite shelter and 0.12 for those who were). About 94% of children who were not in onsite shelter had fewer problems at departure compared to intake and so did 90.9% of children who were in onsite shelter.

The largest difference between the groups among those who had physical health problems related to the percent that were more active than other children. A greater proportion of those in the onsite shelter group had this problem compared to those who

were not in this group (60.7% versus 46.6%). Children who were not in the onsite shelter group, on the other hand, were more likely to have frequent illnesses (24.1% versus 16.9%) and to have weight problems (24.5% versus 15.1%) compared to those in onsite shelter at some point. For the remaining problems, differences between groups were less than 5%.

Children in onsite shelter were less likely than those who were not to have an educational problem (19.1% versus 28.4%). To some extent, this may relate to the fact that there were more children in the younger age groups among the onsite shelter group, although the proportion of children who were in grade school was comparable (see Table 7c). On average, children who had problems in this area who were not in onsite shelter had almost the same number of problems at intake (1.67) as those who were in onsite shelter (1.64) and at departure, averages were close as well (0.09 for those not in onsite shelter and 0.14 for those who were). Ninety-five percent of those not in onsite shelter had fewer problems at departure than at intake; this was the case for 91.4% of those in onsite shelter.

Looking at the proportion of children in each group, among those with educational problems, who had each of the specific difficulties listed in this category, the data show that the groups were generally very comparable. The largest difference related to the proportion of children in each group who had difficulty obeying the rules at school; 38.9% of those not in onsite shelter had this problem compared to 32.0% of those who were in onsite shelter. This difference is not great. Otherwise, none of the differences between the groups related to the proportions with various problems exceeded 5%.

Finally, data on total problems at intake and departure indicate that children in the onsite shelter group had about one problem less at intake overall than those who were not in onsite shelter at any time (4.14 versus 5.05). At departure, however, the average number of problems for children not in onsite shelter was 0.3 and 0.4 for the onsite shelter group. Compared to those who were in shelter onsite, more children who were not in onsite shelter had fewer problems at intake than departure (91.2% versus 83.8%). This may be because they had more problems, on average, to begin with, but ended up at the same place. About 16% of those in onsite shelter experienced no change in problems compared to 8.5% of those who were not in onsite shelter. Very small percents, less than 1% in both groups, had more problems at departure than they had at intake.

Summary of Findings 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 are difficult to understand.
- Not all children who received services were assessed using the problems included in the InfoNet data. As noted, programs were not required to provide this information. Thus, 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 health 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 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.

VIII. Analysis of Service Use by Children – Tables 9a1-9e1

Tables 9a1 through 9e1 contain information about services for children. Table 10a1 looks at services by year, and includes all individuals who were recorded as being children in the InfoNet data, including those over 21. It also includes information on case closing. The remaining tables, which collapse across years and compare various groups, include only those 21 and under. Similar to the presentation in the data on services for victims, these tables include the percent of children who received a given service, and, for those who received it, the average hours of service and service contacts. Averages for total service hours across all services, total contacts and the number of different services received are also provided. Data on the range of service hours and contacts is available in the corresponding appendix table for each set of analyses.

Analysis of Child Service Use by Year. Table 9a1 contains information on the percent of children who received each of the services about which data were collected by the InfoNet system by year as well as the average hours and contacts per person provided to those who received the service. Information on case closings is also included.

The data indicate that for most of the services listed, less than 10% of all children received assistance and for many services, the proportion was smaller than 5% in any given year. Those services received by the greatest proportion of children across the years included “other “ advocacy related services (between 46.4% and 67.1% between 1998 and 2005), individual children's counseling services (between 39.7% and 55.9%), children's group counseling services, (between 35.5% and 52.9% across the 8 year period), and family counseling services (between 15.4% and 26.6% between 1998 and 2005). Between 30.9% and 47.0% received onsite shelter over the 8 year period.

There were also a number of large increases for some services over time, or years where the proportion receiving a service jumped from the year before and then remained high. For example, the proportion of children receiving civil legal advocacy services related to orders of protection was relatively low, between 1% and 3% between 1998 and 2002. In 2003, however, the proportion jumped to 18.2% and it remained high (17.7%) in 2004. In 2005, the percent again dropped to about 1%. Similarly, in 1998 through 2000, roughly 12 to 15% of all children received child care. Beginning in 2001, this proportion decreased to 3.9% and by 2005, it was 2.6% of all children. Collaborative case management services underwent the opposite shift, increasing from a low of 1.3% in 1998 to almost 16% by 2000 and generally increasing each year after that to a high of 23.3% in 2005.

The shift related to child care is probably related to improved data monitoring. 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 decline in the proportions receiving these services, probably reflect increased data review and technical assistance to service providers related to reporting.

Some of the services which greater numbers of children received also showed larger fluctuations over time. For example, the proportion of children who got “other” advocacy, as noted, ranged from 67.1% to 46.4% over the 8 years while the percent receiving individual children’s counseling varied from 39.5% to 55.9% and children’s group counseling ranged from 35.5% to 52.9%. For most other services, variations were smaller and as discussed, the overall proportion of children receiving them was generally very low. In addition, increases in the proportion of children receiving evaluation and assessment, group therapy and art therapy (which did not consistently increase as much), may be the result of new funding for such services through ICADV.

Data on hours and contacts indicate 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 on services for victims, those services that generally had higher service hours and contacts each year were those provided in a group context. Children’s group counseling was the service with the highest average hours and service contacts per person; hours of service per person ranged from a high of 16.2 in 1998 to a low of 12.9 in 1999 and 2003 respectively while the average number of service contacts per person varied from 7.7 in 1999 to a high of 9.2 in 2004. Hours of service and contacts were also higher for art therapy, particularly after 2002 when they averaged between 7 and 9 hours per person and 5 to 6 contacts. The average hours per person for family counseling ranged from 4.8 to 5.6 over the eight year period and contacts varied from 4.1 to 5.0 per person.

Data on group therapy, although it was not funded prior to 2002, indicates hours for this service ranged from a low of 3.7 per person in 2003 to a high of 6.7 in 2004 while contacts varied from 2.1 in 2002 to 4.9 in 2004.

Other services, apart from those provided in a group setting, where the average hours of service were higher included child care and educational assistance, although for both these services, there was noticeable variation across the years. For child care, the average number of hours per person was as high as 8.0 in 1999 and as low as 3.3 in 2001 and for educational assistance, hours ranged from a low of 3.0 in 2000 to a high of 8.0 in 2005. Contacts for educational assistance were less varied and averaged about 3 to 4 per person over the years. For child care, contacts had more variance and ranged from a low of 2.7 per person in 2003 to a high of 5.4 in 1999. Again, some of this decline was probably related to better reporting since child care was not a service that should have been provided to children. Hours of service for criminal legal advocacy around charges also tended to be high, averaging between 4 and 5.7 hours per person for most years but two, when averages were 3 hours or less. Contacts for this service were lower and ranged

between 1.6. and 2.4 per person over the 8 years with the exception of one year (2004) when contacts increased to 4.5 per person. Of note, perhaps in explaining this, is that few children received this service, particularly in later years.

The average number of hours for individual children's counseling averaged between 3.2 and 4.7 over the 8 years, but contacts were somewhat higher and ranged from 4.2 in 1998 to a high of 5.9 in 2004. Similar to the trend for victims, collaborative case management was also a service where contacts tended to be high while hours were low. The average number of service hours for children who received this service ranged from 1.5 (in 2002) to 2.2 (in 1999 and 2003). In contrast, over this same 8 year period, contacts ranged from 3.6 to 5.3 per person. It is likely that in those instances where hours tended to be lower than contacts, the services were less time intensive but required more contact per client which would be the case with services such as transportation, conflict resolution or collaborative case management. Therapy, in contrast, would require more hours but fewer contacts.

A few other services fluctuated by more than 3 hours or 3 service contacts over the years, although most did not have hours or contacts greater than 5, on average, for any of the 8 years. These included hours for criminal legal advocacy related to orders of protection (ranged from 1.3 to 4.4 over time), hours for legal or attorney services (from 0.25 to 3.5 hours over the 8 years), hours and contacts related to life skill services (from 1.8 to 5.4 per person over time), and hours for parental services (from 0.5 to 3.5 over the 8 years). Of the remaining services, none fluctuated by more than 2 hours or 2 contacts per year and none had averages greater than 5 hours or 5 contacts per person in any given year.

Despite some of the larger shifts over time, overall total hours of service per person and total service contacts across all services did not vary greatly by year, on average. 1998 was the year in which children received the greatest average number of service hours over all (14.5 per person) while 2004 was the year with the lowest average (12.1 per person). Contacts ranged from an average of 12 per person in 1998 to 13.6 in 2005 and the average number of different services varied only slightly over time between 2.8 and 3.1 per person.

Table 9a1 also includes information on case closings for the four years in which it was available. The data indicate that after rising slightly from 17.4 to 18.7% between 2001 and 2002, the percent dropped each year to a low of 5.8% in 2005. Although all data from 2005 were not included, and this percent may have increased at the end of the year, this pattern fits with the findings on case closings for victims. Again, it is likely that as cases appropriate for closing were eliminated each year, the proportion of cases that could be closed decreased over time. Data on the average length of service for closed cases each year supports that over time, cases that were closed were open for shorter periods. This suggests that in the earlier years for which there were data, when closings were higher, they included more cases that had been opened for a longer period of time. In later years, it appears that decisions about whether or not to close a case occurred in less time.

Data on reasons for case closings support this idea. Data on the proportion of cases that were closed because they had received no service in the last 12 months declined over time from a high of 72.3% in 2001 to a low of 3.7% in 2005. Conversely, those closed within 3 months for the same reason (no service) increased (from 5.4% of all closed cases in 2001 to 42.9% in 2005). Lack of service for a specific time periods was the reason that accounted for the greatest number of case closings in any given year. However, in 2003, almost 16% of all children who had cases closed had their case closed because they moved. This percent increased to 22.1% in 2004, but was lower (11.8%) in 2005. Generally, only small proportions of cases were closed because the client declined further service, but in 2005, 16.1% of all closed cases were closed for this reason. Further, “other “reasons, accounted for about 11% of all closed cases in 2001, 2002 and 2005. Less than 10% of all children with closed cases had the case closed because it was felt he or she did not need further service.

Analysis of Child Service Use by Age Group. Table 9b1 contains information on the proportion of children 21 and under who received services according to their age group. Data on hours of service and contacts are also included. Similar to the finding in the previous analysis by year, only a few services were received by larger proportions of children, regardless of age group. These included “other “ advocacy services, individual counseling services, which included children’s counseling, group counseling services for children and family counseling. There were some variations between the age groups related to the proportions who received these services, but they were not large for “other” advocacy or for individual counseling. For “other” advocacy, younger children tended to have slightly higher proportions receiving the service compared to older children; 63.3% of those 4 to 5 years old received this service and this was the greatest proportion while the smallest proportion, 55%, was for children 11 to 16. Children between the ages of 4 and 16 were slightly more likely to receive individuals counseling services compared to those 3 and under and those 17 to 21. The greatest proportion of children who received individual counseling was 6 to 11 years old (53.9%) and the smallest were 17 to 21 (42.4%). The pattern for group counseling was slightly different. Differences between the older and younger groups were greater and younger children were more likely to obtain this service. Those 4 to 5 had the greatest proportion who received such aid (51.4%) and those 17 to 21 had the smallest, at 27.9%.

As we might the proportion of children who received onsite shelter declined as children aged. The greatest proportion of children in onsite shelter was 3 and under (61.5%) while on site shelter was provided to only 11.5% of those 17 to 21. It is likely that many programs providing shelter cannot accommodate older children. A similar pattern of declining percents as age increases was also apparent related to child care. Obviously, younger children would need child care more than older ones. Thus, 12.3% of those 3 and under received such care but only 2.2% of those 11 to 16 and 1.8% of children 17 to 21 obtained child care services.

In contrast to this pattern, the proportion of children receiving civil or criminal legal advocacy related to obtaining orders of protection increased with age. Only about

6% of children in the 0 to 3 and 4 to 5 age group received this service compared to 13.9% of children 11 to 16 and 12.1% of those 17 to 21.

Educational assistance 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. About 10% of those between the ages of 4 and 5 and 7 and 11 got educational aid versus 5.1% of those 3 and under and 3.6% of those 17 to 21.

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. For both these services, it was less clear that proportions declined with age but those 17 to 21 had noticeably smaller proportions of individuals receiving the service compared to those in the other age groups.

For all the remaining services, except for transportation, which about 9% of individuals in each age group (except those 17 to 21) received, the proportion of children in any age group who received the service was no greater than 6%. Indeed, for many services, less than 1 or 2% of children in any age group generally received the service.

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 (e.g., for civil and or criminal legal advocacy related to orders of protection) or more usually, much lower than children in the other age groups. Some of this was probably related to the fact that the number of children 17 to 21 receiving services was smaller. Extremely low or high levels of service would be more likely to affect the averages for this group. But 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. Overall, the average hours of service for all services and service contacts per person were much lower than the total hours and contacts for all the other age groups. Because this group was so different from the other four then, the remaining set of comparisons excludes them.

Looking then at the remaining four age groups, the data show surprising little variation between the groups for most services in either service hours or contacts. There are some exceptions, however, particularly related to those services where hours and contacts tend to be higher. Children's group counseling is the service for which the average hours and contacts were highest for all groups. Average service hours and contacts were highest for children ages 4 to 5 who received this service (19.87 hours and 12.41 contacts), followed by those 6 to 11 years of age (18.35 hours and 11.43 contacts). Children who were 3 and under averaged 16.68 hours and had 10.81 contacts related to children's group counseling, but those 12 to 16 had lower averages compared to the other three groups; 11.04 hours and 7.01 contacts per person. This same pattern, with most of the higher hours and contacts evident among those 4 to 5 and 6 to 11, followed by those 3 and under and lower averages from those 12 to 17 also appears under adult group counseling services. It is unclear, however, why hours for this service are as high as they

are across the groups since all individuals included here were children (hours ranged from 4.30 per person to 8.31 and contacts from 2.58 to 5.08).

Hours and contacts for family, group and art therapy were also high for all groups, although children under 3 tended to have lower averages for hours and contacts related to art therapy compared to the other three age groups (4.16 hours and 3.63 contacts compared to 6.54 to 8.41 hours and 5.25 to 6.37 contacts for the other groups) and those 12 to 16 had somewhat lower hours and contacts than the other groups related to family counseling (5.28 hours and 4.49 contacts compared to between 7.26 and 6.02 hours for the other groups and 5.16 and 6.30 contacts).

Hours for individual counseling services averaged about 5 per person for all those receiving this service except for those 3 and under. The average hours for this group were slightly lower at 3.73. Similarly, contacts ranged from 6.38 to 6.72 for those 4 to 16 while they were slightly lower at 5.39 for those 3 and younger. Criminal legal advocacy related to charges also tended to be a service for which hours were higher, particularly for those who were 4 to 5 (6.48 hours and 3.68 contacts) and those 12 to 16 (5.98 hours and 2.97 contacts). Hours averaged about 4.5 for those in the other two age groups and contacts for those 3 and under and those 6 to 11 were about 2.4 per person. It is important to note that the number of children who received this service, particularly in some age groups, was small, which may account for higher averages in some instances.

All groups averaged about 5 hours and approximately 4 contacts per person related to educational assistance. While there were some variations between the four different age groups for this service, they were small. Hours for transportation averaged about 3 per person for all the groups, contacts were about 5 regardless of age group. Similarly, hours for collaborative case management ranged from 1.97 (for those 3 and under) to 2.71 (for those 12 to 16), but contacts per person for those receiving this service were about 5.5 per person for all four age groups.

Another area where contacts were higher than hours was conflict resolution. The average number of service hours per person for this service was between 2.89 (for those 6 to 11) and 2.17 (for those 12 to 18), but contacts per person, for those who received this service were almost 6 per person for those 3 and under, and closer to 5 for those 4 to 5 and 6 to 11. Those 12 to 16 had a somewhat lower number of contacts per person at 3.81 per person. Again, some of the reason for this trend is probably because such services are less time but more contact intensive.

The general trend, for many services, where differences were smaller 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. Thus, it is perhaps to be expected that a comparison of the four groups related to total service hours and contacts per person across services indicates that the group with the highest average was those 4 to 5 (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 overall 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 Child Service Use by Child Problem Area. Table 9c1 contains information on service receipt for children according to problem areas assessed at intake. The types of problems included in each area were discussed in the analysis of child problem areas (Tables 8a through 8e). The table is divided so that the first four columns include children whose only problems were emotional problems (column 1), social problems (column 2), physical health problems (column 3), or educational problems (column 4). Column 5 includes children who had a problem in more than one of these four areas (2 or more areas). The final column includes children who had none of the problems included in any of the four areas. The table was constructed in this way so that children with more than one problem area would not be included in multiple analyses. Ideally, this should allow differences between the groups, if they exist, to be more evident.

For the most part, the data do not suggest strong differences between the groups. Looking at those services which the greatest proportion of children received, the data indicate that children with no problems in any of the identified four areas were less likely than those with one or more problems to receive “other “advocacy services. Roughly 43.6% of children in this group got this service compared to about 64 to 68% of children in who had one problem or with more than one problem area. Conversely, those in the no problem group were more likely to be in onsite shelter compared to those in the other groups; 68.1% of those in the no problem group received on site shelter while only 40.3% of children with a problem in more than one area received such service. About 50% of children who had only an emotional or a social or an educational problem also received onsite shelter. The only group comparable to those with no problems with regard to receipt of onsite shelter was those whose only problem was a physical disability; 65.1% of all children in this group received such help.

Roughly 54 to 58% of children who had one problem only received individual counseling services. Slightly higher proportions of those with more than one problem or those with no problems received this service as well (62.8% and 64.3% respectively). Children’s group counseling was also provided to roughly half the children in each group, including those with no problems, while about 23 to 29% of children, depending on the group, received family counseling. A smaller proportion, about 20% in each group, obtained collaborative case management services.

There was a little more variability in some of the other services which fewer children received. Generally, the trend seemed to be that those with emotional problems only had slightly lower proportions of children receiving the service and those with

educational problems only had slightly higher proportions, but this was not exclusively the case.

The proportion of children in each group receiving transportation did not vary much, ranging from 9.7% for those with emotional problems only, to 12.9% for those who had educational problems only. The proportion receiving educational assistance, on the other hand, was a bit more variable. Only 7.5% of those with emotional problems only received this service, in contrast to 13% of those who had an educational problem only. The proportions for other groups fell between these two points. Similarly, those who received conflict resolution services varied between 11.1% of those with an educational problem only to 5.6% for those with and emotional problem only. The proportions of children receiving the remaining services in the table were generally very low (below 6% for most groups) and did not vary much between the groups.

Data on hours and contacts indicate some noticeable variations between the groups. First, with the exception of perhaps 3 or 4 services, those in the no problem group received fewer hours of service on average, compared to the other groups, and frequently had fewer contacts as well. The only service in which the average hours of service per person were greater for the no service group compared to the other groups was legal individual advocacy. Here, those in the no service group receiving this assistance had an average of 3.75 hours of service (and 1.25 contacts per person) For the other groups, averages ranged from 1.30 to 2.49 hours (and 1.0 to 1.93 contacts per person). For all other services, except for maybe 2 or 3, those in the no service group had the lowest averages for service hours; contacts were generally low as well. Part of this may be related to the very small number of children who received certain services in the no service 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.

On the other hand, those in the group that had problems in more than one area did not always receive more hours of service or have more service contacts, compared to those in the other four groups who had one problem only. There were only a few services where those in the multiple problem group had higher averages than those in the other four groups. These included individual legal advocacy (2.49 hours for this group compared to averages ranging from 1.30 to 1.81 for the other groups), individual counseling services (5.57 hours per person for this service compared to averages ranging from 4.34 to 4.74 for the other groups), evaluation and assessment services (average hours of 1.22 per person compared to averages ranging from 0.90 to 1.13 for the other four groups), children's group counseling (18.95 hours per person versus averages ranging from 14.61 to 18.35 for the other groups), and group therapy (6.45 hours compared to averages ranging from 3.47 to 6.20 for the other four groups). Service contacts for these services were also high, but in all instances, they were not the highest. Further, for some of these services 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.

As we might expect, services provided in group settings generally were the ones for which children received the greatest number of service contacts and had more hours of service. As noted, for children's group counseling, which was the service that had the highest average hours per person of all services, hours ranged from 14.61 hours per person to 18.95 and contacts averaged between 9.56 and 11.89 per person. Hours for art therapy and group therapy were also high. For art therapy, average service hours ranged from 4.32 (for children with physical problems only) to 8.31 (for children with social problems only) and contacts averaged between 3.45 (for those with physical problems only) and 5.93 (for those with only social problems). For group therapy, as noted hours ranged from 3.47 to 6.45 and contacts were between 2.37 to 4.57. Service hours for family counseling averaged about 6 hours per person except for those who had educational problems; the average service hours for this group were 4.87 per person. Contacts, related to family counseling ranged from 4.51 (for those with an educational problem only) to 7.12 (for those with a physical problem only).

One interesting finding is that hours for adult group counseling were very high for those with an emotional problem only (10.47 per person, 4.73 contacts) and social problems exclusively (8.55 hours and 3.90 contacts). They were also high for those who had more than one problem (6.63 hours per person and 4.14 contacts). For those with a physical health problem only or those with an educational problem only, they were lower (3.65 and 2.41 hours respectively). It may also be that services provided to another adult relative other than the victim were included here, especially because this was not a service that should have been reflected in child data. It is also important to note that the number of children who were reported as receiving this service is small and that extremes may be pulling up the means for some groups.

Hours for some individual services were also high. While there was a great deal of variability, hours for educational assistance were high for some groups (8.14 per person for those with emotional problems only, 7.35 for those with physical health problems only and 6.93 for those with educational problems only). They were lower (3.57 and 4.29) for those with social problems or more than one problem area respectively. For individual counseling, hours ranged from 4.34 per person (for children with only physical health problems) to 5.57 (for those with more than one problem) per person and contacts, from 5.58 per person to 7.20.

Several services did not have very high averages for service hours, but contacts, especially for some groups, were very high, probably because these tended to be services that were contact rather than time intensive. These included transportation assistance (hours of service averaged between 2.33 and 3.66, but contacts ranged from 4.74 to 6.82), collaborative case management (hours averaged between 2.11 and 2.86 but contacts ranged from 4.93 to 6.19) and conflict resolution (hours ranged from 2.20 to 3.11 while contacts ranged from 3.13 to 5.77). There was also one instance where hours were generally low, but one group, children with physical problems only, had a much higher average number of service hours; this was for parental services. All groups except those who had only physical problems had average service hours for parental services of less than 2 and contacts averaged less than 3 per person. However, for children whose only

problem related to physical health, the average hours of service were 7.95 per person and the contacts per person averaged 5.58. We note that only 19 children were in this group and it is possible that high averages by only a few pulled up the mean for the group as a whole.²⁴ It is also likely that these numbers really reflect service to adults since this was not a service category that should have been used for children. However, the data suggest that the parents of some children in this group needed this type of assistance more intensively than parents of children in the other groups.

Data on total service hours per person, across all services indicate some variability but, with the exception of the no problems group, differences between groups were not large for service hours. Differences were also not great for service contacts or the average number of different services each group received. As we might expect, given their lower averages, those in the group with no problems had the lowest average for total service hours at 13.17 per person and the fewest contacts (13.67 per person). They averaged 3.45 different services, but this was not the lowest average for this category.

Children with only emotional problems and children with only educational problems were very similar. Those with emotional problems had an average number of 18.12 service hours per person and 17.35 service contacts. They had the lowest average number of different services at 3.36 per person. Those with educational problems only averaged 17.88 service hours overall and had 17.63 service contacts per person. They received 3.65 different services, on average. Children whose only problems were social ones or those whose only problems were physical had higher averages for hours and contacts (19.78 hours and 19.38 contacts for those with only social problems and 19.92 hours and 18.51 contacts for those with only physical problems), but the highest averages were for those who had problems in more than one area. This group had an average total of 20.26 service hours per person and 20.21 contacts. We might expect this group to have more hours and contacts given their multiple problems, but these totals, although the highest, are not much higher than the averages for those who had social problems or physical problems only. Further, the average number of different services for those with multiple problem areas was 3.57. It was 3.58 for those with only social problems and 3.68 for those with physical problems only.

Analysis of Child Service Use by Gender. Table 9d1 contains information on service receipt, hours and contacts by gender, comparing male and female children. The data indicate that the two groups were virtually identical related to the proportion in each who received each of the specific services. Only very small differences, less than 1% in all instances, existed between the groups for each service. Clearly, those services which large numbers of children each year received were those provided to larger proportions of children in both groups (i.e., “other” advocacy (60%), individual counseling services (50%), on-site shelter (45%), and children’s group counseling (46%).

Further analysis of service hours and contacts also reveal very small differences,

²⁴ Indeed, the data in Table 8c2 in the appendices indicates that the range for this group for this service was much greater than for any other group and went from 0.25 to 133. For the group that had the next largest range of service hours, the range was from 0.25 to 34.

usually of less than 1 hour or 1 service contact, on average. Indeed, total hours and contacts per person, across all services are almost exactly the same for the two groups. For male children, the average for total service hours was 16.59 and for females it was 16.51 per person. The average number of total contacts for males was 16.13 per person and it was 16.03 for females. Similarly, the average number of different services per person received over time for males was 3.19 while it was 3.20 for females.

Those services which had the highest averages for hours included children's group counseling (about 17 hours per person), adult group counseling and art therapy (each about 7 hours per person), family counseling (about 6.3 hours per person), group therapy (about 5.6 to 6 hours per person), child care, (about 7 hours per person), criminal legal advocacy related to charges (4.92 hours for boys and 5.65 for girls), and individual counseling (about 4.75 hours per person). Those with higher contacts included children's group counseling (10.9 contacts per person for boys and 10.56 for girls), individual counseling (slightly more than 6 contacts per person), collaborative case management (5.5 contacts per person), family counseling, art therapy and transportation assistance, (slightly more than 5 contacts per person for all three), and conflict resolution and child care (about 5 contacts per person for both).

Analysis of Child Service Use by Onsite Shelter Status. The final set of comparisons for children is included in table 9e1 and involves a comparison of children who received onsite shelter at some point in time with those who never received shelter onsite. The data on receipt of service indicate that those in the onsite shelter group were much more likely than those who were not in onsite shelter to receive group counseling (65.0% versus 30.5%), and individual counseling services (60.8% versus 40.7%). They were also much more likely to receive education assistance (2.1% versus 15.7%), and transportation assistance (12.9% versus 6.6%). Smaller but still noteworthy differences also existed related to collaborative case management (22.7% versus 14.3%), family counseling (28.8% versus 17.6%), and "other: advocacy (65.6% versus 57.5%).

Although the proportion of children receiving some of the remaining services was smaller (less than 10% in most cases), those in the onsite shelter group had greater proportions receiving many of these including medical assistance, evaluation and assessment services, life skills services, conflict resolution, and art therapy. The only service where those in the group that did not receive onsite shelter had a clearly larger proportion of individuals who received the service was civil or criminal advocacy related to orders of protection. In this case, 14.3% of those who were not in onsite shelter received this service compared to 1.0% of those who were in onsite shelter. As discussed when data on victims who were and were not in onsite shelter was evaluated, it is likely that of all the services provided, this one may be least contingent on presence in a shelter for its delivery. Further, this service, civil or criminal advocacy, would be critical to keeping children safe outside of shelter. Many of the other services, including several for which those in onsite shelter clearly had larger proportions of children receiving them, were probably provided more readily and easily to those in a shelter setting.

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. Some of the more noticeable differences, going through the list of services in order include hours for civil or criminal legal advocacy related to orders of protection (2.56 hours for the group not in onsite shelter versus 1.05 for those in onsite shelter), hours and contacts for criminal legal advocacy related to charges (5.63 hours for the group not in onsite shelter versus 1.50 hours for the group that was and 2.96 contacts versus 1.58 respectively), hours and contacts for parental services (2.78 hours and 3.07 contacts for the group not in onsite shelter versus 0.93 hours and 1.49 contacts for those in onsite shelter), and hours and contacts for art therapy (10.56 hours and 8.05 contacts for those not in onsite shelter compared to 5.29 hours and 4.26 contacts for those in the onsite shelter group).

Conversely, there are a few services where those in onsite shelter had clearly greater averages for services hours and/or contacts. Again, going through the list in Table 9e1, these included hours and contacts for child care (7.97 hours and 5.59 contacts for those in onsite shelter compared to 4.80 hours and 2.93 contacts for those not in this group), service hours for substance abuse services (2.44 hours per person for those in onsite shelter and 0.73 for those who were not), service hours and contacts for children's group counseling (18.87 hours and 7.67 contacts for those in the onsite shelter group compared to 13.68 hours and 7.77 contacts for those not in this group), and hours and contacts for family counseling (7.67 hours and 6.99 contacts per person for the onsite shelter group and 4.56 hours and 3.57 contacts for those not in onsite shelter).

Perhaps because the proportion of children in onsite shelter receiving some of these services was so much greater, particularly for those services where the hours were higher for those in onsite shelter, information on the total number of hours and service contacts, as well as the different services received in total for both groups shows again that those in the onsite shelter group received more. Their total service hours, across all services, was more than two time higher, on average, than the total for those not in the onsite shelter group (24.43 hours per person versus 10.44); the same was true for the average number of service contacts (23.64 versus 9.87) and the number of different services children in each group received (4.41 versus 2.21 per person).

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

- Less than 10% of children received most of services about which InfoNet data were collected and, for many services, the proportion of children who received them was smaller than 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 group 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.
- These trends related to the services with higher averages for service hours and contacts were also apparent in the analysis of differences between various groups.
- 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.

- Data on case closings indicate that fewer cases were closed over time, perhaps as more long term cases were closed each year. Lack of service for a specific time periods was the reason that accounted for the greatest number of case closings in any given year. Other reasons that accounted for greater proportions of case closings in later years included the child's moving, "other "reasons, and, in 2005, because services were declined. Less than 10% of all children with closed cases had the case closed because it was felt he or she did not need further service.
- 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 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. 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 problem 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.
- One finding of note is that hours for adult group counseling were very high for those with an emotional problem only (10.47 per person, 4.73 contacts) and social problems exclusively (8.55 hours and 3.90 contacts). They were also high for those who had more than one problem (6.63 hours per person and 4.14 contacts). For those with a physical health problem only or those with an educational problem only, they were

lower (3.65 and 2.41 hours respectively). It is also likely that these numbers really reflect service to adults since this was not a service category that should have been used for children. It is also important to note that the number of children who received this service is small and that extremes may be pulling up the means for some groups.

- Data on total service hours per person, across all services indicate some variability but, with the exception of the no problems group, differences between groups were not large for service hours. Differences were also not great for service contacts or the average number of different services each group received. Those with problems in more than one area had the highest overall averages for total service hours and contacts while those in the “no problems” group had the lowest. Of note is that averages for total hours and contacts for those in the multiple problem group, although the highest, were not much higher than the averages for those who had social problems or physical problems only.
- 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 these 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.

IX. Regression Analysis Predicting Total Service Hours – Tables 10a-10d

The final analysis included in this report is the regression analysis which was performed to help identify variables that predict the total number of service hours per person. Four models were developed. The first looks at factors associated with the total service hours for all victims. The next two examine victims more closely by looking at variables that might relate to total service hours for those who did and did not receive onsite shelter separately. The last model looks at factors related to total service hours for children.

The analysis undertaken here was exploratory, representing an attempt to discern, of those variables that were associated with greater or lesser hours of service, those which played a greater part. Because so many of the variables overlapped with each other, the regression analysis provided a means for determining which contributed more to the variation in total service hours. For example, the demographic data illustrate that programs in Cook County served smaller proportions of White victims and greater percents of victims of color than other regions. At the same time, the data in tables 7c1 and 7e1 indicate both differences related to race and region. White victims had higher service hour totals than some victims of color as did victims served by programs in rural counties. Programs in rural counties, in turn, had greater proportions of White victims compared to programs in other regions. The question then is if these both race and region operate independently to influence service hours or if racial differences are really represented by region. Because the regression analysis allows us to control for both of these variables and assess their independent impact on service hours taking each into account, it helps to clarify this issue.

The dependent variable in each model was the total number of service hours for each client. We chose this variable instead of service contacts because we believed it to be a better measure of the depth of service than contacts. The same models presented here, utilizing the same variables, were run using service contacts as the dependent variable as well. The results were essentially similar although a greater proportion of the variance in service contacts was explained than was the case when total service hours was the dependent variable, particularly in the models for all victims and children. These tables are presented in Appendix Tables 9a through 9d.²⁵

²⁵ There were some slight differences for the analysis of victims who were in onsite shelter at some point related to whether the dependent variable was total hours or total contacts, but they were not large. Specifically, when total hours was the dependent variable, the variable assessing the relationship between public income and total hours was statistically significant in the model while it was not significant when total contacts was the dependent variable. On the other hand, age of the victim, which was not significant in the model for total contacts for this group was significant at .015 when total hours was the dependent

Analysis for All Victims.

Dependent Variable for Victim/Survivors. We had data on service hours for a total of 273,487 victims overall. Hours ranged from 0.05 to 2666.05. The mean was 12.99 hours per person and the standard deviation was somewhat large at 37.49. For the present analysis, we note that data for all the variables included in the analysis was available for 201,586 victims. This reduced the total number about whom we had service hour data as well. The mean for this smaller group was slightly higher at 13.01 hours per person (with a standard deviation of 37.41). The range of hours was from 0.10 to 2666.05.

Independent Variables for Analysis Including All Victim/Survivors. A number of key variables which seemed to be related to variations in service hours in the bivariate analyses were identified. These included a variable for race/ethnicity, region, age, whether or not the individual was disabled, the primary presenting issue and whether or not the victim was in onsite shelter. In addition, we considered variables that should influence service usage in general including whether or not the victim had insurance, whether or not she was working and his or her level of economic need. Because there were large numbers of missing cases for some of these variables, some were ruled out. For example, insurance data was missing for many individuals and it was possible some type of bias existed related to who was or was not asked the questions about insurance. Consequently, we did not include any insurance variables in the final model²⁶ A similar

variable. One other minor difference was that the variable which captured whether or not the victim's English was limited was significant at the .0001 level when total hours was the dependent variable while it was significant at $p=.0018$ when the dependent variable was total contacts. All coefficients in both models had a similar direction (see Appendix Table 9b).

The results for those who not in onsite shelter when total hours was the dependent variable were similar to the results when total contacts was substituted. Only very minor differences in significance levels were evident. The differences related to the value of significance for the two income variables. When total hours was the dependent variable, the level of p for employment income was .0066 and for public income it was .0002. When total contacts were utilized, all variables, including the income variables were significant at .0001 or lower (see Appendix Table 9c).

In the analysis for children, there were also some small differences. When total hours was used as the dependent variable, all variables included in the model except for gender, were significant at the .0001 level or lower in the model. When total contacts was substituted, gender still did not attain significance at any level, The significance level for the variable assessing the influence of region changed slightly to .0010 and the as did the significance level for variable looking at differences by age (to 00.97) (see Appendix Table 9d.).

The reason for some of these variations is unclear although we note that trends for contacts evident in the bivariate analysis were slightly different than trends for total hours, especially for some groups. It is possible that this explains some of the difference. Contacts may also have had more variability than hours which may be influencing the results. Nonetheless, differences between models for hours and contacts are generally very small. Most variables significant in one model were significant in the other, if perhaps at less stringent levels, and coefficients were all in the same direction.

²⁶ We did run one model which included the no insurance variable along with the other variables included here. However, the insurance variable was not statistically significant. Since it did not seem to relate to total service hours, and since many individuals were missing on this variable, we did not include it in the final model.

problem existed related to work; the number of individuals who were missing data on the questions about employment was relatively high. However, there was less missing data related to income (primary or secondary) from work so we used this variable instead. Data on public income (receipt of any public source as a primary or secondary income source) was more complete as well, so we used this as a proxy for limited income rather than work status. We included the limited English variable because this represented another measure for victims who might need more intensive services.

Because the analysis was exploratory, we ran models using different combinations of race, region and presenting issue variables. Those which ended up being the best predictors were whether or not the individual was African American versus any other race or ethnicity (1=yes, 0=no); 2) whether or not the victim was served by a program in a rural county versus any other region (1=yes, 0=no); and 3) whether the victim's primary presenting issue was sexual abuse versus physical or emotional abuse (1=yes, sexual abuse, 0=no, other type of abuse). In addition, we found that age alone was not a very good predictor but comparing those 65 and older to those under 65 (1=65 or older, 0=under 65) improved the predictive capacity of the model slightly.

The final model, for all victims then included the following variables; 1) whether or not the victim was African American, 2) whether the victim was served by a programs in a rural county versus another region, 3) whether or not the victim was 65 or older, 4) whether or not the victim received income from a public source (0=no, 1=yes),²⁷ 5) whether or not the victim received money from employment (0=no, 1=yes), 6) whether the victim's primary presenting issue was sexual abuse versus emotional or physical abuse, 7) whether the victim had a disability or special need, 8), whether or not the victim had limited English capacity (0=no, 1=yes), and 9) whether or not the victim received onsite shelter services (0=no, 1=yes).

Results for all Victims. The data in Table 10a present the results of the model utilizing these variables to predict total service hours for all victims. The results indicate that all the variables in the model are significant at the .0001 level or less. This suggests that each of the variables represented here individually contribute to the total number of service hours victims receive, independent of and controlling for the influence of the others. Before discussing the direction of each relationship represented here, however, it is essential to point out the limitations of the results. First, only about 10% of the variance in total service hours is accounted for by these variables (Adjusted Rsquare=.1058). Further, additional analysis indicates that almost all the variance is attributable to whether or not the victim received onsite shelter. A model which includes just this variable alone, predicting total hours accounts for 9.9% of the variance in total hours. Thus, each of the remaining variable contributes only very little to the overall variance in total service hours, despite the statistically significant coefficients.

According to the coefficients in Table 10a, then, being a race/ethnicity other than

²⁷ These included Temporary Assistance to Needy Families as well as the old Aid to Families with Dependent Children benefits in earlier years, General Assistance, Social Security and Supplemental Security Income.

African American, receiving services from a program in a rural county, being younger than 65, receive some income from a public source, not receiving income from employment, having a primary presenting issue that is sexual abuse, having a disability or special need, having limited English capacity and receiving onsite shelter are all associated with receipt of more service hours. This is not surprising in that the bivariate results suggested most of these trends.

What the results do add to our knowledge, however, is indication that each of these variables plays a role independent of the others. For example, though we know from the data in Table 1c that those in onsite shelter shared some of the characteristics of those who received more or less service (i.e., they were less likely to be White, they were slightly more likely to have a disability or special need), these characteristics played a role independent of their relationship to whether or not the individual received onsite shelter. Both region and race also seem to matter as does age. Still, as noted above, all of these variables, apart from onsite shelter receipt, play little role in determining the total hours of service an individual will receive.

Analysis for Victims Who Were and Were Not in Onsite Shelter

Dependent Variables for Those Who Were and Were Not in Onsite Shelter. In addition to predicting total hours of service for all victims, separate models were also constructed to look at predictors of total hours of service for victims who were and were not in onsite shelter. In total, there were 29,012 victims who received onsite shelter. However, data for all variables included in the regression analysis was available for only 22,594. Overall, the average total service hours for this smaller group was quite high at 46.21 per person (standard deviation=80.93). The range was from 0.25 to 2666.05 hours. The total number of individuals in the data who were not in onsite shelter was 244,813. There was data for all variables included in the regression analysis for a smaller number; 178,992. The average for total hours among this smaller group was much lower than the average for the onsite shelter group at 8.82 hours per person (standard deviation=24.33). The range of total service hours was from 0.10 to 1717.0 per person.

Independent Variables. The model for the onsite shelter group was both similar and somewhat different from the model used for all victims. A measure of race/ethnicity was again included as measured by whether or not the victim was African American (0=no, 1=yes). Regional variations were captured by looking at whether the victim received services in a rural county versus all other regions (0=other region, 1=rural county). Instead of including the 65 and over or under variable to assess the impact of age, the model for those in onsite shelter included the age variable itself since so few victims in the onsite shelter group were 65 and older. The two variables capturing employment income and public income were included again as well. The biggest changes in this model were that the disability and primary presenting issue variables were left out. These two variables were dropped from the model because the first models, which included those variables, explained very little of the variance. In an effort to increase the model's explanatory power, they were eliminated.

The model for individuals who were not in onsite shelter included the same variables as those used for the analysis of all victims with one exception; the age variable was substituted for the “over 65” variable. This was done so that the model for this group would be similar to the one used for the group that was in onsite shelter.

Results for Victims Who Were and Were Not in Onsite Shelter. Tables 10b and 10c contain the results for those who were (Table 10b) and were not (Table 10c) in onsite shelter. Again, although most of the variables in the two models are significant and the overall F for each model is statistically significant, neither model explains very much of the variance in total service hour. For those in onsite shelter, we were able to explain about 1.7% of the variance in total service hours; for those who were not in onsite shelter, we explained only about 2%. Clearly, although the variables included here are significantly related to total hours, and most are related independent of the influence of the others, they do not explain much of the variation in total hours.

The results indicate that for those who were in onsite shelter, being a race and ethnicity other than African American, receiving services from a program in a rural county, receiving no employment income and receiving income from a public source, as well as having limited English ability were all significantly associated with greater hours of service receipt at the .0001 level or less. Age was not significant in this model, possibly because, for this group, its influence is captured by the other variables included in the model. It is also possible that the age distribution for this group was more limited (there were fewer victims over 65 in this group) which may have limited its explanatory power. As noted, however, the full model itself accounts for only a very small percent of the variance in service hours.

For those who were not in onsite shelter, all the variables in the model were statistically significant, although two (receipt of employment income and receipt of income from a public source), were not significant at the more stringent .0001 level. The model indicates that again, being any race or ethnicity other than African American, being served by a program in a rural county, being older, having a disability or special need, not receiving income from employment, receiving income from a public source, having limited English and having sexual abuse as opposed to physical or emotional abuse as a primary presenting issue are all associated with greater total hours of service independent of each other. However, again, all these variables together explain only about 2% of the variation in total service hours for individuals who were not in onsite shelter.

Analysis of Service Hours for Children

Dependent Variable for Children. Overall, we had data on service hours for 66,259 children. The average number of total hours per child was 16.54 with a high standard deviation of 40.00. The range of total hours was from 0.03 to 1304.05. Because we wanted to include data on problems children had at intake in this analysis, the actual number of children included in the data set used for the final regression analysis was

more limited at 33,844.28. The average number of total service hours per person for this group was somewhat higher at 19.48 per person (standard deviation of 42.66). The range was 0.25 to 1304.05, which was similar to the range for the larger population of children who were served.

Independent Variables for Children. The independent variables included in the analysis for children included some different variables since information on issues such as income or employment, as well as the primary presenting issue of the adult victim were not available for children. On the other hand, data on the kinds and number of problems children had were available. Therefore, the final model incorporated some of these measures and included a variable to assess: 1) the child's gender (1=male, 2=female), 2) a measure of race/ethnicity, again captured by comparing all children who were African American to those of all other racial and ethnic groups (1=yes, African American, 0=no), 3) a regional variable, in this case, whether or not the child received services from a program in Cook County (1=yes, Cook County, 0=another region); 4) whether or not the child was under 12 (1= yes, under 12, 0=12 and older), 5) the total number of problems the child had at intake and 6) whether or not the child received onsite shelter (1=yes, 0=no).

Some of these variables were suggested by variations in the bivariate analyses of services. In addition, Cook County was substituted for the rural county versus all other region comparison since exploration of models indicated it improved the explanatory power of the model slightly. We continued to use African Americans as the comparison group for the racial analysis since this was associated with fewer service hours among victims and we assumed patterns would be similar for children if race/ethnicity did matter. We chose the age cut off of 11 and under versus 12 and older because it seemed as if children in this younger age group received more service hours than those who were older. We did not use actual age since the distribution of ages was too limited and tended to cluster in the younger years. We also ended up using total problems instead of specific types of problems since this seemed to be the best predictor.

Results for Children. The results of the regression analysis for children are presented in Table 10d. The results indicate that overall, only a very small amount of the variance in total service hours was explained by this model. Again, although the overall F for the model was statistically significant at .0001 or less, the Adjusted R-Square indicates that only about 4% of the variance in total service hours for children was accounted for by these variables. Looking at each of the variables included in the model, the results show that all were significant at the .0001 level or less with the exception of gender. Since male and female children were virtually identical related to service hours and contacts, this result was perhaps to be expected. The coefficients for each of the remaining variables were such that they indicated being any race/ethnicity but African American, receiving services from an agency in Cook County, being under 12 years of

28 While we had some concern that restricting the analysis to only those for whom we had data on problems might create a selection bias, we felt that we needed to include these variables in the model as they should have been important predictors of service. The reader should be aware however, that the final sample used in the regression analysis may not represent all children who were served.

age, having a greater number of total problems and being in onsite shelter all related to increasing numbers of service hours overall, independent of each other.

Similar to what we found for victims, the onsite shelter variable captured most of the limited variance we were able to explain. A model which included only this variable as a predictor of total service hours indicated it alone accounted for about 3% of the variance in total service hours. However, this was lower than the variance this variable accounted for among victims. It makes sense that onsite shelter as a predictor of service hours may be less important for children since the decision to provide shelter was presumably based on victim circumstances and not the child's service needs. Given this reality and the fact that we were able to capture so little of the variance in total hours for all children, we did not run further models to look at predictors of service hours for children who were in onsite shelter and those who were not.

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 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.

DISCUSSION AND RECOMMENDATIONS

In this section, we discuss key findings and make recommendations related to each area examined in the research questions. A separate discussion related to individuals served in onsite shelter is presented at the end.

Demographic Characteristics of Victim/Survivors.

It is interesting to note that the information on race and ethnicity indicates that the percentage of victims seeking services is increasing for Hispanic, African American and Asian American victims while it is going down for White victims. This may be a critical statistic to consider. Although the increase is not exponentially large, nonetheless, the numbers of victims of color who are seeking assistance appears to be going up at DV shelters. This may be due to better services, more extensive information and education to communities of color, and /or to greater awareness on the part of victims of color. Although it might be too soon to tell, perhaps it may be partially due to the increase in population of these groups, a trend that, according to a projection of the U.S. Census, is expected to increase over the next 40 years until fifty percent of the U.S. population will become what are currently referred to as ethnic minorities (West, 1998, p.185). These would be interesting and valuable avenues to explore, especially as they relate to consideration of funding for services.

Although the numbers relative to other groups are small, the numbers of persons with language barriers, most likely Hispanic and Asian American victims, doubled over time, from 5% to 9.6% of all victim/survivors. This suggests that there may be a need for more bi-lingual workers or, at minimum more funds for interpreters may be needed.

The numbers of individuals with special needs or disabilities fluctuated very little over time, from 5.7% in 2000 to a low of 4.6% in 2004. It is unlikely that rates of abuse are so much lower among those with disabilities compared to the general population, which suggests that individuals with disabilities may be particularly underserved. Whether this is because they cannot get to programs to obtain services because of their disabilities or because programs are unable to accommodate their needs is unclear. However, the data do suggest that outreach to this population as well as the ability to provide accommodation may be critical.

We note that 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.

It may also be critical for services as well as public information to note that few women report being pregnant at the time of utilization of shelter services. Only about 6% of all victim/survivors were pregnant at the time they entered a program. Some of this may relate to inconsistencies in the way pregnancy was recorded in the data. For instance, for many women, pregnancy showed up as an “other” disability and it may not have been recorded under the pregnancy heading. In addition, it is possible for the service provider to record “unknown” as a valid response related to the question of whether or not the client is pregnant. This means the service providers do not have to ask the pregnancy status of the victim. Considering that the literature suggests pregnancy is an increased time of vulnerability for violence, however, these data indicate that pregnant victims may be less likely to seek services. This implies that it may be important to review the effectiveness of education and prevention programs for this sub-group as well as considering if services need to be re-focused to better fit their needs.

The data indicate that large proportions of victims had limited education. This suggests that information, education and prevention programs may require a shift in focus in order to capture the interest of this slightly different group.

As stated in the DV literature, battered women face many risks: staying with the abuser means facing the risk of abuse, and leaving means facing the risks of trying to raise children alone. Specifically, leaving reduces the woman and her children to poverty, one of the primary risks that battered women face if they leave the abusive relationship (Correia & Ciorba vonDeLinde, 2003; Davies, 2006). In a report by Schechter (2000), the author identifies a study that examined one low-income neighborhood in Chicago. The “...researchers found that 33% of welfare recipients and 25% of low-income non-recipients had experienced “severe aggression” in adulthood by a partner (p.5). That study concurs with others across the country: the relationship between poverty and domestic violence is high, leaving victims/survivors extremely vulnerable.

Although 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, 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.

Victims Experience of Abuse

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.

Related to this issue is the utility of the data collected by the questions from the CTS which are included in the InfoNet system. 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, in particular Asian and Hispanic American victims (as well as victims who were served in Cook County, although it is likely that to some extent this is a product of the fact that this region had more Asian and Hispanic American clients). 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.

Victims under 18 were more likely than those 18 and older to be abused in the offender's home. Although addressed elsewhere in the report, this raises the question of whether there is an age gap between the younger victim/survivor and the offender. Clarification on this 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.

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. Victims/survivors in rural and urban counties are at greater risk for this repeated victimization. The present analysis does not make clear if victimization is by a spouse and other relative or by more than one boyfriend over time, but further exploration into this issue could be done and might be useful for planning and supporting appropriate training and intervention by program staff.

Offender Characteristics

This data maintains what we have learned across the decades, consistently the most intimate relationships are the most violent – 80% of offenders are a current or former husband or boyfriend. What has changed is that the offenders in the first few years of the data were husbands and in the later years slightly more were boyfriends. This change also mirrors a change in the race/ethnicity of victim/survivors in that over the years, the proportion of all African American victim/survivors also increased and this group was less likely to be married compared to victims in all the other racial and ethnic groups except Bi-Racial victims (see Appendix Table 4b). Nonetheless, it might be interesting to know if some of this change is related to women waiting longer before making a long term commitment, in order to see if violence occurs. That is, has public education and information produced a greater appreciation for taking time in the relationship before marrying?

What we know about the offenders is that they are overwhelmingly the same race and approximate age as the victim/survivor. Thus, because most victims who sought services were White, so were most offenders. Offenders also matched the relational status of the victim/survivor, e.g., for victim/survivors under 18, the offender was less likely to be a current or former husband but likely to be a current or former boyfriend or father. For those 18 to 64, the offender was more likely to be a current or former boyfriend or spouse, and for those 65 and older, more likely to be an "other" male or female relative. Still, about one fifth of those 65 and over was abused by a current or former husband. As we know, among elders, violence is not only elder abuse by a younger relative, but also intimate relationships with a long history of domestic violence.

Referrals to the Domestic Violence Programs

With only one exception, police were the referral source through which the greatest proportion of victims were referred to services. On a yearly basis, this was

clearly evident and it was also true in relation to analysis by age group, race/ethnicity, disability status and region even though there were variations by group. The one exception was that victims who were in onsite shelter had a higher proportion referred to service from a social service agency than by the police. For those who were not in onsite shelter, the police remained the primary referral source.

Despite this trend, differences between groups indicated that White victims/survivors were most likely to be referred to programs by police compared to victims in all the other racial/ethnic groups. Conversely, relative to the other groups, 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 10-13% 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. Similarly, victims with disabilities and/or special needs were more likely to be referred by a social service program than those who did not have such challenges.

Referral data suggest that referral paths continuously need to be cultivated. Referrals come primarily from police, social service agencies, referrals by friends, and self-referral. The latter, self-referral, may suggest that public information programs are extremely relevant and successful avenues for victim education.

Referrals to Resources from DV Programs

Data on referrals to programs and services indicated that generally, the percentage of referrals for any particular group of clients or in any given year were low. No more than 20% of any given group was referred to a specific program or service with only one exception; about 21% of all victims whose primary presenting issue was sexual abuse were referred to a social service program of some type.

The reason for the lack of referrals is unclear. It seems unlikely that program staff is not aware of the need for additional services and resources. What is more likely is that resources and programs to which clients can be referred are themselves limited. It is also possible that programs are providing some of these services themselves. The fact that smaller proportions of those in onsite shelter tend to be referred to resources and programs compared to those who are not in onsite shelter (with the exception of referrals to social service agencies) suggests this may be the case. However, it is also important to note that some of the limitation may have to do with the way referral data are recorded. Providers must go back into the electronic client record to add referrals to other services as they occur post intake. Thus it is possible that referrals to services appear to be low because the electronic record is not being updated to include ongoing referrals. It is also unclear whether referral data only reflect completed referrals or both attempted and completed linkages. If the latter is the case, it would be helpful to add some additional information about referrals attempted. This would possibly help to illuminate areas where resources are particularly scarce.

Social service agencies, in fact, remained the one source to which the largest

proportion of victim/survivors was referred. This was true regardless of age, race/ethnicity, region of service, disability or shelter status, or primary presenting issue, although there were some variations between groups. In particular, victims served by programs in the collar counties were much less likely to be referred to this source compared to those served in other regions. Nonetheless, the referral data in Table 5a, which lists referrals to various resources by year, suggests that 10 to 17 times greater proportions of victim/survivors were referred to social service programs than hospitals. The explanations for this may be evident. It may be that there is an almost automatic response by DV programs to refer victims to social services and it seems evident that interagency collaboration is occurring ; we believe this is a good thing. As the services for victims/survivors are better understood and responded to by social services staff, it is also likely that DV sites would make more referrals to such programs. However, it raises that question of whether more discerning, need-specific referrals may need to be explored, in addition to referrals to social services. It also makes us wonder whether questions examining the specifics of such collaboration might be useful additions to the InfoNet system. Particularly, more information about the types of social services to which individuals are being referred would be useful. For example, it is possible that individuals who are primarily victims of sexual abuse are being referred to programs for sexual assault, but because this is not a specific referral category, such referrals show up under social services.

Legal services of some kind seemed to be the second most common source to which programs referred victims, but the proportions referred to such services remained limited across years and among the various groups. Hispanic and Asian American victims were somewhat more likely than those in other racial and ethnic groups to be referred to legal sources, perhaps because of issues related to immigration status. Similarly, those served by a program in Cook or the collar counties were more likely to be referred to this source compared to victims served in other regions. Differences were also evident between those who received onsite shelter and those who did not, with the former group somewhat less likely to be referred to a legal service of some type than the latter.

Analysis by age indicated that those over 65 also tended to have the larger proportions of referrals to various legal service providers compared to those who were younger, which indicates a specific need for elders that may require greater coordination within the legal community and the DV site. Elders likely have more complex economic and medical issues or at least need to plan for the complexity that they may ultimately face, especially considering that most were referred due to the battering of the husband or ex-husband or other male relative. Eight-four percent (84%) were not currently employed making them potentially more dependent, 81% were female, and 42% were married. Their economic and living circumstances may be quite complex, requiring legal intervention to ensure that they receive what they are entitled to. The good news is that service data (discussed below) indicates that they were also more likely to receive legal services compared to younger victims, and to obtain more hours and contacts related to such services.

Additional differences related to region of service were evident. Only very small proportions of victims in the collar counties were referred to any sources included in the InfoNet data. Further investigation may elaborate whether the victims already were using some of the resources if, perhaps staff assumed that the victims already knew about the existence of resources. This distinction, however, because it is so extreme, is worthy of further investigation. Victims served by programs in the urban counties were most likely to be referred to a social service program compared to those in the other regions. Overall, however, victims in rural counties had the greatest proportion of victims referred to almost all the sources included in the data. Proportions were not always large, but this suggests victims in rural counties may have had greater need for outside resources than those in the other regions.

Lastly, as noted in the discussion of demographic data, data on referrals to services such as employment training, educational resources and even income support programs, because of the potential importance of such resources, would be useful to have.

Service Use by Victims

Data on services for victims indicates that for most of the 31 services for which data were collected, there were not large changes in the proportion of victims receiving a service over the 8 year period. For most services, changes were no greater than 10%. Similarly, shifts in the average number of service hours or service contacts for particular services over time were not great for most services.

One notable exception related to a decline in the proportion of victims who received criminal legal advocacy related to orders of protection from 24% to about 12%. Receipt of civil legal advocacy for orders of protection also declined over time, but not by as much. The reason for this change and whether it should be a cause for concern is not clear, but it suggests further investigation. In contrast, there was a rather large increase in the percent of victim/survivors who received collaborative case management from 1% to 18% over the years included in the present analysis, suggesting perhaps a need for greater funding in this area.

Larger proportions of victims received several distinct services. Despite the decline over time, these included civil or criminal legal advocacy related to orders of protection and individual counseling services, particularly in-person counseling and telephone counseling as well as “other” advocacy. 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.

Yet while these services were received by larger numbers of victim/survivors, in general, 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 as across years.

One question is 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 Visser (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.

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. One possible explanation may relate to ease of reporting. It might be faster and easier for service providers to lump services into one or two categories rather than documenting a variety of services in both the physical and electronic files. 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.

Variations in service receipt related to characteristics such as age, race/ethnicity, disability status, region of service and primary presenting issue were apparent for many of the comparisons conducted. Thus, older victims were less likely than younger victims to receive several different types of services, including individual counseling, collaborative case management, 'other' advocacy, and adult group counseling. Those 18 to 64 also had slightly larger totals than those who were older or younger related to the average number of service hours and contacts overall. Greater proportions of individuals with special needs or disabilities appeared to receive almost all services compared to those without such limitations. Further, they averaged 8 hours more service overall and had about 10 more. And although differences were not large, individuals whose primary presenting issue was sexual abuse had higher averages for both hours of service and contacts compared than those whose primary presenting problem was physical or emotional abuse.

Agencies might also 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 victim/survivors, two of the smaller 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 communities, 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 majority of victims in all regions: civil or criminal legal advocacy related to orders of protection and counseling services while those served in Cook County had the lowest proportions. 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. 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. Their greater service use might also relate to their demonstrating a higher level of problem-proneness. Some of the largest differences between the groups related to the percent receiving adult group counseling, 'other' advocacy services, collaborative case management, transportation and life skill services. For some of these services, differences in the proportion of individuals who were and were not in onsite shelter related to service receipt were as high as 70%. Although those in onsite shelter at some point did not always receive more service hours or contacts for specific services when compared to those who were not, they clearly had much higher averages with respect to total hours of service, service contacts and the average number of different services received per person. 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. 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.

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. This was generally the average regardless of age group, race/ethnicity, region of services, disability status or 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.

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.

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, 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 receives a fairly large number of service hours and contacts even though it is greater among children who are slightly older and probably in pre- or grade school (those between the ages of 4 and 12).

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 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. Yet, data on DCFS investigations was missing for many children in some years. Therefore, it is hard to know if these data are accurate, particularly because the proportion for whom an investigation was taking place increased, in some years greatly, in those years when more data were missing. It is well documented that the incidences of domestic violence and some type of child abuse generally occur concurrently within a family system, and DCFS involvement in the lives of women and children who have experienced domestic violence is well known. These data would be valuable in order to determine if more or less liaison activities between domestic violence agencies/shelters and DCFS are required in order to help women and children.

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 a variety of areas, including but not limited to child development, family systems, trauma, conduct disorder, and other relevant arenas, depending on the functioning of the child,

Because assessment data 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. Nonetheless, it is notable that almost all children appear to have fewer problems when they leave the program than when they arrived.

It is also possible that improvement does occur, especially if services are provided and 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 might affect their 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, is that children often deny their own difficulties if they think it will cause distress for the parent or if the parent is currently in some distress; this also could be a possible explanation. Further exploration of this trend 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 for this age group needs to be quick and intensive.

There were many specific behaviors and problems included under each of the four categories for which differences between boys and girls were very small, but 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 “acting out” or aggressive or defiant behaviors while girls had higher proportions for those behaviors that reflected “care taking” or somatization.

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 as 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 for lower percentages 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, as noted, 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.

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, they have few tools with which to adequately determine the needs of each child (Edleson et al., 2006).

Although the data indicate that less than 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 than 5% in any given year, this may also have been because many of the services were geared to the adult victim. Those services which may have been more relevant to children were ones that greater proportions of children tended to receive. These 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.

It is important to note that 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 data on these services were included in the child data probably reflect reporting errors and declines in the proportion of children receiving these services suggest increased data review and technical assistance to service providers related to reporting.

Similar to adult victims, the proportion of children receiving civil legal advocacy related to orders of protection, child care, and collaborative case management tended to increase over time and remained relatively high.

Analysis of differences in service receipt, service hours and contacts by age group generally reflected patterns we would expect in some areas. For instance, the proportion of children who received onsite shelter declined as children aged, probably because shelters could not accommodate older children and educational assistance tended to vary according to the educational trajectory of children. Thus, those who were not school age

generally had smaller proportions receiving this service compared to those who were. Of concern is the group of children who are 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.

Victims and Children in Onsite Shelter

We include a final section on victims and children in onsite shelter because this group was so distinctly different and because the regression analysis suggests that so much of the variation in total service hours can be attributed to this, apart from any contribution of race, region, age or disability status for both victims and children.

The results of the service data analysis clearly show that for both children and victim/survivors, those in onsite shelter had greater proportions who received each service and, although differences within each service category were not always large relative to hours and contacts, overall, those in onsite shelter had total averages for service hours and contacts far above those who were not in onsite shelter.

Among victim/survivors, those in onsite shelter had the greatest range of

problems and the fewest resources from which to draw at this point in their lives. Generally, they had fewer resources, less education, less likelihood of employment, and more reliance on public programs, e.g., Medicaid and public health insurance; they were slightly younger, more likely to be pregnant at the time of the abuse and more likely to have some type of disability. Their need for services, therefore, would be critical. Thus, these data 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. As noted, staff may also have observed that they have a greater level of problem proneness. 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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