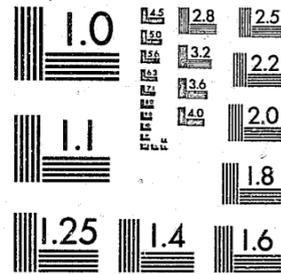


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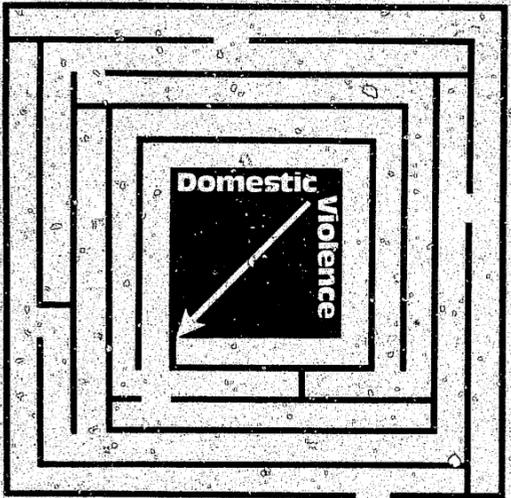
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Domestic Violence
FINAL REPORT: VOLUME III

**STATE PROFILES ON SERVICES TO
VICTIMS OF DOMESTIC VIOLENCE** Vol. 3



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

FINAL REPORT: VOLUME III

STATE PROFILES ON SERVICES TO
VICTIMS OF DOMESTIC VIOLENCE

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

OCTOBER 1981

U.S. Department of Justice
National Institute of Justice

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

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PREFACE

In September of 1979, CSR, Incorporated was awarded a contract from the Department of Health and Human Services (then the Department of Health, Education and Welfare) to conduct a state-of-the-art study on services to victims of domestic violence. CSR staff completed the first phase of this study, the State Survey, in June 1980. Telephone interviews were conducted with State administrators of selected programs receiving funding from the Department of Health and Human Services (DHHS) and with administrators of State funded programs on domestic violence. The primary purpose of these interviews was to determine where and how staff of existing programs, at the State program level, were addressing the problem of domestic violence and the needs of battered women and their families. A second purpose of these interviews was to document the Survey respondents' perceptions of barriers to providing services/assistance to victims.

This report, a supplement to the Final Report, summarizes the major findings from the State Survey on a State-by-State basis. These findings are organized into 51 distinct State profiles and, in total, represent the viewpoints of administrators from 463 programs across the country.

DHHS Programs Surveyed

The DHHS funded programs selected for the State Survey are listed below with a description of their legislated purposes:

- Aid to Families with Dependent Children (AFDC)

The primary purpose of the AFDC program is to furnish financial assistance to needy, dependent children and to the parents or relatives with whom they live.

- Emergency Assistance (EA)

The EA program's primary purpose is to furnish financial assistance to prevent the destitution of a dependent child living with parents or relatives who are faced with financial crisis.

- Child Welfare Services (CWS)

The purpose of the CWS program is to assist children whose basic needs are not being met by providing services which substitute for or supplement parental care and supervision.

- Medical Assistance (Medicaid)

The primary purposes of the Medicaid program are to provide medical assistance on behalf of individuals whose income and resources are insufficient to meet the costs of necessary medical services, and to furnish rehabilitation and other services to help individuals attain or retain capability for independence or self-care.

- Social Services (Title XX)

The Title XX program provides funding to States for human services. Each State is required to furnish at least one service related to each of the following five goals: (1) financial self-support; (2) personal self-care; (3) protection of children and adults from abuse, neglect and exploitation, as well as strengthening family life; (4) avoidance of inappropriate institutionalization by providing services in the local community, often in people's own homes and; (5) appropriate institutional placement and services when it is in a person's best interests.

- Community Mental Health Center Program (CMHC)

The purpose of the CMHC program is to provide comprehensive mental health services to individuals living in a defined geographic (catchment) area.

- Indian Health Services (IHS)

The Health Management Development Program of IHS has the twofold purpose of raising the health level of Native Americans through rehabilitative health services and building the capacity of Native Americans to manage their health programs.

- Alcohol Formula Grants and Alcoholism Treatment and Rehabilitation

The Alcohol Formula Grants program enables States to develop and implement comprehensive and Statewide alcoholism programs with the emphasis on moving the treatment of alcoholism into the mainstream of health and social services. The Alcoholism Treatment and Rehabilitation program enables States to provide quality alcohol abuse and treatment services to all persons in need of them, coordinate services within the broader context of accessible and available community resources, and expand involvement of public agencies in arranging for and/or providing alcoholism treatment services.

- Drug Abuse Demonstration and Community Service Programs

The Drug Abuse Demonstration program funds the operational costs of programs which: (1) evaluate the need for and adequacy of treatment for narcotic addiction and drug abuse or (2) are determined to be of special significance because they demonstrate new and effective methods of service delivery. The Drug Abuse Community Service program provides funds to partially support the operational costs of community based programs which reach, treat, and rehabilitate narcotic addicts, drug abusers and drug dependent persons.

As apparent from this brief review of the DHHS funded programs, none of the programs has a specific mandate to provide assistance/services to battered women and their families. However, within the scope of the various

programs' stated purposes, the multiple needs of battered women and their families can be addressed, at least partially. The extent to which States have acted on this potential varies from State to State and appears to be influenced by multiple factors, including:

- State mandates regarding domestic violence intervention;
- Interpretation of program mandates, purposes, and populations eligible to receive program assistance;
- Staff identification of victims within the program's broader service population;
- Service priorities and levels of program funding; and the
- Administrative function of the program (e.g., eligibility determination, direct service provision, and/or the purchase of services for clients through contracts with other agencies/vendors).

With regard to the last point, local AFDC and Medicaid program staff are primarily responsible for processing applications for financial/medical assistance. Thus, the extent of their potential role in the direct provision of related social/medical services is much more limited than that of staff from the direct service programs surveyed.

Despite factors which may affect the surveyed DHHS programs' potential to assist victims, the State Profiles reveal that each program has staff, in one or more States, who have taken steps to respond to the problem of domestic violence. These accomplishments have taken place within the parameters of the various programs' Federal mandates; they provide possible examples for other States to follow.

State Profile Overview

Each profile begins with some demographic data on the State. CSR staff gathered the statistical demographic data from Census Bureau reports on the "Spring 1976 Survey of Income and Education." State legislation related to domestic violence also is noted. Factors which respondents reported as unique to their State and as possibly affecting the incidence of domestic violence are presented as well.

On a program-by-program basis, the respondents' replies to the State Survey questions are summarized in the Profiles. These summaries note relevant program policies, regulations, and services and any special program activities directed toward battered women and their families. Barriers to assisting battered women, as identified by the respondents, also are noted.

It is important to remember that the information contained in the Profiles represents the opinions and perspectives of individual program representatives, not the staff of CSR. The barriers reported, for example, reflect actual programmatic limitations as well as the respondent's interpretation of Federal/State legislation, policies, regulations, etc. Thus,

there is a lack of consistency in the identification of barriers across the same program area in different States.

In States having State funded programs on domestic violence, a summary of the interviews with the State level administrators of these programs also is included in the Profiles. Further, information collected from respondents on the States' grassroots organizations is presented to reflect both the extensiveness of grassroots activity and the respondents' awareness of this activity.

State Profile Review Process

In September 1980, a draft version of each State Profile was sent to respective State Governors and Departmental Commissioners/Directors for review and, as necessary, for revision. Reviewers were instructed to limit their revisions to inaccurate factual information and/or to information that needed to be updated. Information regarding respondents' opinions was not subject to revision.

The general response of reviewers to the draft State Profiles was positive. Several reviewers indicated their continuing interest in the study and their plans to request copies of other States' Profiles. In addition, several reviewers commented that the draft Profiles were already helpful to them in pointing out service delivery areas requiring improvement and/or better coordination. Further, the careful critique and updating of the Profiles by reviewers indicated the growing State interest in and concern about the problem of domestic violence. In fact, many reviewers' comments related to State domestic violence legislation and other State efforts to deal with the problem which had occurred subsequent to the State Survey.

The final versions of the State Profiles are presented as follows. The findings for each program under study in each State are addressed separately to enable comparison. For consistency across States, the names of the programs are those used in the authorizing Federal legislation. Programs not included in a State's Profile reflect that the State has not implemented the program, that the program is administered only at the community level, or that program funds are used for services not relevant to this study. In a very few instances (ten programs, or two percent of the total sample), CSR was unable to arrange interviews with the State level program representatives.

STATE PROFILE: ALABAMA

INTRODUCTION

Alabama is a predominantly rural southern State with a total population of 3,585,000. Whites account for 2,613,000, Blacks 960,000 and those of Spanish origin 6,000. Mean income is quite low, with males earning twice what females earn (\$8,858 to \$4,167 respectively). Approximately 16.4% of individuals and 12.9% of families fall below the poverty level, with 453,000 families receiving some form of transfer payment. Unemployment is 7.0%, and of the total population, 435,000 have attained the college level of education. About two million persons live inside metropolitan areas and one-and-one-half million outside these areas.

State focus on domestic violence is just beginning. There is a bill in the State legislature on Adult Protection that would give more authority to the law enforcement agencies to assist a battered woman in her home. There is also an Adult Abuse Law that focuses on those unable to protect themselves, such as the elderly and the retarded; however, the question is now being raised and debated as to whether this law applies to battered spouses. If it is determined that it does, domestic violence victims can make use of its protection through the court system.

A unique feature of Alabama's demography is the 40% minority mix of the population. In recent years, an increase of Spanish and Vietnamese have added to the already present Black and Indian minorities; this has resulted in more low income people, a more transient population, and greater language barriers.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program in Alabama serves any State resident with a child who meets income eligibility requirements. Provisions include unborn children and persons aged 18-21 if in school, but there is no unemployed parent provision. Recently the residency rules were revised to accommodate migrant workers and other transients, so now these groups can be served by the program. The method of determining need and amount of payment involves the number of people in a family, the standard of need, and the payment level of 61 1/3 of the standard. For example, for one person, the standard of need is \$96 per month, and the corresponding payment level is \$59; for 2 persons, standard of need is \$144, payment level \$89; for 3, \$192 and \$118; for 4, \$240 and \$148.

There is no program definition of domestic violence nor any program efforts directed on battered women, but women can benefit from the general program objectives. These objectives are to bring the payment standard to 100% of the need standard, and to honor claims of "good cause" for a mother not participating in child support because of fear of physical or emotional violence from the absent father. Respondents indicated that it is not appropriate for the AFDC program to place any emphasis on battered women, because of the program's focus on children in need and because it is a direct money grant program -- not a social services delivery program. There are no linkages at present with other programs regarding specific activities in behalf of domestic violence victims.

- Emergency Assistance

There is no Federally funded Emergency Assistance Program in Alabama.

- Child Welfare Services - Generic

This program provides services free to children of AFDC and SSI recipients (they are automatically eligible), protective services to any child in need without regard to income, and other services on a sliding income scale. Child Welfare Services include those Title XX services available for children and families and services funded through Title IV-B and State funds. Goals and objectives of the entire Child Welfare program are focused on prevention of and treatment for children suspected of being abused, neglected, or dependent. All services are provided with the objective of strengthening the child's own home; therefore, Child Welfare Services are strongly related to the family's needs. Although there is no specific program of service designed for the battered woman, many protective services for children have bearing on the parents.

According to respondents, because the program is child-oriented, it has no goals or objectives specifically focused on battered women. However, there is emphasis on the family as a unit and a battered woman can benefit from services, if she has a child. Statewide public awareness programs have been conducted, which have contributed to the increase in child abuse reports from 787 in 1975 to 15,279 in 1979. Some of the specific objectives related to prevention of abuse and neglect and provision of adequate care which could include battered women with children are: "to provide consultation in 10 counties to assist in the formation of monthly Parent Education group meetings to bring abusive and neglecting parents together for the purpose of improving parenting skills; to develop child protective service plans in additional communities, including the formation of local child abuse/neglect coalitions and multidisciplinary teams; to improve the current Central Registry on Child Abuse and Neglect by developing a computerized Registry; to develop criteria for early identification of high-risk families; and to continue payments for approximately 12,000 children in day care."

Staff of the Bureau of Family and Children's Services have participated with the Alabama Law Institute in a forum on Family Violence; serve in an advisory capacity to Family Violence projects in Montgomery; and serve on the Board of Directors of Parents' Anonymous, Incorporated of Alabama.

Additional services and programs provided by the Department include emergency shelter; purchase of diagnostic and evaluation services; provision of foster care to approximately 4,000 children; services to unmarried parents; and homemaker services, which have been provided in several counties and have demonstrated effectively that foster care placement can be prevented and families strengthened through such services.

Linkages in behalf of domestic violence victims are mostly on the local rather than the State level, and besides Adult Protective Services, include coordination with police and other law enforcement groups. The respondent stated that more staff knowledge was needed on the dynamics of family violence and on prevention, especially concerning child-focused efforts as opposed to adult-focused efforts.

- Child Welfare Services - Child Protective Services

This program serves any child and family in need of protection without regard to income. There are no residency requirements and no time limits to service. Although the focus is on children, whole families in which abuse or neglect is a problem can be helped, with adults able to receive services if they are parents of an abused or neglected child. Program objectives specifically addressing battered women are: "to establish a Statewide definition of domestic violence," and "to coordinate activities with Adult Protective Services." Other general program objectives that can include battered women are: "to treat families in need," and "to provide homemaker services within the home where abuse or neglect is a problem." Activities undertaken in behalf of battered women have been limited to some program funding via an LEAA grant on domestic violence, and linkages with Adult Protective Services. Services provided by the program include emergency and permanent shelter for children; medical care for children who are in the custody of the State; counseling; legal aid; day and foster family care; and homemaker services. Barriers to services revolve around the program mandates that require a focus on families with children, thereby disallowing services to families without children.

- Medicaid

This program serves AFDC recipients and those categorically needy such as the aged, the blind, and the disabled. Eligibility for AFDC is determined by the Department of Pensions and Security; eligibility for the aged, blind and disabled is determined under the SSI program by the Social Security Administration. Domestic violence victims can benefit from Medicaid services only if they fit one of the categorically needy groupings. The Alabama Medicaid program has no focus on domestic violence victims nor on any other special population, and has no program objectives specifically addressing battered women, as this is not considered feasible or appropriate. If the Medicaid program's capacity to serve battered women were to increase, necessary changes would be an expansion of the mandated eligible population and funding increases.

- Social Services (Title XX)

Eligibility requirements for Alabama's Social Services program are financial in nature and determined by percentage of the median income earned by a potential recipient, and by what service the person is seeking. The income scale varies with the service sought, as requirements for eligibility are different for day care, mental health, legal aid, etc. Though the program has no definition of domestic violence and no objectives specifically addressing battered women, they can benefit from the general program goals "to provide protective services to adults against abuse, neglect or exploitation" and "to provide mental health counseling to those in need."

Services in Alabama's Title XX program are all purchased from local providers, with none provided directly. Services offered are housing for six months to a year while in an ongoing treatment program; medical care; crisis intervention; transportation; counseling; homemaking; legal aid; and emergency, day, respite, and foster family care for children. The respondent stated that one barrier to Title XX service delivery is not being able to provide residential services to adults -- only outpatient services can be delivered and no emergency shelter facilities can be established. Program staff hoped that H.R. 3434 would be passed, thereby allowing provision of adult residential services as well as providing funding for this purpose. Another Adult Protective Services law, if passed, would allow Social Services to become more involved with domestic violence both as an issue and as a provider of services. Other barriers to services reported were that funding limitations curtail the number and amount of services that can be delivered effectively. For example, if domestic violence were to become a specially targeted problem area, services in other areas (such as day care) would be decreased. Linkages with other programs in the area of domestic violence include workshops and seminars with the Family and Children's Bureau and the Special Programs section of Social Services.

Additional information would be welcomed by the respondent regarding: domestic violence program models that have proven to be effective in other States; time frames for effective service delivery; and the advantages of outpatient versus residential treatment programs for abused spouses.

- Community Mental Health

Community mental health center (CMHC) services are provided to anyone in need, there being no residency requirements or time limits to service except for those inherent in specific treatment plans. Some services are categorical in nature and specify provision of aftercare for 12 months; however, this can be changed to pre-care status in order to continue service if necessary. The program is reviewed on the State level concerning grants and service contracts, but is operated by local non-profit organizations with whom the State contracts for services.

Each of the 24 local community mental health centers sets up its own programs and services; thus, programs and services vary with each local center. Local program descriptions and requirements are reviewed before State funds

are allocated. Though there has been no State-level focus on domestic violence, some local programs have targeted on battered women, the result being that services to this group are available in some areas but are not consistent throughout the State. Activities undertaken in behalf of battered women include collection of incidence statistics, needs assessments, program planning, staff training, counseling, and coordination with other departments. There are agreements with the Department of Education, Department of Pensions and Security, Social Services, Mental Health, Youth Services, and Public Health to cooperate, work together, and link with local programs.

General program goals that could include battered women are to provide emergency services, rape crisis programs, inpatient units, and general outpatient services, all of which could be utilized by battered women. Other program services contracted for include: medical care (emergency services, inpatient, outpatient, and some transition care for adolescents and adults); crisis intervention; counseling and consultation; and day, respite, and foster family care for adolescents and adults who are retarded or mentally ill. There is an indigent mental health program that provides medication to low income people who have undergone hospital treatment and are in aftercare or transition treatment programs. Both mental health and Title XX funds are used for these transition programs, as well as for the construction of community mental health center facilities in local areas. There are five residential programs for children and adolescents operated by CHMCs. In terms of numbers, costs, and services, it is difficult to assess exactly what is being done State-wide for domestic violence victims because each community program is autonomous, independent, and maintains its own records and statistics. According to the respondents, there is no central registry or coordination effort among the centers on behalf of battered women. However, there is a basic structure common to all CMHCs, and all are subject to the State Standards for CMHCs.

There are barriers to individuals seeking service, the nature of which require long-term efforts to resolve. One is the "mental health stigma" which is still prevalent in many areas of the State. Another growing problem is the language barrier present with the increased numbers of Vietnamese and Spanish minorities in the State. According to the respondent, "many of these people have no motivation to learn English"; thus, it is necessary for local programs to deal with this issue and assume a permanent non English-speaking client population. A third major service barrier concerns Public Law 94-142, the Handicapped Education Act, which requires the mainstreaming of the handicapped into the regular school system. Because this includes mentally retarded and emotionally disturbed children as well as the deaf, blind, and physically handicapped, the Departments of Education and Mental Health are mandated to serve the same children. Mental Health is working to assist Education in meeting the mandates of the law, but according to one respondent, this has resulted in bankruptcy of the school systems because of increased staff, special services, and individual approaches necessary for the special needs of these children.

- Work Incentive Program (WIN)

Anyone who qualifies for AFDC is also eligible for WIN, and only an AFDC applicant or recipient can receive purchased services, application appraisal, or labor market exposure through WIN. The main purchased service is day care, as all other services are through referrals. If a person has a job with WIN or CETA, there is a 90 day limit on day care. After that period, persons can transition to Title XX day care or assume payments themselves. If there were an emergency situation, e.g., the person might lose a job because of having no access to day care, WIN could pay day care expenses for 30 days. The WIN program does pay for day care for the duration of other WIN components; e.g., for 12 months if a person is in an institutional setting, or if part of an individual's employment plan is in a training setting. At the end of FY 1979, there were 62,000 AFDC cases and 20,000 WIN registrants, most being single female heads of household. Throughout the year, a total of 28,000 persons moved in and out of the WIN program.

Though there is no WIN focus on domestic violence at the State level, the general program goal to help AFDC recipients "become employable and off the welfare rolls" is one that can benefit battered women. In Tuscaloosa, the WIN program does provide any necessary Title XX services to domestic violence victims. Because most WIN staff have no graduate education and many lack clinical training, WIN clients who are victims are referred to Social Services where this expertise is available.

According to the respondent, one barrier to service is that people with multiple social and emotional problems are not ready for WIN services until these problems are taken care of. Thus, a long-term, multidisciplinary effort must take place before these individuals can become employable and be directly assisted by WIN. Another barrier involves the fact that within WIN, in Alabama, the employment counselors are mostly male and the welfare counselors are mostly female. This results in a perception of unhelpful attitudes from the employment side onto the welfare side, especially as most AFDC recipients are women who may have multiple problems, and the employment side is looking for immediately employable people. This situation appears to be improving, however, with the hiring and replacement of a mixture (both male and female) of WIN staff on the employment and welfare sides and through more frequent interagency communication between WIN staff of both agencies concerning problems and barriers faced by WIN's predominantly female populations.

- Alcoholism Treatment and Rehabilitation, Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

The population eligible for services through these programs includes persons with substance abuse problems, as well as the family members who cannot pay for services through insurance. There are only program (treatment) time limits, and even these are not absolute. There is no definition of or focus on domestic violence, but battered women can benefit from the general program goals "to establish and maintain treatment programs," and "to maintain quality control within these." All services offered by these programs are purchased and include: housing through residential treatment programs and halfway houses; medical care; crisis intervention; mental health counseling; job counseling (in a reciprocal agreement with Vocational Rehabilitation to

cofund halfway houses); transportation; and homemaking services. The respondent noted that if Federal directives required more targeting on domestic violence victims, as has been done with other groups, the programs could develop centers and treatment plans for battered women only, thereby establishing services that are not now accessible to these women. Program staff recognize the responsibility to educate the public about alcohol and drug abuse and are starting to coordinate activities with other programs. There is some current activity regarding categorical funding, but this has not progressed past the point of establishing linkages with other service agencies and local groups.

One barrier to service reported by a respondent is that battered women usually have multiple problems. When they present themselves to an agency dealing in only one problem area, it is often difficult for that one agency to meet all of their needs. Thus, a cooperative network and multidisciplinary efforts are called for Statewide. The National Drug Abuse Training Institute teaches a "Woman in Treatment" course to program staff three times a year which has a component on battering and rape. Related information, literature, and research on domestic violence is accessible, but program staff still need to know the networks available on the national level in the areas of education, training materials and programs.

GRASSROOTS ORGANIZATIONS

A number of local programs working in behalf of battered women were identified in Alabama. One, in Mobile, is a shelter called Penelope House, run by the Greek Orthodox Church. This shelter is quite well known to the State level program respondents, as many of them mentioned it as one of the few recognized shelters already serving battered women effectively. Domestic Abuse Shelter, Inc., is a coalition in Montgomery that is working in the pre-trial diversion division of the District Attorney's Office; it also coordinates activities with Alabama State University and was instrumental in obtaining a \$75,000 LEAA grant for domestic violence programs. Other local efforts include the Law Institute, the Legal Service Corporation, the Junior League, Council Against Rape, Jewish Women, NOW, and the Women's Center in Birmingham. These groups have lobbied for State legislation, given workshops, and studied the role of the community in helping battered women. There have also been TV and other media spots advertising shelter services and giving phone numbers where help is available to the public.

SUMMARY

Most activity in Alabama in the area of domestic violence is at the local level. No State HHS-funded program has focused much on the problem as yet, but several are beginning to communicate with one another, and form linkages, and coordinate programs and services. Child Welfare Services utilizes a program on Family Violence at the University of Alabama, coordinates with Adult Protective Services, and law enforcement agencies, and is advocating for a Statewide definition of domestic violence. Community Mental Health has some targeting of activity in behalf of battered women in several local community mental health centers. But in general, State programs have just begun to conduct some domestic violence needs assessment studies and some workshops, and have just begun to focus on feasible ways to link with one another in behalf of battered women.

STATE PROFILE: ALASKA

INTRODUCTION

The total population of Alaska is 343,000. In addition, the military population is estimated at 24,984 or 6% of the total State population. Whites comprise 79% of the population, Native Americans comprise 17%, Asian and Blacks each comprise 3%. The mean income for males is \$16,786 whereas for females it is \$6,772. The percentage of individuals in the population below the poverty level is 6.7, the rate of unemployment is 8.6%.

Alaska is isolated from the lower States, upon which it often depends for medical services, by a distance of two thousand miles. Communities within the State are likewise isolated from each other, separated by tremendous distance, vast mountain ranges, stretches of tundra, glaciers, and impassable river systems, unconnected by any comprehensive highway or railroad system.

The vastness of the State, the climate, and the rural lifestyle present many challenges and problems to the service delivery system. Access to services in rural areas is severely limited, with transportation not available at all at certain times of the year. Even in emergency situations, when time is of crucial importance, there is often no police protection available, and no other alternatives. The widely dispersed population also means that many communities do not have sufficient numbers to justify any shelter facilities of any kind.

Every respondent recognized unique characteristics of the population which might affect the occurrence of domestic violence in the State. The most commonly mentioned features were a high rate of alcoholism (six respondents) and the phenomenon of cabin fever due both to isolation and climate (five respondents). Other characteristics that were mentioned by more than one respondent are the Native American population which is experiencing a cultural transition and a demise of its previous life style, and the new young population of "risk takers" who come to Alaska with high expectations and who often meet with failure. Also noted were the lack of extended families and other supports for the transient population, the high unemployment rate, the generally hard lifestyle and the lack of social outlets.

State legislation related to domestic violence passed in 1980 and is considered progressive with comprehensive civil and criminal remedies. Legislation also was proposed which: includes a State Council on Domestic Violence and Sexual Assault; exempts shelters from licensing requirements; and authorizes the monitoring and adoption of regulations and standards for domestic violence programs receiving State funds. In FY 81, 7 shelters received \$1,329,070, three "safe homes" received \$136,000, two Women's Resource Centers received \$204,000, one program for abusing spouses received \$42,340, and \$22,000 was directed toward information and training. In addition, a coordinator position was funded for six months.

In 1978, State funds were used for one shelter as a pilot project. In July, 1979, the State budget included approximately \$940,000 to fund five shelter programs, but there was no statutory authorization for this funding. An LEAA grant funds the coordinator position for these State funded shelters.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The population eligible to receive AFDC in Alaska includes dependent children and their caretaking relatives. There is no AFDC-U program. The program gives assistance to women and children in shelters on the basis of "a home in the process of being established." These cases are given priority, with payments being made within 1-2 days, the maximum delay for all AFDC grants being fifteen days. The program goal of "maintaining the continuity of the family" could include battered women. The program has specifically focused on battered women as a target population by offering training to shelter staff on AFDC eligibility requirements.

The State legislation authorized (effective January 1981) \$450 per month for an AFDC grant to one adult and one child; this amount does not promote independent living at a middle class level. Program policy also presents a barrier in that payments cannot be made in a lump sum sufficient to establish a new household.

- Emergency Assistance

There is no Federally funded emergency assistance program in Alaska.

- Child Welfare Services - Generic

In Alaska, Title IVB funds are used for foster care only.

- Child Welfare Services - Child Protective Services

Any child in Alaska is eligible to receive Child Protective Services. The program focus is on child protection with women receiving services as secondary clients only. Thus, no goals or services are targeted specifically on battered women, although the goal of serving parents of children needing protective services as secondary clients could include them. Of the services that are provided, protection was identified as being most needed by the children of battered women. None of the existing services were rated as being especially needed by either battered women or abusing spouses.

Severe financial limitations present a barrier to the program's capacity to meet the needs of domestic violence victims. Extension of service to this population is not seen as feasible at this time.

- Medicaid

The population eligible for Medicaid in Alaska includes AFDC and SSI recipients, persons under 21 in foster care, those in inpatient psychiatric facilities or in intermediate care facilities for mentally retarded children, and adults in institutions who are income eligible. For intact families, Medicaid can only cover one of the adults unless one is an SSI recipient. Medicaid is not available for unemployed fathers, unborn children, or medically needy only persons. Currently there are bills pending before the legislature to expand Medicaid coverage to intact families with unemployed fathers and to create a medically needy only program.

Although no goals or services are specifically targeted on battered women, the goal to provide coverage for medical and psychological services could include them. Psychological counseling was mentioned as a service most needed by battered women, their children and abusing spouses. Women also need medical services, and abusing spouses can often utilize drug and alcohol treatment programs.

A barrier to the Medicaid program's capacity to meet the needs of battered women is presented by the State legislation which limits service providers. There is no reimbursement available for private psychologists and social workers, as the services of these professionals are only covered by Medicaid when they are provided through a community agency. This lack of a reimbursement provision restricts the availability of counseling services for Medicaid recipients who are also victims of domestic violence.

- Social Services (Title XX)

The population that receives Title XX services in Alaska includes AFDC/SSI recipients and others who meet the income eligibility requirements. None of the goals or program activities specifically address battered women; however, the goals to strengthen daily functioning, and to provide protective services for adults could include them. According to the respondent, of the available Title XX services battered women most need advocacy and referral, the children of battered women most need counseling, and the abusing spouses most need crisis intervention and counseling.

The State of Alaska is considering dropping completely the Title XX program and providing Social Services with State funds. This would facilitate the targeting of special groups, such as battered women.

- Community Mental Health

Alaska receives no Federal funding for Community Mental Health Centers. However, with the passage of the Community Mental Health Services Act of 1975, Alaska has encouraged and promoted the development of a Statewide network of community operated and supported outpatient mental health programs.

There are currently 20 community mental health centers, and in FY 1979, the community mental health centers recorded 3,179 new admissions. The

actual number of persons served by the centers is much higher because not all are formally admitted as clients.

State grant funds cover evaluation and diagnosis; outpatient treatment; short-term inpatient treatment; follow-up services; preventive services; consultation and community education; drug treatment; 24-hour emergency services; forensic services; specialized services for children, adolescents and the aged; referral services; and, staff development.

The general program goal to serve adults and families could include battered women, but no services are targeted specifically on this population. Counseling services were identified as most needed by victims of domestic violence and abusing spouses. No barriers to the delivery of services to battered women were noted.

- Indian Health Services (IHS)

Services to battered women provided by the Indian Health Services in Alaska include counseling, and referral to shelters.

- Work Incentive Program (WIN)

There are two WIN program offices in Alaska, one in Juneau and one in Anchorage. The Anchorage office has a long waiting list of women interested in participating in the program. Anyone on AFDC who does not meet any of the criteria for standard exemptions must register for the WIN program. Sixty percent of the WIN clients are exempt but have volunteered to participate.

Although no program goals specifically address battered women, the goal of providing employment placement and support services, such as day care and counseling, could include battered women.

Most program activities are geared towards employment and do not target specific populations. However, a training program on single parenting was developed this year, and included a description of domestic abuse. More focus on this topic is planned for future training. On the local level, there are coordination activities involving WIN social workers and shelter staff. These coordination efforts, initiated by the WIN staff, consist of informal meetings for the purpose of exchanging information and making referrals.

Services most needed by battered women are counseling and employment training for themselves and day care for their children. None of the services provided by the WIN program were identified as being appropriate for abusing spouses. No barriers to the delivery of services to battered women were noted.

- Alcoholism Treatment and Rehabilitation, Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

In Alaska the drug and alcohol treatment programs are separate but similar. The same respondent was identified as administrator for both programs so that only one interview was completed.

Substance abuse services are funded by State and Federal grants to local programs. Anyone with alcohol or drug abuse problems and their significant others are eligible to receive services from these programs.

Although current goals do not specifically address battered women, the grants for the coming year are expected to include specific goals aimed at the problem of family violence. The current goal which could include battered women is "to decrease problems related to alcohol consumption and drug abuse." Some of the local alcohol programs have proposed providing counseling to battered women and their children with a target date of 1981 for these services to become available.

Both drug and alcohol programs provide the same general range of services. According to the respondent, battered women most need shelter and crisis intervention in the battering cycle, while abusing spouses are seen as needing all available treatment services. No barriers to the provision of services to battered women were noted.

STATE PROGRAM

In July of 1978, the State of Alaska funded one shelter as a pilot project. In July, 1979, funding for five more shelters was included in the State budget, and the programs were placed within the Division of Social Services in April, 1979. Future plans for expansion include funding of two more shelters and provision of start up funds for a third. The program coordinator position for the State funded shelters is paid by an LEAA grant, as are some of the shelter program components.

Services in the State funded shelters are available for anyone who is a victim of family violence or is in a threatening situation. Each program sets its own admission criteria, so that there may be different requirements or exclusions from program to program. A definition of domestic violence is being developed but has not yet been officially adopted.

The program goals do specifically address battered women. They include: 1) increasing public awareness; 2) providing preventive services; and 3) providing shelter and counseling. The impetus for these goals was State policies resulting from increased awareness of the problem and the provision of State funds for services.

Some of the program activities include the collection of data on a quarterly basis, inservice training for staff, community education and a special focus on outreach to rural areas. The Anchorage shelter has a program focused on male batterers and there is a separate program for male batterers in Juneau. Many of the programs have attorneys on their Boards and one program has a specific legal advocacy component. Counseling available is short term and crisis focused with persons needing long term counseling referred elsewhere. Between October 1, 1979 and December 31, 1979, 866 persons received adult crisis services from the State funded programs.

Shelter services are available for women and children for a maximum of 30 days. This time limit is necessary to qualify as emergency housing rather than as a residential care unit. Program funds may also be used to pay for residential care when a special need exists. Between October 1, 1979, and December 31, 1979, 496 women and children utilized the shelters.

The program's total budget for this year is approximately \$1,733,500. The services most needed by battered women were identified as shelter and crisis counseling, while the children of battered women most need support during the crisis, and abusing spouses need counseling.

Although the respondent did not identify any barriers to the delivery of service, it was noted that funding for the Domestic Violence Unit is budgeted but not authorized by statute. This means that funding could be discontinued by the legislature at any time. However, as noted in the introduction, legislation in FY 81 will be introduced again.

As a coordination effort, program staff are involved with the Alaska Network on Family Violence and Sexual Assault. Other participants include shelter personnel, resource center personnel, and staff from the men's programs, rape and related programs. The Network evolved out of community concerns. Activities have focused on lobbying, promoting legislation, requesting funding, providing information, and developing regulations and standards.

GRASSROOTS ORGANIZATIONS

Most respondents were either not aware of any local programs or knew some existed but did not have any identifying information. The only programs mentioned by name were the Women's Resource Center in Anchorage and AWARE in Juneau. In addition, there is a shelter program in Barrow and a "safe home" north of Anchorage -- neither of which is supported by State money. Several Statewide resource centers receive LEAA grants.

SUMMARY

All the program respondents agreed that the State programs in general recognize domestic violence as a social problem. Evidence for this is seen in the fact that State funds are budgeted for shelters, and that a recent report on the Status of Women focused on spouse abuse. Further evidence is that some of the programs receiving Federal funding are beginning to target services and activities on battered women. Attempts are being made to reach the rural populations and to respond to the unique problems they represent for service delivery.

STATE PROFILE: ARIZONA

INTRODUCTION

In 1975, Arizona's population numbered approximately 2,275,000 persons. Ninety-two % are White, two % are Black and five % are Native Americans. Fifteen % of the overall Black and White population is of Spanish origin, predominantly Mexican.

There is a significant difference in mean income between males and females, with women earning \$4,507 and men \$10,601. Two hundred and fifty nine thousand families (259,000) receive transfer payments and 14% of all persons are listed as below poverty level.

It is interesting to note that Native Americans are not listed either in census data or in other demographic information. Therefore, the General Assistance payments distributed by the Bureau of Indian Affairs are not part of the transfer payment figures, and unemployment and income figures do not include on-reservation Indians.

The majority of land in Arizona is owned by the Federal or State governments. There are thousands of square miles of National Forests, Reservation lands and National Monuments, such as the Painted Desert. Aside from Pima County (Tucson) and Maricopa County (Phoenix), the State is completely rural in nature. The rural Balance of State (BOS) counties form catchment areas to have the population base needed to receive certain Federal and State funds.

Arizona's highly transient population and high unemployment in many areas were identified as factors contributing to the incidence of domestic violence. The fact that a significant proportion of the population consists of farm laborers and/or illegal aliens was also cited as a State characteristic that may influence the incidence of domestic violence.

There is an awareness at the program level that domestic violence is a social problem, but not at the State level, where spouse abuse is viewed as a legal problem and handled as such (e.g. assault, battery, etc.).

The overall distances between people and population centers have an impact across the State on both access to and quality of services.

The legislature is historically conservative in attitude and in funding allocations for social services. For example, Arizona is the only State without a Medicaid program. Advocating for specific services or engaging in activities that cause communities to demand programs or services is not viewed as a State function. However, the State's Division of Behavioral Health Services, in its 1982 budget request, did include the objective "to increase support to domestic violence victims."

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

In Arizona, children deprived of parental support through death, desertion or disability can receive AFDC payments. Disability can mean physical incapacity, incarceration, or institutionalization. There is no aid to intact families unless the disability criteria are met. The issue of eligibility for AFDC for a woman in a shelter facility has not yet been resolved; presently, such a woman would not be considered eligible. The current standard of payment is 85% of the 1971 standard.

- Child Welfare Services - Generic and Child Protective Services

Services are provided through a mix of Title XX, IVB and other funds. There are also current grant funds targeting on pregnant teenagers and adolescent parents. Services are based on universal eligibility, if in need, with specific criteria for some supportive services. Services are provided to battered women through their children as primary targets. A battered woman without children would not be eligible for any program service.

Funds are provided to three major shelter facilities. One is for children only, one for families, (including battered women), and one for battered women, themselves. In the shelter for battered women, program funds buy 14 of the 35 beds. The respondent reported that crisis intervention, shelter and counseling are the services most likely to be used by battered women and their children; and that lack of public awareness and adequate funding are major barriers to service delivery.

- Social Services (Title XX)

There are universal, categorical, and income criteria for Title XX in Arizona, depending on the service offered. Optional services require a local fund match. Four of 12 shelters receive some funds through Title XX, mostly for crisis counseling and crisis intervention, and for other services funded through Child Welfare and Child Protective Services.

There are current discussions about the efficacy of providing services to battered women through Adult Protective Services, but no program effort has resulted in any specific activities as yet. According to the respondent, the lack of a community demand for services coupled with the required local funding match are the most significant barriers to service delivery. For example, this year is the first time that Title XX has received a request from a local community for use of funds in a program targeted just on victims of domestic violence.

Shelter providers using crisis intervention and counseling funds are severely limited in how those monies can be used, since State interpretations of Federal regulations tend to maximize restrictions across the board in all program areas, social services included.

- Community Mental Health

All Arizona residents in need of mental health services are eligible to receive them. While some contractors have specifically targeted on battered women, the State does not target specific populations, but, instead, focuses on hours and/or units of services. This State policy is the biggest barrier to services in behalf of battered women, since contracts cannot target on them as a service population. The first step in changing this policy is the newly-formed State Task Force on Women's Behavioral Health Services. One of its on-going activities is to advocate for the increase, expansion, and improvement of services to battered women.

- Work Incentive Program (WIN)

All recipients of AFDC are potentially eligible for the WIN Program. Specific services are provided to battered women on an ad hoc or crisis basis; however, understaffing and lack of funds preclude the undertaking of any more activities on their behalf. Staff members have prepared proposals on suggested programmatic approaches, but no funds have been made available.

The respondent reported that lack of access to existing resources and poor linkages among State agencies and other service providers are frequently barriers to service delivery.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Any resident of Arizona requiring alcohol program services is eligible. The overall goals for FY 79-80 include "making services more accessible and acceptable to women." A comprehensive analysis of the behavioral health service needs of women should be completed during FY 79-80.

Currently, alcohol funds are supporting some services to victims of domestic violence in two programs, but only if alcohol abuse is related to the need for service. Therefore, a shelter facility may receive some funds to serve domestic violence victims if they are the wives and/or children of alcoholics.

The lack of funds to target special populations in special programs and the overall need to improve services to women currently preclude targeting battered women. It is also necessary to identify alcohol abuse as a primary problem before services to the abuser, abused, or family can be delivered.

- Drug Abuse Demonstration and Community Service Programs

All persons needing drug abuse program services within the State are eligible to receive them. While limited funds were given to a shelter facility, they were earmarked for use only when a woman's problem was drug related.

The fact that NIDA funds can only be used to develop programs that first serve primary substance abusers almost precludes services to battered women, since they are not the primary substance abusers in Arizona.

- Indian Health Services (IHS)

Service unit staff are actively involved in client advocacy and counseling. A service worker helped start a shelter in Parker and a worker in White River has a current counseling case load of 30% domestic violence victims. Fort Defiance has a shelter facility on the reservation that is funded through the Navajo nation. In other areas, referral arrangements to the shelters off-reservation are the only means of access to such facilities.

GRASSROOTS ORGANIZATIONS

There were 12 programs identified throughout the State of Arizona that assist battered women, almost all in the two large metropolitan areas of Phoenix and Tucson. Funding comes from a wide variety of public and private sources. While the State Coalition Against Domestic Violence and its efforts are relatively unknown, the Task Force on Women's Behavioral Health Services is known for focusing some attention on the issue of domestic violence.

SUMMARY

The results of the survey of HHS-funded programs in Arizona indicates a current lack of activity on domestic violence at the State policy making level, with limited and minimal activities focused on battered women at the local level.

All respondents concurred that until recognition of domestic violence as a social problem occurs at the State level with a corresponding demand for service at the community level, not much will occur in Arizona on this issue.

STATE PROFILE: ARKANSAS

INTRODUCTION

The total population of Arkansas is 2,127,000, of this number, 1,748,000 are White, 367,000 are Black and 11,000 are of Spanish origin. Mean income for males is more than twice that for females (\$8,200 to \$3,609 respectively). Unemployment is 6.1% of the labor force, and 14.1% of Arkansas families are below the poverty level, with 288,000 families receiving some form of transfer payment. Arkansas is a predominantly rural southern State, with 1,408,000 people living outside metropolitan areas, and 717,000 inside these areas.

The Arkansas State legislature recently passed Act 166, an Adult Protective Law, that addresses the needs of battered women to a limited extent. This legislation provides protective services including medical care, legal services, financial assistance, and protective placement to those in need of protection from abuse, maltreatment or exploitation; requires the reporting of suspected abuse; and establishes a central registry and Statewide telephone number for reporting abuse or neglect.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

This program serves those determined to be eligible on the basis of need and family size, deprivation of support being the primary criterion. Dual parent families are eligible when one parent is disabled; women in temporary shelters may also receive benefits. In determining the amount of a woman's assets, the spouse's income is considered only if he makes some portion available to her; when assets are in both names, the woman's portion would be considered. Emergency provisions are possible within the AFDC program but are not used often. A recent change in Title IVD policy offers further protection for a woman who makes a statement that she is in danger.

Although no program goals specifically address battered women, these women can be included under the general objectives "to revise Title IVA policy; to reduce error rate and simplify the application process, and to simplify the application itself." No activities have been undertaken by the Arkansas AFDC program on behalf of battered women, and none were seen as feasible by the respondent because of difficulty in focusing on special groups. The respondent did state, however, that occasionally a woman is battered by her spouse after and because she was approved for assistance.

No coordination activities with other programs in behalf of battered women were identified by the respondent.

- Emergency Assistance

This program provides financial assistance to AFDC recipients with a legitimate emergency need such as a medical crisis, or to other individuals recovering from a natural disaster or other financial emergency. Emergency

assistance payments cannot exceed the maximum amount of \$40.00 per payment, and this amount is only allowed once per year.

No program goals or activities focus on battered women, but battered women could benefit from the general program goals "to revise Title IVD policy and to simplify the application process." Although there is no program targeting of any special group, the county Directors of the Emergency Assistance and AFDC programs have the option of making local needs assessments as well as the flexibility to engage in special activities at their discretion.

No linkages or coordination activities with other programs in behalf of battered women were identified by the respondent.

- Child Welfare Services - Child Protective Services

Child Welfare Services serves SSI and AFDC recipients, those eligible for Title XX services, and those determined to be in need of the services. The program provides protective and other services to children up to age 18, and focuses some activity on battered women and children. A program goal that could include battered women is "to provide assistance to families to enable children to remain in their own homes with the family functioning as a unit."

Activities undertaken on behalf of battered women by Child Welfare Services include direct services, receipt of referrals from the Adult Protective Services Unit, and some program coordination with the Adult Protective Services Unit. More activities would not be feasible without additional funding.

Barriers to service identified by the respondent involve the absence of Federal legislation that would function as an incentive to provide services to battered women by enabling them to be specially targeted; and, program level priorities that prevent such targeting.

Services available to battered women and their children through Child Welfare include "hotline" and crisis intervention; individual and family counseling; legal aid to categorically eligible persons; vocational services; child care; volunteer and homemaking services, on a limited basis; and information and referral. Those services considered most needed by battered women and their children were emergency services and referrals to shelters.

- Medicaid

The Medicaid program in Arkansas serves categorically needy AFDC recipients, SSI recipients, and the "medically needy" within income and resource limitations. No program goals or objectives focus on victims of domestic violence, but this population group could be included under the general program goal "to provide a specified level of health care to any individual requiring assistance." According to the respondent, it is not feasible for the Medicaid program to assume any activities specifically on behalf of battered women because Federal guidelines prohibit targeting of any single population group except where specified. These same regulations constitute the identified program barriers to meeting the service needs of domestic violence victims.

No coordination activities have been established by the Medicaid program on behalf of battered women.

- Social Services (Title XX)

Social Services are available throughout the State to categorically eligible persons; i.e., AFDC, SSI and Title XX recipients, and to income eligible persons earning up to 80% of the State's median income. This program focuses on the issue of domestic violence and on the needs of battered women in several ways. One shelter in Little Rock, receives Title XX funds and thus is directly involved with the Social Services program.

Goals and objectives of the program that include battered women are to provide protective services to adults and to provide family maintenance services, but there are no objectives specifically focusing on battered women. Activities undertaken on behalf of victims of domestic violence include funding and evaluation of counseling and case work services for women and children in the shelter in Little Rock; program planning to specifically include domestic violence under Adult Protective Services in the State Plan; provision of technical assistance to shelter staff; and outreach and educational activities.

One barrier to service provision to battered women identified by the respondent was Federal regulations that specify that 50% of Title XX funds must be spent on categorically related clients. This puts a ceiling amount on what funds can be used for other programs or problem areas, such as domestic violence.

Services available through the Arkansas Social Services program include emergency services; residential care for children; individual and family counseling; job counseling; child care; transportation; and homemaking services. Services identified as most needed by battered women are shelter, counseling, and legal advocacy. About \$32,500 of the program's total budget (more than \$33 million) is targeted on the problem of domestic violence.

Coordination activities undertaken by this program in behalf of battered women include meetings with staff from various shelter programs both inside and outside Arkansas, meetings with staff from other programs such as Rehabilitation Services, meetings with representatives from the Governor's Office to discuss services and resources available to victims of domestic violence.

- Community Mental Health

The Community Mental Health program serves any person in need without regard to income. Services are provided through Community Mental Health Centers operating semi-autonomously, but which are governed by a 14-member Advisory Board which sets financial policies and service and operating standards. Broad guidelines are established by the State program; however, each Center develops its own program goals and services. The respondent stated that nearly every city in Arkansas has some form of emergency housing for battered women where they can receive assistance, but the respondent was not sure whether all shelters were affiliated with local Community Mental Health Centers. However, the respondent believed that 90% of all the Centers in

Arkansas did engage in some activities focused on the problem of domestic violence and provided services to battered women.

Although no program goals specifically focus on battered women, the objective in the State's Five-Year Plan "to provide services to women, especially rape and crisis services" would include them. The Community Mental Health program has mandated responsibility to assist any individual who seeks help; thus, any battered woman who requests services from a Community Mental Health Center must be assisted, as services cannot be denied or refused.

Activities undertaken in behalf of battered women include: two State supervised programs involving consultation and education about the problem of domestic violence; collection of statistics regarding the incidence of family violence (as part of the data needed for development of the State plan); program monitoring; community education and public awareness activities; maintenance of a clearinghouse information source on domestic violence; and, provision of direct services which vary from Center to Center.

Specific services available through the Community Mental Health program include: medical services; crisis intervention; individual, family and group counseling; some day care for children (and emergency 24-hour care if a child is disturbed); transportation; drug and alcohol treatment; and volunteer services. Those services considered most needed by battered women were 24-hour crisis intervention, residential transitional care programs (shelters), and outpatient therapy.

No State level coordination activities or linkages with other programs in behalf of battered women were identified by the respondent.

- Work Incentive Program (WIN)

The WIN program serves AFDC recipients in 30 of 75 counties in Arkansas. The client population consists of women and youth, as there is no unemployed father category. No program goals specifically address battered women, but these women could be included under the general program goal "to maintain the family unit if at all possible."

The WIN program reported a survey to collect statistics on the number of battered women within the WIN client population and needs assessments on a case-by-case basis. In 1979, out of a total of 6,000 WIN families, 105 incidents of domestic violence were documented in 10 district offices during the time that WIN services were being provided. In Little Rock (an urban area) only two incidents were reported by the WIN program, but in Jonesboro (a rural area), 56 incidents were reported.

Barriers to services, as identified by the WIN program respondent, involved the lack of specific Federal guidelines identifying any special services in the WIN handbook that should be provided to battered women. As it is now, battered women who are registered for WIN get no special consideration. If the special services identified for battered women and their families should require additional staffing or other unusual expense, additional funding for the program would be required. Another barrier is that participants enter the

WIN program through AFDC, and not all battered women would be eligible for that program.

Services available through WIN in Arkansas include: limited out-patient medical care that covers physical examinations and dental work related to employment; mental health counseling; job counseling, which uses a self-help model through a Job-Finding Club, in some projects; vocational training; day care for children; transportation; direct financial aid for lunch and travel expenses while in a training program; and GED. Battered women were identified as most needing mental health and job counseling services, with their children needing counseling and day care services.

No State coordination activities related to domestic violence were identified by the respondent.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The Alcohol program in Arkansas serves any person with an identified alcohol problem, the majority of those treated being over the age of 16. There are 30 State-funded alcohol programs throughout Arkansas. The program has no goals specifically addressing battered women, but includes them under the general program objectives "to respond to crises on a 24-hour basis, and to provide outreach and public education services." In the State Plan of the Alcohol Program for 1981-82, battered women are included as a target population group. The respondent believed, however, that at the local level, several treatment programs may already be providing some staff training on the problem of domestic violence, and also may be coordinating with local groups and other programs in behalf of battered women.

Barriers to providing alcohol services to battered women center on some local treatment programs which are open to men only, thus, significantly limiting available facilities for women. This barrier, however, is being alleviated somewhat by the plan at the State level to increase the scope of service provision to all family members.

The Alcohol program offers: residential halfway house facilities to adolescents; inpatient detoxification centers; crisis intervention; counseling; legal aid; limited job counseling and placement; and limited transportation. Services identified as most needed by battered women were crisis intervention and counseling. No program coordination efforts in behalf of battered women were identified by the respondent at the State level.

- Drug Abuse Demonstration and Community Service Programs

The drug program in Arkansas serves any person with an identified drug problem. The majority of the client population is over age 16. There are 15 treatment programs funded throughout the State, supervised by a 21 member Advisory Board.

No program goals focus on battered women, but these women are included under the general program objectives "to respond to crisis on a 24-hour basis and to provide outreach and public education information on drug abuse."

As with the Alcohol program, the drug program will include battered women in the State plan for 1981-82 as a targeted client population group. The respondent indicated that at local levels, programs may already be training staff and coordinating with other groups on the issue of domestic violence and the service needs of victims.

Barriers to service identified were also similar to those presented in the Alcohol program, such as some facilities being available to men only. However, future plans are to increase services to include all family members.

Program services include: adolescent halfway houses; detoxification facilities; crisis services; counseling; limited legal aid and job counseling; and limited transportation services.

No State level coordination activities were identified by the respondent with other programs on behalf of battered women.

- Adult Protective Services

The Adult Protective Service Program (part of the Office on Aging in the Department of Human Services) is funded by Title XX and Title III monies. The program serves one over the age of 18 and is mandated to investigate all complaints and reports of abuse and/or neglect. The program assumes a protective role, in general; this role being particularly evident when there is court action with a resulting declaration of an individual's incompetence. Thus, most of the program's activities focus on the elderly, the developmentally disabled, and mentally retarded persons who are not able to provide for or protect themselves from abuse or neglect. Battered women, however, could be included in the client population without demonstration of these criteria.

Program goals directly relevant to battered women, who are not elderly or developmentally disabled, are "to refer them to needed resources and supportive services" and "to protect any victim from harm." The Adult Protective Services program has a State mandate to provide protection to developmentally disabled adults, to the elderly, and to any other person with like incapacities. In response to these mandated responsibilities, the program has provided funds to local treatment agencies and has conducted: needs assessments, program monitoring and evaluation; technical assistance (the program has four consultants); staff training on legal issues; some community education activities; legislative lobbying; and, coordination with other programs and local shelters. A unique aspect of the program's staff training is preparing staff to function as paralegals in any court action on behalf of incompetent individuals or those needing protection.

Barriers to services center on State legislation that the respondent believed needed to be modified, particularly in the area of formulation of a workable balance between State's rights and the rights of the individual (due process). Other restrictions concern program policies which do not clarify responsibility for payment for services.

Services available through the Adult Protective Services program are crisis intervention and legal/police intervention, individual, family and group

counseling; legal aid; job training; limited transportation and advocacy activities. Those services considered most needed by battered women were crisis intervention, protection, and counseling. Of a total program budget of \$23 million, \$98,000 was targeted for Adult Protective Services including situations of domestic violence. The anticipated caseload of battered women per year was 300; however from July to December, 1979, the program handled 318 cases, a much larger number than expected.

Program coordination activities include negotiations with other programs, especially with MRDD, and shelter programs, on the establishment of group homes for adults. This program focuses most of its direct services on "incompetent" battered women; others are referred to other agencies for relevant services.

GRASSROOTS ORGANIZATIONS

Several local and grassroots organizations were identified by respondents as active in the area of domestic violence. Two State-operated Community Mental Health Centers were also mentioned, the George W. Jackson Center in Jonesboro and the Greater Little Rock Center in Little Rock. Local programs cited were the University of Arkansas' Mid American Institute on Violence and Families within the Graduate School of Social Work, and Advocates for Battered Women, a group which has lobbied extensively in the State legislature.

SUMMARY

Many of Arkansas' Federally funded programs are beginning to recognize the problem of domestic violence, but, as of yet, do not provide much in the way of direct services to battered women. The major exception is the Social Services (Title XX) program which does focus on domestic violence and provides shelter services and program planning on behalf of battered women, training and technical assistance to shelter staff, and outreach activities. The Title XX program also maintains close contact with the Governor's Office. The Community Mental Health program in Arkansas also focuses, to some extent, on the needs of battered women; however, these efforts are local and vary from Center to Center within the State. The WIN program keeps records of incidents of family violence within the client population and the Alcohol and Drug programs are planning to implement some activities in behalf of battered women in 1981-82. The Adult Protective Services program (while focusing primarily on those persons determined to be "incompetent," developmentally disabled or elderly) does assume a protective and supportive role and may increase its activity to battered women as the problem becomes more recognized.

STATE PROFILE: CALIFORNIA

INTRODUCTION

California has a total population of 20,982,000. The majority of the population is White, approximately 3.3 million are of Spanish origin and a little over 1.5 million are Black. The mean income for males is \$11,837 and for females, \$5,373. The percentage of individuals below the poverty level is 10.4 and a total of 2,455,000 families receive transfer payments. Unemployment is 6.1% of the labor force. The majority of the State's population lives in metropolitan areas.

Five of the nine respondents did not identify any unique characteristics affecting the incidence of domestic violence in California. The respondents who did cite unique characteristics did not concur on what these were. Those that were mentioned were the large military population, high incidence of alcoholism, a highly mobile population, and a general toleration of less conventional lifestyles.

State legislation in the area of domestic violence is progressive. The criminal legislation is comprehensive, making spouse abuse a felony. A bill to establish a diversion program that includes education, treatment and rehabilitation components has recently been enacted. Civil remedies already provide for protection order relief, but a more comprehensive civil law is pending. State legislation provided appropriations for domestic violence pilot project centers for a two-year period, from July 1, 1978 to June 30, 1980. Most recent legislation provides for a permanent source of local funding to agencies and organizations, whose primary function is to administer domestic violence programs, by an additional fee of \$8 for a marriage license or certificate to be deposited in a county domestic violence programs special fund.

Three of the respondents were not aware of the State funded domestic violence project which has been in existence since July 1, 1978.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Eligibility is limited to those needy families in which the children are deprived of one or both parents due to incapacity, death, dissolution, or other continuing absence. Eligibility is further based on statutory maximums related to the age of the children and the amount of income plus real and personal property available to the family. The population eligible for AFDC in California includes unemployed parents and pregnant women with no other children. The program is responsive to the needs of anyone meeting the eligibility criteria and requiring support, but there are no goals or activities targeted specifically on battered women. However, the goal of avoiding family disintegration could include battered women.

- Emergency Assistance

There is no Federally funded emergency assistance program in California.

- Child Welfare Services - Child Protective Services

There are two major child welfare services programs in the State of California: 1) Protective Services for Children; and 2) Out-of-Home Care Services for Children. The program definitions are:

Protective Services for Children means those remedial and preventive activities and purchases by social service staff to protect the welfare of children who either are being or are in danger of being abused, neglected or exploited. Any child is eligible for protective services without regard to income.

Out-of-Home Care Services for Children means those activities and service-funded resources provided and/or arranged for by social services staff for the welfare of children, who have been placed or who are being considered for placement, and to facilitate restoration to a permanent family setting or stabilized long range care.

Neither of these programs are meant to address the needs of the battered woman. The goal of each program is to protect the child with emphasis on trying to maintain the family unit. The goal is not to indirectly include battered women. Should a battered woman receive services through these programs, whether it be counseling, respite child care or another service, the woman is eligible for these services strictly because she is the mother of an eligible child. The fact that she is a battered woman does not enter into the picture when determining eligibility for child protective services unless she, in turn, is abusing or neglecting the child. However, she may apply or be referred for Adult Protective Services.

Children's services are funded by Title XX and Title IV-B funds. These funds are seldom used to purchase medical care, as medical care is covered through the Medi-Cal (Medicaid) Program.

Individual and family counseling and peer support groups were identified as the services most needed by battered women, their children, and abusing spouses. Respite care was cited also as a needed service for the children of battered women.

Child welfare staff have been involved on an informal basis in coordinating with the staff of the State's domestic violence project. Coordination activities have focused on the need for emergency shelters for the children of battered women.

- Medicaid/Medi-Cal

Persons eligible to receive medical assistance in California are: 1) those of all ages who are categorically linked; 2) persons between 18-64 who are medically indigent; and 3) medically needy persons of all ages.

The goal to provide comprehensive health care could include battered women as the program accepts anyone who is eligible and has a medical need. Causative factors are not considered; consequently, services would not be targeted specifically on victims of domestic violence.

Program activity that has dealt with the problems of domestic violence has been a small effort in community education. This included some publications and public service announcements on television.

The range of services available include all mandated Medicaid services and all supplemental services with the exception of private duty nurses. The services identified as most needed by battered women and abusing spouses are emergency care and psychiatric and psychological counseling. None of the provided services were identified as being needed by the children of battered women.

- Social Services (Title XX)

The Title XX program in California provides protective services and information and referral to anyone based on need, without regard to income. Eligibility for all other Title XX services does involve income requirements.

The program includes battered women under Adult Protective Services, which means those activities and purchases by social service staff to prevent or remedy damage to adults who are harmed, threatened with harm, or caused physical or mental injury. These services include only counseling and referral to community resources that provide emergency shelter care.

The respondent was not aware of any specific activities in behalf of battered women but stated that there possibly could be activity at the local level as there is a lot of variation locally in terms of services provided. The service identified as most needed by battered women is crisis intervention, including counseling, shelter, and support services, with the children of battered women most needing shelters and case evaluations. For the abusing spouse, counseling is the most needed service.

Federal legislation, HR3434, will affect Title XX services, in that it permits States to use Title XX funds for emergency shelter for adults.

On the local level, Title XX staff have been involved with Welfare Departments and other public and private agencies in coordination activities on behalf of battered women. This activity has included informal meetings, service agreements, and sharing of staff.

- Community Mental Health

In California, Federal funds are given directly to Community Mental Health Centers in 44 counties. There is no substantive State involvement with these programs.

- Indian Health Services

In California, the American Indian population primarily resides in urban areas and utilizes the existing shelter programs.

- Work Incentive Program (WIN)

Participation in the WIN program is required of all AFDC recipients, with the standard exemptions. The goal of removing people from welfare rolls by enabling them to become self sufficient could include but does not specifically address battered women.

The program has not yet undertaken any specific activities in behalf of domestic violence victims. A proposal was submitted to DHHS, however, to establish a project in Stanislaus County, where a high percentage of the WIN caseload is battered women. The proposed project involved WIN staff coordinating with shelter programs in working with women and their families. (NOTE: This proposal was not funded.)

All services provided by the WIN program are aimed at preparing a person for employment, but battered women are not singled out as a special group.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Alcohol treatment and rehabilitation services are available to anyone in the State with an alcohol related problem or the family of persons with alcohol related problems. None of the program goals specifically address battered women; however, they could be included in the goal "to relieve the hurt and pain of those who abuse alcohol."

Services vary on the local level and some community alcohol programs are focusing activity on battered women. One local program has a hotline specifically for abused persons. In some areas, emergency residential care is available for anyone who is afraid to go home to a drinking spouse. Some counseling services are targeted specifically for abused housewives and their families, and an application has been made for an NIAAA grant to provide more services for battered women. Of all the services currently available, emergency shelters and counseling are identified as being most needed by battered women and their children.

One unique feature of the services available is that the residential programs include children. This is common in the case of shelters, but is unusual for an alcohol program. In the past, not having a place for the children has been a barrier to many women receiving treatment; thus, residential child care would benefit both women who need emergency housing because of abuse by an alcoholic and those who have developed problems with alcohol, themselves, as a result of attempting to dull the pain of spouse abuse.

There are linkages among the Women's Commission on Alcohol and other women's programs and among local staff and women's programs, primarily focused on coordinating service activities.

~~The State Department of Social Services is currently conducting a study of the effectiveness of its domestic violence pilot project centers. The study is being conducted in six counties: Alameda, Contra Costa, Fresno, Kern, San Diego, and Stanislaus. The study will evaluate the impact of the pilot project centers on the incidence of domestic violence, the effectiveness of the services provided, and the satisfaction of the victims and the community. The study will also evaluate the impact of the pilot project centers on the economy and the social structure of the communities. The study will be completed by the end of 1980.~~

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STATE PROGRAM

The State of California funds six demonstration projects authorized by legislation SB91. The projects began in 1977 and are funded through a 1% fee.

Anyone experiencing the problem of abuse is eligible to receive services. Services for abusing spouses are limited as the focus of the program is on the victim. Although legally mandated to serve battered men, this population has not been requesting services.

The State Department of Social Services' Report to the Legislature, Domestic Violence Pilot Project Centers, dated January 1980, states that, based on data gathered from six domestic violence centers, a composite profile of a domestic violence victim requesting services is that of a white female, 25 years old, married, and a high school graduate. The number of victims served during the first year of this two-year pilot project was 5,978.

The program uses a statutory definition of domestic violence from the penal code (Ch 913,1479). Domestic violence is thus defined as "the infliction of corporal injury resulting in a traumatic condition upon a family or household member." A family or household member is defined as "a spouse, former spouse, parent, child, any other person related by consanguinity, or any person who regularly resides or who within the previous six months regularly resided in the house." The program goals which specifically address battered women include: 1) aiding victims of domestic violence by providing shelter; 2) attempting to limit the incidence of domestic violence; 3) increasing community awareness; and, 4) providing options for women, i.e., separation and education for children. Other goals which are legislated are: 1) protection of police officers; 2) increased reporting of domestic violence; and, 3) dealing with the long range effects of spouse abuse on children who are likely to become abusers. The impetus for all these goals was the 1977 legislation which provided for the establishment of the pilot projects.

Each center is required to provide 24 hour shelter, a crisis call switchboard, psychological support and peer counseling, referral and follow-up services, day program/drop-in center, educational arrangements for children, and emergency transportation. The centers also provide advocacy, use volunteers, collect statistics and are available for consultation and community education activities.

And, there are two bills recently passed by the Legislature, both aimed at establishing long-term programs for domestic violence victims. Chapter 146, Statutes of 1980 (SB 1246) provides for the continued funding in fiscal year 1980-81 of the six SB 91 domestic violence pilot centers and the funding of new and established domestic violence programs in the State through an increase in fees for marriage licenses and certificates. Administrative responsibility for the funding has been placed with the county boards of supervisors. Chapter 538, Statutes of 1980 (AB 1946) provides that priority in funding would be given to agencies and organizations whose primary function is to administer domestic violence programs. The state no longer has administrative responsibilities for these domestic violence programs.

GRASSROOTS ORGANIZATIONS

Most respondents were aware of programs for victims of domestic violence in local communities but did not have much detailed information about them. One respondent supplied a list indicating that there are at least 42 programs around the State. These local groups are seen as having been instrumental in the passage of SB91 and in the development of the currently pending legislation to ensure ongoing State funds for local programs. The Western States Shelter Network (California and Nevada) and the Southern California Coalition Against Domestic Violence have both been active in the State.

SUMMARY

All but one of the respondents indicated that the State programs in general recognize domestic violence as a social problem. These opinions were based on the fact that legislation has been passed to fund programs and a belief that the Governor is sympathetic to the issues of domestic violence. The trend seems to be that domestic violence is emerging as more of a priority. Activities at both the State and the local level indicate a willingness to respond to the demands for service.

STATE PROFILE: COLORADO

INTRODUCTION

Colorado is one of the most rapidly growing states in the United States. Of a total population of 2,538,000, 2,426,000 are White, 89,000 are Black and 278,000 are persons of Spanish origin. Mean income for males is \$11,312 while for females it is \$4,817. The percentage of individuals in the State below the poverty level is 9.1, and unemployment is 4.2% of the labor force. The majority of Colorado's residents live inside metropolitan areas.

Colorado has experienced rapid growth in modern manufacturing industries since 1960, especially in machinery and transportation equipment. Other industry includes aerospace projects, mining, tourism and agriculture.

A number of factors unique to Colorado were cited as affecting the incidence of domestic violence. These include transient communities associated with experimental energy projects, lax gun control laws, and the establishment of several military facilities around the State.

Respondents cited current pending legislation that, if passed, would discontinue funding for the Colorado Commission on Women, thereby severely curtailing the number of services and advocates available to women. However, a State Task Force is being formed to specifically address the service needs of domestic violence victims, though this group is not yet fully operational. There are no State funded programs targeted on the needs of battered women, but there are several local facilities that receive funding from a combination of sources.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program in Colorado serves those persons with income and residential levels below the State standards. Although there are no program goals or objectives focused on battered women, they could be included under the program goal "to assist needy individuals." However, battered women would need to meet the eligibility requirements. No program activities have been undertaken at the State level in behalf of battered women, and the respondent did not consider it feasible to do so because of funding and staff limitations. However, direct program linkages and coordination has and is occurring at the county level between community agencies and county departments of social services relative to providing emergency and ongoing financial assistance through the AFDC program to battered women.

- Child Welfare Services - Generic and Child Protective Services

Child Welfare Services are available to any child under the age of 18 and to all children in the custody of the State to age 21. There are

no other eligibility requirements. Battered women can receive program services if they have a child who has been targeted as in need of assistance; however, no activities have been undertaken specifically on behalf of this group except for referrals. The respondent did not believe it feasible to undertake any such activities due to staff shortages and large caseloads, the result being that domestic violence is not a priority issue at this time.

Services available through Child Welfare include housing, medical care, crisis intervention and counseling, and child care. Those services considered most needed by battered women and their children were the crisis nursery, therapeutic day care homes, and counseling. The respondent felt that before battered women could be served effectively through this program, an administrative commitment must be made, as well as a policy on domestic violence procedures and greater structure within the law enforcement sector. No program linkages or coordination activities were identified on behalf of domestic violence victims.

- Medicaid

Those persons eligible for or recipients of SSI or AFDC are eligible for Medicaid, as are children in foster care. The program has no goals or objectives addressing battered women and is not mandated by the State to serve them specifically; however, they could be served under the general program goal "to provide quality medical services to those in need." Emergency medical care was the service identified as most likely to be needed and utilized by battered women. However, the respondent stated that to serve victims of domestic violence specifically, it would be necessary to mandate them as a target group, thereby making Medicaid benefits available to a wider range of eligible persons. No program linkages or coordination activities in behalf of battered women were identified.

- Social Services (Title XX)

This program serves all income maintenance groups such as AFDC and SSI, some income status groups which include children and families, and adults and children needing protection. As a result, many battered women and their children are eligible for, or soon become eligible for, a wide range of services once their situation is known. There are no program goals or objectives specifically addressing battered women. According to the respondent, it is not feasible to undertake activities targeted on battered women because of recent reductions in Title XX funds and the increase in the numbers of those needing services. However, in spite of continued limited resources on both State and Federal levels, Colorado is attempting to seek special funding relative to domestic violence for fiscal year 1981-82 through the legislative process.

Services available through the Social Services program include crisis intervention, counseling, vocational services, child care, and home-making. Of these, the respondent stated that battered women would most need counseling, vocational training, and day care.

Coordination activities and linkages exist between county departments and other private and public community agencies in behalf of battered women, with a strong emphasis on day care in order to free these women to seek employment, etc. The lack of an adult protection statute was cited by the respondent as the primary barrier which impedes the delivery of Title XX services to battered women.

- Community Mental Health

The Community Mental Health program in Colorado focuses on four clearly identified target groups: the severely disabled; ethnic minorities; the elderly; and women. Because of these emphases, the program does have goals and objectives specifically addressing battered women. These are "to increase funding to agencies and local programs serving battered women" and "to develop liaison relationships between these programs." Another program goal or objective that can include battered women is "to establish women's programs for the elderly and disabled."

Although not mandated by the State to do so, the Community Mental Health Program has undertaken some activities on behalf of battered women such as program funding and community education.

A barrier to service delivery that was identified by the respondent was the Federal mandate to serve everyone who seeks help. With limited funds and large caseloads, the program cannot provide adequately for so many people with diverse needs.

Coordination activities established between Community Mental Health and other programs include committees that establish liaison relationships and written affiliation agreements on the kinds of services that can be coordinated.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The Colorado Alcohol program serves any citizen with a presenting alcohol abuse problem. Those seeking help usually do so voluntarily rather than through referral or from police or court direction. There are no program goals or objectives specifically addressing battered women, but the general program objective "to provide treatment services for alcoholic and drug abusing women" would include them. Though no specific program activities have been undertaken on behalf of battered women, the respondent believed that it was feasible to do so through provision of direct services; i.e., to provide battered women with treatment.

Barriers to service through the alcohol treatment program involve Federal and State regulations restricting receipt of services to those with substance abuse problems. Thus, families of substance abusers are not eligible for treatment or services. The respondent also stated that more effective service delivery could be provided if there were provision for family care while a woman was in treatment. This would increase the willingness of female substance abusers to seek services.

Coordination activities undertaken by this program on behalf of battered women include establishment of a Women's Task Force within the Commission on Women; periodic meetings with other treatment programs and local groups to assess community needs; and, establishment of working relationships with the shelters serving battered women.

- Drug Abuse Demonstration and Community Service Programs

This program serves anyone with a primary drug problem, and battered women are included in its client population. A program definition of domestic violence has been formulated, but it is considered restrictive. That is, emphasis is on the substance abuse problem, rather than on the family violence aspect. There are no other program objectives specifically addressing battered women, but these women could be included under the general program goal "to treat substance abuse." The program has undertaken some activities on behalf of battered women in the areas of funding programs in conjunction with the Women's Task Force, and in staff training on domestic violence as it relates to alcohol and drug abuse.

The respondent did not believe it feasible for the program to undertake additional activities for battered women, stating that other agencies and programs already serve this group adequately, and that the drug program did not have a mandated responsibility to serve this population.

A service area that is to be expanded is the development of half-way houses for substance abusers in treatment; thus, battered women could benefit from this expansion if they were also substance abusers.

Program coordination activities with the Division of Program Development and the Women's Task Force have been focused on identifying funding sources, sharing of information, and staff training on domestic violence.

GRASSROOTS ORGANIZATIONS

Several local programs and organizations were cited by program respondents as actively involved in providing direct services to battered women. These included Metropolitan State College in Denver, specifically, the Institute on Family Violence; the Colorado Association for Battered Women; the Commission on Women; and, the Committee on Sexism. (Note: Six residential programs for battered women in Colorado were identified through non-respondent sources. These are the Gateway Battered Women's Center; the Boulder County Safe House; the Columbine Center; Women in Crisis; Women's Assistance Service; and Safe House.)

SUMMARY

Colorado has begun to address the problem of domestic violence; efforts have remained primarily at the community level rather than at the State level. Although program coordination linkages have been established at the State level, there are no State funded programs specifically

addressing the needs of battered women. None of the DHHS programs under study in Colorado has identified battered women as a target population; thus, the majority of these programs remain on the periphery of direct service delivery to them.

STATE PROFILE: CONNECTICUT

INTRODUCTION

Connecticut has a population of 3,064,000. The large majority of the population is White, and females slightly outnumber males. The mean income for males (\$12,037) is about two and one-half times that for females (\$4,880). About 7% of the individuals in Connecticut are below the poverty level with 372,000 families receiving some type of transfer payment. One-fifth of the population lives outside metropolitan areas.

None of the program respondents believed that there were factors unique to Connecticut which affected the incidence of domestic violence. Most respondents thought that the problem of domestic violence was extensive throughout the State, but they could not base this assessment on anything specific.

State legislation provides for mandatory counseling under certain conditions. Police officers and emergency room personnel are required to report domestic violence incidents to the Commission of Human Resources. The Commission of Human Resources is charged with the responsibility of compiling data for statistical purposes.

The Department of Human Resources is mandated to maintain a shelter program for victims of household abuse throughout the State. In 1979, with an allocation of \$50,000, Connecticut had seven shelters for battered women and their children. In January of 1980, two more shelters opened. Limited funding is the only restriction this State-authorized program has experienced in serving battered women. However, for the State fiscal year beginning in July 1980 and ending June 30, 1981, the Department has been allocated \$325,000 for grants to shelters for victims of household abuse. During FY 80-81 the State expects to give grants to 9 shelters.

During the 1980 session of the Connecticut General Assembly, the Department of Human Resources was charged with submitting a plan to the General Assembly for determining and detailing the needs of victims of household abuse together with a detailed projection of the expenditures for implementing the plan for the fiscal years 82, 83, and 84. This plan will be completed by January 1, 1981.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Absence or unemployment of either parent affecting a child are the qualifying conditions for eligibility for AFDC. Single or dual parent families are eligible for services as are pregnant women with no child(ren) and unemployed/disabled fathers. There is no residency requirement, so that women in shelters are eligible to receive services (payment can be sent to a post

office box number.) A woman's income is computed separately from her husband's when determining benefits. Victims of domestic violence are served as part of the general population; there are no program efforts specifically focused on them. According to the respondent, this program's primary barrier to serving battered women is its focus on serving children. Federal legislation mandates AFDC to serve children in need; thus, AFDC cannot serve women unless they are pregnant or there are children present in the home. AFDC has no linkages with other programs in behalf of domestic violence victims.

- Emergency Assistance

This program has been terminated. Through Federal DHHS funding, the State does operate a Low Income Fuel Assistance-Home Emergency Assistance Program for low-income individuals. Those receiving AFDC benefits qualify for assistance to pay heating costs through the Department of Income Maintenance. Individuals whose income exceeds AFDC standards are eligible for assistance through the Connecticut Department of Human Resources fuel assistance program run locally by Community Action Agencies. Families assisted under the DHR program must have incomes not higher than 125% of the poverty level. No activities on behalf of battered women have been undertaken.

- Child Welfare Services - Generic

The program serves children age 0-21, including those identified as experiencing child abuse and neglect problems, behavior problems, and situations necessitating placement outside their own homes. The eligible population includes victims of domestic violence and specifically focuses on children of battered women and battered children.

As yet, the program has not established a definition of domestic violence nor has it established goals or objectives which specifically address the needs of battered women. However, battered women can be included under a general program objective "to maintain the family unit." Even though the program is not mandated by the State to undertake specific activities in behalf of battered women, it does so on a case-by-case basis.

The respondent did not believe it was feasible for the program to assume additional activities in behalf of battered women because the program is currently operating at full capacity. Child care services, counseling, and job training and development were cited as the program's services most needed by battered women. None of these services are targeted for receipt of additional funding in the coming year. According to the respondent, changes that would have to be made within the program to better serve battered women include: inservice training for staff; a change in program referral criteria so that children would not need to be involved; and an increase in staff available to intervene at points of domestic crisis.

- Child Welfare Services - Child Protective Services

The primary population served by Child Protective Services are children from prenatal to 18 years of age that are "at risk." The family as a unit receives program services in an effort to remove the child from risk.

The population served includes battered women and other victims of domestic violence; and, as a children's program, specifically focuses on serving children of battered women and battered children. Battered women could be included under a general program objective "to prevent, safeguard, and reduce violence in the family. The program has no mandated activities in behalf of battered women. According to the respondent, Federal legislation limits the program scope to children which produces a barrier to serving many battered women. Further, the respondent stated that the incidence of domestic violence was increasing in those areas of Connecticut hit economically by massive layoffs.

- Medicaid

Persons who are medically needy, including the elderly, families with unemployed fathers, families with one absent parent, and recipients of assistance from the Department of Children, Youth and Families, constitute the eligible population for Medicaid in Connecticut. The population served could include victims of domestic violence, but no program efforts specifically focus on battered women or other victims of domestic violence. The program has not established a definition of domestic violence, nor has it established any goals or objectives which specifically address battered women. However, battered women can be included under the program objective "to provide reimbursement for medical services."

The program does not have any mandated responsibilities in behalf of battered women, and it has not undertaken any activities in their behalf. Inpatient care, outpatient care, psychiatric/psychological services and physician services were the program services identified by the respondent as needed most by battered women. Physician services, clinical services, and dental services were designated as those services most needed by children of battered women, while abusing spouses were identified as needing psychiatric and counseling services. Funds for all Medicaid services will be increased by 10% this year. To better serve battered women, according to the respondent, the Medicaid program would need more clinics from which to provide services. The Medicaid program has no linkages with other programs related to the problem of domestic violence.

- Social Services (Title XX)

To receive services funded under Title XX, an individual or family must be eligible for AFDC or Title XIX. Monies are available to the program through a Federal-State match. The eligible population can include victims of domestic violence. The Social Services program efforts specifically focus on children of battered women. However, the program has not established a definition of domestic violence, nor has it established goals or objectives specifically addressing the needs of battered women. Program goals which could include battered women are "to provide safeguarding, legal services, and counseling." The program does provide counseling, referral, and legal services to battered women even though not mandated by the State to do so. The respondent considered it feasible for the program to assume additional activities in behalf of battered women, particularly increasing shelter, housing, and child care services.

According to the respondent, Federal legislation restricts the program's capacity to address the needs of battered women in that monies cannot be used to establish shelters. Yet, shelter and legal services are program services needed most by battered women. The respondent cited structured day care services for children of battered women as not being available through existing State/community programs. (NOTE: Under the terms of PL. 96-272, shelter costs for victims of household violence may now be claimed as an eligible expenditure under Title XX. Although at present, funding under Title XX is committed, future increases may well be devoted to expanding the State program. The Department of Human Resources is currently overseeing a small number of grants to shelters for the provision of child care services through the Office of Child Day Care.)

- Community Mental Health

Battered women and their children are eligible to receive services from a shelter program supported by the Community Mental Health Center (CMHC) program. Program goals include "giving protection and breathing space" to battered women. The YWCA originally organized the shelter program, and the CMHC program provides 54% of the financial support. The program has not established a definition of domestic violence. The respondent stated that this program does not need to make any changes as it is an excellent program which is providing comprehensive services. Lack of education and employment skills of women were noted by the respondent as factors contributing to the problem of domestic violence. Presently, legislative lobbying is continuing on the State level, and the YMCA's are beginning to work with abusers on the local level.

- Work Incentive Program (WIN)

Applicants and recipients of AFDC are eligible to receive assistance from the WIN program. All AFDC recipients are mandatory WIN registrants unless they have children under age six or are chronically ill. The general population served can include battered women, battered men, and abusing spouses but program efforts do not specifically focus on any of these groups. The program has not established a definition of domestic violence nor has it established goals or objectives which specifically address battered women. Program goals which can include battered women involve the number of job entries, work experiences, and on-the-job training slots filled relative to those proposed by staff.

The respondent did not think it was feasible for the program to assume any activities in behalf of battered women because so many other programs deal with battered women. There were no barriers identified to service provision and no linkages with other programs in behalf of battered women identified by the respondent.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Alcohol formula funds received and administered by the State are utilized to support community-based service providers. Any person who has alcohol-related problems and who applies for assistance from a funded program is eligible to receive assistance. In many programs, family counseling is an integral and key component, irrespective of whether the principal individual is being treated within the program. Such a component acts as a direct treatment service as well as a referral mechanism to other supportive services in the community. Outpatient care and alternative living arrangements were viewed as the program services most needed by battered women. There are no barriers cited which restrict the program's ability to serve this population. The respondent stated that it would be feasible for the programs to increase services to victims of domestic violence, particularly through better identification, recognition, and instruction skills. However, specialized staff training most probably would be needed to enhance these skills. The Connecticut Alcohol and Drug Abuse Commission has initiated activities aimed at determining both the incidence and relationship between alcohol/drug abuse and domestic violence, especially child abuse.

- Drug Abuse Demonstration and Community Service Programs

Anyone seeking treatment is eligible to receive services through this program. Battered women or other victims of domestic violence are not specifically included in the population served. There are no program efforts specifically focused on battered women and no definition of domestic violence has been established. The respondent also stated that the program does not have any goals or objectives which could include battered women. With additional funding, it would be feasible for the program to provide shelter, family counseling, hotline or emergency care services to battered women. It would also be possible for the program to maintain a liaison with other agencies.

Residential, emergency shelter, and outpatient care were cited as the program services potentially most beneficial for domestic violence victims. The respondent was not aware of any program linkages related to the problem of domestic violence. Further, the respondent indicated that only drug abusers were eligible to receive services; battered women are not eligible unless they are drug abusers, themselves.

STATE PROGRAM

Anyone who needs shelter services because of a domestic violence problem is eligible to receive assistance from this State supervised and locally administered program. Program efforts specifically focus on battered women and children of battered women. The program staff work with children and youth in coordination with women. The program has not established a definition of domestic violence; the program goal is to provide shelter for domestic violence victims. The 1977 State legislation was the impetus for establishing this goal. Objectives of the program include safeguarding individuals, and

providing counseling and legal services to victims. The program has State mandated responsibilities in behalf of battered women which were adopted in January, 1978, and made permanent in July, 1979. The respondent did not think it was feasible for the program to assume any additional activities in behalf of battered women because of funding limitations.

There were no barriers cited by the respondent which restrict the program's ability to serve domestic violence victims. Shelter and legal services were noted as this program's most beneficial services for battered women, shelter was noted for children of battered women, and counseling for abusing spouses. None of these program services are targeted for receipt of additional funding in the coming year. Structured day care service needs were identified as not being met through existing State/community programs. This program is engaged in coordination activities, particularly in setting up new shelter programs.

GRASSROOTS ORGANIZATIONS

Connecticut established a State Task Force on Abused Women in 1976; this organization was incorporated in 1977. The first shelter for battered women opened in 1975, and now there are nine shelters throughout the State, with most areas of the State covered except for a gap in the northwest section. Four more shelters are expected to open in the next year. Funds for shelters come from the Department of Human Resources, private foundations, CETA, and local churches. Local YMCA's are beginning to offer some direct services to abusers.

SUMMARY

Connecticut's shelter program has established shelters and supportive services to battered women throughout the State, with the Department of Human Resources responsible for this program's operation.

In general, DHHS-funded programs do not focus on battered women as a target population, although some do target on children of battered women and on battered children. Most respondents did not believe that their programs could increase or begin activities in behalf of domestic violence victims without mandates to do so and allocation of funds for service provision.

STATE PROFILE: DELAWARE

INTRODUCTION

The State of Delaware has a total population of 575,000, with Whites comprising the majority (86%), followed by Blacks (13%) and persons of Spanish origin (1%). Nearly 30 percent of the population lives outside metropolitan areas. The mean income for males is approximately two and one-half times that for females (\$11,842 versus \$4,603). Slightly less than seven percent (6.6%) of families fall below the poverty level, and 64,000 families (41.8%) receive some type of transfer payments. The unemployment rate is 6.5 percent.

The majority of respondents believed that the State's programs, in general, do not recognize domestic violence as a social problem. The only activity in this area derives from an LEAA grant and the private sector. Respondents indicated that, while individuals may recognize the problem, the State is reacting to initiatives, rather than taking the lead. Attitudes that violence is acceptable are still commonplace. Although flogging was disallowed about fifteen years ago, corporal punishment of children is still legal in the schools. Those respondents who thought the State's programs are recognizing domestic violence as a social problem cited the establishment of a Statewide Commission and the visibility of both the Equal Rights Amendment and the National Organization for Women as indicators of increased awareness within the State.

Delaware does not have legislation specifically relating to spousal abuse, although a bill is pending in the legislature. No criminal proceedings against the abuser are included in the proposed legislation.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program in Delaware serves children from either single or dual parent families whose incomes fall below the specified levels. Although the program does not have any goals or objectives which specifically address battered women, it does provide payments to maintain parents with children in temporary residences, including shelters. This procedure has been in effect for ten years.

The respondent indicated that it is not feasible for the AFDC program to assume special activities on behalf of battered women; benefits ought to be conferred as a service, funded through Title XX, rather than as an entitlement.

No specific barriers to serving battered women were noted. Periodic information sharing occurs between some private organizations dealing with battered women and the office overseeing the AFDC program. This exchange of information pertains to Federal legislative changes affecting, for example, eligibility for food stamps and Title XX services. The respondent stated that better coordination of programs serving battered women as part of their client populations would require a restructuring of the State organization, placing all program policy under one administrative head.

- Emergency Assistance

Current recipients of AFDC, SSI, and General Assistance may receive assistance from this program. While the program has not established a definition of domestic violence, nor any goals or objectives specifically addressing battered women, this population may be served as long as eligibility criteria are met. According to the respondent, unless the State plan limiting eligibility to the above-named recipients is changed, no activities on behalf of battered women as a special target population are feasible for the program to assume.

The fact that eligibility for assistance is based on income criteria, using a 1969 cost-of-living standard, results in an increasingly smaller proportion of the population able to receive services through this program. These circumstances pose a barrier to battered women who do not qualify as poor or who do not meet the other eligibility requirements.

Of the services available through Emergency Assistance, the respondent indicated that help in finding housing and financial assistance to obtain housing were most needed by battered women. To better meet the needs of this population, the respondent suggested that program staff would benefit from training on the range of services available, on the effects of domestic violence, and on interviewing techniques. There have been no program efforts directed toward coordination of activities on behalf of battered women.

- Child Welfare Services - Generic

Those eligible to receive assistance are abused, dependent, or neglected children who, with their families, are in need of supportive services. Although there are no program goals or objectives specifically addressing battered women, these individuals would receive help as part of the individual treatment plans which are developed to ameliorate or avoid any maltreatment of the child in the family. Thus, direct services are provided secondarily to battered women in substantiated cases of abused, neglected, or dependent children. Technical assistance, or consultation and referral to social service agencies are provided to battered women who may come in contact with or be identified by program staff. Because current resources are so limited, no additional activities on behalf of battered women can be assumed by the program.

The respondent indicated that child protective services have nearly universal eligibility and more flexibility in providing services than many other programs. It is, thus, difficult to identify any barriers to serving battered women in those cases where maltreatment of children is also substantiated.

The Child Welfare Services program is engaged in coordination activities on behalf of battered women through participation on the Domestic Violence Advisory Committee. This Committee is sponsored by the Criminal Justice Planning Commission which received the LEAA grant to provide services to victims of domestic violence. The respondent stated that improved planning and coordination within and among programs would provide better direction of activities in behalf of battered women.

- Child Welfare Services - Child Protective Services

Services are available to anyone, without income limitation, who is reportedly involved in suspected abuse, neglect, exploitation or maltreatment of a child. While there is no program definition of domestic violence, nor any program goals or objectives specifically addressing battered women, this population may receive services within the general program goal of preventing the occurrence or reoccurrence of child abuse, neglect, or dependency. The family as a unit is rehabilitated to aid the child's welfare.

The respondent stated that, if Title XX funding were to be increased, direct services such as counseling and prevention activities could be assumed on behalf of battered women as a special target population.

According to the respondent, barriers to addressing the needs of battered women exist in that the program mandate is to protect children; thus, unless a child is reported as abused or neglected, the mother (or family) cannot be served. In addition, although part of the mandate is to prevent the occurrence or reoccurrence of abuse, the funds available to the program have not permitted the development of a preventive component. As a consequence, services to help in situations of potential abuse of the child, as opposed to actual abuse, are not available within the program.

Some staff have received training or technical assistance to better understand the needs of battered women and their families. To increase staff's ability to serve this population, the respondent identified that training in the nature of, and legal rights inherent in, marital relationships would be of help in counseling clients.

- Medicaid

The Medicaid program serves AFDC and SSI recipients. Battered women may be served in the sense that a provider will be reimbursed for treatment rendered (e.g., a hospital which admits an abused female for care related to her injuries). The respondent identified several activities which could be assumed by the program on behalf of battered women: collection of statistics; providing education to providers; reporting to other agencies; and supporting relevant legislation.

Given the restriction of providing services to the poor and elderly, the Medicaid program's capacity to serve battered women is limited. The program does not have a definition of domestic violence, nor does it operate under any goals or objectives specifically addressing battered women.

The respondent was not aware of any program coordination activities related to battered women. A general understanding of the dynamics of abuse-- what happens and why it happens--would be helpful to program staff to increase their ability to meet the needs of battered women and their families.

- Social Services (Title XX)

The primary populations served through Title XX are AFDC recipients and children who are abused, neglected, or dependent (without regard to family income). Although there is no programmatic definition of domestic violence

nor specific goals/objectives addressing battered women, this population can receive services through such program goals as: to avoid abuse or neglect of children; or, to reunite families.

The respondent cited the following illustration of how these goals could include battered women. If the woman has gone out on her own, is in job training or has a job, or has some special need with regard to protecting her child (all of these constituting a documented need), and is an AFDC recipient or income eligible (based on a sliding scale related to family size), she could receive day care services for her child.

The funding level provided through Title XX prevents assuming activities directed toward battered women as a special target population. No program specific barriers toward serving this population were identified. Case-work counseling and day care services were named as those services most needed by battered women from the range of services available through Title XX.

Participation on the Domestic Violence Advisory Committee, sponsored by the Criminal Justice Planning Commission, is the vehicle through which coordination activities on behalf of battered women occur. According to the respondent, Title XX staff would benefit from training or technical assistance in the areas of: identification that abuse has occurred; understanding the dynamics of abuse; and unique planning and treatment services which might be evolved to help battered women and their families.

- Community Mental Health

Anyone living within the catchment areas in the State may receive program services. The population does include battered women and other victims of domestic violence; the only specific program targeted on victims is a diagnostic and treatment center for abused children who have developed severe emotional problems; work with the parents is part of the treatment component.

Service goals and objectives include assessment (e.g., to determine the psychological and social damage to the victim), and treatment (e.g., to help the couple or family to interact with each other without the occurrence of violence). In this context, battered women would be identified and helped, even though no program definition of domestic violence or goals specifically addressing them exist.

Several activities relating to battered women are conducted by the Community Mental Health program. There is an adult day care facility which includes elderly persons who are abused. A training workshop, for program and other agency staff, was held last year and involved six different sessions. Furthermore, the staff does work with the family courts to help arrange shelter and counseling for battered women. The respondent indicated that additional activities, specifically more staff training and a public relations effort, could be assumed by the program on behalf of this population.

No programmatic barriers to serving battered women were identified. With the exception of the involvement with family courts, there were no program coordination activities on behalf of battered women of which the respondent was aware.

- Work Incentive Program (WIN)

The WIN program serves the AFDC employable population. No services are targeted on battered women, nor are there any goals or objectives specifically addressing them. However, those who are eligible for WIN services would be assisted fully to gain employment, which, according to the respondent, could alleviate the battering problem.

Activities which the respondent felt could be undertaken on behalf of battered women include: coordination with the Labor Department; collection of incidence statistics; and program planning (e.g., classes to provide selfhelp).

The respondent did not identify any programmatic barriers restricting WIN's capacity to address the needs of battered women. Of the services available through WIN, counseling services were cited as most needed by battered women.

The program has not engaged in any coordination activities on behalf of this particular population. Awareness training and program planning would be helpful to the WIN staff to increase their ability to meet the needs of battered women and their families.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The population which may receive assistance from this program are alcohol abusers and the acutely intoxicated who are in need of counseling and supportive services. Individuals must be free of mental and/or physical disabilities which require other types of care. Priority for treatment is given to residents of the State.

The Department of Health and Social Services, within which the alcohol program operates, recently issued a definition of domestic violence; paraphrased, it speaks of mental and/or physical harm inflicted by one family member upon another. The definition does not limit the program's ability to serve battered women. Battered women would receive any supportive services needed from other agencies, primarily Family Services, as part of the program's goals and objectives for treatment and help.

Some activities have been undertaken by the program on behalf of battered women. Training and technical assistance to increase the awareness and sensitivity of program staff have been provided to a degree, within the context of the clinical setting for treatment of an alcohol problem. Whenever a case of battering is identified, the program does assume responsibility for referral to shelter care and family counseling. According to the respondent, it might be feasible for the program to assume additional activities in the areas of increased outreach, perhaps through agencies, hospitals, and the media; and the provision of more training or study on the relationship between alcoholism and battering.

Several barriers that restrict the program's capacity to address the needs of battered women were identified by the respondent. An individual must

have an alcohol problem to be eligible for treatment; thus, if a battered woman does not have such a problem, herself, she will be referred elsewhere. Federal confidentiality regulations require the individual's permission to report and refer him/her to other agencies for help. Often the individual client does not want to go "on record." Similarly, other agencies working with a person cannot share or get information without the client's consent. This situation hinders the overall effectiveness and range of treatment services which might be brought to bear on the client's problems. The State Attorney General has indicated that a service provider agreement among agencies which would permit an exchange of information in cases involving battered children and spouses is legal. The Division of Social Services and Bureau of Alcoholism and Drug Abuse are in the process of arranging a service provider agreement. In addition to these cooperative activities, several State staff members have encouraged local facility staff to do as much as possible with regard to serving battered women with whom they come in contact.

- Drug Abuse Demonstration and Community Service Programs

Individuals who have problems with drug abuse are eligible to receive services through this program. Battered women, who are also drug abusers, are treated and referred to other community service providers, as appropriate, to receive assistance. The program has neither a definition of domestic violence nor goals or objectives specific to battered women.

The respondent indicated that it would be feasible for the drug program to assume some activities on behalf of battered women. For example, a closer working relationship with domestic violence programs could be developed to help identify whether the woman or her partner has a drug problem. If so, then the drug abuser could be referred for entry into the appropriate drug program.

According to the respondent, the restriction which limits the program's capacity to address the needs of battered women is that clients must have drug abuse as their primary problem. Without such a diagnosis, an individual cannot enter into the program.

Coordination activities have been limited to advising local shelter directors about the availability of NIAAA funds for domestic violence programs. The respondent indicated a willingness to explore the types of training or technical assistance the drug program might be able to offer the domestic violence program staff, should such a request be made.

STATE PROGRAM

The Family Violence Project is funded by an LEAA grant, awarded to the Delaware Criminal Justice Planning Commission, and a 25% State match. The program has been in operation since August, 1978, and is supervised by an Advisory Board. Two subcontractors, Child, Inc. (upstate), and People's Place II (downstate), provide direct services. The Board's principal activities now are directed toward obtaining State funding for the shelters when the LEAA grant runs out at the end of October, 1980. Without State funding, the program will end.

Any battered adult in the State is eligible to receive program assistance. The criteria for admittance into the program is evidence of physical and psychological abuse within the last six months; to gain admittance into the shelter, the individual must have evidence of physical abuse within the last week. While victims do include men and women, the program efforts currently focus on battered women.

Among the mandated (by LEAA grant and subcontract) responsibilities undertaken by the program are: provision of safe shelter care, counseling, crisis intervention, and advocacy services; community education and outreach; technical assistance to program staff; and program evaluation. Unless more funding is obtained, additional activities cannot be assumed; existing resources have been "stretched to the limit."

The respondent identified two major barriers which restrict the program's capacity to address the needs of battered women. The first concerns the criminal justice system, in that, existing laws, either in their specific provisions or implementation, do not provide relief for a woman in an abusive situation. Assault against a stranger is much more often punishable than is assault against a spouse. One law, referred to as "imperiling the family relations," can be utilized to force the abuser out of the house and into counseling; however, it is infrequently applied. Recently a series of meetings with all judges has resulted in the development of a written policy statement regarding application of this law. Periodic follow up will be conducted to see what actions ensue.

The second barrier relates to the program evaluation forms and procedures which LEAA requires. On average, a counselor spends one and one-half hours per client filling out forms during or immediately after initial contact. Thereafter, about two hours of paperwork per week per client are required. Maintenance of these records, in addition to LEAA's progress reporting system and other paperwork, takes time away from providing direct services.

Extensive coordination activities occur with the Advisory Board, the subcontractors, the Division of Social Services, and the Attorney General's office. The primary activity with the latter group is the identification of prosecution issues and criteria for prosecution.

GRASSROOTS ORGANIZATIONS

Efforts on the part of grassroots organizations to increase awareness about the problem of domestic violence and to assist in providing services to victims appear to have emanated from local YWCA's and concerned individuals in various communities. The Governor's Commission on the Status of Women, the United Way, the National Organization for Women, and the Delaware Criminal Justice Planning Commission were sporadically mentioned as advocates in the State working on behalf of battered women. Child, Inc., and People's Place II were universally identified by respondents for their activities. These two organizations, given prominence by virtue of their subcontracts and subsequent publicity by the Criminal Justice Planning Commission, are viewed as the major advocates for and service providers to battered women.

SUMMARY

Delaware has a very active Family Violence Project. Within a two-year period, it has become a highly visible program and has established working relationships within the Division of Social Services and the criminal justice system. However, its future is in jeopardy unless State funds are made available to supplant the LEAA monies which support 75% of the program efforts.

Most respondents did not mention the pending legislation related to spousal abuse. Overall, support for the proposed bill appears to be minimal and its chances for passage are low.

PROFILE: DISTRICT OF COLUMBIA

INTRODUCTION

The District of Columbia has a total population of 693,000, the great majority of which are Black, numbering 497,000. About 179,000 of the total are White and about 13,000 are of Spanish origin. Mean income for males is \$11,069 while for females it is \$7,094. The percentage of individuals living below the poverty level is 12.5 with 70,000 families receiving some type of transfer payment. Unemployment is 6.5% of the labor force. Since the District of Columbia is totally a metropolitan area, all residents live within the city.

Legislation currently being introduced to define the realm of protective services to adults is similar to the legislation already in effect governing abused children. If these statutes take effect, many Federal programs would be able to expand their services to include domestic violence victims.

One characteristic unique to the population of the District of Columbia, identified by respondents as affecting the incidence of domestic violence, was the degree of affluence of the larger metropolitan area including the Maryland and Virginia suburbs along with the great percentage of government employees living in these suburbs. This concentration of well paid, middle class professionals stands in stark contrast to the low-income, high density inner city with its concentration of Blacks who suffer from high unemployment and poor housing. There is a high percentage of unskilled Black youth with little chance of upward or outward mobility; thus, there is much dissatisfaction and unrest over inequities in the labor and housing areas.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

No program goals or objectives specifically address battered women; however, the general program goals to strengthen family life, to maintain safety within the community, and to provide homemaker services where needed could include them. Although no activities have been undertaken on behalf of battered women and their families through the AFDC program, the respondent felt that it might be feasible to initiate a counseling program to help domestic violence victims become aware of available services that could help them. In this endeavor, the AFDC program would serve as a referral source or liaison between the person seeking help and the appropriate service or program.

Barriers to service to battered women identified by the respondent are the Federal regulations that specify income eligibility criteria. These criteria, in effect, limit the numbers of those who can be served, especially in cases of battered women from higher socioeconomic levels who would not meet income eligibility requirements.

Formal referral procedures exist between the AFDC program and the Social Services program, with AFDC staff referring battered women to Social Services staff for the provision of various services.

- Emergency Assistance

The Emergency Assistance Program in the District of Columbia serves any resident facing financial crisis which could cause the breakup of his/her home. The reasons for such financial problems can include many possible contingencies, except for money mismanagement which is not an acceptable reason for granting emergency financial aid. Adults with no children are included in the eligible population. Program goals, while not specifically addressing battered women, include them in broad goals "to provide temporary shelter for homeless men and women, and "to provide financial assistance to those needing help in relocating." The respondent did not believe additional activities could be undertaken on behalf of domestic violence victims because of enormous budgeting problems and serious staff shortages within the program.

No linkages or coordination activities in behalf of battered women were identified by the respondent.

- Child Welfare Services - Child Protective Services

This program serves anyone, without regard to income, who is referred because of suspected child abuse or neglect. The focus is on children, with all program activities targeting on their needs. Although no program goals or objectives specifically address battered women, they could be included under the general program goals "to maintain family stability; to maintain family functioning as a unit; and, to provide crisis intervention as necessary." Thus, battered women can receive services through this program, if they have a child who needs help or protection. If a battered woman with no children were identified, this program would refer her to another service or agency, such as Adult Protective Services, or to a shelter home.

According to the respondent, barriers to service delivery concern the District's legislation mandating the program to serve only children; thus, services to battered women are limited to those with children. Even under these circumstances, direct treatment is provided only in relation to the way that the battering of a woman affects the abuse or neglect of the child.

Services offered through the Child Protective Services program include: emergency housing; crisis intervention; family, individual and group counseling; day care; some financial assistance; and homemaking. Of these, battered women were identified as most needing the night crisis intervention services, and their children as most needing child care, transportation, and homemaking services.

No coordination activities in behalf of battered women were identified by the respondent among Child Protective Services and other District programs. One reason why other programs look to Child Protective Services (CPS) to serve battered women is that CPS is the only program that operates at night and maintains a 24-hour crisis intervention unit.

- Medicaid

Medicaid recipients can include anyone receiving categorical assistance such as AFDC or SSI, or any youth or child who is a ward of the District of Columbia. According to the respondent, the program could serve battered women, but there is no particular targeting on any population group except for those children in the custody of the District of Columbia who are automatically eligible. The respondent did question whether the needs of battered women would include the kinds of services offered by the Medicaid program.

Barriers to service by the program concern District level restrictions that disallow services to anyone other than AFDC or SSI recipients. All others in need of medical care must receive services from D.C. General Hospital as part of the Medical Charities Program; however, there is some hesitation on the part of potential recipients to go there for help. In the case of battered women, the respondent stated that other agencies and programs were better equipped to deal with the whole issue of domestic violence, citing Social Services and Adult Protective Services as more appropriate. No coordination activities were identified involving the Medicaid program on behalf of battered women.

- Social Services (Title XX)

Anyone 18 years old or older who is in a life-impairing situation involving exploitation, maltreatment, or abuse can receive assistance from the Social Services program. Although the program does not focus on battered women, they can be served under the general program goals "to stabilize a person in need, to provide on-going counseling, and to provide legal aid when necessary."

Activities undertaken on behalf of battered women have primarily involved efforts to establish a protective service law for adults, and, through this law, to provide direct services to adults who are victims of domestic or other violence. No other activities are seen as feasible by the Social Services program because of staff shortages and large caseloads.

According to the respondent, barriers to service also focus on the lack of a protective services law for adults. The ability of Federal programs, such as Social Services, to assist battered women is inhibited because, without a mandate, there is no requirement for program cooperation and compliance.

Program coordination activities on behalf of battered women have involved meetings with members of the D.C. City Council to discuss an adult protective law, staff working with other agencies such as the D.C. Citizens Complaint Center and the Columbia Senior Citizens Center (these agencies refer domestic violence victims to the Social Services program for counseling); and, efforts with other agencies to establish a law of conservatorship on behalf of adults in need of protection.

- Work Incentive Program (WIN)

The WIN program serves all AFDC recipients with children over the age of six. Battered women are not targeted specifically, but can benefit from the program. According to the respondent, the general program goal "to provide vocational training and job placement services" is one directly of interest to battered women, as they can utilize these services when trying to become independent.

Barriers to service identified by the respondent concern the eligibility requirements of the WIN program; these regulations severely limit the number of persons who can be served. No linkages or coordination activities have been established on behalf of battered women through the WIN program.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

This program serves any resident of the District of Columbia with an alcohol problem without restriction as to age or socio economic status. Many of the client population are court referrals. The program does not specifically address battered women, but includes them under the general program goals "to establish and implement a manpower development program; to formulate a plan for a prevention model targeted on specific populations; to advocate for local hospital treatment of alcoholism; to increase the number of halfway houses in operation for alcoholics; and, to establish a court liaison program." No specific program activities have been undertaken on behalf of battered women; however, the respondent considered it feasible to conduct needs assessments to determine the extent of the need for services to battered women within the population utilizing alcohol treatment services.

Barriers to service focus on budget restrictions. At present, staff shortages prohibit any focus by the Alcohol program on any target groups. These restrictions may be resolved partially by the reorganization of the Department of Human Services; one result of which is an anticipated increase in the number of program planners among the staff whose efforts would focus primarily on the targeting of specific population subgroups of alcohol abusers. Coordination activities have involved informal meetings with other programs concerning technical assistance and the sharing of resources.

- Drug Abuse Demonstration and Community Service Programs

The drug program in the District of Columbia serves any resident with a drug problem regardless of age or income. No program goals specifically address battered women, but they could be included under the program objectives "to provide family counseling, and to provide referrals to those with additional problems besides drug abuse." Although no specific program activities have been undertaken on behalf of battered women, the respondent believed it was feasible to plan some program activities for this target group, to provide some direct services in the area of rehabilitation, and to conduct needs assessments on service needs of victims of domestic violence. However, according to the respondent, the extent of the incidence of family violence among the drug abusing population must be determined, and there must be an

increase in the numbers and the expertise of staff in family dynamics before services could be effectively delivered to battered women.

No linkages or coordination activities were identified by the respondent on behalf of battered women through the drug program.

GRASSROOTS ORGANIZATIONS

Several grassroots organizations and local groups in the District of Columbia and the surrounding metropolitan area were identified by program respondents as active on behalf of domestic violence victims. Three shelters, the House of Imogene and My Sister's Place in the District of Columbia, and the House of Ruth in Baltimore, Maryland, were cited as fully operational shelter facilities that were used as referral sources by program staff. Respondents also mentioned the Women's Legal Defense Fund, the D.C. Citizens Complaint Center, and the D.C. Women's Task Force on Alcoholism. These latter groups work on women's issues, make referrals, and lobby for protective legislation for adults.

SUMMARY

The District of Columbia is considered inactive both as to legislation and provision of direct services to victims of domestic violence. While two shelters for battered women are available in the District, these are operated by private grassroots organizations. Program respondents cited Federal regulations concerning the eligible populations that could be served by their programs, under-staffing, and lack of funds as barriers to activities specifically addressing battered women. Many respondents also stated the need for staff training in recognition and identification of the problem, in knowledge of the dynamics of domestic violence, and in service needs of battered women. There is very little coordination activity in this area between programs, with most efforts focusing on the passage of adult protective legislation.

STATE PROFILE: FLORIDA

INTRODUCTION

The population of Florida is 8,494,000; the majority is White but there are substantial Black and Spanish populations as well. Females outnumber males by almost 300,000. The mean income for males is \$9,529, more than twice that for females (\$4,532). A relatively high proportion of the population, 14.4%, have incomes below poverty level. Of the 2,631,000 families in Florida, 1,155,000 receive some type of transfer payment, and the unemployment rate is approximately 6.5%. The Florida population is relatively urban, with over 6 million people living inside metropolitan areas.

State-level program respondents cited a number of characteristics unique to Florida which they believe affect the incidence of domestic violence. These include: a highly transient population, particularly migrant laborers and tourists, which results in "rootlessness" and social isolation; unemployment and a seasonal labor market; low wage rates; a continually increasing population; and conservative, traditionally Southern attitudes.

Florida has been progressive in the area of legislation to address the problem of domestic violence. Although no civil remedies are specified, State law does provide for warrantless arrest based on the best judgment of the law enforcement officer. In addition, Florida has established a legislatively mandated spouse abuse program which awards grants to spouse abuse centers; the funds for this program are generated through an increase in the State marriage license fee.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The population eligible for services under Florida's AFDC program is limited to children deprived of parental support and care. Pregnant women with no other children are eligible for assistance, but Florida does not have an unemployed parents program. Women in shelters can qualify for AFDC if they are planning to establish a home. In fact, because of extensive variations in living arrangements (for example, shelters, halfway houses, homes for unwed mothers), AFDC program staff have attempted to be as flexible as possible in interpretation of AFDC residency requirements. A woman who is separated physically, but not legally, from her husband can be considered for AFDC eligibility based on her available resources, with her husband's income excluded. Florida's AFDC program does allow good cause claims for women who wish to be exempted from the child support enforcement process.

This program has no specific goals addressing battered women but does have general goals to provide assistance as quickly as possible, which could include battered women. This program has not assumed any activities targeted on battered women, and the program respondent did not believe it feasible to do so. The respondent explained that AFDC has no outreach program and cannot

establish one. However, the application rate is already high because individuals needing assistance, including battered women, usually seek AFDC benefits first as that is the resource that most people know about.

The major barrier cited to battered women attempting to obtain aid through AFDC is State-level policies. First, AFDC is not designed to be an emergency program. Florida has a policy to document and verify assets and income for all applicants, and this policy, combined with the high volume of applications, results in a 30 to 45 day waiting period before the applicant may begin to receive benefits. Florida has no Federally funded emergency assistance program, but battered women may receive county assistance to tide them over until they are determined to be AFDC eligible. In addition, the program respondent pointed out that, although the mandatory income and assets verification somewhat lengthens AFDC processing time, it is beneficial because it eliminates errors and makes more money available to persons who do qualify. The respondent mentioned that the State legislature is currently considering an increase in AFDC benefits; this is important because, according to the respondent, it is very difficult to live on Florida's current AFDC grant without additional resources. This program has not been involved in any coordination mechanisms in behalf of battered women.

- Emergency Assistance

Florida has no Federally funded Emergency Assistance program.

- Child Welfare Services - Generic

Because Florida's Title IVB funds are used exclusively for foster family care, no interview was conducted with a respondent from this program.

- Child Welfare Services - Child Protective Services

Florida's Child Protective Services program is funded through Title XX and State General Revenue. All Title IVB funds are used for foster family care, and the State is currently receiving no NCCAN funding. Anyone who is referred to Child Protective Services for involvement in suspected child abuse or neglect may receive assistance through this program. The general goals of CPS, to maintain intact families and to work with the family as a unit, could apply to battered women, but this program has not focused any goals or activities specifically on them. The program respondent did not believe it feasible for CPS to assume activities for this population primarily because of staffing and funding limitations. A change of emphasis from children to parents and the family unit would also be necessary before this program could focus on battered women. The respondent cited several barriers which make it difficult for CPS to serve battered women. First, the program is mandated to serve children and has no legislative authority to serve adults. In addition, staff do not have the necessary expertise or training regarding the needs of battered women and the appropriate treatment methods for this problem area. Finally, to effectively serve battered women, the program would need shelter space which could be available for both parents and children; such resources are not currently provided. In the view of the respondent, the most urgent

need of battered women is a respite period and safe shelter, neither of which can be provided by CPS. However, CPS does have a range of services available for children of battered women and could provide counseling for abusing spouses. Florida's CPS program has not been involved in coordination activities for battered women.

- Medicaid

The eligible population for Florida's Medicaid program includes the categorically needy; i.e., persons receiving AFDC or SSI, children in foster family care, and persons who are institutionalized. To date, the optional eligibility categories (the medically needy) are excluded, but it is proposed that these categories be added next year. Although this program has no goals or activities focused on battered women, the overall program objectives "to increase primary and preventive care for Medicaid recipients," "to develop alternatives to institutionalization," and "to control costs," do apply to this population. The program respondent felt that Medicaid could feasibly assume additional activities for battered women including: conduction of a needs assessment; identification of medical services which are needed but not currently available, through Medicaid; and, expansion of eligibility requirements within Federal guidelines to facilitate receipt of services by battered women.

The program respondent identified two primary barriers to serving battered women through Medicaid. The first is eligibility requirements, as Federally imposed eligibility criteria in combination with Florida's exclusion of optional eligibility categories, restrict eligibility for many battered women. Limitations on type of services also constitute a barrier. According to Federal regulations, Medicaid may only fund medical rather than social services. In addition, Florida does not provide all the Federally allowable optional services which could potentially expand the range of what is available. Florida's Medicaid program has proposed some expansion to include both optional eligibility categories and optional services in the years 1980 through 1983, thus allowing the program to serve a broader population and provide a greater range of services. Psychiatric care, EPSDT, and other medical care available through Medicaid are useful services for battered women and their families. Medicaid has not developed any linkages focused on services to battered women.

- Social Services (Title XX)

The eligible population for Title XX services in Florida includes the aged, blind, disabled, persons who are institutionalized, mentally disabled or "at risk." Title XX also has income eligibility requirements which specify a maximum gross monthly income of \$510 for two people and \$750 for a family of four.

This program has established definitions of adult abuse and neglect. Adult abuse is "an intentional, nonaccidental act committed by another person or self which causes physical or psychological damage or trauma"; the emphasis is on the intent rather than on the extent of damage inflicted. Adult neglect

is "intentional, nonaccidental omission of duty by another person or self that causes physical or psychological trauma."

Florida's Title XX program has not formulated any goals or assumed any activities specifically focused on battered women, although the Federal Title XX goal to protect vulnerable persons does encompass battered women. The program respondent did not know whether it would be feasible for Title XX to assume additional activities targeted on battered women due to the difficulties connected with involvement in domestic violence situations and the fact that many victims may not be Title XX income eligible.

Federal income eligibility requirements were cited as the primary barrier to serving battered women through Title XX. The respondent indicated that counseling is the Title XX service most appropriate for battered women and their families, and stated that the Florida legislature is currently considering a further increase in marriage license fees, the proceeds for which would be used for mandatory divorce counseling. If this responsibility were assigned to Title XX, the program's counseling services could be expanded. Title XX has not been involved in any coordination activities for battered women.

- Community Mental Health

The majority of services provided through Community Mental Health Centers are available to anyone, the exceptions being some specialized components such as inpatient residential care which have Title XX income eligibility requirements. Goals and objectives vary from center to center, but, according to the program respondent, no Centers have developed goals specifically addressing battered women. However, centers do have general goals, for example, to maintain the solidarity of the family and to work with the family unit in the treatment process, which are applicable to this population.

Community Mental Health Centers, according to the respondent, could feasibly conduct needs assessments and coordinate with other service providers regarding services to battered women with their present level of resources. However, the primary barrier to expansion of service to battered women through this program is the limitation on funding. Federal mandates already delineate some target groups and corresponding responsibilities for Community Mental Health Centers; thus, it would be difficult to target on an additional group. This barrier is compounded by the fact that battered women are hard to identify and often do not seek services. The program respondent stated that a variety of community mental health services are needed by battered women and their families, including crisis services, inpatient and outpatient treatment, residential and/or respite care, and individual and family therapy.

On the local level, the respondent believed Community Mental Health Centers were involved in linkages on behalf of battered women to a very limited extent. On a Statewide basis, however, the program has not developed such linkages.

- Indian Health Services (IHS)

Florida is included in the United South and Eastern Tribes IHS Area. IHS in Florida has not been involved in activities targeted on battered women. However, all battered women may use shelters within Florida, and tribes are tangentially involved in advocacy activities for this population.

- Work Incentive Program (WIN)

Eligibility for this program is limited to AFDC recipients. Any AFDC recipient may register voluntarily, but those with no children under 6 years of age and no physical handicap are required to register for WIN. Because AFDC in Florida has no unemployed fathers program, WIN has an almost exclusively female client population. This program has some objectives which could include battered women, such as "to provide employment," "to provide job training," and "to ensure sufficient wage levels;" however, the program has no activities focused on battered women. The program respondent believed it feasible to employ WIN registrants specifically to identify battered women, make them aware of available resources, and in general to provide information and referrals. In the view of the respondent, it would not be appropriate for WIN to target on battered women further without a Federal mandate. WIN could more appropriately refer any battered women who were identified to social service programs.

Some program practices were identified as potential barriers to battered women in need of services. For example, each WIN registrant is involved in a screening interview; battered women who describe their family problems may be screened out as unemployable and referred elsewhere. The program respondent believed that WIN child care and medical services were needed by battered women, but did not believe the program could offer much assistance to their children or abusing spouses. The WIN program has not engaged in any coordination activities in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Any resident of Florida needing assistance with an alcohol-related problem is eligible for services through this program; payment is based on a sliding fee scale. Florida's alcohol treatment program has no goals or activities specifically for battered women, although it does emphasize family therapy as the preferred treatment modality. The program respondent believed that, because there is a State spouse abuse program, it would not be appropriate for the alcohol treatment program to assume activities for battered women beyond establishing formal coordination with local spouse abuse centers and providing consultation for those centers, as needed. The respondent perceived no barriers to serving battered women, the exception being the victims' reluctance to seek help and their lack of knowledge regarding available resources.

Among the range of services provided by this program, counseling, short-term housing, medical care, and intensive therapy were identified as most appropriate for battered women and their families. There have been some attempts on the part of local alcohol treatment centers to coordinate with local

spouse abuse centers and to develop referral mechanisms, but there have been no linkages developed on the State level.

- Drug Abuse Demonstration and Community Service Programs

Anyone with a drug-related problem may receive services through this program, although drug treatment centers are required to give priority to clients with the "greatest clinical need;" this determination is made on a program by program basis. All clients are billed based on a sliding fee scale. This program has not focused any goals or activities on battered women, although it is attempting to increase services to women and has established a Task Force which is examining treatment of women in the State's substance abuse programs.

The program respondent did not believe it feasible to focus on battered women as a special target population, but felt that by focusing on women's treatment needs, the program would reach battered women.

The respondent identified several barriers to treating battered women. First, women must have a drug-related problem to be served. Second, since program services have been male-oriented in the past, there are no separate facilities for women with corresponding female-oriented services. Limitations on resources make it difficult for the program to expand services so as to remedy these problems. Finally, staff are not trained or experienced in working with women.

Several services available through this program were cited as needed by battered women and their families. These include: residential treatment; outpatient counseling; family counseling; and, day care. There are currently no linkages through this program geared toward services for battered women.

STATE PROGRAM

Florida implemented a State-funded spouse abuse program in July of 1978. This legislatively-mandated program funds a network of spouse abuse centers through a grant process with monies generated by the 1978 Marriage License Fee Trust Fund. The State is divided into eleven Districts, each of which receives \$25,000 base funding supplemented by an amount determined by the number of marriage license sales in that geographic area. The program currently funds 15 centers, with at least one center in each District. Each center may receive a maximum of \$50,000 from the State per year. In addition to State funds, centers receive funding from a variety of sources such as CETA, LEAA, and private donations.

Spouse abuse centers have no eligibility requirements other than need for assistance. This program's current definition of spouse abuse is "any assault battering or other physical abuse by a person upon his or her spouse." "Spouse" is currently defined as "any person to whom another person is married," but an amendment to this definition currently before the legislature defines "spouse" as "any person to whom another person is married, has been

married and is now separated or divorced, or has one or more children in common wedlock, or is related through household affiliation." Despite the limitations of the current definitions of spouse abuse and spouse, in practice, spouse abuse centers are presently serving any battered women whether or not they are married, as well as women who are psychologically abused. The overall goal of the State spouse abuse program is "to assist battered women, their children and abusing spouses," and individual spouse abuse centers incorporate more specific goals into their grant applications.

This program has undertaken a number of activities in addition to program funding. It is mandated by law to collect statistics on the incidence of domestic violence; this is done on the State level with individual centers and law enforcement agencies supplying data. Staff at the State level are also responsible for community education, and are developing a brochure describing available services. Some other functions are performed on the District level, including needs assessments, program planning, program monitoring, technical assistance and consultation, and staff training. Centers, themselves, are involved in needs assessments and staff training in addition to their direct service responsibilities.

The direct services available through the 15 spouse abuse centers currently funded by the State include emergency shelter, advocacy, and limited child care. The centers serve battered women and their children primarily, although abusing spouses have used counseling and advocacy services as well. Between July 1, 1979, and March, 1980, the spouse abuse centers served 1333 battered women; however, the program has no figures on the number of children or abusing spouses served. Battered women are currently limited to 22 days in a shelter by State regulations, although the program respondent believed this time period should be increased.

The primary limitation on the Florida spouse abuse program is level of funding; the program is currently funding 15 centers with only \$440,000, and each time a new center is funded, available monies must be divided among more groups. LEAA funding to shelters has been cut as well. As a consequence, the program has few resources to enable expansion, either of centers or services. For the fiscal years 1981 to 1983, the program has requested a 25% increase in funds, but it is not yet known whether this will materialize. The spouse abuse program currently has no linkages on behalf of battered women. However, it is in the process of assessing available services on the District level. Once this is accomplished, a determination will be made regarding effective coordination strategies.

GRASSROOTS ORGANIZATIONS

Respondents were unable to identify any grassroots organizations active in behalf of battered women in Florida. Several respondents cited the State funded spouse abuse program as involved; this was the most frequently mentioned organization. Others identified community mental health programs as also active.

SUMMARY

State-level program respondents in Florida indicated that there is minimal activity in behalf of battered women on either the State or local level, with the State-funded spouse abuse program the main exception. Its activities cover a broad range, with funding being the primary limitation. However, this program has a critical need for more publicity as demonstrated by the fact that not all the State-level program administrators were aware of its existence and activities.

The overwhelming majority of program respondents believed that Florida programs recognize domestic violence as a social problem, yet half of these respondents did not believe it feasible for their programs to address the needs of this population. This may be due, in part, to an awareness of the State-funded spouse abuse program.

STATE PROFILE: GEORGIA

INTRODUCTION

Georgia has a population of 4,910,000. Whites comprise 72% of the total, with Blacks and persons of Spanish origin accounting for 27% and .5%, respectively. The female population of Georgia slightly outnumbers males by 53% to 47%. The mean income for males is \$9,186 per year while for females it is \$4,338, the ratio between them being more than 2 to 1 in favor of men. Approximately 18% of the individuals and 14.6% of the families in Georgia are below the poverty level, with 598,000 persons receiving some type of transfer payments. About 50% of the population of Georgia live inside metropolitan areas, and 50% live outside metropolitan areas. The unemployment figure is approximately 4.9% of the labor force.

There was consensus among respondents that the State of Georgia has been slow in recognizing domestic violence as a social problem. Remedies are considered necessary, as most respondents believed the incidence of domestic violence was extensive. In the large metropolitan areas such as Atlanta, there is a growing awareness that victims of domestic violence have needs that are not being met through the current service delivery system. Respondents believed this to be true for the rest of the State as well.

Several characteristics were cited by respondents as unique to Georgia's population. One is the contrast in living conditions between the dense metropolitan areas of Atlanta and Augusta and the rural areas of the State. Each area seems to generate particular pressures on the family. The larger metropolitan areas have all the diverse problems associated with cities such as overcrowding; lack of social support systems; transient communities; lack of job opportunity; and, closed communities; while rural areas are isolated, and lack access to service systems. All respondents felt that domestic violence was on the increase in both metropolitan and rural areas, and believed that incidence was extremely high around military installations in Georgia. This was attributed to the fact that the Army pay is low for soldiers in the lower ranks, many of whom bring their families with them and then cannot afford housing, food, etc. Many of the Army personnel are young and newly married. With increased economic pressure, there is a high probability of family conflict and violent behavior, and no extended family or social support systems present to diffuse these problems. Another barrier to service mentioned by respondents was the lack of leadership by the State government in addressing, developing, and accessing the needed resources to begin a systematic response to the problem of domestic violence. Both the State court system and the legislative branches of government are seen as slow in recognizing and dealing with the issue in a meaningful manner.

No State funded programs targeting services on domestic violence victims were identified by respondents.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The qualifying condition for eligibility for AFDC is deprivation of a child due to absence or incapacity on the part of a parent. Georgia's AFDC program does not have an unemployed parent feature and is therefore limited in what aid it can provide to intact families. Women with children are eligible the day they leave their husbands, and only their available income (not that of the absent husband) is considered in determining their eligibility for AFDC. The program has not defined domestic violence nor are there any specific goals or objectives which specifically address battered women; however, battered women with children could be included under AFDC's general goal "to meet the needs of children." The program has not undertaken any specific activities in behalf of battered women, but if Federal and State level government provided mandates that specified battered women as a special target population and increased the monies available, it would be feasible to provide financial resources based on individual needs. The primary barrier that inhibits the program's capacity to serve battered women is the focus on serving children, as Federal legislation mandates AFDC to serve children in need. Thus, AFDC cannot serve women unless there are children present in the home. The program has no coordination linkages with regard to domestic violence victims.

- Child Welfare Services - Generic

The program can provide services to anyone who has a need related to a child management problem, and includes children who are determined through adjudication to be abused, neglected, or dependent. The major focus of the program is the placement of children (which may be voluntary) into alternative living environments such as foster family care, adoption, residential care, day care, etc. Thus, children are the primary recipients of service, with the family being served secondarily and only in relation to the children's well-being. This program has no definition of domestic violence and no goals or objectives specially addressing battered women. It has not undertaken any specific activities or services on behalf of battered women nor is there any belief that it would be feasible for the program to do so in the future. No barriers to providing service were identified and none of the services rendered were seen as being needed by battered women. However, if placement were sought for a battered woman's child(ren), services to the child could be provided. There are no linkages on the State level geared towards serving battered women.

- Child Welfare Services - Child Protective Services

The primary populations served under this program are children (under 18 years of age) who are abused, neglected or "at-risk." The program has no definition of domestic violence and no goals or objectives specifically addressing battered women. The program's mandates clearly emphasize service to be provided to children rather than adults, even within the family, thereby eliminating services available to battered women. Program respondents stated that Adult Protective Services within the Department of Human Resources should

assist battered women; however, the current Adult Protective Services eligibility requirements would probably exclude them. A major barrier to CPS providing service to battered women is the restricted focus of service to children only. There are no program linkages on the State level geared toward serving battered women.

- Medicaid

AFDC recipients (single parent families only), the needy blind, the elderly, and persons who are permanently and totally disabled constitute the population eligible for Medicaid in Georgia. Medicaid is generally not available to persons under age 21, unless they are included in one of the above mentioned eligible categories. The Georgia Medicaid program has not defined domestic violence, focused any program efforts on domestic violence victims, nor developed any goals and objectives specially addressing battered women. However, battered women could be included under the program goal "to provide services to eligible individuals." It is not feasible at this time for the program to target battered women as a special group without a clear mandate from the State. If the State were to designate battered women as a special target group, Medicaid could provide assistance; however, it would need to ensure that recipients were not getting the same services from the Department of Human Resources. If this barrier were lifted, battered women and their families may find the program's mental health, medical services, and crisis intervention most beneficial. However, if Medicaid's capacity to serve battered women were to increase, necessary changes would include an expansion in the mandated eligible population and an increase in funding. This program has no coordination mechanisms oriented toward services to battered women.

- Social Services (Title XX)

Families who are recipients of AFDC, SSI, and Medicaid, or who meet certain income eligibility requirements are entitled to services funded under Title XX. Although this population could include domestic violence victims, there have been no specific goals or objectives directed toward battered women. The program does not have a definition of domestic violence. One of the program goals, to provide services to adults who are abused or neglected, could include battered women; however, this State's Adult Protective Services program focuses on the elderly, infirm, and the handicapped. This is a key point because many of the respondents from other agencies believed that the Adult Protective Services program was already fully servicing victims of domestic violence. However, this is not the case unless a battered woman meets the other eligibility requirements. The Title XX program in Georgia has no mandate to serve battered women. One major barrier restricting the Title XX program's services is insufficient funding at all levels, the result being that services to other groups would have to be cut back to target services onto battered women. Other barriers include Title XX regulations which prohibit funding for emergency shelters for adults, and no clear mandates by State law to treat domestic violence as a social problem with the necessary services available to victims. Of the services already available to those eligible for Title XX, respondents cited that battered women most need emergency shelter, counseling, job training, employment, and day care. This program has no coordination mechanisms oriented toward services to battered women.

- Community Mental Health

The Community Mental Health program is divided into several catchment areas, each governed by a separate board that provides direction for the local centers. Anyone who seeks help can receive assistance through community mental health centers. Although this program has no goals focused on battered women, it is designed to help anyone in mental distress, and so can include battered women, based on individual need. The program has not formally defined domestic violence, nor are there mandates for activities specific to victims of domestic violence. According to respondents, battered women and their families would find counseling and physical health services most beneficial. Two barriers were identified: 1) no specific mandate to serve victims of domestic violence; and 2) lack of monies to serve even the present population; thus, reduction of other needed services would occur if domestic violence were to be targeted. This program respondent was not aware of any program linkages in behalf of battered women as these occur strictly on the local level.

- Work Incentive Program (WIN)

Anyone who qualifies for AFDC is also eligible for WIN, with all AFDC recipients mandatory WIN registrants unless they have children under 6, are physically or mentally disabled, or are between 16 and 21 years and still in school. Georgia's WIN program has no specific definition, goals or objectives related to domestic violence; however, some general goals of the program, to assist AFDC recipients in becoming economically independent, could apply to battered women. The WIN program has no mandated responsibilities toward battered women, and this was seen as a barrier to providing employment services to them. There would need to be State laws designating victims of domestic violence as eligible for WIN, with an accompanying increase in funding for service to be effective. Employment training, day care services, and counseling were seen as the program services most needed by victims of domestic violence. The program has no linkages with regard to services to battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs.

The Bureau for Alcohol and Substance Abuse Section encompasses both alcohol and drug abuse programs under the same administrative structure. All programs are available to anyone in the general population with substance abuse problems. The program has not focused attention on the needs of victims of domestic violence, but there is an emerging interest due to increased recognition of a correlation between substance abuse and domestic violence. The program has not established a definition of domestic violence nor specific objectives addressing them. However, the respondent stated that the program could focus more activity on battered women, based on the overall objectives set forth in the State Plan, even without a formal mandate. Such activities were believed to be feasible as long as one member of the family had a substance abuse problem. There is movement within the program toward a family treatment approach, thereby encompassing domestic violence victims. Barriers to serving battered women cited were a lack of mandated responsibilities and lack of

funds. Services believed to be most needed by battered women and their families were emergency shelter; counseling (family, individual, and group); and, crisis intervention. If additional funding were available, program services could be expanded. The program has no coordination linkages with regard to services to domestic violence victims.

GRASSROOTS ORGANIZATIONS

There are a few identified domestic violence programs in the State of Georgia, all in the private sector. Funding for these programs comes mainly from Federal grants, churches, private non-profit organizations, and donations from private citizens. Most of the programs are located in the more populated areas of Georgia such as Atlanta, Marietta, Rome, Macon, and Savannah. A newly formed organization called the Georgia Statewide Network Against Domestic Violence/Battered Women, is beginning to attract attention and make the general public as well as the State government more cognizant of the special needs of victims of domestic violence.

SUMMARY

To date, the State of Georgia has been relatively inactive in providing direct services or assistance to battered women and their families. The Georgia Senate did pass a resolution creating a Senate Study Committee on Domestic Violence, and this Committee will issue a report on its findings by mid-December, 1980. While many respondents recognized domestic violence as a problem, most believed that it was another agency's responsibility to provide the necessary services. Respondents agreed that the State of Georgia needed to face the problem of domestic violence, and to begin to take a leadership role in mandating services for this population, since without these mandates, very little would occur in the development of a continuum of care service system for victims and their families.

STATE PROFILE: HAWAII

INTRODUCTION

The total population of Hawaii is 844,000, and of this number, 254,000 are White. The mean income for males is \$11,282, and for females, \$5,182. The percentage of individuals in the State below the poverty level is 7.9 with a total of 88,000 families receiving transfer payments. About 5.9% of the labor force is unemployed. A large majority of the population resides in metropolitan areas.

Only three of the respondents reported that Hawaii may have some unique characteristics which affect the occurrence of domestic violence. These characteristics include the multi-cultural population, economic stress, a lack of housing, and an influx of refugees. Also mentioned was the conflict between the "plantation society mentality" (whereby women have a traditional role) and the reality of women working outside the home.

State legislation related to domestic violence is limited. Civil remedies and criminal proceedings provide only minimal protection.

There are two shelter programs which receive State funding. Only two respondents, including one interviewed for these programs, were aware of the use of State funds for services to domestic violence victims.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The population eligible to receive AFDC in Hawaii includes persons with categorical eligibility, unemployed parents, and pregnant women with no other children. Assistance for women and children in shelters is provided on an emergency basis and can be obtained within 48 hours. Although none of the program goals specifically address battered women, the goal of assuring a minimum standard of living for eligible persons could include them. According to the respondent, the staff providing income maintenance services are technicians rather than professionals; therefore, it would not be feasible for them to undertake any activities on behalf of battered women as a special target population. No barriers to meeting the needs of battered women were identified by the respondent.

- Emergency Assistance

Hawaii does not receive any Federal funding for Emergency Assistance.

- Child Welfare Services - Generic

All children under 18 who need protection or out-of-home care are eligible for child welfare services in Hawaii. The program has no goals which specifically address battered women, but the goal of resolving difficulties that affect children could include them.

None of the services provided are targeted on battered women and with current funding limitations, expansion in this direction is unlikely. Of the services which are currently provided, family counseling was cited as most needed by battered women. The children of battered women could most benefit from the program's crisis intervention services. None of the available services were identified as being needed by abusing spouses. No barriers to meeting the needs of battered women were identified.

- Child Welfare Services - Child Protective Services

Any child in Hawaii is eligible to receive child protective services. None of the program goals specifically address battered women, but the program does have a family adjustment component, so the goal of providing family counseling could include battered women.

Because the primary target group of the program is children, no program activities are focused on adults. Of the available services, those cited as most needed by battered women included family counseling, individual counseling and homemaker services. The children of battered women are seen as most needing someone to function in the role of a "significant other". Abusing spouses are viewed as primarily needing counseling services.

Program services to battered women are restricted by the fact that child protective services are limited to children up to the age of eighteen. According to this respondent, adult protective services only assist people with no children; thus, there is little available for an adult primary client with a child.

- Medicaid

In Hawaii, Medicaid recipients include categorically eligible and medically needy persons. The program goal of providing quality medical assistance can include battered women, but no goals or services are targeted specifically on this population. No barriers to addressing the needs of battered women were identified.

- Social Services (Title XX)

Protective services and information and referral are available to anyone without regard to income. All other Title XX services are provided to persons who meet the income eligibility criteria.

The general program goal of self sufficiency could include battered women, although none of the goals or program activities specifically address them. One residential treatment program reportedly does serve battered women

along with alcoholics and people with psychiatric problems. This facility has seven beds available and allows people to stay from a few days up to several months. The counseling program at the facility is geared towards fostering self sufficiency, however, specific targeting of services for battered women is not considered feasible at this time due to insufficient resources and other priorities. No barriers to the delivery of services to victims of domestic violence were noted.

- Community Mental Health

Currently, the Community Mental Health Centers in Hawaii receive Federal funds. Anyone with a need and no other resources can receive services from these Centers.

Meeting the mental health needs of special populations is one of the program goals which could include battered women. Of the available services, emergency and outpatient services were identified as being most needed by domestic violence victims and/or their children and abusing spouses.

State legislation was mentioned as restricting the Community Mental Health Centers' capacity to meet the needs of battered women, as the law stipulates that some form of mental illness must exist for receipt of program services. If interpreted strictly, this could exclude persons whose primary problem is domestic abuse.

- Work Incentive Programs (WIN)

Recipients of AFDC or AFDC-U who do not meet the standard exemption criteria must register for the WIN program.

None of the program goals specifically address battered women but some can include them. One of these goals is "to concentrate on women with children under six who are motivated to seek employment." Another goal is "to assist women who need to get away from the home for therapeutic reasons, by preparing them for employment."

WIN services are focused on the objective of employment, and none are targeted for a population of battered women. Targeting services for battered women was reported as not feasible because of limited staff and funding as well as the fact that serving battered women does not fit the program objectives. Of the services which are provided, counseling was identified as being most needed by both battered women and abusing spouses. None of the available services were seen as needed by the children of battered women. No barriers to the delivery of services to battered women were identified.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

In Hawaii, Federally funded alcohol and drug abuse services are provided by purchase of service arrangements with local, private non-profit agencies. Services are available to any adult with a need, with parental consent to treatment required for anyone under age eighteen.

No program goals specifically address battered women, but a general focus on women and children is considered a priority. No services are targeted on battered women; however, there are three Federally funded pilot projects addressing substance abusing women. To focus on the population of battered women is seen as desirable, but not fiscally feasible.

From the range of available services, battered women are seen as most needing shelter and counseling. The children of battered women most need day care, educational programs, and counseling. Abusing spouses most need counseling and detoxification. No barriers to the delivery of services to battered women were noted.

STATE PROGRAM

Three domestic violence programs in Hawaii are supported by State funds as well as by private contributions and the United Way. The Kokua Kalihi Valley program on Oahu was started in June, 1975, and currently receives \$9,500 from State funds. The Family Crisis Center in Hilo, Hawaii began in June, 1978, and currently receives \$19,048 in State funds. The Shelter, located at Kapa, Kauai and affiliated with the Hawaii YWCA, began in 1979. It receives \$20,000 per year in State funds. The monitoring of these programs was taken over by the Maternal and Child Health Division of the Department of Health in July, 1979, but the respondent did not know if either program received State funding prior to this date.

Services from these programs are available to any abused spouse. Program activities focus on battered men and women, the children of battered women, abusing spouses, and the family as a unit. In situations involving battered children, a referral is made to Child Protective Services.

Although there is not an established definition of domestic violence used by the programs, the respondent defined battered women as "women who are beaten and who are in a crisis."

GRASSROOTS ORGANIZATIONS

Most respondents were aware of the existence of shelter programs. A few mentioned were: the Center for Abused Spouses; the Information and Learning Center for Abused and Battered Women; and shelters operated by both Catholic Social Services and Child and Family Services.

In May, 1979, the Family Violence Association of Hawaii was formed with a membership consisting of service providers. To date, their primary function is as an information resource.

SUMMARY

The opinions of respondents were mixed regarding whether State programs, in general, recognize domestic violence as a social problem. Several believed State programs were not responsive, indicating that domestic violence was perceived as a side issue, i.e., acknowledged but not officially recognized. Those who gave a positive response believed that sensitivity to the problem is increasing, partly in connection with child abuse cases. One respondent pointed out that while program services do not exclude battered women, the State of Hawaii is too small to warrant specialized services.

Most of the activity directly focused on domestic violence is occurring at the community level.

STATE PROFILE: IDAHO

INTRODUCTION

Idaho's population is approximately 827,000; the majority are White but there is a substantial minority of persons of Spanish origin. Females only slightly outnumber males in the State. The mean income for males (\$9,757) is nearly three times that for females (\$3,732). About 8% of Idaho families have incomes below poverty level, and 93,000 families receive some type of transfer payment. The State's unemployment rate is approximately 4.7%. Idaho is a rural State, with only 139,000 persons living inside metropolitan areas.

Most respondents did not believe that there were any unique characteristics of the State which affect the incidence of domestic violence. However, several respondents cited factors such as unemployment, a culture advocating extreme independence, and a rural lifestyle with resulting social isolation as contributing to this problem. Some respondents believed that the presence in Idaho of a large Mormon population decreased the extent of domestic violence.

To date, Idaho has no legislation addressing the issue of domestic violence, nor any State funded or authorized domestic violence program. An Adult Protection Law will be presented to the Idaho legislature for consideration at the January, 1981, session. This proposed law pertains to persons over age 18 who are abused, neglected, indigent, incapacitated, or subject to exploitation. If the law is passed, the Department of Health and Welfare Social Services will administer the program through Title XX.

PROGRAM DESCRIPTIONS

o Aid to Families with Dependent Children (AFDC)

Idaho's AFDC program includes in its eligible population caretaker relatives and their children when the children are deprived of care because a parent is deceased, absent, separated, divorced, has deserted, is in the military, or is disabled. Unemployment is not a criterion for eligibility in this State's AFDC program. Idaho does permit exemption from child support enforcement through the "good cause claim" system, but the program respondent noted that there have been very few such claims.

The AFDC program has no goals oriented specifically toward battered women, although the program's general goal, "to attempt to provide AFDC benefits within 30 days after application," could include this population. This program has not undertaken any activities specifically in behalf of battered women. The respondent did not believe it feasible to do so, pointing out that the occurrence of domestic violence in a family is not directly related to the process of determining AFDC eligibility and that identifying this problem is not an appropriate function of already overloaded AFDC eligibility examiners. Identifying battered women, in the view of the respondent, is more applicable to the goals of social services programs. The respondent saw no barriers to serving battered women through AFDC. This program has not developed any linkages focused on services to battered women.

- Emergency Assistance

Idaho has no Federally funded Emergency Assistance program.

- Child Welfare Services - Generic

Children who are abused, neglected, in need of supervision, or are juvenile offenders are among the populations eligible for services through this program. The respondent stated that this program has no goals or objectives, either specific or general, which include battered women. Idaho's Child Welfare Services program has not undertaken any activities specifically focused on battered women, nor is it feasible for it to do so because the statutes authorizing this program's services focus on children. The program respondent saw this legislative focus on children as one barrier to serving battered women. In addition, on the Federal level, Title IVA and Title IVB, which are important funding sources for Child Welfare Services, are also limited to providing services for children, particularly in the area of foster care. The respondent pointed out that for this program to serve battered women and to broaden the scope of its services, its overall focus would need to be changed from children's services to family services.

One staff member from Child Welfare Services has worked with an individual from the State Office of Economic Opportunity to help establish programs for battered women. Both individuals are involved in this area on their own initiative, rather than as a result of assignment of responsibility by their programs. There have been no formal linkages established on behalf of battered women by the Child Welfare Services program per se.

- Child Welfare Services - Child Protective Services

Any person who is involved in the problem of child abuse or neglect is eligible to receive assistance through Child Protective Services. This program has not formulated any goals or objectives nor undertaken any activities in behalf of battered women. The respondent did not believe it feasible to do so, because of State statutes which limit the program to serving abused and neglected children under age 18, and, because of the lack of adult protective legislation in Idaho. The respondent also cited several other barriers which prohibit CPS from serving battered women. First, because of the legislative base, the policies and guidelines of CPS are very restrictive and permit services to family members only if an abused or neglected child is involved. Second, because of limitations on funding and line staff, CPS does not have sufficient resources to serve battered women even if this were permitted. Finally, Idaho legislators are not likely to broaden existing program definitions or implement new programs involving Federal encouragement and funding because State funds would be needed when Federal funding ended.

Some CPS services cited as possibly beneficial to battered women and their families include: emergency shelter; child care; crisis counseling; and immediate financial assistance. Although CPS has not developed any linkages in behalf of battered women, one staff member (as described under Child Welfare Services- Generic) has been personally involved in efforts to develop programs for battered women.

- o Medicaid

The Medicaid program in Idaho includes only the categorically needy in its eligible population; that is, persons who qualify for AFDC, SSI, or State financial supplements. This program has not formulated any goals specifically addressing battered women, although general program goals are to ensure good health care and to aid in promoting self-sufficiency and self-support. The Idaho Medicaid program has not assumed any activities in behalf of battered women; however, it is believed feasible to provide direct services focused on this population through community mental health providers.

The program respondent perceived no barriers to battered women receiving services through Medicaid; however, it was pointed out that Medicaid recently lost a lawsuit, and, as a result, will be required to allocate a larger proportion of the budget for nursing home care. This will of necessity leave less money for new programs and services. The Medicaid services cited as most beneficial for battered women and their families included: inpatient and outpatient medical care, mental health services, and health check programs. Medicaid has no coordination activities focused on battered women to date.

- Social Services (Title XX)

The eligible population for Title XX services in Idaho includes recipients of financial assistance (AFDC, SSI, and State financial supplements) as well as individuals with incomes less than 80% of Idaho's median income level. The Title XX program's general goal, "to protect adults 18 or over who are unable to protect themselves and are harmed or threatened with harm through action or inaction of another individual, resulting in physical or mental injury or neglect or maltreatment," could include battered women. To date, Title XX has not assumed any activities in behalf of battered women, although it was considered feasible to provide Title XX financial support for programs offering shelter, protection and services for them.

The program respondent reported no barriers to serving battered women through Title XX. Among the Title XX services cited as most needed by battered women and their families were: supportive counseling, health-related services, and child protective services. Title XX has engaged in some planning and coordination of services for battered women in conjunction with a local YWCA.

- Community Mental Health

Although the primary emphasis of Community Mental Health is on lower socioeconomic groups, anyone may receive services through this program on a sliding fee basis. The program has not specifically addressed battered women in its goals and objectives but it has identified the family unit as the focus for its consultation and education activities. Community Mental Health programs are not mandated by the State to provide services to battered women. However, on a program-by-program basis, they have provided consultation to organizations serving battered women, and direct services such as group counseling and psychotherapy. The respondent did not believe it feasible for the program to assume additional activities on a Statewide basis specifically for battered women due to limitations on staff and funding. However, if sufficient

need were demonstrated at the local level, it might be feasible for local programs to target services on this population.

In the view of the program respondent, there are no barriers which restrict Community Mental Health from serving battered women. Consultation, direct group treatment, and family treatment were cited as the program services most needed by battered women. Community Mental Health centers have developed linkages in behalf of battered women with a number of other agencies serving this population, including rape counseling groups, family counseling agencies, law enforcement, legal aid, and the judicial system.

- Indian Health Services (IHS)

Idaho is included within the Portland Area Indian Health Service. In Idaho, IHS has not become directly involved in services for battered women. There is limited advocacy for them at tribal levels; Native American battered women have access to shelters in Idaho through referral.

- Work Incentive Program (WIN)

AFDC recipients are eligible for services through the WIN program in Idaho. However, because there is no unemployed parent's program in this State, the great majority of WIN registrants are women. The WIN program has some general goals which could include battered women, for example, "to place a minimum number of people in employment per year," and, "to assist people in becoming self-supporting." WIN has not formulated any goals specifically addressing battered women, has not undertaken any activities specifically focused on them, and the respondent did not believe it feasible to do so because of the small State population and the impracticality of focusing on such a small subgroup.

The program respondent perceived no barriers to serving battered women through the WIN program, but also did not believe that any WIN services were especially appropriate for battered women and their families. This program has not developed any linkages in behalf of battered women. In general, the program respondent viewed battered women as part of the regular clientele of the WIN program and did not believe the problem warranted any special focus.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Anyone with an alcohol related problem is eligible for services through Idaho's alcohol treatment program. This program has no goals specifically addressing battered women, although some of the general program goals could apply to them. These include: "to provide day care where feasible, to involve women in the community; to use outreach to bring women into treatment; and, to establish preventive programs to increase public awareness and to raise the awareness of women."

Although the alcohol treatment program is not mandated to serve battered women, it has funded a halfway house which provides residential care both for women with alcohol related and family violence problems. This

halfway house serves one county and provides crisis shelter for 30 to 60 days. The respondent reported that it was feasible for this program to assume additional activities for battered women by utilizing outpatient services as a counseling resource. The alcohol treatment services cited as most needed by battered women and their families included: counseling, shelter care, and inpatient alcohol treatment services.

This program has been involved in some coordination activities for battered women. On the State level, alcohol treatment staff have reviewed the YWCA's applications for grants related to serving domestic violence victims. On the local level, one county (where the previously mentioned halfway house is located) has initiated local coordination mechanisms for dealing with domestic violence problems. The program respondent believed there to be no barriers which would restrict the ability of battered women to receive services through this program.

- Drug Abuse Demonstration and Community Service Programs

Idaho's drug treatment program may serve any person with a drug related problem. This program has the same general goals as the alcohol treatment program, and has no specific goals addressing battered women. The program has not assumed any activities in behalf of battered women, but the respondent believed that it would be feasible to use outpatient services as a counseling resource for them. The illegal nature of drug use, according to the respondent, presents a barrier to serving battered women; i.e., people are reluctant to seek aid if the potential for law enforcement involvement is increased by doing so. The program respondent believed that counseling, alternate placement, and a range of drug treatment services are among those most needed by battered women and their families. These services are available through this program. The drug treatment program has not established any coordination linkages in behalf of battered women with other programs.

GRASSROOTS ORGANIZATIONS

Respondents consistently identified the YWCA in Boise as the organization most actively involved in serving battered women. Several other organizations were also identified as involved in the problem of domestic violence, and include: a shelter in Idaho Falls; the YWCA in Pocatello; rape crisis centers in Couer D'Alene, Boise, Pocatello, and Idaho Falls; and community mental health centers.

SUMMARY

In general, State level program administrators in Idaho indicated very little active involvement in activities targeted on battered women, either on the State or local level. The majority of respondents believed that State programs recognize domestic violence as a social problem, but half did not believe it feasible for their programs to assume any specific activities in behalf of battered women and/or their families.

STATE PROFILE: ILLINOIS

INTRODUCTION

Illinois has a total population of 10,983,000; of this number, Blacks comprise 1,685,000, Whites 9,181,000, and persons of Spanish origin 412,000. Mean income for males is more than twice that for females, \$11,692 to \$4,994, respectively. About 8.3% of Illinois families are below the poverty level, with 1,234,000 families receiving some type of transfer payment. Unemployment is 5.7% of the labor force. Most Illinois residents live inside metropolitan areas (8,847,000), while 2,136,000 live outside these areas.

Characteristics of Illinois and its population that may affect the incidence of domestic violence, according to respondents, were probably typical of any large city and surrounding metropolitan area. For example, respondents noted the large urban Chicago area with its high unemployment rate, many public housing units, and the dehumanizing aspects and stresses of city life.

Illinois is unique, however, in its very active and effective Illinois Coalition Against Domestic Violence. This is a Statewide, non-profit, tax-exempt organization founded in 1978 when representatives from ten Illinois organizations met to plan a unified funding request for shelter and support services for domestic violence victims. The purpose of the Coalition is to establish and expand educational advocacy and support services for battered women and children; to develop research and data collection systems to document the nature and extent of service provision and the extent of family violence; to conduct Statewide educational public information efforts about domestic violence; and, to engage in any other activities which, directly or indirectly, contribute to the elimination of this problem.

In 1978, the Coalition signed two contracts with the Illinois Department of Public Aid for purchase of social services and administrative support under Title XX. Through these contracts, programs in nine Coalition member agencies were funded from December 1978 through June 1979. For 1979-80, the Coalition obtained \$1.5 million in Title XX funds for: service provision to an estimated 9,000 persons by 13 member agencies; administrative costs; and public affairs efforts. Services offered through the Coalition's programs are: 24-hour emergency shelter for battered women and children; 24-hour crisis hotline; individual counseling; advocacy; information and referral; support groups; emergency transportation and medical care; clothing; and community education. Services are provided by professional staff assisted by trained volunteers and paraprofessionals. The Coalition's philosophy is one of self-help with support and information available.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Persons eligible to receive AFDC benefits in Illinois include all those with dependent children, including children ages 18-21 if still in school. Intact families are eligible when one parent is unemployed or incapacitated; step-parent families are also eligible, since the step-parent is not

considered financially responsible for the spouse's children. A spouse's income is not considered in determining eligibility when a woman does not have access to it; this also holds true for joint ownership of property; however, if the couple is living together and the spouse has sufficient income to meet the woman's needs, that income is considered to be available to her.

Although there are no program goals or objectives specifically addressing battered women, the general program goals "to provide assistance to keep families intact," and "to provide a minimum standard of health and well-being" could include them. No specific activities have been undertaken by the program on behalf of battered women, but the respondent stated that the program was already doing as much as possible for them by allowing eligibility partly through a "valid separation" clause. This means that once children meet the deprivation criteria, a woman may receive AFDC aid if she is disassociated from family life and living in a separate residence. A separate residence can include a shelter.

No program coordination efforts or linkages with other programs in behalf of battered women were identified by the AFDC respondent. In general, however, interpretation of Federal regulations by this program is considered quite progressive on the State level; thus, no immediate restrictions were cited to the use of AFDC funds by battered women.

- Emergency Assistance

There is a Federally funded Emergency Assistance Program in Illinois available to AFDC recipients only. There is also a State funded and administered General Assistance Program in Chicago which could assist battered women who have no children. These women would also be eligible through this program to receive medical assistance. In other parts of the State, the General Assistance Program is locally administered and varies accordingly.

- Child Welfare Services - Child Protective Services

This program serves abused, neglected, and exploited children (up to age 18) and their families. There is a legally mandated Statewide Child Protective Services Board and an Advisory Committee for Cook County whose activities focus on battered children. Only after a child has been identified as in need of intervention/services, may other members of the family be eligible for services.

Program goals do not focus specifically on battered women, but battered women could be included under the general program goals "to maintain and strengthen life" and "to rehabilitate the family unit whenever possible". Although the program is not State mandated to serve battered women, it has undertaken activities on behalf of this population group. Since 1973, the Child Welfare Program has funded family shelters; these shelters are not exclusively for battered women, but the fact that a woman is battered may be the reason such a shelter is used. Other activities on behalf of domestic violence victims include: program planning, specifically with the Salvation Army's emergency shelter program; technical assistance; staff training on the issue of family violence; and legislative and legal activities, including testifying at State legislative hearings in support of shelters for battered women but

against the program having sole responsibility for financing and operating these shelters. The respondent did not believe it feasible for the Child Welfare Program to undertake any additional activities focused on battered women because of the program's role as coordinator rather than direct service provider to this target group. Also, the respondent preferred the program focus to remain on child welfare, believing that domestic violence should be a separate program, but linked to other social services. As many battered women are not mothers, the program respondent did not believe that the services offered through child welfare were appropriate or even available to some battered women because of eligibility requirements.

The only restrictions cited by the respondent that affected the program's capacity to address the needs of battered women were program level policies that limit intervention efforts to a child and the immediate family. The program intercedes only when a child is abused, neglected, or exploited, not when spouse abuse alone is the presenting problem, as the Department of Children and Family Services is the single State agency with sole responsibility for child protective services involving abuse, neglect or exploitation of children. The respondent did not believe that programs within the Department of Children and Family Services should be expanded to focus on battered women, rather she believed that this responsibility should remain with the Department of Public Aid. However, legislation, introduced and defeated in 1979, to place battered women's programs within the Department of Children and Family Services, will probably be re-introduced in 1980.

Services available through the Child Welfare Services program include: medical care; crisis intervention; counseling; child care; transportation; volunteer and homemaking services. The respondent stated that battered women most need counseling and referral to permanent housing, while their children most need counseling, day care and homemaker services. These services are targeted for expansion in the coming year.

No program linkages or coordination activities were identified by the respondent in behalf of battered women; however, this program does have such activities and linkages in behalf of abused children. According to the respondent, this is appropriate to the program focus and program objectives.

- Medicaid

The Medicaid program in Illinois has two eligibility categories: those individuals who need assistance to pay medical bills; and those individuals who receive cash assistance from various categorical programs such as AFDC or SSI. The program is supervised by a professional advisory committee made up of various vendor and service provider staff members.

There are no program goals or objectives focusing on battered women; however, this group can be included under the general goal "to provide essential medical services to those in need." No activities have been undertaken by the Medicaid program in behalf of battered women, and none were seen as feasible by the respondent because the Department of Public Aid has responsibility for battered women's programs, and directly funds services for this population group through Title XX.

Restrictions cited by the respondent as affecting service provision to battered women through Medicaid were Federal regulations that specify eligibility requirements such as receipt of financial aid through one of the categorical programs. Thus, the program is unable to serve any battered woman who does not fit into one of the currently established eligible groups. However, in determining income eligibility, the program only considers a person's accessible income and assets; thus, if a battered woman were separated from her spouse, his income would not be considered.

Illinois has one of the most comprehensive medical programs in the United States. Services cover the full range of medical care, from inpatient hospital and nursing home and to clinic care; physical rehabilitation; laboratory fees; funeral and burial; drugs and supplies; appliances; dental, eye, podiatry, and chiropractic services; and physical, occupational and speech therapy. According to the respondent, the services most needed by battered women and their children are physicians' and psychiatrists' services. These services will be expanded, as provider enrollment increases yearly; however, more providers are still needed in the rural areas of the State, primarily in the southern section. No program linkages or coordination activities were identified by the program respondent in behalf of battered women.

- Social Services (Title XX)

This program serves any individual who meets the Title XX guidelines for eligibility as based on family income and as adjusted for family size. There is a Citizens' Advisory Council which serves as an advisory body to the Director of the Administering Agency and provides a means of public input to the planning process. In 1977, this Council conducted public hearings concerning service needs and discovered gaps throughout the State in services provided by domestic violence programs. As described previously, Title XX contracts with the Illinois Coalition Against Domestic Violence to operate programs for battered women; thus, program efforts do focus specifically on battered women as a target population group even though there is no State mandate to do so. In the period from December 1978 to June 1979, these programs served nearly 2,000 women and children in crisis.

In 1979-80, \$1 million in Title XX monies was used by 13 member agencies of the Coalition for provision of comprehensive services to approximately 9,000 persons, and administrative costs necessary for the provision of these services. Specific activities undertaken by Title XX programs in behalf of battered women include (besides direct funding of services): collection of statistics regarding the incidence of domestic violence; needs assessments; program planning, monitoring, and evaluation; technical assistance; staff training; coordination with other community agencies; and, outreach and educational activities. The respondent stated that it would be feasible for the program to add service provision to abusing spouses and to conduct domestic violence special training programs for police, clergymen, and emergency personnel.

According to the respondent, one major barrier to service provision for battered women was Federal regulations prohibiting the use of Title XX funds for shelter care. This restriction has since been lifted with the passage of HR 3434 which permits Title XX to reimburse adult shelter care.

Another barrier cited by the program respondent involved unclear Federal regulations concerning income eligibility determination for receipt of Title XX social services. Program staff are not sure whose income should or should not be considered in determining eligibility. This problem is significant for battered women who often do not have access to a spouse's income and may be ineligible for program services if this income is considered.

Pending State legislation that would affect this program's ability to assist battered women is the measure placing responsibility for battered women's programs within the Department of Children and Family Services rather than leaving it within the Department of Public Aid. Since the domestic violence programs are established and currently fully operative, the respondent saw no need to transfer this responsibility at this time. Other pending State legislation would add \$5.00 to the marriage license fee for funding of domestic violence programs.

Services available through the Title XX program include: emergency shelter; outpatient medical care; 24-hour crisis intervention; counseling; child care; transportation; and advocacy. Battered women must be Title XX income eligible to receive services. Most shelters have a time limit of 30 days; however, this may vary somewhat among programs. The respondent believed that emergency shelter and advocacy services were most needed by battered women, and counseling on stress management was most needed by their children and the abusing spouses. Title XX will provide the Illinois Coalition Against Domestic Violence with funding for two and possibly three more programs in Chicago in the coming year; thus, emergency shelter and related services for battered women are being expanded.

The Title XX program in Illinois is unique in two respects. The first is the close working relationship with the Illinois Coalition Against Domestic Violence which has resulted in a comprehensive network of services and shelters for battered women throughout the State. The second is the fact that each Center has been able to develop its own program geared to meet the specific needs of the community in which it is located. The result of this policy is effective service provision and flexibility around differences in geographic areas and client population groups.

Coordination efforts and program linkages are extensive between Title XX programs and other groups on the community level. Besides involvement with the Coalition, program linkages include networking with police and other community agencies. Such coordination is required by the Title XX program as part of the conditions to be met for funding. Additionally, the State is in the process of designating a specific individual within the Department of Public Aid, Bureau of Title XX Administration, to coordinate service activities and planning at the State level.

- Community Mental Health

The Community Mental Health program primarily serves those individuals who are at highest risk of institutionalization or who have been in institutions in the past. The client population includes the mentally ill, the developmentally disabled, and alcoholics. However, program activities for alcoholics are more preventive in nature than treatment-oriented.

There are no program goals which specifically address battered women; however, battered women can be included under the general program goal "to offer a variety of programs." Services available through various Mental Health Centers could benefit victims of domestic violence. However, no specific program activities have been undertaken in their behalf, and none were seen by the respondent as probable for the future since battered women's programs fall within the realm of the Department of Public Aid and the Department of Children and Family Services. The focus of the Community Mental Health program, according to the respondent, is on the most serious and chronic care situations; but the respondent stated that battered women do receive some assistance through the program already in the area of psychiatric care.

According to the respondent, barriers to service provision involve Federal regulations that limit the use of Title XIX monies for long-term residential care for emotional illness, emphasizing physical illness as a more appropriate reason to fund nursing home services. The result of this policy is that Illinois often places former mental patients in inappropriate facilities such as nursing homes. If Mental Health programs could use Title XIX funds to create community-based residential services for those with psychiatric problems, service provision would be vastly improved. There is a chance that some rechanneling of Title XIX funds will occur as a result of Federal surveying of States' use of these monies; according to the respondent a plan is to be developed by late 1980 concerning more effective handling of the chronically mentally ill.

Services available through the Community Mental Health program include residential care; in/and outpatient medical care; crisis intervention; counseling; legal aid; vocational counseling and training; child care services; respite and foster family care for the developmentally disabled; transportation; and, advocacy. The respondent stated that battered women most needed the program's residential emergency shelter services, 24-hour outreach and crisis intervention, and self-help groups.

Program services targeted for expansion in the coming year include alternative living arrangements for the developmentally disabled, the mentally ill and alcoholics, and small funding increases to specific individual agencies. However, despite these increases, inflation will offset the availability of expanded services.

No program linkages or coordination efforts were identified by the respondent in behalf of battered women.

- Work Incentive Program (WIN)

The WIN program in Illinois serves AFDC recipients over the age of 16. No program goals or objectives specifically address battered women, but battered women can be included under the general goal "to make appropriate referrals to agencies"; this include referrals to domestic violence resources and support services. No specific program activities have been undertaken in behalf of battered women. The respondent did state that it would be feasible for the WIN program to assume additional activities targeting on this population group by social service staff concentrating on the establishment of closer

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collaboration with other community agencies. WIN staff concentrate on employment issues, but other social service staff could work in the areas of identification of victims, collection of data, and development of working relationships with other agencies.

Services available through the WIN program include: outpatient medical care with regard to employment and eligibility physicals; counseling; job training; day care for children; transportation; and financial assistance for employment expenses such as books, supplies, and equipment.

No program linkages or coordination efforts were identified in behalf of battered women by the WIN program respondent.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The Alcohol problem serves anyone with an alcohol problem without regard to income or ability to pay. Most program efforts focus on the adult population rather than on youth or adolescents; however, where alcoholism is viewed as a family problem and violence is occurring, there is some intervention. McCambridge House, in Springfield, is an emergency shelter, funded by the alcohol program, which focuses on women's issues related to alcohol. This shelter works very closely with another shelter for battered women, Sojourn House, funded by Title XX through the Illinois Coalition Against Domestic Violence.

The Alcohol program in Illinois has established some goals specifically addressing battered women, but these are not formally written into the program's mandated responsibilities. These objectives are: "to encourage administrators to include domestic violence activities in the budget for FY 1982; to coordinate activities with the Department of Children and Family Services; and to prevent social problems related to the use of alcohol." The impetus for these program efforts was alcohol program staff concern and awareness of the interrelationship between alcohol abuse and domestic violence. Other general program goals that could include battered women are "to develop guidelines for agencies on the Interdepartmental Council (formed in 1976 by the Model Uniform Act, which decriminalized public inebriation and required the formation of Citizens Councils and an Interdepartmental Council); and, to identify the target population; and to facilitate better program intervention."

Activities undertaken by the Alcohol program in behalf of battered women include: funding of shelter services through alcohol halfway houses; program monitoring; technical assistance to other departments and to regional administrators; staff training; establishing a clearinghouse resource center on information about program development; and prevention activities. The respondent believed it was feasible for the program to undertake some additional activities in the areas of outreach, prevention, and the treatment of problems related to alcohol abuse such as family violence.

Restrictions to service provision identified by the respondent concern State and program level regulations. The Alcohol Division is part of the Department of Mental Health and as such, must comply with the mandates and

policies of that Department. Thus, the Alcohol program has no mandate to serve domestic violence victims and must defer its priorities to those of Mental Health which emphasizes a treatment focus on the most severely disturbed and on those with the fewest financial resources. Until 1976, and the passage of the Illinois Alcoholism and Intoxification Act, the Alcohol Division was restricted in its prevention, outreach, and treatment activities. With this Act, the Division received broad powers in the areas of "encouraging, educating, and fostering..." a leadership role.

Services offered by the Alcohol program include halfway houses, medical care, counseling, and vocational counseling. Halfway house facilities are occasionally used for battered women, on an emergency and space available basis, if no other resources are available. Battered women comprise 20% of the population using McCambridge House. In an average month, McCambridge House serves approximately 63 alcoholics, 14 of which are also battered women. Its close working relationship with Sojourn House, a battered woman's shelter, is on an individual client basis and involves a mutual support system.

Program linkages on behalf of battered women are the quarterly meetings with the Interdepartmental Council and consultation activities with the Illinois Department of Children and Family Services. Agencies and programs which make up the Interdepartmental Council are the Departments/Divisions of Law Enforcement; Corrections; Transportation; Children and Family Services; Public Aid; Public Health; Education; Alcohol; and the State Health Coordinating Council. This council was mandated by State law in 1976 through the Uniform Act.

- Drug Abuse Demonstration and Community Service Programs

CSR was not able to obtain an interview with the respondent for the drug program in Illinois.

GRASSROOTS ORGANIZATIONS

The most active and involved grassroots organization in Illinois concerned with the problem of domestic violence is the Illinois Coalition Against Domestic Violence, described previously. Other groups cited by respondents were: the Salvation Army; rape study groups which have mounted significant media campaigns about violence to women; and the Chicago Police Department's Domestic Violence Unit, which intercedes in cases of child abuse and spouse abuse.

SUMMARY

Illinois is progressive and active in legislated civil and criminal remedies concerning domestic violence, but not in legislated service provision. However, because of the large-scale efforts and significant progress made by the Illinois Coalition Against Domestic Violence in establishing shelter facilities and services throughout the State, as well as in development of funding sources and coordination of activity with Federal programs such as Title XX,

Illinois can be considered progressive in services available to battered women. Most Federally-funded DHHS programs, while having no statutory mandate to serve battered women, have undertaken some activity in behalf of battered women and/or are part of the linkage network already in operation. Respondents were knowledgeable of the Coalition's efforts and were aware of both the dynamics of the problem of domestic violence and the State's services and shelter facilities.

STATE PROFILE: INDIANA

INTRODUCTION

Indiana has a total population of 5,305,000, with Whites comprising 91.7% and Blacks and those of Spanish origin accounting for 6.7% and 1.6% respectively. The female population of Indiana slightly outnumbers males by 52% to 48%. The mean income for males is \$10,877 per year, and for females it is \$4,396 per year, with the ratio between the two groups more than two to one in favor of males. Approximately 8.1% of the individuals and 6.0% of the families in Indiana are below the poverty level, with 564,000 people receiving some type of transfer payments. Indiana has 62% of its population living inside metropolitan areas with the remainder in rural areas. The State's unemployment rate of 6.2% is currently rising due to the recent layoffs in the automotive industry. (Indiana is one of the States whose labor force is intensively involved in automotive and related industries.)

There was general consensus among respondents that State programs recognize domestic violence as a social problem. There is a greater public awareness of the problem and an increase in detection of cases involving spouse abuse among direct service workers.

Several characteristics of Indiana's population were noted as unique and possibly contributing factors to the problem of domestic violence. One is that Indiana is an auto-industrial intensive State which is experiencing the effects of significant numbers of its labor force being laid off. This is resulting in increased economic and emotional stress on the family, and, thus, an increase in the number of cases of domestic violence. In the past, people working in the automobile industry found it financially rewarding to work overtime and double shifts. Now, these same people find themselves with large debts due to overextension of the family's income. In addition, the contrast between the number of hours previously spent at work per week and the number of hours now spent at home will necessitate adjustments for the family. A number of respondents also stated that most families lacked the support of nearby extended families, as many people move to Indiana because the automobile and other related industries have provided job opportunities. Lastly, many individuals in Indiana live in rural areas away from easily accessible social services.

Indiana's State legislature recently enacted Senate Bill No. 185, effective July 1, 1980. This bill established a Domestic Violence Prevention and Treatment Council within the existing Interdepartmental Board for the Coordination of Human Service Programs. The Council has several responsibilities, among which is recommending to the Board approval or disapproval of grants or contracts to purchase services for the prevention and treatment of domestic violence between spouses or former spouses. The Board may award monies for services to a local governmental or private, not-for-profit agency. The amount of an award for a domestic violence prevention and treatment center may not exceed 75% of its budget or \$50,000. To fund these activities, PL 185 allocated \$50,000 to the Board for administration of the program in the first year

and provided that a \$10 fee be added in every action for dissolution of marriage. The balance in the fund is to be used for purchase of services. These services include: emergency shelter; 24 hour telephone crisis assistance; emergency transportation; information, referral, and victim advocacy in the areas of health care, social and mental health, family counseling, job training and employment opportunities, legal assistance, and counseling for dependent children. Services are available "to any person who has been assaulted or fears imminent serious bodily injury from a spouse or former spouse."

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The qualifying conditions for eligibility for AFDC are deprivation due to absence or incapacity of a parent (natural or step-parent) which negatively affects the child. Indiana's AFDC program does not have an unemployed parent program and is limited in what aid it can provide to intact families. A woman is eligible to apply for assistance the day she leaves her husband (but it usually takes 30 days to receive her first grant); and, only her available income is considered in determining eligibility. However, property, bank accounts, etc., in which there is joint ownership are included in calculations to determine eligibility for benefits. State laws specify that a woman is entitled to 50% of all resources jointly owned and, therefore, they are considered available to her. The program has no objectives specifically addressing or activities focusing on battered women; however, battered women with children could be included under AFDC's general goal "to meet the needs of children." A primary barrier which inhibits the program's capacity to serve battered women is the focus on serving children in need, as Federal legislation mandates. AFDC in Indiana, therefore, cannot provide services to women unless there are children present in the home. The program has no coordination linkages with regard to services to domestic violence victims.

- Child Welfare Services - Child Protective Services

The primary populations served under Child Protective Services include children who are abused, neglected or at risk. The family, as a unit, receives services in relation to alleviating risk to the child (18 years of age and younger). The program has not established a definition of domestic violence nor goals or objectives specifically addressing battered women. Battered women, however, could receive services from a county welfare department if a child within the family has been abused or neglected. The program also has not undertaken any specific activities in behalf of battered women - there is no legal base.

Services which are available through this program, and which are potentially beneficial to families experiencing spousal abuse, include: case-work counseling or referral to individual, group, and family counseling; crisis intervention; legal aid; homemaker; and, employment services. A basic change in the child abuse law and program objectives would be required before expansion of services to battered women could occur. No program coordination activities in behalf of battered women were identified by the respondent.

- Medicaid

CSR was unable to arrange an interview with a Medicaid program respondent.

- Social Services (Title XX)

Families who are recipients of AFDC, SSI, and Medicaid, or who meet certain income eligibility requirements, are entitled to services funded under Title XX. In addition, as of July 1, 1980, adults over 18 years of age who are at risk of abuse or who have been abused, neglected or exploited are eligible for program services. In the Title XX Plan for FY '81, the program defines domestic violence victims as "adults unable to protect their own interests through action or inaction of their own or others which may result in physical or mental injury; neglect or maltreatment; failure to receive adequate food, shelter, or clothing; deprivation of benefits due them; or wasting of resources."

Social Services has developed goals and objectives for provision of services to domestic violence victims, some of which include: casework; counseling; transportation; prognostic advocacy; legal aid; and, room and board. Title XX's services cited as most needed by battered women include: emergency shelter; counseling; financial aid; advocacy; medical; and day care.

- Community Mental Health

The Community Mental Health Center (CMHC) program is divided into 31 catchment areas. These centers are at various levels of development; thus, services provided differ in depth and quantity from one center to another. This includes domestic violence activity, with some centers doing more in this area than others. However, the services of the program are available to the total population. The State level program has neither developed nor adopted a uniform definition of domestic violence, but has established general goals and objectives for activities in this area. For example, although not mandated to do so, some centers have undertaken specific activity in behalf of battered women. These activities include collection of statistics; crisis intervention; community education; staff training; program funding; direct counseling services, etc. Funding limitations present barriers for some of the centers while other centers are expanding their services to include domestic violence victims. In addition to funding, other barriers to providing comprehensive care are the lack of mandates to focus on domestic violence and to coordinate with other service agencies, thereby leaving gaps in the system in terms of care for battered women. Services provided by Community Mental Health Centers cited as most needed by victims of domestic violence are: crisis intervention; outpatient care; emergency shelter; counseling (all levels); employment information and referral, and, hospitalization. The program respondent was not aware of program linkages on the State level in behalf of battered women, as these occur primarily on the local level.

- Work Incentive Program (WIN)

Anyone who qualifies for AFDC is also eligible for WIN. All AFDC recipients are mandatory WIN registrants unless they have children under six, are physically or mentally incapacitated, live in remote areas of Indiana, or are between 16 and 21 and still in school. Indiana's WIN program has no specific definition, goals or objectives related to domestic violence; however, a general goal of the program, "to assist AFDC recipients in becoming economically independent," applies to those who are also battered women. The targeting of services on battered women was seen as a strong possibility if Federal and State mandates authorized WIN to serve this population as a special group. Indiana has provided all mandated services but rarely provides any of the optional services that other States have incorporated into their programs. Employment training, day care services, and counseling are seen as the program services most needed by victims of domestic violence. This program has not engaged in linkages in behalf of battered women on the State level but the respondent felt there was coordination activity on the local level.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

The Division of Addiction Services encompasses both alcohol and drug abuse programs under the same administrative structure. Addiction Services is an administrative body that purchases services, but does not operate programs directly. Each program has slightly different eligibility criteria, but in general, all program services are available to any person(s) who is addicted. This could include a victim of domestic violence. The program has not established a definition of domestic violence nor specific goals or objectives for battered women. Although this program is not mandated to serve battered women, grants proposals have included assistance to local programs in obtaining funding for shelters and the provision of forms of technical assistance. According to the respondent, it is feasible for the program to take on additional activities in behalf of battered women such as: needs assessment, program planning and monitoring; technical assistance; funding; and, information dissemination concerning addiction and its relationship to domestic violence. Addiction Services has engaged in coordination activities through the Task Force on Domestic Violence which is working to establish shelters for battered women in the Indianapolis area.

GRASSROOTS ORGANIZATIONS

A number of local programs working in behalf of battered women were identified in Indiana, including: A Better Way; Middleway House, Inc.; Salvation Army--Family Service Department; Women's Alternatives; Women's Center of Columbus, Inc.; YWCA of Evansville; YWCA of Greater Lafayette; YMCA of Kokomo; YMCA Shelter for Women Victims of Violence; some church groups; some community Mental Health Centers; and, the Department of Social Services.

SUMMARY

Discussions with State level program administrators in Indiana demonstrated a need for more coordination among the various programs. Some administrators were quite knowledgeable about Indiana's new law, which became effective July 1, 1980, and the possibility of service to victims of domestic violence, while others were not. (At the time the interviews were conducted, copies of the new law had not been printed and distributed.) All the respondents seemed eager to provide a continuum of care and resources once their programs were mandated to target on victims of domestic violence.

There was a consensus among the respondents that additional services were needed and that domestic violence is a social problem. Many respondents felt that the new law would provide a beginning point for both the public and private sectors within each community to get involved in development of a continuum of care for this population group.

STATE PROFILE: IOWA

INTRODUCTION

The total population of Iowa is 2,835,000. Of this number, approximately 2,794,000 are White, 35,000 are Black, and 22,000 are of Spanish origin. Women outnumber men by approximately 68,000, and their mean income (\$4,229) is less than half of that for men (\$10,508). The percentage of individuals below the poverty level is 7.9, with 298,000 families receiving some form of transfer payment. Of the labor force, nearly 45,000 individuals are unemployed, representing 3.1%. The number of individuals living outside metropolitan areas is approximately 800,000 more than the number living inside these areas.

Only three program respondents noted any characteristics unique to Iowa that might affect the State's incidence of domestic violence. Factors cited were: economic stresses of factory workers who are laid off from employment or who receive low wages; the physical and social isolation of individuals living in the rural areas of the State; and seasonal factors coupled with use of alcohol.

Iowa's legislation with regard to domestic violence is considered progressive. Civil remedies are modeled after Pennsylvania law with costs for filing protection orders waived for indigents, and counseling required. Criminal remedies limit law enforcement officers' civil and criminal liabilities; for example, against false arrest charges. State legislation also has mandated the establishment of a Domestic Abuse Registry. Law enforcement officers are required to report to the Registry all incidents of domestic abuse (physical and or emotional assault) which occur to individuals age 18 and older, or under 18 and married.

In addition, State legislation, effective July, 1979, appropriated \$100,000 for the provision of emergency shelter services (secure crisis shelters or housing) and support services (e.g., legal, counseling, transportation, and child care services, and 24-hour information and referral services) to victims of domestic violence. However, the intent of this legislation is that State funded programs are to be totally supported by local resources after 36 months of operation.

Finally, it is important to note that the term "domestic abuse," as defined in State legislation means the committing of assault (Section 708.1 of the Code 1977 Supplement) under either one of the following circumstances:

- The assault is between family household members who resided together at the time of the assault; or,
- The assault is between separated spouses not residing together at the time of the assault.

"Family or household members" is further defined as persons cohabiting, parents, or other persons related by consanguinity or affinity, except children under age 18.

PROGRAM DESCRIPTIONS

- Aid to Dependent Children (ADC)

The population eligible to receive ADC in Iowa includes dependent children who are deprived because of the absence, disability, or unemployment of their parents. In cases of unemployment or disability, ADC assistance can be provided to intact families. The pursuit of child support can be waived for women who are concerned about their physical safety; and, eligibility for ADC assistance can be determined for women while they reside in shelters. However, no program efforts are specifically focused on battered women, nor have any program goals or objectives been established specific to their needs. Battered women, however, can be included in the program's general goal "to provide financial assistance to children and families."

The respondent did not believe it was feasible for the program to assume any activities in behalf of battered women as a special target population, citing that the program should maintain a generic approach. According to the respondent, the ADC program has not engaged in any coordination activities in behalf of battered women, nor have any barriers to service delivery been identified:

- Emergency Assistance

There is no Federally-funded Emergency Assistance program in Iowa.

- Child Welfare Services - Generic

Although other program respondents reported that the Child Welfare program in Iowa was providing some relevant services to children and their families, an interview with a respondent from this program could not be arranged.

- Child Welfare Services - Child Protective Services

Children in Iowa, up to age 18, are eligible for this program's services when they are allegedly abused by persons responsible for their care. ("Persons responsible for their care," in addition to parents and guardians, includes agencies, group homes, and residential treatment facilities.)

The program has not targeted any activities specifically on battered women, and would intervene in behalf of children of battered women only when there were separate allegations of child abuse. Although the program does not have any goals or objectives specifically related to battered women, general program goals "to maintain the integrity of the family unit, and to treat the family in the home, if at all possible" could include them.

The respondent did not believe it was feasible for the program to assume any specific activities in behalf of battered women, unless State legislative and Departmental changes resulted in a combined child abuse and domestic violence registry. (Legislatively and programmatically, the child abuse program is now distinct from the domestic violence program).

Current program services identified by the respondent as needed most by battered women and their children were family counseling and education, and emergency shelter. Abusing spouses were also identified as needing family counseling and education as well as individual counseling. There has been informal coordination between the Child Abuse Registry and the Domestic Abuse Registry staffs to determine the extent to which the same families are victims of both types of abuse.

- Medicaid

Populations eligible to receive medical services in Iowa are: recipients of ADC, SSI, Medical only; and State Supplemental Assistance; persons in medical institutions who meet financial eligibility criteria; children in foster family care, and, persons in State psychiatric hospitals, under age 21 or over age 65, who meet the income and resource guidelines for ADC and SSI. There are no program efforts focused specifically on battered women; however, battered women could be included under the program's general goal "to provide adequate medical services to financially needy citizens."

The respondent believed it would be feasible for the program to assume a wide range of activities in behalf of battered women as a special target population if battered women were identified as a Federally reimbursable group, and if State legislation were passed giving approval for the program to proceed.

Outpatient medical services, including emergency medical care, were identified by the respondent as program services most needed by battered women and their children. Outpatient psychiatric services were identified as most needed by abusing spouses. The program has not engaged in any coordination activities with other programs in behalf of battered women.

- Social Services (Title XX)

There are a wide variety of services offered through Title XX, including services to children and to adults in need of protective services. These children and adults are eligible for receipt of services without regard to income. Others eligible for services are categorically-related recipients and those whose incomes fall below certain percentages of the State's median income.

Although battered adults are eligible for program services, the program plans to focus its future efforts on the elderly and the handicapped, rather than on any adult needing protection from harm. This emphasis is a result of the high demand for existing services coupled with inflation. Iowa is already far above its Title XX ceiling. Additional funding or shifts in

priorities that would enable the program to serve battered women were considered very unrealistic by the respondent. Thus, general program goals "to protect adults unable to protect or provide for their own interests or are harmed;" and, "to identify and respond to adults at risk and in need of protection" are no longer as applicable to battered women (unless they are also elderly and/or handicapped).

The respondent for the Adult Protective Services (APS) component of Title XX was more optimistic about future program activities in behalf of battered women than the generic Title XX program respondent. For example, additional shelter and counseling services for battered women were viewed as feasible for the APS program to undertake. The APS program is also engaged in informal coordination activities with staff from the State-funded Domestic Violence Registry and the Domestic Abuse and Displaced Homemaker programs. The respondent expressed the opinion that programs such as these should be consolidated under one major service structure in Iowa, with a common focus on protection. In addition, staff concerned with protection would be assisted by receipt of training on: crisis intervention; violent families; conflict management techniques; community crime prevention; use of resources and the media; responding to reports of violence and, making referrals.

- Community Mental Health

In Iowa, any person in need of mental health services is eligible to receive assistance from this program. However, some Community Mental Health Centers encourage applicants who can pay for services to seek help from private programs. Some centers, according to the respondent, also are beginning to consider activities targeted on battered women; however, no local centers have yet engaged in direct service delivery in their behalf.

The program has no goals or objectives that specifically address battered women, although the general program goal "to have mental health services available and accessible" could include them. The respondent believed that it might be feasible for the program to focus on domestic violence in the State's next five-year plan. However, program funds are limited and there are other service priorities. These other priorities, stemming from both the Federal and program level, are to increase services to the chronically mentally ill, the elderly, and children.

Of the services currently offered by Community Mental Health Centers in Iowa, the respondent believed that battered women most needed crisis intervention on a 24-hour basis, and family counseling, as would children of battered women and abusing spouses. The respondent further indicated that additional public education and awareness campaigns might benefit battered women by helping to reduce the stigma currently associated with seeking assistance from Community Mental Health Centers. The program has not engaged in any coordination activities with other programs in behalf of battered women.

- Indian Health Services (IHS)

Iowa is located within the Aberdeen Area of Indian Health Services. The respondent for this Area did not identify any activities undertaken by IHS in Iowa in behalf of battered American Indian women.

- Work Incentive Program (WIN)

Any ADC recipient in need of training and employment services is eligible to receive assistance from this program. However, according to the respondent, the program tends to work with only those ADC recipients who are free of other major problems. In addition to the Federally funded WIN program, Iowa also has its own Individualized Education and Training Plan (IETP) which offers ADC and WIN clients up to three years of education and training (including pre-high school to college levels).

No program efforts, activities or goals are specifically focused on battered women. However, the general program goals "to offer classrooms, vocational, and support services to women on ADC so that they may become employed" could include them. The respondent did not believe it was feasible for the WIN program to assume any specific activities in behalf of battered women because the problem area has not arisen frequently enough to warrant special attention. According to the respondent, this is partially due to the fact that most ADC clients are part of single-parent families; the problem of domestic abuse occurs more frequently in intact families.

On the programmatic level, the respondent identified two restrictions to providing services to battered women. First, the WIN and IETP programs are only available in 65 of Iowa's 99 counties. Second, WIN regulations focus on assisting those ADC clients with the fewest problems; thus, those with more problems are not as likely to receive either WIN or IETP services.

The respondent reported that battered women need all of the program's services to assist them in living independently of abusive situations. The program has not engaged in any coordination activities in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

These two program areas are merged throughout Iowa with services contracted out to local agencies. Any primary drug and/or alcohol abuser is eligible for receipt of program services. ("Primary" abuser is defined as an individual whose primary problems are directly related to substance abuse.) The program serves both drug and alcohol abusers of all income levels.

The program does provide direct services to victims of domestic violence and to abusing spouses, particularly those spouses who are also alcohol abusers. (Local agencies have reported that 20-50% of their clients have histories of domestic violence.) The program uses a family intervention approach

and refers family members to other community resources. The program had two goals for FY '80 which specifically addressed battered women. These were: "to assist with increased outreach, coordination, referral, and screening efforts as related to the problem of domestic violence", and, "to provide training on spouse abuse to all service providers involved directly in the problem of substance abuse." For FY '81, the program's Women's Issues Committee adopted the goal "to enhance the screening and admission procedures to facilitate the attractiveness of program services to women, including battered women." There were also other general program goals which the respondent identified as relevant to the needs of battered women; for example, "to provide public awareness on the problem of substance abuse and its relationship to family problems and violence."

The program has undertaken a wide range of activities in behalf of battered women. For example, agencies contracting with the program are monitored to determine whether they routinely ask about family violence problems at intake; agencies are expected to document activities related to family violence in their status reports; and the program's public information materials include a unit and a bibliography on family violence. In the Spring of 1980, the State agency sponsored a workshop for program staff, Women in Treatment II, which included information on battered women and treatment approaches. During 1981, the program plans to conduct, with the University of Iowa, a follow-up survey of clients assisted by the program. This survey will include questions related to domestic violence.

In addition to insufficient program funding, coupled with the higher costs associated with delivering services in rural areas of the State, the respondent reported that current Federal regulations on confidentiality create a barrier for staff with regard to reporting incidents of domestic violence. The respondent was hopeful that the confidentiality issue would be resolved by NIDA's clarification of the Federal regulations, and by meetings on the State level between the Substance Abuse and Social Services programs. (Note: Since Federal confidentiality regulations concerning the reporting of domestic violence were not revised, the Iowa Department of Substance Abuse and the Iowa Department of Social Services are developing a process for such reporting. The State Attorney General's Office is assisting both agencies in the interpretation and application of Iowa laws in this process.)

Emergency shelter and family counseling were identified by the respondent as program services most needed by children of battered women and abusing spouses. The program has engaged in coordination activities with the Department of Social Services in behalf of battered women toward resolution of the confidentiality issues, and has participated in information exchanges and inter-agency workshops. The respondent also reported that it would be helpful for staff to have an expanded training package from NIDA available on family violence.

STATE PROGRAMS

There are two State-legislated and funded programs in Iowa that are directly related to the problem of domestic violence -- the Domestic Abuse Registry and the Domestic Abuse Program. Another State Program, the Displaced Homemaker program, indirectly relates to domestic violence. All three are administered by the Department of Social Services.

The Domestic Abuse Registry became operational on January 1, 1980. The respondent for this program stated that, at this time, the Registry is compiling statistics on domestic abuse as provided by law enforcement officers throughout the State. The Registry includes data on the types of abuse experienced by victims, and whether legal charges were pressed as a result of abuse. The respondent believed such data can document the need for Iowa to establish an Adult Protective Services Law. In addition, the data can substantiate whether adults in need of protective services are referred more frequently to the Department of Social Services as a result of the Registry.

The concept of the Registry was "tacked" on to the State's Domestic Violence legislation; however, no funds were appropriated for its establishment. Thus, general program funds are being used. Law enforcement officers are alerted to workshops conducted on the topic of domestic violence.

The respondent felt that Federal Policies were needed to support States in assisting adults in need of protection. On the State level, the legislation is unclear in its intent to have information on domestic abuse "gathered and compiled." That is, it is not clear what information the legislature wants and for what purposes. Also, a need for more cohesive and comprehensive program planning for adults in need of protection is warranted. According to the respondent, there are several concurrent program efforts (Adult Protective Services, the Registry, Displaced Homemaker and Domestic Abuse programs) which are not, but should be, unified. Informal coordination meetings, however, do occur among staff from these programs.

Iowa's Domestic Abuse program was initiated in FY '80 with \$60,000 appropriated by the State legislation. Four projects in various areas of the State received grants ranging from \$11,430 to \$15,000, and totalling \$56,243. To be eligible, projects had to offer emergency shelter, crisis intervention, and assistance with obtaining long term solutions to client programs. Funding could be used for "MINOR" improvements to make the shelter safe. For FY '81, the State legislature appropriated \$100,000 for five similar domestic abuse projects in Iowa. One project is geared toward providing direct and advocacy services to children of battered women, e.g., children's support groups.

The respondent did not believe it was feasible for the program to assume any additional activities in behalf of battered women due to lack of staff and time. The program currently is responsible for: receiving and reviewing project grant applications; negotiating subsequent contracts; collecting incidence statistics from the projects, and, providing technical assistance, consultation and information.

Direct services provided by the projects to battered women and their children include; emergency shelter and other housing services; crisis intervention, child advocacy; peer support groups; emergency, day, and respite child care; and limited transportation services. The respondent identified emergency shelters and crisis intervention "hotlines" as the services most needed by battered women. Supportive services to the children's parents were identified as most needed by children of battered women so that the parents, in turn, could take better care of their children. Abusing spouses were identified as most needing family counseling and support services directed to the entire family.

The respondent identified a Federal-level restriction to serving battered women. Specifically, Federal legislation lacks provision for immunity to those working with battered women who want to safeguard confidential information. For example, domestic abuse program staff run the risk of being sued for withholding information from abusing spouses regarding the location of their wives and children. The respondent also suggested requiring law enforcement officers to automatically file court charges against abusing spouses, upon their investigations. Thus, victims would not be placed in the position of having to file charges against their spouses.

The Domestic Abuse Program coordinates its activities with an Advisory Committee. The Committee is composed of representatives from law enforcement, health, social services, a youth law project, and interested citizens. The Committee's primary purpose is to participate in the review of proposals, make suggestions for funding amounts, and assist in the final selection of grantees.

The respondent believed program and project staff would benefit from additional training and technical assistance on grant writing, obtaining funds; working with the police, and from specialized workshops.

The remaining State-funded program in Iowa that serves domestic violence victims is the Displaced Homemaker program. This program is more specifically targeted on individuals who have spent most of their adult lives working in their homes and who need employment and other services. As with the Domestic Abuse program, the State legislature appropriated \$60,000 in FY '79 and \$100,000 in FY '80 for pilot projects. Two pilot projects are currently being funded.

GRASSROOTS ORGANIZATIONS

Some respondents were aware of the existence of grassroots organizations in Iowa focused on the needs of battered women. Organizations identified included those receiving State funds, such as the YWCA in Cedar Rapids; the Gateway YWCA in Clinton; Helping Services of Northeast Iowa, Inc. in Decorah; and the Council on Sexual Assault and Domestic Violence, Inc. in Sioux City, Iowa. In recent months, the Iowa's Coalition Against Domestic Violence has re-established efforts to become a unified force to assist battered women, especially through funding efforts directed toward State legislators.

Other organizations identified by respondents as assisting battered women included: Legal Services of Iowa, Inc.; a shelter and a rape crisis care center in Des Moines; University of Iowa's School of Social Work; the State Crime Commission; the Women's Political Caucus; Iowa's NOW Chapter; and, the Women's Resource Center at Drake University.

SUMMARY

Most respondents viewed Iowa's Domestic Abuse Program as having responsibility for battered women; thus, shifting any involvement of their own programs onto this program. The major exception to this tendency was the Substance Abuse program which has specifically targeted efforts in behalf of battered women, and, the Adult Services Program. The latter, however, is tightening up on its definition of "adults in need of protection" to mean only the elderly and the handicapped.

All but one respondent believed that State programs recognized the problem of domestic violence. However, some of these respondents commented that more effort needed to be placed on the identification of the extent of the problem and on service delivery approaches.

Finally, it should be noted that Iowa's appropriations for the Domestic Abuse and Displaced Homemaker Programs are determined on a yearly basis by the State legislature, and to date, the Domestic Abuse Registry has not received any direct appropriations from the legislature. Thus, despite progressive State legislation on Domestic Violence and current State-funded programs, Iowa's efforts to assist battered women could easily be curtailed by legislative and programmatic budget cuts.

STATE PROFILE: KANSAS

INTRODUCTION

Kansas has a population of 2,226,000. The majority is White, and females outnumber males. The mean income for males is \$10,241; for females, \$4,569. Approximately 8% of the population of Kansas have incomes below poverty level, and 237,000 families receive transfer payments of some sort. Kansas has an almost equal number of people living inside and outside metropolitan areas. The State's unemployment rate is approximately 3%.

There was a wide range of responses with regard to unique characteristics which may affect the incidence of domestic violence in Kansas. Half of the respondents believe that there were no unique characteristics. Of those who believed that there were, several reported that the incidence is relatively low, because of: the rural nature of the State; absence of heavy industrial areas; low rate of unemployment; the politically conservative and religious nature of the population; and pressures against battering created by close-knit communities. Others believed that domestic violence incidence was increased by the isolation; conservatism and traditional male-dominated family structures; the rural nature of the State with accompanying lack of shelters and anonymity in many areas; low wage scales; and, the lack of education and resources on domestic violence.

State legislation in Kansas provides for civil remedies modeled after Pennsylvania law, and includes required counseling. Criminal remedies include provisions for violations of restraining or trespass orders. In addition, the State legislature recently passed a Bill which provides for monies, from an increase in the marriage license fee, to be used to establish a Family's and Children's Trust Fund. This fee increase is expected to generate approximately \$130,000 to \$140,000 annually; it is anticipated that the first funds generated will be available in September, 1980. The Trust Fund will be distributed to communities for use in the prevention of child abuse and neglect and family violence. To date, however, there is no State funded program targeted on services for domestic violence victims.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The Kansas AFDC program has an unemployed parent program, so intact families are eligible for benefits. The program has no specific focus on battered women nor any goals or objectives addressing this population. However, battered women can be included under the general program goal "to assist families by providing financial and medical aid." AFDC has not undertaken any specific activities in behalf of battered women. The program respondent did not believe it was feasible to do so, because the program's eligibility criteria are based on financial need rather than on type of problem. If it is determined that battered women require special focus, the respondent believed this would most appropriately occur through the Title XX program. AFDC has no coordination linkages in behalf of battered women; and the primary restrictions

regarding services to battered women cited were eligibility requirements and limited funding.

- Emergency Assistance

All AFDC families and families who meet the income eligibility requirements may receive assistance through this program. The client population does include dual parent families. This program has no focus on or goals specifically related to battered women, although the general program goal "to make families self-sufficient" could apply to them. The Emergency Assistance (EA) program has not undertaken any specific activities for battered women, and the program respondent did not believe targeted activities are feasible because EA has Federally determined eligibility requirements. EA's medical services and cash grant components were cited as potentially beneficial services to battered women and their families; no barriers were identified as restricting services. The program has not engaged in any coordination activities in behalf of battered women.

- Child Welfare Services - Generic

No interview was conducted in Kansas because Title IVB funds are used exclusively for foster family care and adoption services.

- Child Welfare Services - Child Protective Services

Child Protective Services (CPS) has no Title IVB funds, but does receive funds from Title XX, Federal child abuse grants, and the State. Any family in which there is suspected child abuse or neglect may receive assistance through this program without regard to income. The program has no definition of domestic violence nor specific goals or objectives geared toward serving battered women; however, battered women can be included under general program goals "to rehabilitate and maintain families," and "to protect children." CPS has not undertaken any specific activities in behalf of battered women, and the program respondent did not believe it was feasible to do so given present funding and staffing levels. Besides insufficient funding to expand services, the lack of a statutory mandate to serve adults also was cited as restricting services to battered women. None of the services provided through CPS are believed to be appropriate for battered women or abusers, although children in these families may benefit from a range of services, particularly if the mother and child can remain together. The program has not been involved in any coordination activities geared toward serving battered women.

- Medicaid

The Medicaid program in Kansas includes both the medically and categorically needy in its eligible population. Persons who are on AFDC or SSI, and who are blind, aged, or disabled are eligible. Other Kansas residents are eligible if they meet the income-related eligibility requirements. (The protected monthly income for a family of four is \$410.) This program has no goals or objectives geared toward battered women, although the general goal of providing medical services to the medically or categorically needy might include this population. Medicaid has not undertaken any activities in behalf of battered women, and staff do not believe it is feasible or appropriate for

them to do so given the nature of the program. However, staff would be willing to coordinate with social service providers and to review their policies to determine whether a more flexible interpretation could facilitate services to battered women. The program staff have not engaged in any coordination activities for battered women to date.

Medicaid, according to the respondents, can provide several important services to battered women and their families, including: mental health services; physician and hospital services; and children's medical services. There are some restrictions on Medicaid's capacity to address the needs of battered women, such as eligibility requirements, the lack of a mandate to target on this population, and limited financial resources.

- Social Services (Title XX)

Under Title XX in Kansas, anyone may receive protective services, family planning services, and information and referral without regard to income. For other services, the eligibility criterion is an income not greater than 80% of the State median. Kansas's Title XX program does not currently have any goals or objectives specifically addressing battered women; however, the general Title XX objective of "providing protection from abuse and exploitation" would include them. Although the program is not currently engaging in any activities in behalf of battered women, it has been proposed that emergency shelters for adults be established, contingent on the passage of H.R. 3434. Day care, homemaker services, and information and referral were cited as the Title XX-funded services most needed by battered women and their families.

The program respondent reported that the restriction on providing emergency shelter for adults was a major barrier to serving battered women under Title XX. The nature of both the voting population of Kansas and the problem of domestic violence were also cited as barriers. Because expenditures in the State are ultimately determined by the voting population, politicians naturally gear services toward the majority of the population rather than to specific target groups such as battered women. In addition, the nature of the domestic violence cycle (where victims leave home, seek services, return home, are abused again, and so on) makes it very difficult for politicians to justify funding services to this population.

One ongoing effort in Kansas may allow Title XX to put more emphasis on battered women. The State's current Adult Protective Services legislation focuses on older adults in nursing homes. Several state legislators are trying to reintroduce more comprehensive adult protection legislation which includes battered spouses as well as the elderly. Should this legislation pass, Title XX would have a legal mandate to expand their adult protective services.

The Title XX program does have linkages related to domestic violence that consist of informal meetings with local shelters, other direct service providers, and with the State Coalition Against Domestic Violence.

- Community Mental Health

Any Kansas resident may receive assistance through the Community Mental Health Center Program. At the State level, no definition of domestic

violence or goals specifically addressing this issue have been formulated; although the general goal of the program, "to encourage all community mental health centers to become comprehensive so that any population can be served," would apply to battered women.

This program has no State mandate to serve battered women; however, several local mental health centers have focused activities on victims of rape and other types of violence, including family violence. (The program respondents were not familiar with the details of these programs.) It is important to note that decisions regarding types of services provided through community mental health centers are made on the local level based on community determination of need. Thus, any community mental health center could feasibly focus activities on battered women, if the community determined this group a priority. This would require, however, that resources be shifted away from other program activities.

No barriers were cited which restrict the program's services to battered women; i.e., if victims come in and request help, they will be served. The program respondents believe that any of the services available through community mental health centers may be beneficial to families experiencing violence, depending on individual needs. There are no linkages in behalf of battered women at the State level, although individual centers may be involved at the local level.

- Indian Health Service

Kansas is included in the Oklahoma City Indian Health Service. In August of 1980, the first Family Crisis Center in an Indian Health Service facility opened in Haskell, Kansas. This center is open 24 hours a day and provides relevant services such as shelter, medical care, and counseling. The staff includes a psychiatrist and psychologist, social service workers, registered nurses, and a doctor.

- Work Incentive Program (WIN)

To be eligible for WIN services, persons must be AFDC recipients. There is no specific focus on or goals related to battered women, but battered women can be included under general program goals, "to increase self-sufficiency and self-support," "to achieve a specified number of job placements," and "to award a specified number of on-the-job training grants." This program has not undertaken any activities in behalf of battered women. However, the respondent considered it feasible for WIN to provide staff with training on methods for working with battered women and on resources available to them. Among the WIN services cited as potentially beneficial to battered women and their families were: child care; employment services; medical examinations; family counseling; financial aid; and, family planning. WIN may serve battered women who are AFDC recipients and who are not exempt from the program due to health, children under age six, advanced pregnancy, etc. This program has no formal linkages with regard to special services to battered women, although referrals to community resources may be made by program staff.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The eligible population for this program includes anyone with an alcohol related problem, although a few facilities are limited to adult males. The program has no goals or objectives specifically focused on battered women; however, it does have general program goals "to increase the number of women receiving treatment," and "to be more sensitive to and provide higher quality services to women." The program has not undertaken any activities in behalf of battered women, nor did the respondent consider it feasible to do so given present funding levels. The program respondent pointed out that by increasing treatment services to women, in general, battered women will benefit. However, the program cannot currently meet the needs of their majority population (adult white males), let alone focus on a specific minority such as battered women. No other factors were identified which restrict this program's ability to serve battered women.

The services cited as potentially most beneficial to battered women and their spouses include family counseling, substance abuse treatment, and peer group counseling. Program services to children are very limited, and, thus, children of battered women would be referred to other programs for services. This program has not been involved in any coordination activities aimed at assisting battered women.

- Drug Abuse Demonstration and Community Service Programs

As in the Alcohol Treatment program, this program's eligible population includes anyone with a drug related problem, with a few facilities limited to adult males. There is no focus on battered women, but the program is attempting to increase the number of women served and the quality of services to women. Because drug treatment funds and resources are even more limited than those for alcohol treatment, the respondent did not consider it feasible to undertake any activities focused on battered women. The fact that drug treatment programs in Kansas are already working at full capacity was also cited as a barrier to serving battered women. Further, the program does not have sufficient resources to make the changes required to serve this population, such as shelter care for children, confidentiality arrangements, and encouragement of attitudinal changes on the part of staff. Family counseling, peer group treatment, and residential treatment were cited as program services needed by battered women and abusers; services to children were considered very limited. The drug treatment program has not been involved in coordination of services to battered women.

GRASSROOTS ORGANIZATIONS

The majority of program respondents believe that State programs in Kansas do recognize domestic violence as a social problem, and identified many grassroots programs active in the State. Those most frequently mentioned included: the Battered Women's Task Force; the Women's Transitional Living Center; and, the Kansas Association of Domestic Violence Programs. A State Senator and Representative were also mentioned as outspoken advocates for battered women's programs. Other organizations involved in battered women's programs include: EveryWoman's Resource Center in Topeka; shelters in Emporia, Wilmington,

Wichita, Manhattan, and Salina; The League of Women Voters; the Children's Service League; the Metropolitan Organization to Counter Sexual Assault; hospital-based rape prevention centers; the Potawatamie Tribe; and, the United Tribe.

SUMMARY

Based on discussions with State level administrators in Kansas, activity specifically focused on battered women appears to be minimal both on the State and local level. However, respondents are aware of the problem of domestic violence, and many believe that battered women can be and are being served through their programs despite the fact that there is no specific focus on this population. The general belief among respondents was that it is not feasible to target programs specifically on battered women, given the present availability of resources and demand for services.

STATE PROFILE: KENTUCKY

INTRODUCTION

The Commonwealth of Kentucky has a total population of 3,372,000. Ninety percent of the population is White, nine percent is Black, and one percent is of Spanish origin. The mean income for females is \$4,058 while the mean income for males is \$8,823. Fifteen percent (14.9%) of Kentucky families or 17.7 percent of the population fall below the poverty level. Five percent (5.3%) of the population is unemployed.

Two major environmental conditions were identified as contributing to the problem of domestic violence in Kentucky. First, in the mountainous areas, cultural values hold that the man is the dominant figure in the family and associated with this approach is the notion that the wife belongs to the husband. This attitude extends into other parts of the State in the form of a strong feeling among males that it is their role to provide for and manage the lives of their wives. In such an environment, spouse abuse is more acceptable; thus, in many families the self-esteem of the wife is quite low. A second factor contributing to the problem of domestic violence in Kentucky is the stress associated with the coal industry which is characterized by relative instability in employment.

All respondents agreed that the programs in Kentucky generally recognize domestic violence as a social problem. A few respondents were not particularly aware of what was being done to address the problem, but most respondents were knowledgeable about recent legislative efforts to develop and fine tune a spouse abuse registry and advocacy activities undertaken by both the Bureau of Social Services and the Governor's Commission on Women.

In both 1978 and 1980 the Kentucky Legislature passed legislation dealing with the problem of domestic violence. In 1978, amendments to the Adult Protective Services Act provided a definition of spouse abuse. The amendment provided that the Department of Human Resources could offer services to a victim of spouse abuse if the victim agreed to prosecute her spouse in writing. The 1980 amendments eliminated this provision so that services are no longer contingent upon prior agreement to prosecute a spouse. The 1980 amendments also provide for the review of an abused individual's medical records when deemed necessary to complete the abuse investigation. These amendments went into effect in July, 1980.

Another piece of legislation related to the problem of domestic violence was passed by the 1980 Kentucky legislature. House Bill 86 allows a police officer to make an arrest without a warrant if he has probable cause to believe a spouse or family member has been injured or would be in danger if no arrest were made. An individual may be taken into custody by a peace officer to prevent harm to another family member. The individual can only be held in custody for 12 hours unless the officer obtains a complaint from the injured or susceptible family member. Such timely intervention can only help to stabilize the situation momentarily. It also gives victims time to seek help from relatives, friends, or a shelter for abused spouses.

All of Kentucky's 120 counties are required to have at least one adult protective services worker who works with cases of spouse abuse. A spouse abuse registry has been established for recording all cases of spouse abuse reported to the Bureau for Social Services, Department for Human Resources. A form is completed for each spouse abuse case within 15 working days after the incident is reported to the Bureau.

Kentucky is one of the few places where steps have been taken on a military base to deal with the problem of domestic violence. In 1978, Captain Nancy Raiha and her co-workers in Social Work Service started a program to treat spouse abuse at Fort Campbell, an Army post straddling the border of rural Tennessee and Kentucky. A shelter for battered women and a counseling service for these women and their husbands have been established. Since establishing these services, Army staff have worked with military police, chaplains, emergency room personnel, and others who are in contact with violent families to increase their understanding of battered women and their husbands and to help them refer these families to appropriate military social service agencies for assistance.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Families which include children experiencing deprivation, due to absence of one or both parents, are eligible for AFDC payments. Deprivation may result from death, incapacitation, hospitalization, incarceration, desertion, or separation of one of the parents. In the case of battered women, legal separation is not an eligibility requirement for AFDC. However, the battered woman must be separated physically from her husband for 30 days, defined as the "cooling off" period, before she is eligible for AFDC. In these cases the woman's income alone is considered for eligibility purposes. Unemployed fathers and pregnant women with no children are not eligible for AFDC payments; however, they are eligible for Medicaid. The AFDC program does not have any mandated responsibilities in behalf of battered women.

One aspect of the program which could benefit battered women is that in cases of physical violence exemption of assignment of the Child Support Enforcement Program can be made.

- Emergency Assistance

Families, broken or intact, with children under 21 and in destitute circumstances are eligible for Emergency Assistance. A family can be considered destitute for a number of reasons: the family members may have a need for shelter, food, home repairs (usually in the event of a natural disaster), or they may have a relative who is unemployed, hospitalized or incarcerated. Families with a need for shelter, food, or home repair are eligible to receive assistance for up to 30 days within a 12-month period. Families with another kind of emergency (e.g., a relative who is incarcerated) are eligible to receive child care assistance for up to eight weeks in addition to the financial assistance available through the Emergency Assistance program.

The Emergency Assistance program does not have any goals or objectives or mandated responsibilities which focus specifically on battered women. However, the regional Emergency Assistance staff do work with some of the shelters in the urban areas to process applications from battered women.

- Child Welfare Services - Generic

Children and their families who meet the Title XX eligibility requirements are eligible for child welfare services. To the extent that eligible families include battered children or children of battered women, the program focuses on victims of domestic violence. If child welfare workers receive reports of a battered spouse case, they automatically investigate the case to determine if a child is affected by the case. The child welfare program does not have any established goals or objectives or mandated responsibilities which focus on battered women. The Child Welfare program does coordinate its activities with the adult protective services program in the sense that both programs have access to one another's registries of abused cases.

- Child Welfare Services - Child Protective Services

There are no income eligibility criteria for child welfare services; everyone in the State is eligible for these services. There are no program goals and objectives which focus specifically on the needs of battered women; however, when child protective services specialists investigate abused child cases they are encouraged to watch for cases of abused spouses. In fact, the child welfare workers and the adult protective services workers, who deal with spouse abuse cases directly, are in the habit of sharing reports on a regular basis. Child welfare workers have provided some counseling services to battered women even though they are not mandated to do so. The child welfare program representative mentioned that the phase-out of a Federally supported homemakers program had restricted their ability to deal with the problem of spouse abuse. The homemaker program had been effective, in their view, in keeping the family together.

- Medicaid

AFDC recipients, SSI recipients, and children under 21 in psychiatric hospitals constitute the population eligible for Medicaid in Kentucky. There are no Medicaid program efforts focused on domestic violence victims in Kentucky. However, Medicaid does support community mental health services and some battered women may seek help from these centers. The basic goal of the Medicaid program in Kentucky, as explained by the respondent, is to promote health services that meet the needs of lower income citizens. Indirectly, this goal addresses the needs of battered women. The respondent did not believe the Medicaid Program should assume additional activities in behalf of battered women to the exclusion of concentrating on other groups like children and the elderly. Some domestic violence cases are detected as a child moves through the EPSDT screening process. However, the emphasis of this screening is on working with the child rather than the battered parent.

A major barrier which limits Medicaid's capacity to focus on battered women is a Federal regulation which requires the program to provide services for all age groups. To focus on a particular target group would require a waiver from DHHS. If the Medicaid program in Kentucky were going to serve battered women, the respondent recommended that additional mental health services be targeted for women.

To date, the Medicaid program in Kentucky has not engaged in any coordination activities with other agencies in behalf of battered women. The major limitations to engaging in such activities stems from lack of funding. The respondent expressed an interest in staff training to better understand the needs of battered women and their families, specifically information or programs currently available for these women, so that appropriate referrals could be made.

- Social Services (Title XX)

Individuals who are eligible under AFDC and SSI are eligible for services funded under Title XX. Other individuals are eligible for these services when their family gross income is 80% or less of the State's gross median income for a family of 4 (\$17,924); this criterion is adjusted for family size. There are some services, Adult Protective Services, which are available to all individuals, regardless of income. These services are particularly suited to the needs of battered women. A special section on adult protective services follows this section. One of the goals stated in Kentucky's Title XX Plan relates indirectly to serving battered women: "Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families."

Under the Adult Protection Act, Title XX is mandated to receive and investigate reports of spousal abuse and provide appropriate services to victims. The services are not defined in the law but generally the services available to domestic violence victims include counseling, telephone reassurance, emergency day care for children, and employment and training services.

One major barrier to restricting the Title XX program's services to battered women is the problem associated with AFDC eligibility. A woman has to be out of her home for 30 days before she can collect benefits. Title XX tries to get around this restriction by focusing on emergency shelters as a service mechanism. Title XX contracts with several shelters and other programs (e.g., comprehensive mental health centers) which provide services to battered women. Title XX also funds day care and homemaker services which are available to battered women. The Title XX staff have participated, with the adult protective services staff, in training programs which focused on the needs of battered women. An interest was expressed in additional training in the area of individual and family counseling and in technical assistance to better understand how to deal with the courts and police.

- Title XX (Adult Protective Services)

The Adult Protective Services Program is a State-administered program with Title XX funding. Anyone 18 or older or anyone under 18 who is married is eligible for Adult Protective Services in Kentucky. The Adult Protective Services Act in Kentucky supports two programs: a general adult protective services program and a special spouse abuse program. Spouse abuse is defined by the Kentucky Adult Protection Act as "a situation in which a person inflicts physical pain or injury upon a spouse or deprives a spouse of reasonable services necessary to maintain the health and welfare of his spouse."

This program operates a Spouse Abuse Registry which records information on every case of spouse abuse reported to the Bureau for Social Services. Within 24 hours of the time an adult protective services worker becomes aware of a spouse abuse case, the worker visits the victim. Within 15 days a report is submitted which documents the victims age; sex; address; type of referral; the identity of the perpetrator; whether child abuse was involved; whether the report was confirmed; and, whether the victim wants/needs social services. The goal of the spouse abuse program is to keep the victim safe and offer supportive services to alleviate the situation. At a later date, the program hopes to be able to expand this goal.

The basic impetus of the program was legislation passed in 1978. Kentucky was the first state to identify spouse abuse as a problem to be addressed under Adult Protective Services. The 1978 legislation limited services to spouse abuse victims who agreed to prosecute their spouses in writing. Since then, this restriction has been eliminated. The 1980 amendments to this legislation, which went into effect in July 1980, strengthen the spouse abuse program in two ways: first, adult protective services workers now have the right to review any medical records in investigating a spouse abuse case; second, law enforcement officers are now required to report any case of spouse abuse detected to the local adult protective services staff.

There are now seven shelters located throughout the State, serving from eight to 20 women, which are funded through Title XX. There is an adult protective services worker in every county assigned to work only with protection of domestic violence victims. These workers work closely with shelters in the community; a need was expressed for more shelters to cover every district in the State.

A number of services are targeted on battered women including: individual counseling; family counseling; emergency 24-hour care; transportation; volunteer services; and support/companionship when a woman has to go to court. In addition, day care and foster care are available for children of battered women. The Adult Protective Services Spouse Abuse Program works very closely with BSI in every district. They also meet with LEAA funded programs periodically, and with the schools and shelters at the local level.

- Community Mental Health
- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants
- Drug Abuse Demonstration and Community Service Programs

No individual was designated as spokesperson at the State level for any of the above listed programs. Instead, a decision was made to designate a representative from each program area at the community level to discuss these programs during the State Survey. The program representatives participating in the State Survey were located in Louisville, Kentucky. None of these individuals felt comfortable in discussing their program's operation from a Statewide perspective.

- Work Incentive Program (WIN)

The population served by the WIN program is AFDC recipients. This population may include battered women incidentally, but the program has not focused on them. To focus program services on battered women is not perceived as an appropriate program objective, particularly in the absence of additional staff time committed to the program. Rather than focus on battered women, it was suggested that WIN should serve as a resource to these women. Emergency child care and counseling were seen as the program services most needed by victims of domestic violence. The WIN program representative did express an interest in having WIN staff trained in the dynamics of domestic violence.

SUMMARY

Based on interviews with HHS program representatives in Kentucky, the most significant steps taken to address the problems of spouse abuse have been initiated through the Adult Services Protection Program. There is also substantial recognition of the problem through recently passed legislation. Finally, the previous Governor and the newly-elected Governor have supported the Kentucky Commission on Women in its efforts to study and deal with the problems of spouse abuse. Last year the Commission funded a Statewide survey to determine the incidence and prevalence of spouse abuse in Kentucky. Based on the survey, one out of 10 female spouses in Kentucky suffered from some degree of spouse abuse last year.

STATE PROFILE: LOUISIANA

INTRODUCTION

Louisiana has a total population of 3,741,000, of which 2,658,000 are White, 1,066,000 are Black and 85,000 are of Spanish origin. Mean income for males is more than twice that for females (\$ 9,493 to \$3,835 respectively). The percentage of families below the poverty level is 15.0, with 401,000 families receiving some type of transfer payment. Unemployment is 6.6% of the labor force. About 2,000,000 persons live inside metropolitan areas in Louisiana and 1,500,000 outside these areas.

In 1979, the State legislature directed the Secretary of the Louisiana Department of Health and Human Resources to establish shelters and to provide direct services to victims of domestic violence; however, no appropriations were allocated at that time. In addition, several grassroots organizations and private agencies have established shelter facilities around the State.

Unique characteristics of Louisiana's population identified by respondents as possibly affecting the problem of domestic violence were: the large French subculture, especially along the Gulf Coast, with the accompanying values and customs of male domination within the family and the social acceptance of violence; the concentration of oil industry workers also along the Gulf Coast; the presence of two air force bases in the State with high incidence of drinking and gambling behavior; and the prevailing philosophy among religious communities in the bayou areas that physical violence to a wife is sanctioned by God.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program in Louisiana serves children deprived of financial and medical support by their parents. Although no program goals specifically address battered women, the general program goals, "to provide financial assistance to women in need and to provide basic necessities to those incapable of supporting themselves because of dependent children," could include them. However, no specific activities on behalf of domestic violence victims have been undertaken by the program, and none were considered by the respondent as feasible for the future. No linkages or coordination activities were identified by the respondent on behalf of battered women through the AFDC program.

- Child Welfare Services - Generic and Child Protective Services

This program serves any child who is abused or neglected without regard to family income. No program goals or objectives specifically address battered women; and, no activities have been undertaken directly on their behalf, according to the respondent. Specific program activities were not seen as feasible in the future because of the organizational structure of the agency, restricting any services targeted on battered women. Responsibility for women's service needs in all categories, especially in the area of family

violence, is held by the Bureau for Women; thus, the child welfare program does not attempt to battered women. No program linkages or coordination activities on behalf of battered women were identified by the respondent.

- Medicaid

Persons deemed financially eligible and in need of medical services constitute the population served by Louisiana's Medicaid program. This group includes AFDC and SSI recipients and children in foster care. Although no program goals or objectives specifically address battered women, these women could be included under the general program goals "to improve the quality of medical care and to make medical services more accessible." No specific program activities have been undertaken in behalf of battered women and none were seen as feasible by the respondent because Federal guidelines for the Medicaid program specify that services must be equally administered to all who are eligible. The program provides health care services only, and not social services. No program linkages or coordination activities with other programs were identified that addressed the needs of domestic violence victims.

- Social Services (Title XX)

This program serves anyone in need without regard to income and includes protective services to adults. There are no program objectives specifically focusing on battered women; however, battered women can be included under the general program goals "to provide protective services to adults and children by removing or ameliorating harmful threats, and to provide family counseling services." Specific activities undertaken on behalf of battered women include program funding, provision of some direct services through service contracts, and outreach activities through an interagency agreement with the Bureau for Women.

According to the respondent, barriers to service to domestic violence victims by the Social Services program are Federal regulations which do not enable the program to offer emergency shelter to adults, and the State legislation which placed responsibility for victims with the Bureau for Women. This legislation minimized available and possible protective services through the Adult Protective Unit; however, during the regular 1979 legislative session, Act 746 was passed which directed the Department to develop some services for family violence victims. Thus, the program now offers counseling and limited shelter and transportation services to battered women. In the first year, nearly 3,000 women were served.

Program linkages and coordination activities with the Bureau for Women and the Office of Human Development focus on interagency meetings to gain information about current available services and to develop service contract arrangements. Future activities in the area of domestic violence will most likely be directed on staff training and technical assistance. Other program coordination efforts include liaison relationships with shelters and with other domestic violence programs established by Social Services staff on the local level.

- Community Mental Health

This program serves the total population of any community having a Community Mental Health Center; however, most clients are from low-income groups. No program goals specifically address battered women, but battered women could be included under general program objectives "to promote family stability, and to utilize preventive measures to facilitate mental health." Services provided by the program include crisis intervention and hotline counseling, and ongoing individual, family and group counseling services. The respondent indicated that the program was currently operating sufficiently to meet the needs of battered women and, therefore, no changes were needed. This opinion was also partially based on the fact that the State has appropriated funds for provision of services to battered women through the Bureau for Women; thus, the needs of this target group are recognized by the State and steps are being taken to fulfill them. However, the respondent noted that there were still not enough shelters, crisis centers, legal services and day care facilities available to meet the needs of domestic violence victims.

One barrier to service provision identified by the respondent for the Community Mental Health Program was that, in Louisiana, there is still some degree of stigma associated with mental health services. The result of this attitude is that many persons who could benefit from services, especially domestic violence victims, do not seek them. No program linkages or coordination activities on behalf of battered women were identified by the respondent.

- Work Incentive Program (WIN)

This program serves AFDC and SSI recipients, persons needing financial assistance to maintain the family unit. No program goals are specifically focused on battered women, but these women can benefit from the general program objective "to assist families with children financially." No program activities have been undertaken in behalf of battered women and none were seen as feasible by the respondent. For example, the WIN program in Louisiana is facing a manpower shortage and growing caseloads, the result being that no additional programs or activities can be initiated at this time. The respondent did state, however, that the problem of domestic violence is becoming more visible, as applicants for financial assistance are beginning to discuss this issue and to reveal the extent of its incidence. The WIN program is, thus, becoming increasingly more involved in determining the eligibility of domestic violence victims for services.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Louisiana's alcohol program serves anyone in the State who is economically eligible to receive services, and does include children in its client population. No program goals are specifically focused on battered women, but battered women could be included under the general program objective "to provide counseling and appropriate referrals to relevant support systems where necessary."

The respondent did not believe that any activities directly on behalf of domestic violence victims could be undertaken by the alcohol program

because of present low funding levels, staff shortages, and large caseloads. These factors already inhibit the present staff's ability to perform at top capacity. Also, the respondent stated that it would be inappropriate for the program to target on battered women as a special treatment group unless they were substance abusers, themselves. Services available through the program include inpatient and outpatient medical care, crisis intervention, counseling, vocational training, and legal aid. Of these, the respondent reported that battered women would most need medical treatment and counseling. The respondent also reported that education and training on the identification of battered women would be helpful to the staff of the alcohol program, as such knowledge might increase the number of medical referrals. High incidences of substance abuse and physical abuse in the Southern Gulf Coast Area of the State were noted by the respondent. The population there is a mix of several ethnic groups with values of male domination of the family and acceptance of volatile emotional expression. No program linkages or coordination activities with other programs in behalf of battered women were identified.

- Drug Abuse Demonstration and Community Service Programs

The drug program in Louisiana treats anyone with a substance abuse problem; this includes both alcohol and drug abuse. No program goals, objectives or activities specifically address battered women. The respondent stated that within the drug program's client population there was not an extensive need for services to victims; programs with more direct contact with domestic violence victims would be more knowledgeable and in a better position to assess their needs.

STATE PROGRAM

Louisiana has directed responsibility for domestic violence victims to the Bureau for Women; and, in 1977 passed legislation that provided for services to victims. However, this legislation allocated no money to fund the services. In September of 1979, the Interim Emergency Board, established by the legislature to handle any emergencies generated by new legislation, met and awarded \$80,000 to the Bureau for Women to establish several shelter programs. The Bureau was given permission to begin using these monies in January of 1980, allocations to individual programs were determined next, and in May of 1980 services were available.

Through the Bureau for Women, seven programs were funded. First, Crescent House in New Orleans, under the auspices of Associated Catholic Charities, received \$5,000 to establish a pilot training program for volunteers. In addition, Crescent House received \$50,000 from the State, \$40,000 from Title XX, and the remainder from private sources. Second, the YWCA in New Orleans was allocated \$2,500 for a counseling program for battered women and their children. Third, in Baton Rouge, a women's shelter, the Battered Women's Program Crisis Care Center, was awarded \$5,000 from the Bureau for Women to develop a networking model; other monies received were \$60,000 in Title XX funds and funds from private sources. Fourth, a shelter in Shreveport was awarded \$20,000 to be used primarily for counseling, but also for miscellaneous expenses such as playground equipment. Fifth, Calcasieu Women's Shelter in Lake Charles received \$20,000 for operating costs. This shelter rents land from a

monastery and uses a donated house. Other funds for this program come from CETA. Sixth, the Salvation Army in Lafayette was granted \$15,000 for activities on behalf of battered women. Seventh, in Slidell, the Council for Victims of Family Violence received \$7,500 to develop a proposal for establishing a shelter in that area of the State. An additional \$57,000 of the total allocated by the State was held at the Bureau for Women to be used for workshops, professional services, travel and subsidies for workshop participants.

The population served by these programs is not limited in any way except that persons seeking help must be victims of family violence. Some of the activities undertaken in behalf of battered women and their families include: funding of programs; collection of incidence statistics; needs assessments; program monitoring and evaluation by the House and Senate Committees on Health and Welfare; technical assistance; staff training; community education; information clearinghouse; direct shelter; counseling and referral services; and, coordination activities on the State level with Title XX staff in the office of Human Development.

Activities considered feasible by the respondent to undertake in the future include: working with children in shelters; providing marriage counseling and services to the abusing spouses; and, generally, stabilizing and expanding existing services. These activities, however, will be possible only if the allocation of money by the State to the Bureau for Women is twice that of last year. If additional money is not granted, activities will remain in "maintenance mode."

According to the respondent, barriers to service for domestic violence victims are Federal and State regulations that prohibit the use of Title XX or State funds for purchase, repair, or additions to a house. These regulations limit shelter housing possibilities and place the total burden for facility provision on local resources. Local zoning ordinances that restrict locations of shelters; local attitudes that shelter locations must remain secret (to the degree that if a location becomes public knowledge, the facility cannot open or has to close completely until another location is found; and an unsympathetic attitude toward domestic violence victims on the part of some legislators, who do not understand the need for shelters at all, were also noted by the respondent as barriers.

Services available through the shelter programs include: housing; crisis intervention "hotlines"; individual and group counseling; transportation; financial aid; and, volunteer services. The average length of a woman's stay in a shelter is 30 days; however, this timeframe is flexible and is determined by individual case needs. At present, as soon as a shelter opens, it is filled immediately. The respondent interpreted this fact as an indication of how great the need is for additional shelters.

A unique feature of this State program is the practice of bringing former shelter residents, who have been successful in re-establishing themselves, back to the shelters to work in peer group settings. This is, reportedly, a very effective mechanism for motivating and supporting current shelter residents. Another unique aspect is a "transfer program" operated by two of the shelters; that is, a woman can be transferred to a shelter in another city if her location becomes known to her spouse, or if she is afraid for her safety.

Linkage activities have been established at the State level with Title XX staff, and on the local level with mental health and shelter facility staff to develop referral mechanisms. In New Orleans and Jefferson parishes, local programs have also begun to work with the district attorneys to improve legal services to battered women.

GRASSROOTS ORGANIZATIONS

Besides the State funded shelter program administered through the Bureau for Women, several other community-based programs were identified by program respondents as active on behalf of domestic violence victims. These included Errol K. Long Hospital in Baton Rouge, House of the Dove Inn in New Orleans, Slidell Task Force for Women, Lafayette Commission's Family Violence Center in Shreveport, the National Organization for Women, and rape crisis centers.

SUMMARY

Louisiana's DHHS-funded programs are, at the present time, inactive in the area of domestic violence, the only exception being the Title XX program which works closely with the State Bureau for Women in providing direct services to battered women. The prevailing attitude among program respondents was that the State programs are adequately serving the needs of battered women; therefore, it is unnecessary and inappropriate for DHHS-funded programs to incorporate this target group into their client populations. Very few respondents believed that their programs could do much in this area either currently or in the future unless Federally mandated and funded to do so.

STATE PROFILE: MAINE

INTRODUCTION

Maine has a population of 1,055,000 people, almost all of whom are White, with females slightly outnumbering males. The mean income for males (\$8,762) is more than twice that for females (\$3,884). Twelve percent (12.0%) of individuals and over nine percent (9.3%) of families have incomes below the poverty level. The majority of families in the State (52.7%) receive some type of transfer payment. Maine is a predominantly rural State, with 81.3% of its population living outside metropolitan areas. Slightly less than six percent (5.8%) of the labor force is unemployed.

A number of factors unique to Maine were cited by respondents as affecting the problem of domestic violence. Maine is considered the poorest State in the country when per capita income is related to the cost-of-living. The rural nature of the State means that many people live in relative isolation, lacking access to resources and services. Education levels are lower than average, which have an impact on the economic status of families. The traditional value of independence runs counter to acceptance of formal kinds of intervention in family problems.

State legislation provides for comprehensive civil remedies for domestic violence situations, including counseling for the abuser and/or the victim and monetary compensation and attorney fees for the victim. Criminal remedies include: warrantless arrest; granting of protection orders or approval of consent agreements, violation of which is treated as contempt; recognition of victims' rights; and, application of the same standards as with "stranger" crimes, with arrest mandated if there is cause to believe a domestic violence crime has been committed. An appropriation of \$250,000 for two years was made to the Department of Human Services to contract for shelter care, counseling, and emergency services.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Those eligible to receive AFDC are families in need where one or the other parent is incapacitated or absent. Maine's AFDC program has neither an unemployed parent nor an unborn child provision, so aid to intact families is limited. The basis for determining a woman's eligibility is her income and assets only (apart from those of the absent spouse). No waiting period is required. In about 60% of the applicable cases the mothers' assignment rights are transferred to the State under the Child Support Enforcement Program, and support is sought from the fathers.

The program does not have any objectives or activities specifically focused on battered women. However, battered women with children could be included under AFDC's general goal to meet the financial needs of children in the family. In addition, in any instance when abuse is suspected or identified during the screening process or by observation of the worker, referrals to appropriate agencies are made. Every AFDC applicant is made aware of all available services, including those for the children (e.g., EPDST).

According to the respondent, the primary barrier which restricts the program's capacity to serve battered women is fiscal. The level of State appropriations results in low grant amounts (the maximum payment to a woman with one child is \$207 per month); when coupled with the high cost-of-living, this amount may be insufficient for daily needs. The Federal allocation requires a 50% State match, unlike Title XX which requires only a 25% State match. If AFDC were funded with the same match as Title XX, it would help relieve the very high caseloads presently carried by the workers (105 staff to handle 21,000 cases), because additional staff could be hired. This would increase staff ability to identify other types of problems applicants may present during the screening process. At present, it is difficult to maintain what staff are required to do. The program has not established any coordination activities on behalf of battered women, with the exception of referrals by some regional office staff.

- Emergency Assistance

There is no Federally funded Emergency Assistance program in Maine.

- Child Welfare Services - Generic

The population eligible to receive assistance through the Title IV-B program include children who require temporary foster care, day care, therapeutic foster care, substitute care and protective care; children in the custody of the department who have reached the age of majority and need education, medical or social services; unwed mothers of any age; and the child and family who need volunteer services. Although the program has no objectives or activities specifically focused on battered women, this population could be included under the general program goal for 1981 of strengthening the family.

The mandated responsibilities and limited financial resources of the Title IV-B program restrict its capacity to assume activities for any group beyond the target populations already identified. Of the services available through the program, the respondent indicated that voluntary foster care probably is most needed by battered women and their children; counseling from protective services is likely to be most needed by abusing spouses.

Changes cited by the respondent that would need to be made to enable this program to serve battered women involve increased appropriations and the development of an expanded and strengthened range of services. The latter activity, however, would be an effort properly placed across the entire Department of Human Services. While there have been no coordination activities directed toward battered women in the Title IV-B program at the State level, local and regional office staff in some areas have been engaged in such activities on the community level.

- Child Welfare Services - Child Protective Services

The primary population served under Child Protective Services is abused, neglected, or dependent children of single or dual parent families, and children defined as "at risk." Voluntary services are provided to the latter group when such conditions exist as parent/child conflict, divorce conflict, marginal nurturing, etc. Treatment services provided are child centered and family focused, as they relate to the reunification or rehabilitation of the family.

The program has not established a definition of domestic violence, nor any goals or objectives specifically addressing battered women. However, all child protective goals are broad enough to include battered women, if a child in the family is in jeopardy because of abuse, neglect, or dependency, or "at risk." Although the program has no State mandated responsibilities in behalf of battered women, when an intake unit identifies abuse, it refers the woman to a "safe home" or shelter.

The respondent did not identify any restrictions which affect the program's capacity to serve battered women. Other programs' restrictions, however, do limit delivery of services based on the need of the individual (e.g., Title XX monies cannot be used for adult shelters, and unmarried mothers at the age of 18 must be categorized as medically needy to receive Title XIX services). Children of battered women need many services; of those offered through Title IV-B, temporary foster care may be primary for this particular population.

None of the services provided by the Child Protective Services program are targeted specifically on domestic violence victims. Program staff are not involved in any coordination efforts in behalf of battered women.

- Medicaid

In Maine, Medicaid is available for the categorically and medically needy, the latter category including aged, blind or disabled persons who have too much income or assets to receive categorical aid. They are normally eligible for Medicaid for a six month period. The general program goal to provide adequate medical services for all Medicaid recipients could include battered women.

No services are targeted on battered women but victims of domestic violence and their children could benefit from physicians' services, psychiatric service and other Mental Health Services. The respondent stated that targeting services specifically for this population is not feasible since the medical needs of battered women do not differ from the needs of the population at large.

No barriers to service delivery were identified by the respondent. The Medicaid program is not involved in any coordination activities in behalf of battered women.

- Social Services (Title XX)

Title XX services are available to families who are AFDC and SSI recipients and those who meet certain income criteria (not to exceed 80% of the State's median income). For child and adult protective services there are no income requirements. Although the population does include domestic violence victims, no specific program goals or objectives are directed toward battered women. One small contract does purchase space in a battered women's shelter to provide protection to children who also have been abused or neglected.

In the Maine Title XX program, ten service areas have been developed. Each has its own goals, some of which could include battered women (e.g., to improve a person's ability to function in the community.) Practically speaking, because of funding limitations, it is not feasible for the program to assume any activities in behalf of battered women. If the State legislature ceased funding the services now directed toward the target population, the Department would have to re-examine its priorities to determine whether or not any gaps in services could be filled through Title XX. However, the Title XX program will be in very difficult straits if the Federal appropriations are not passed with the highest ceilings proposed.

The program's income restrictions result in primarily lower income people being served; from this standpoint the capacity of the program to assist battered women is limited.

Among the program services available, those cited as most needed by battered women include advocacy, day care and both family and individual counseling; for children of battered women, emergency shelter, day care and psychological services; and for abusing spouses, counseling and substance abuse treatment services. The change needed within the program to better serve battered women is, according to the respondent, a recognition that they present a substantial problem which needs and deserves help. This acknowledgement would enable greater priority to be placed on services to battered women through the Title XX program.

Informal program coordination in behalf of battered women has occurred at both the State and local level. Among State staff, efforts have been directed toward ensuring that women in shelters receive food stamps. At the local level, Title XX programs are coordinating with shelters, community mental health centers, and police departments. Activities at the local level have involved informal coordination, community organization, and the development of referral procedures.

- Community Mental Health

In Maine, Community Mental Health Center Services are available to any individual regardless of ability to pay. Specifically, services are to be available and accessible to children, the elderly and the chronically mentally ill. The respondent identified one demonstration project providing shelter and counseling for battered women and their children, which receives State funds and which is administered by the Bureau of Mental Health.

One program goal, to clarify the needs for Mental Health Services for battered women, does specifically address this population. The impetus for this goal evolved out of a Task Force on Sexual Abuse of Children which led to an awareness of the needs of battered women.

The service provided by the Community Mental Health Program in Maine that does target on battered women is the provision of emergency shelter. This is available for women and their children on an emergency basis for up to two weeks.

Coordination efforts undertaken by the Community Mental Health program include participation on the Sex Abuse Project Evaluation Committee and involvement with local advisory boards. Efforts of the committee have focused on examining ways to improve services and overcome problems. For example, the committee is working on developing alternatives to incarceration for abusers.

According to the respondent, the Medicaid and Medicare reimbursement policies present a barrier to the Community Mental Health Center's ability to meet the needs of battered women. Federal policy limits service providers in hiring qualified mental health professionals (e. g. psychologists and social workers) under "considerable application of medical intelligence", and State policy requires that such professionals be under the direction of a physician. Since there are limitations on the availability of physicians, service availability is uneven and difficult to receive in some areas of the State. Another barrier cited is the program's priority to serve chronically mentally ill persons; thus, leaving fewer resources for the rest of the population.

- Indian Health

Indian Health Services in Maine have access to local shelters through referral. No direct program services to domestic violence victims are available.

- Work Incentive Program (WIN)

In Maine, approximately one-third of the total AFDC caseload are WIN registrants. WIN registration is not required of any AFDC recipient who is disabled, has children under six, is under 65, is caring for someone who is disabled, or is located in a remote area. Of the women who go to shelters, 72% become welfare recipients. Of these, 19% become WIN registrants.

The program goal of providing placement and financial assistance was identified by the respondent as one which could include battered women. Of the available services, battered women were cited as most needing training or job placement, and their children most needing child care. Since Maine has no unemployed fathers program, none of the services are appropriate for abused spouses.

No barriers to service delivery and no program coordination efforts in behalf of battered women were identified by the respondent.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Alcoholism services are available to anyone with an alcohol related problem. The program goal "to maintain and implement treatment for alcohol related problems" could include battered women, although they are not specifically addressed. None of the services or program activities are targeted on battered women; however, there are three programs that focus on women with alcohol related problems.

On the local level coordination activities occur among the alcohol, mental health, and battered women's programs. The meetings of these groups focus on coordination of services, the referral process, and funding issues.

The unavailability of child care was identified as one barrier to the alcohol program's ability to meet the needs of battered women in that it limits women's access to services. Another barrier cited was the staff's lack of training in identifying and dealing with domestic violence related problems.

- Drug Abuse Demonstration and Community Service Programs

Drug abuse services in Maine are available to anyone with chemical dependency problems. The primary population served has tended to be under 25 years of age. The program goal of providing family counseling could include battered women. Two of the drug abuse programs in the State have undertaken some activities in behalf of battered women. One program was instrumental in developing a volunteer shelter program in its catchment area, while another program operates a 24-hour crisis line which, on occasion, handles calls related to situations involving domestic violence. In general, crisis intervention services were considered the drug programs' most needed services for battered women. Needs for more extended service are handled by referral.

The Federal requirement that treatment be provided to primary abusers restricts the drug abuse programs from meeting the needs of battered women who do not have chemical abuse as a primary problem.

No program coordination efforts in behalf of battered women were identified.

STATE PROGRAM

In Maine, a State funded program, Families in Crisis, administered by the Department of Human Services, provides funding for six programs throughout the State, on a subcontract basis, with \$100,000 authorized for the first year (as of October, 1979) and \$150,000 authorized for the second year. The six programs also receive funding from CETA, Title XX, and private donations, and have a large volunteer component representing in-kind donations. The programs serve women and children who cannot safely remain in their homes because of violence, serious threat of violence, or other serious family crisis.

The program goals include: providing shelter for women and children in times of crisis; maximizing individual potential, options and self actualization; and, increasing community awareness and understanding of the needs and problems of domestic violence victims. The impetus for these goals was the 1979 legislation authorizing the Families in Crisis Program, which specifically mandated that five services be offered. These include emergency shelter, counseling, advocacy, information and referral.

The available statistics indicate that between October 1979 and February 1980, 289 women and 479 children received shelter services. Their average length of stay was 11.4 days.

According to the respondent, the program's capacity to meet the needs of battered women is restricted by Federal Title XX regulations which require the reporting of clients' names. This might inhibit a woman using services if she fears being identified. However, State laws permit the preservation of confidentiality. On the program level, the process of determining eligibility for Medicaid, AFDC and food stamps was considered slow, making it difficult for a woman to remove herself from a position of dependency on her spouse. With AFDC, the respondent reported that there have also been some problems in granting assistance for women with only a temporary shelter residence address.

GRASSROOTS ORGANIZATIONS

All of the six programs that currently receive State funds began as grassroots organizations. Some others mentioned by various respondents include Womankind in Machias, the Bureau of Resources Development, and the Maine Coalition for Family Crisis Services.

SUMMARY

All but one of the respondents felt that the State does, in general, recognize domestic violence as a social problem. In support of this view, is the legislative support given to programs and the increased attention from the media.

STATE PROFILE: MARYLAND

INTRODUCTION

Maryland is predominantly rural with only two large metropolitan areas, Baltimore City and the Washington, D.C. suburbs. Total population is 4,055,000, the great majority of which is White, with a Black minority of 842,000 and a Spanish minority of 31,000. Mean income for males is twice that of females, \$12,530 to \$5,720 respectively. The percentage of individuals below the poverty level is 7.7, with a total of 404,000 families receiving some form of transfer payment. Of the more than 2 million persons comprising the labor force, 117,000, or 5.5%, are unemployed. About 800,000 persons have attained the college level of education. Most of the population lives inside the metropolitan areas with only 585,000 outside these areas.

Maryland's legislature addressed the problem of domestic violence three years ago and passed a bill establishing the Battered Spouse Program. This Bill funded a model demonstration project in Baltimore for a shelter home called the House of Ruth. In July 1979, the legislature passed Bill 1713 which established the model shelter home project as a separate, permanent, State-funded program. The Battered Spouse Program now consists of 17 political subdivisions or 12 programs that receive money for specific local shelter programs providing services to domestic violence victims.

A unique feature of Maryland's geography and population distribution is the contrast between the wealthy suburban counties of the metropolitan Washington D.C. area, and the somewhat depressed, rural western part of the State where unemployment is high. In Baltimore City also, unemployment often increases periodically with layoffs from the auto industry. In spite of their demographic differences, both of these areas need services for battered women; however, those available to the rural areas are still limited.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program serves any family qualifying as needy if the applicants are State residents, citizens or lawful aliens. Children are determined eligible by the death, absence, or incapacitation of the parent or the unemployment of the parent. In addition, eligibility involves evaluation of a family's assets and resources to determine its status. There is no specific focus on domestic violence within the program, but if victims are encountered, they are referred to appropriate services and programs. The goals of the program involve meeting the needs of those qualifying for assistance and keeping families together, with the focus remaining on children. Battered women could be included in these general goals, but AFDC cannot serve women unless there are children targeted in need of service.

- Emergency Assistance

Eligibility is granted to those on AFDC on behalf of a child under 21 and to those determined to be destitute by reason other than failure to accept employment. Destitution is defined as "being without resources to meet one's needs"; however, evaluation of all resources is required and all assets convertible to cash must be considered as viable resources. Recipients must be citizens or lawful aliens, and must sign a fraud statement. There are eight emergencies recognized by the program: pending AFDC eligibility; disaster (fire, flood); eviction and foreclosure; breakdown of a necessary appliance (washer, stove) for AFDC recipients only; stranded away from home; no home for a child coming out of foster care; inability to pay fuel and utility bills; and, lack of access to the family money or resources. Payments cannot exceed \$250 per year except for fuel and utilities. As this program is one of money grants only, there is no focus on domestic violence; client services are obtained by referral.

- Child Welfare Services— Generic

Within the Child Welfare Services program, there is no income requirement for eligibility for foster care, adoption, and protective services, as these are mandated services and available to all.

This program has a specific focus on domestic violence and has program definitions both for child abuse and for battered spouses. The latter defines a victim as one "who is in imminent fear of, or who has received deliberate, severe, and demonstrable physical injury from a spouse with whom he/she shares a home". This definition requires both a marital relationship and the situation of living together; thus, both of these aspects were viewed by respondents as potential barriers to service for domestic violence victims. General program goals cited as addressing battered women included: protection of families from violence; reduction of the causes of violence; and, assistance in establishing individuals apart from those who abuse them. Direct services for battered women are provided through the existing structure. These services include referrals to shelters, hotlines, counseling services, information and referral, child care programs, batterers counseling, and legal advocacy. Other services provided by Child Welfare and available to battered women (if they have a child) are emergency housing for children; day, respite, and foster family care for children; transportation; emergency money grants; and homemaking services. Other services cited as indirectly benefitting battered women were needs assessment studies, staff training and community education. Program staff recognize the need to work in the area of prevention in the future, especially in identifying "at-risk" families and in reaching rural areas.

Linkages between Child Welfare Services and other groups have included: a needs assessment research project with the North Carolina Research Triangle Institute; technical assistance to the House of Ruth (model shelter home project) in Baltimore; staff serving on the Battered Spouse Review Panel; and service coordination with Social Services, the Maryland Commission for Women, and the Department of Health and Mental Hygiene.

- Child Welfare Services - Child Protective Services

Child Protective Services are available to the entire State's population with eligibility for day care services limited to those earning 40% of the State median income. The program's definition of domestic violence emphasizes the receipt, or fear of receipt, of serious injury from a spouse. (See verbatim definition in preceding program description.) The major barrier to serving victims effectively with this definition is that the couple must be married and living together when the battering occurs. This was considered a major issue by all of the respondents, and the hope was expressed that this wording could be changed in the future.

Goals and objectives of the program are the general Title XX goals with emphasis on those in need of protection and on the establishment of self-sufficiency. The program refers women with children to the 12 battered spouse programs mandated to meet the needs of battered women, and also provides: housing; counseling; legal aid; and, day, foster family, and respite care services. The respondents indicated that the legal area was one where needs were not being met effectively, because the volume of cases was too large and because some geographical areas had no legal services at all.

Program linkages involve interdisciplinary teams that investigate conditions in shelters and in institutions, and coordination activities with the Maryland Children's Council and Project Help for children. Respondents reported that additional staff training was needed on the dynamics of domestic violence, especially in the ways that spouse abuse differs from child abuse.

- Medicaid

This State administered program provides medical assistance for all persons determined to be eligible as categorically or medically needy. "Categorically needy" refers to those individuals who are eligible for or are receiving cash assistance under Title IVA (AFDC) or Title XVI (SSI); "medically needy" refers to those individuals whose income is greater than those of the categorically needy but meets the income test for medically needy. In Maryland, there are approximately 360,000 persons eligible for Medicaid. There is no program definition of domestic violence or any targeting on battered women. According to the respondent, this is a medical program only, and no distinction is made between need and the reason for need.

Battered women, however, can receive Medicaid services if they meet the general eligibility requirements, with emergency outpatient care and mental health services most likely to be used. The respondent thought that the medical assistance program in Maryland was comprehensive, well run, and successful in meeting the needs of its eligible population and that no changes were necessary. The respondent believed that specific services for domestic violence victims were more appropriate to Social Services or Protective Services than to Medicaid.

- Social Services (Title XX)

Families who are AFDC or SSI recipients, or who meet certain income eligibility requirements are entitled to receive services under Title XX. To receive family planning and protective services, a family's gross income must not exceed 80% of the State median; mental health services are free up to 50% of the median; legal services up to 35%; and, all other services are free up to 40% of the median. Fees are required for day care and homemaker services. For the elderly, there is group eligibility which includes socialization in a congregate setting, senior centers, and Meals on Wheels.

Within Social Services, there is a definite and comprehensive focus on domestic violence, as the House of Ruth, the State authorized and funded model shelter home project in Baltimore, and 11 other battered spouse programs administered by this agency. No Title XX funds are used for these shelters, however.

The program definition of domestic violence is the same as that stated for Child Welfare Services. Goals specific to serving battered spouses are to provide: room and board in a shelter home; counseling; educational and health services; legal assistance; and, employment training. Other program goals include provision of: protective services to adults; assistance against exploitation; foster family care, and counseling. The mandate establishing the House of Ruth also provided that, as additional funds were obtained, the agency would phase in a Statewide program for battered spouses. The only major barriers to effectively meeting the needs of battered women and their families are funding (before expansion can occur), and the program definition requiring a marital relationship and the sharing of a home, thus limiting the population that can be helped.

The respondent believed that better program coordination was needed with law enforcement agencies and with other local community groups to more effectively identify domestic violence victims. In addition, special training was cited as needed on the dynamics of "adult versus adult" violence to better understand the unique needs of battered women.

- Community Mental Health

This program serves anyone who is in need and seeks help from a community mental health center. It is preferred that a person go to the local center within the catchment area of residence, although services would not be denied at any center. There is no program focus on or program definition of domestic violence. Goals of the program, however, that could include battered women are "to assist anyone in a psychological emergency; provide crisis intervention services; and, assist those at risk of hospital commitment." The respondent noted that any specific emphasis on domestic violence could encounter problems with confidentiality through violation of the Privacy of Information Act. The program focus at present is on deinstitutionalization, and treatment of individuals within the community. The respondent stated the opinion that since the government is responsible for all of its citizens, and since domestic violence is one of many complex problems, the appropriate focus

of any program should be to correct and improve basic life conditions. If conditions such as adequate food, shelter, jobs, housing, and education were improved, issues like family violence, crime and substance abuse would decrease. Continued research into these problems was cited as not helpful on the program level without definite commitments of resources allocated to deal with the problems effectively.

- Work Incentive Program (WIN)

This program has two branches in Maryland, the State administered Employment and Training section and the locally administered Social Service section. All AFDC recipients are eligible for WIN and must register unless they have children under age six, are physically disabled, or are between ages 16 and 21 and in school full time. The Maryland WIN program has no specific focus or goals related to domestic violence, but objectives that include or apply to battered women are "to move a person from Public Assistance to self-sufficiency, to provide employment training and development to enable the person to become self-supporting, and to prepare the person physically and mentally to hold a job." In the social service side of the WIN program, day care and remedial medical services are targeted for increased funding. These services also could be utilized by battered women. WIN staff believe that since domestic violence includes the elderly and children, the singling out of this population for program services would prove to be very costly, especially with the added need of emergency shelter and other housing costs.

WIN has established linkages concerning the problem of domestic violence with the Department of Health and Mental Hygiene and the Department of Human Resources in the areas of workshops, staff training, and referrals. They would like to develop a network of university consultants to work in the areas of identification of domestic violence victims and prevention.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The alcohol program in Maryland acts primarily as a fiscal intermediary in funding county agencies and 20 residential facilities in the State. The State mandated Governor's Advisory Council oversees its activities, is responsive to HHS initiatives, and supports the Women's Task Force and other local efforts in behalf of anyone with an alcohol problem. There are no exclusions as to those who can benefit from services. Anyone with alcohol problems, a spouse, or an offspring of a person with an alcohol problem can be served.

Although there is no State mandate or formal focus on domestic violence, the goal of the program "to assist anyone connected with alcohol abuse," and the special emphasis on separate programs for veterans, youth and women can include battered women.

Program services include: housing (detoxification facilities and halfway houses); aftercare; counseling; transportation; and, homemaker services. Staff have received special training on family violence associated with

alcohol abuse, and operate under the NIAAA definition of family violence. The program respondent stated that further staff training was needed concerning domestic violence before effective treatment could be fully developed; that is, the unique needs, values and problems of both victims and abusers and the danger of mis-service if these areas were not recognized. The respondent strongly believed that separate treatment groups were necessary for youth, for women, and for spouses of alcohol abusers--not only because of the benefits of peers helping each other but, also, to avoid mixing youth and adult populations. A responsible community network established for education, outreach, and referral activities was also suggested.

- Drug Abuse Demonstration and Community Service Programs

This program is locally administered by a Governor's Drug Abuse Advisory Council composed of 15 members who supervise 72 treatment programs and a \$9.6 million budget. One major focus of the program is to work with criminal justice personnel in an LEAA pilot, pretrial release screening program in the State prison. Anyone with a drug problem in all 24 jurisdictions is eligible for the program. There are no time limits on services; however, the average stay in the residential program is 18 to 24 months.

Within the methadone program at the University of Maryland, which served 200 people last year, there is a special family violence unit for domestic violence victims. Social Services, for example, refers individuals to this program. The program has a definition of domestic violence, a budget of \$25,000 for special services to battered women and abused or neglected children, and specific goals and objectives focused on battered women that include teaching assertiveness and survival skills. The program's definition of family violence emphasizes physical abuse from "any pushing, shoving, hitting, kicking, biting, scratching, rape..." but assumes that emotional damage is also present. The program focuses on family counseling and requires one family, one group, and one individual counseling session per week, with a two-year followup. Children in treatment also receive play therapy and role modeling. Priorities for the next fiscal year are to establish a separate treatment program for women, using data from a current needs assessment survey. This program will include outreach efforts and focus on the treatment of females living 30 to 50 miles from their county seats and now having access primarily to telephone counseling. Program linkages are extensive and include coordination with other agencies such as Social Services, Vocational Rehabilitation, Employment Security, and Alcohol and Drug programs as well as coalition organizations and task forces (e.g., the National Coalition on Family Violence, the Mayor's Task Force on Child Abuse and Neglect, and the Women's Task Force on Alcohol and Substance Abuse).

Barriers to service for battered women and their families primarily involve confidentiality regulations which conflict with one another. Incidences of child or spouse abuse must be reported, but substance abuse regulations are more restrictive and cause a difficult dilemma in cases where substance abuse and child abuse both occur. Other problems involve shelter rules that prohibit acceptance of an individual into the shelter when there is evidence of substance abuse. These persons are referred to alcohol or drug programs

where the addiction is treated, but not the attendant issues associated with domestic violence. These conflicts, however, have been adequately resolved in Maryland by letters of agreement between various agencies specifying that the State service programs are involved in treatment, services only and are not law enforcement agencies. Further, there is a new agreement between the drug abuse treatment agency and the shelter program that allows the drug program to provide substance abuse services within the shelter. Thus, individuals now can receive help for multiple problems in one location.

STATE PROGRAM

The State funded program in Maryland, mandated in July 1977 to serve domestic violence victims, is called the Battered Spouse Program. Funds for this program come from special State authorizations, LEAA money from the Mayor's office in a three-year renewable grant, and private donations from individuals and foundations. In the past fiscal year, \$120,000 was allocated by the State to shelters for battered women--\$60,000 went to the House of Ruth model project, and \$60,000 to six other smaller shelter programs around the State. For fiscal year 1980-81, \$180,000 was allocated to the Battered Spouse Program which funds local programs in each region of the State.

The House of Ruth in Baltimore, originally the State Model Shelter, and now one of 12 Battered Spouse Programs, offers several services, including: emergency shelter; 24 hour counseling; protection; day care; medical care; legal advocacy; community education; information and referral, and batterers counseling. Recipients must be State residents, be battered, married, and sharing a home with the abuser; must agree to abide by the shelter rules, and must assign support rights to the State. Time limits for shelter services are determined by any of the following: when goals set by shelter staff are met; when the person requests termination of services; when the staff determines failure to follow house rules; or, when 60 days have elapsed. Last year, the House of Ruth served 268 women and 296 children, referred 90 individuals per month (410 per quarter) to other services, and counseled 92 individuals per month. Four of the other Battered Spouse Programs offer full shelter services. The others offer a range of services.

GRASSROOTS ORGANIZATIONS

There are a number of local programs working in behalf of battered women in Maryland. However, since the State has recognized the problem, has mandated programs, and has allocated funds, most activity is under Federal or State auspices. The organizations most active and involved in domestic violence activity are: the Women's Coalition under the Maryland Commission for Women; the Maryland Network Against Domestic Violence; the Maryland State Coalition Against Domestic Violence; NOW; the Governor's Task Force on Child Abuse and Neglect; the Women's Task Force on Alcohol, Drug and Other Dependencies; LEAA; the Coalition on Shelters; the Maryland Children's Council; and the Maryland Advocacy Unit D. Local groups include Project Help for Children and CASA (Citizens Against Spouse Abuse), which is supported by female

attorneys and the community shelter system, and whose activities involve legal aid, raising private funds for shelters and renting motel units for emergency housing. LEAA has also provided a small grant for a program in Baltimore City involving father-daughter incest, to which cases are referred by police. Many other local groups such as the Mid-Shore Council on Family Violence, have their own local advisory groups.

SUMMARY

Maryland is actively involved in the issue of domestic violence in terms of recognition, in legislated mandates for programs and in authorization of funds for shelters and direct services. The State has developed a comprehensive network and coordination of activity among many State agencies and programs and local community groups. The reciprocity of services, cooperation and communication between these elements contributes to the effectiveness of services provided to meet the needs of battered women and their families. Another unique feature of Maryland's attention to this problem is the formal protocol of dealing with the total family and its needs as well as with the individual, both alone and in peer groups. Separation of the treatment groups (women, youth, substance abusers, spouse and child abusers, etc.) is also viewed as contributing to the effectiveness of service delivery to domestic violence victims.

STATE PROFILE: MASSACHUSETTS

INTRODUCTION

Massachusetts has a total population of 5,746,000; of this number, the great majority are White (5,514,000), with Blacks accounting for 192,000 and those of Spanish origin 89,000. The mean income for males is twice that for females, \$10,720 to \$4,886 respectively. Unemployment is 6.4%, with 7.1% of individuals below the poverty level and 740,000 families receiving some form of transfer payment. The majority of the population resides within metropolitan areas, with only 987,000 outside these areas. Factors identified by respondents as affecting the incidence of domestic violence in Massachusetts include high unemployment, high cost of living, and industry moving out of high density population areas.

Massachusetts is progressive in its legislation concerning domestic violence issues, and was one of the first States to pass specific domestic violence laws. Civil remedies, which are modeled after Pennsylvania law, include penalties for sexual abuse and require no filing fee for a protective order. Criminal remedies allow warrantless arrest when a police officer has reason to believe that domestic violence has occurred and also provide bilingual capabilities, if necessary. These points are part of The Abuse Protection Act of 1978, Chapter 209A, which defines abuse as "attempting to abuse or causing physical harm; placing another in fear of imminent serious physical harm, causing another to engage involuntarily in sexual relations by force, threat of force or duress". In addition, the Massachusetts legislature passed, in 1977, legislative amendments to the Public Welfare Law Manual, one of which required the Department of Public Welfare "to include in its program of services temporary residential programs providing counseling and supportive assistance for women in transition and their children". Women in transition includes "battered women and children, homeless women and children, deinstitutionalized women and children and women and children experiencing crisis as a result of being abused or in danger of being abused".

The legislation enacting the Massachusetts Department of Social Services (DSS), which became operational on July 1, 1980, mandated provision of a comprehensive program of social services at the area level and specifically designated battered women as a population group requiring special services. With a substantial budget increase for FY 81 Battered Women's programs, DSS is in the process of developing expanded and innovative programs for victims of domestic violence in the State.

One of the DSS' goals is to improve coordination among human resource planning systems. Thus, in the Domestic Violence Program, continuing efforts will be made to interface and coordinate with other services providing assistance to battered women.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program in Massachusetts serves single parent heads of household, primarily females, with one or more dependent children. There is an unemployed parent provision stating that when unemployment persists for 30 days, the parent must register for the WIN program. Pregnant women with no other children are included in the eligible population. A relative, other than a parent, may also receive AFDC, but only for the child.

The AFDC program has no definition of domestic violence, and no specific goals or objectives focused on battered women; however, battered women can receive assistance if they meet the other eligibility requirements. The respondent did not consider it feasible for AFDC to assume additional activities in behalf of battered women, because the program is primarily concerned with monetary issues such as direct payments, food stamps, and Medicaid coverage. No barriers to service delivery were identified by respondents.

Program linkages and coordination efforts with other agencies include meetings with shelter representatives to arrange for women in shelters to receive their AFDC checks at the shelters or to pick up their checks personally, rather than having them mailed to the home addresses, and, to develop mechanisms of referral of battered women to Social Services.

- Emergency Assistance

This program focuses on children under 21 living with relatives and provides financial assistance to those in need. Although there are no program goals specifically focused on battered women, battered women can be included under the general program goals "to help with household relocation after a natural disaster; to provide emergency shelter and relocation assistance when a person is homeless as a result of eviction; to assist with back rent, utility bills and/or home repair; and, to help repair or replace necessary appliances." No program activities have been undertaken specifically in behalf of battered women, and the respondent did not feel it was feasible to do so since the program focus is on helping needy children. No program linkages or coordination activities with other agencies in behalf of battered women were identified by the respondent.

- Child Welfare Services - Generic and Child Protective Services

This program focuses directly on the needs of children and deals with any issue of need up to age 16, with special needs being addressed up to ages 18 or 21. The State Advisory Board has begun to focus on children who experience abuse in the home; and, therefore, there is some indirect program focus on battered women. However, no activities directly targeted on battered women have been undertaken by this program. Battered women's programs per se are considered an adult protective service.

A special unit called Project Children at Risk, funded by a grant from NCCAN, was established in 1975 and has been renewed annually. This

unit performs primarily an advocacy and monitoring function as a convenor of interagency work groups, training conferences, and educational programs. Funds are used to employ staff knowledgeable in child abuse and neglect issues, and to develop programs. Specifically, activities include: providing technical assistance to communities through a network of local councils for children (citizen boards); convening experts at workshops; monitoring the protective service system, and identifying and tracking developments in treatment and prevention. In FY 1981, the unit will focus on programs that assist families in remaining intact, and on improving administrative systems of reporting, screening, and follow through. There have been some additional program efforts with regard to Parents Anonymous; some of the participants are battered women.

Program goals that could include battered women are those concerning the identification and provision of assistance to families where children are at risk of abuse or neglect. Since the program's mandate is to focus on the needs of children, the respondent believed it unlikely that additional activities would be assumed in behalf of battered women.

Services provided to children by the Child Welfare program include emergency shelter; outpatient medical care; counseling; day, respite, and foster family care; and homemaking, special education, and summer camp activities. Battered women can benefit indirectly from many of these services; they are also referred to other programs where direct help is available, including shelters.

Few program coordination activities in behalf of domestic violence victims were identified except for an educational program in the schools on child abuse. According to the respondent, barriers to service for battered women primarily involve the legislated program mandate to serve only children. (The Department of Social Services, however, does have a broader mandate.)

- Medicaid

The Medicaid program in Massachusetts serves the categorically needy such as the blind, the disabled and the elderly, and the medically needy such as indigents and those unable to pay for medical care. The population served includes single and unemployed parents and their children. Although there is no program focus on battered women, these women can obtain assistance through Medicaid if eligible in one of the accepted status categories. The respondent also indicated that, if an individual could pay for services, care would be provided; thus, battered women could receive medical and psychological care in this way as well.

Barriers to service primarily concern the Federally mandated focus to provide medical care only to eligible populations. The respondent felt it inappropriate and not feasible for the Medicaid program to undertake any additional activities in behalf of battered women or any other specific group. The only exception to this might be establishing a link with insurance companies concerning payment arrangements for medical services to battered women.

- Social Services (Title XX)

Services available under Title XX are provided according to income maintenance limits and include casework and counseling services to those in need, as well as financial assistance; legal services as they relate to social problems; foster family care; adoption; homemaking; day care; education and training in parenthood and home management; social services to immigrants; and information and referral. All protective services, however, are available to anyone without regard to income.

There has been a major emphasis within this program over the past three years to focus activities on families experiencing domestic violence. Thus, several services and assistance efforts have been developed on behalf of battered women. The State in 1978 amended the service mandate for the Department of Welfare, charging it with the responsibility to target on battered women (Chap. 647). This legislative mandate, along with a reorganization of the department and increased funding allocations, has resulted in the Women in Transition program.

Later, legislation called The Domestic Violence Prevention and Services Act, (H.R. 2977), defined domestic violence as "any act or threatened act of violence, including forceful retention of an individual which: 1) results or threatens to result in physical injury; or, 2) is committed by a person 18 years or older against a relative or commonlaw spouse." This definition was revised by the Women in Transition program into a service definition that states that safety, protection, and support shall be provided to "women, women with minor children and emancipated minor women who have been victims of physical harrassment, coercion, intimidation or threat of physical assault by someone within the household with whom the woman has been intimately related." The Abuse Prevention Act of 1978 specified law enforcement responses, the rights of the abused, and the role of the courts in the issue of domestic violence, and appropriated \$125,000 to study the needs of victims of family abuse.

The Women in Transition Program serves battered women and children, homeless and deinstitutionalized women and children, and women and children in crisis. The major program objectives are to develop self-sufficiency, to provide protection from abuse, and to foster family unity. The program provides support services such as temporary transitory housing, crisis counseling, assistance in establishing separate households, child care, legal aid and advocacy and information and referral, all of which are available on a 24 hour basis. The program served a total of 2,300 women and children last year. The respondent reported that the program also plans to focus on the service needs of abusing spouses.

Title XX funds (\$500,000) are part of the monies used for the Women in Transition Program. United Way donates some funds and the State matches that amount up to \$175,000 per year. There is also Title XX reimbursement of counseling hours at a negotiated rate, and maintenance of monthly payments to ensure shelter capability for women. Emergency aspects of the program's services now allow 40 units or hours of counseling and up to six weeks of shelter; however, the respondent did not believe that this was

enough to adequately serve the needs of women in crisis. Additional activities identified as feasible for the program to undertake included longer term intervention, greater focus on the treatment of the family as a unit, and employment training.

The major barrier to serving battered women noted by the respondent was insufficient funding. However, this barrier is being addressed by the State legislature, and it is hoped that the current budget amount will be increased for the Women in Transition program for the next fiscal year. Another source of funds for domestic violence programs may come from an increase in the marriage license fee, as provided by amendments to the Abuse Prevention Act. (Note: The marriage license fee amendment was not enacted.)

Other barriers to service delivery noted include: vague Title XX regulations concerning allowed length of stay in a shelter and the reimbursement for shelter services; not enough coordination among Social Services, Child Protective Services, and special services for battered women such as the Women in Transition program; and, lack of coordination among law enforcement agencies, service, and shelter programs to protect women from abusers who are to be released from prison and may try to harm them. The Department of Social Services plans to address many of these barriers.

Social Services has established some linkages with other agencies, programs, and community groups toward coordinating activities on behalf of battered women. For example, departmental staff have met with staff from the AFDC, Emergency Assistance, Child Welfare and Mental Health programs as well as coalition representatives, attorneys, law enforcement personnel and local shelter staff members. The respondent recognized that grassroots and local groups have an influential legal advocacy role with the State legislature, a key role in keeping abreast of research activity on domestic violence and in the provision of training and community education. In turn, State and Federal programs primarily assume the role of funding sources to these organizations. However, both these program types also are involved in direct provision of services to battered women, and must coordinate their efforts to effectively meet their needs.

- Community Mental Health

Anyone who needs services can receive them from one of 23 Community Mental Health Centers serving the population in 41 catchment areas. As each Center develops its own program, the services offered and the criteria for specific services vary. Centers in two catchment areas have received relevant grants for consultation and education activities; one center has a special program on family violence, and, the other has a special program on rape. Both centers provide counseling and treatment to the victims of these forms of violence. The impetus for these focused efforts, came from the community level rather than from the State level, as attempts to meet the needs of people living in areas of high crime and high incidence of violence.

The Community Mental Health Center program, in general, has no goals or activities specifically focused on battered women, except for the two Centers mentioned above. The State Department of Mental Health does encourage the Centers to set goals and priorities based on the needs assessments of the catchment areas. Thus, some Centers focusing on child abuse may also be dealing with battered women to a limited extent. No barriers were identified by the respondent that inhibit service delivery to domestic violence victims, except, perhaps, the lack of staff with special expertise on the dynamics of domestic violence.

- Work Incentive Program (WIN)

All AFDC recipients must register for WIN unless they are under the age of 16, caring for a child under the age of six, ill, or incapacitated. Although there are no program goals or activities focused on battered women, the general program objective to provide job training and placement to AFDC recipients can include them. The respondent did believe that additional activities might be undertaken by the WIN program in behalf of battered women through, for example, the establishment of job clubs or group search for employment. Peer support groups were also identified as having potential value to domestic violence victims by emphasizing the common bond of WIN, rather than the bond of domestic violence. Services already available through WIN are counseling, job training and placement, day care, transportation, advocacy, GED, and homemaking.

Coordination activities on behalf of battered women have been established primarily with the AFDC program. These activities include informal meetings and the development of liaison relationships with non-profit coalition groups and groups of battered women. No barriers were identified by the respondent that inhibit service delivery to victims of family violence.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The alcohol program provides treatment and services to persons with alcohol problems and and to their families. Although no program goals or activities are specifically targeted on battered women, services are available to the entire population. Thus, the respondent reported that battered women were definitely served by the program either directly or indirectly through referral. According to the respondent, if the program were mandated to serve battered women, services could be expanded.

Services available through this program include: inpatient and outpatient medical care; counseling; crisis hotline; legal aid; job counseling and training; day care; and transportation. Reportedly, alcohol program staff are aware of the link between alcohol abuse and domestic violence, and are interested in focusing on prevention and education activities and on reporting and identification mechanisms. There are no linkages or coordination activities currently established by the program on behalf of domestic violence victims. The respondent stated that barriers to service delivery center primarily on the issue of only being able to treat those persons with alcohol problems.

STATE PROFILE: MICHIGAN

INTRODUCTION

In the Spring of 1976, the total population of Michigan was 9,063,000, with Blacks numbering 1,016,000 and persons of Spanish origin 96,000. The mean income for males was \$11,289, whereas for females it was \$4,929. The percentage of individuals in the State below the poverty level was 9.1, with 1,270,000 families receiving some form of transfer payment. Unemployment was 9.2%. Over two thirds of the population reside in metropolitan areas.

Several respondents indicated that the presence of the auto industry affects the incidence of domestic violence in Michigan, with economic stress being one causative factor, since the economy of the State is heavily dependent on this industry. There is currently high unemployment as well as the prevalence, cited by respondents, of the "blue collar macho image." In terms of the effects of economic stress on the State, one respondent commented that "When the country sneezes, Michigan has pneumonia."

Legislation in Michigan is considered progressive. Civil remedies are comprehensive. If a preliminary injunctive order is on file with the law enforcement agency having jurisdiction, the violator of a preliminary injunction order may be arrested, and is subject to the contempt powers of the court. Criminal remedies are also comprehensive and include warrantless arrest even when the abuse is not in the presence of a law enforcement officer. A probation order may require participation in a mandatory counseling program.

One of the respondents identified some legislative barriers affecting battered women. One barrier is that injunctions do not protect people who are not married or not filing for a divorce, thus, excluding anyone who is unmarried or already divorced. A Bill currently pending, HB5435, would provide injunctions for unmarried persons. Another problem arises as a result of State legislation stipulating that within 24 hours of arrest the circuit court must set bond; and a hearing on the violation must take place within 72 hours after the arrest. This is difficult in rural areas where there are traveling judges who are not always available within the time limits. The proposed solution for this is to grant authority for judges to appoint agents to act in their behalf.

Some services are also legislated. The Domestic Violence Prevention and Treatment Board was established by PA 389 in 1978. During its first two years, \$2.5 million has been allocated to the Board for domestic violence programs. Other State funding in the amount of \$500,000 has been made available through a purchase of service contract for a pilot project. All but one of the respondents interviewed were aware of the use of State funds for domestic violence programs.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

In Michigan AFDC eligible populations include intact families if the father is incapacitated or unemployed, including situations where the unemployment is due to a labor dispute. Assistance is provided for pregnant women who have no other children. Payment is made to women and children in shelters when eligibility can be otherwise established.

No goals or objectives were identified which specifically address or could include battered women. According to the respondent, targeting this population as a special group is not feasible because it would be discriminatory against other recipients.

No barriers to meeting the needs of this population were cited.

- Emergency Assistance

Emergency Assistance is available to residents of Michigan based on the service needs, but situations in which a need may arise are not limited to catastrophic events. In all, there are 27 services available, each having its own eligibility criteria. The established policy is to pay for emergency shelter only if a person has been evicted, but in practice, payment is made for persons who have been placed in a recognized shelter by another agency or the Department of Social Services where a need for protective services has been established. Emergency Assistance will also pay for a deposit or first month's rent for those eligible to receive such assistance.

Although no program goals or activities are specifically targeted on battered women, they could be included in the goal to provide shelter and other services to relieve threats to health and safety.

Emergency shelter was identified as the service most needed by battered women and their children. It might also be a need of abusing spouses, if they were evicted from their residence and had no other resources.

According to the respondent, restriction of the Emergency Assistance program's capacity to meet the needs of battered women is the Federal regulation stipulating that children must be involved. This precludes the use of Emergency Assistance for childless women.

- Child Welfare Services - Generic

In Michigan Title IVB funds are used for foster family care only.

- Child Welfare Services - Child Protective Services

In Michigan, Child Protective Services are available for any child suspected of being abused or neglected. None of the program goals specifically address battered women, but the goals of serving the whole family and of providing public education could include them.

Services are not currently targeted on battered women, but treatment could focus on them if children were also involved. Families are served toward the goals of removing risk to the children and maintaining family stability as it relates to the best interests of the affected children. Of the currently available services, crisis intervention and family treatment were cited as most needed by battered women. The children of battered women most need crisis intervention, protective services, and prevention. Needs of abusing spouses noted were family treatment and prevention.

A "state-of-the-art" report on the needs of children traumatized by domestic violence is in the planning stages and is scheduled for completion by October, 1980. The division has two innovative projects pending. One involves the development of day care as a crisis service for children traumatized by domestic violence; and, the other is a proposal for a grant to use Federal funds for emergency funds.

A task force was formed recently to focus on coordination and integration of services. Participants in this endeavor include Child Protective Services, the Domestic Violence Board, Employment Services, Day Care, and persons concerned with institutional abuse.

A barrier identified to serving battered women was the Federal legislation and State legislation earmarking Protective Services funds for children, thus excluding childless persons.

- Medicaid

Medicaid is available in Michigan for anyone who is categorically eligible or medically needy. The program pays for needed medical services regardless of how the need was incurred, so that targeting specifically on the population of battered women is not seen as necessary. The program goals of meeting the medical needs of the eligible population and of providing access to medical care could include battered women, with physician visits and drugs identified as the most needed services for these women. No service was mentioned as being specifically needed by the children of battered women nor by abusing spouses.

No barriers to the Medicaid program's capacity to meet the needs of battered women were noted. The respondent indicated that if some needed service was not covered, a policy change could be implemented to include that service.

- Social Services (Title XX)

The population eligible for Title XX programs include AFDC and SSI recipients, with protective services and information and referral available to anyone without regard to income. There is also some group eligibility granted for senior citizens and migrant workers.

The goals of providing services to prevent family breakdown and of offering crisis services are both seen as possibly including battered women. According to the respondent, the Title XX program is mandated by State Law PA

136 (revised) to make services available to victims of domestic violence. Title XX programs fulfill this mandate by providing generic services to all eligible people, including domestic violence victims, but do not target services exclusively on this group. Counseling services were mentioned as being needed by battered women, their children, and abusing spouses. The women also utilize the housing referral services, and their children benefit from protective services.

The Federal policy of setting a ceiling on Title XX funds was cited as a barrier to the program's capacity to meet the needs of battered women, as this ceiling restricts the availability of funds to target on domestic violence.

- Community Mental Health

In Michigan, Federal funds for community mental health centers go directly to the local centers, therefore no respondent was identified at the State level.

- Indian Health Services

There are no Indian Health Services available for victims of domestic violence in Michigan.

- Work Incentive Program (WIN)

Participation in the WIN program is mandatory for AFDC recipients, with the standard exemptions. The program goals do not specifically address battered women, but the goal of providing supportive services to prepare for employment could include them.

Services provided are centered on the employable person. Children are included only if they are sixteen or over, are out of school, and are the identified client. The service cited by the respondent as most needed by battered women was job counseling, but none of the available services were seen by the respondent as needed by the children of battered women or by the abusing spouses. It would be necessary for the Federal government to identify domestic violence victims as a WIN priority population in order for services to be targeted on them.

The Federal regulation that WIN clients must be assessed as employable was seen as a barrier to meeting the needs of battered women. The respondent sees battered women as having psychological problems that would need to be attended to before they were ready to consider employment.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Alcohol treatment services are available to anyone in the State with an alcohol abuse problem. The general treatment goal of focusing on the family unit could include battered women. The respondent was not aware of any program activities that specifically target on this population, and did not

indicate which of the available services are most needed by victims of domestic violence.

The fact that the State legislation focuses on substance abuse was cited as a barrier to serving battered women as a target group.

- Drug Abuse Demonstration and Community Service Programs

Anyone with a primary drug abuse problem, excluding incarcerated persons, is eligible for services from the drug abuse programs in the State. The goal of making people drug free could include battered women, although no activity is currently focused specifically on this population.

Services are provided through State contracts with local committees who sub-contract with local service providers. Family, group, and individual counseling were identified by the respondent as the services most needed by battered women and by abusing spouses. None of the available services, according to the respondent, address the needs of the children of battered women. A change in the Federal regulation funding criteria and a policy statement establishing domestic violence as a priority would be necessary before services could be targeted on domestic violence victims.

The Federal regulation identifying drug problems as the primary program focus restricts the program's capacity to meet the needs of battered women. For example, the spouse of a drug abuser could only be helped if service to her would help meet the treatment goals for the primary client, a drug abuser.

STATE PROGRAMS

- The Domestic Violence Prevention and Treatment Board

The Domestic Violence Prevention and Treatment Board was established by PA 389 of 1978. Its mandated functions include allocation of State funds to local programs and provision of technical assistance. Since it began its activities in October, 1978, \$2.5 million has been appropriated to the board to fund domestic violence programs over two fiscal years. The membership of the Board, which includes Blacks, Hispanics, and representatives from rural and urban areas, reflects the social composition of Michigan. All Board members have had some direct service experience with domestic violence. There are also a number of disciplines represented including mental health specialists, a police officer, an attorney, and a former shelter director. The Board's philosophy is reflected in its comprehensive, multidisciplinary approach to the problem. Activities include the funding of locally-based service programs for victims and their children and prevention and treatment programs for assailants. A statewide educational program focuses on the dimensions of the problem and provides information about service programs. In addition, the Board provides technical assistance to victim assistance/shelter administrators as well as to other service providers such as the criminal justice system and mental health professionals.

PA 389 defines domestic violence as "a physical attack or fear of violent physical attack perpetrated by an assailant against a victim, in which the victim is a person assaulted or threatened by assault by his or her spouse, a former spouse, or an adult person, or emancipated minor assaulted by a person of the opposite sex with whom the assaulted person cohabits or formerly cohabited; and in which the victim and assailant are or were involved in a consenting, sexual relationship." According to the respondent, this definition limits the program's ability to serve battered women to the extent that it excludes people in homosexual relationships and persons who have not been involved in a consenting sexual relationship.

The legislation mandates the Board to: 1) develop standards for service; 2) provide services and programs, 3) prevent abuse; and, 4) collect data to determine incidence and needs. The impetus leading up to the legislation establishing these goals initially came from grassroots efforts. This led to a task force whose report, along with a report from the Women's Commission, was used to formulate the above mentioned legislation. The State's policy is to keep the programs focused at the grassroots level.

Activities undertaken by the Board include funding of 32 victim assistance/shelter programs, 5 prevention and treatment (assailant counseling) programs. Statewide educational activities reach both the general public, service providers, and other professionals. The Board provides funding for a statewide toll-free referral line (the HARBOR LINE, 800-292-3925), bulletin board posters, television and radio spots, and a resource library. The Board has also provided conferences and training for service providers (including mental health workers, attorneys, judges, and prosecutors), and technical assistance to communities developing programs. The Board has also coordinated activities with other State agencies.

P.A. 389 of 1978 specifies that victim assistance/shelter programs funded by the Board must provide at least three of the following services: crisis and support counseling, emergency medical care, transportation assistance, legal assistance, housing assistance, financial assistance, and child-care services. In fact, all of the 32 victim assistance/shelter programs provide all of those services. Client advocacy and community education are also provided by programs. There is a high level of volunteer participation within these programs. Partial data from 11 Domestic Violence Board funded shelters shows that 34,453 days of residence were provided between July 1, 1979 and July 30, 1980. In the individual shelter programs, the average stay is 12 to 15 days. The maximum time allowed is 3 to 4 weeks, with some exceptions. Two victim assistance/shelter programs in rural areas have developed innovative satellite services in adjacent communities. There is also a network among shelters to facilitate provision of service to women who need to relocate.

As mentioned in the program description for Child Protective Services, the Domestic Violence Board is a participant in a committee which is focusing on relationships between child abuse and domestic violence. The Board has also formed close links with law enforcement, and mental health agencies, among others, to further coordinate delivery of services.

Aside from the limitation imposed by the restrictions in the definition, other barriers to meeting the needs of battered women were cited. One

barrier relates to funding, as the State legislation limits grants to victim assistance/shelter programs to \$55,000 in a single year and also requires that 40% State funding be matched by 60% from local communities. Many communities are currently using CETA and LEAA funds for match. These funds are likely to be curtailed by cuts in the Federal budget, so in the future, local service providers may not be able to come up with sufficient matching funds. The \$55,000 maximum is insufficient in those communities where Domestic Violence Board funds are the only source of hard dollars. These problems will be addressed by a recommendation to increase the maximum grant and to allow more State funds to go to counties that cannot match 60%.

There is also a need for increased funding so that additional victim assistance/shelter programs can be funded. Most of the currently funded programs are operating at 100% of capacity and demand for services is increasing. In addition, the 32 programs now funded provide service to 46 counties, but there are no domestic violence services at all in many of the 37 remaining counties in Michigan.

- Women in Transition

The Women in Transition program is a pilot project funded by a demonstration grant from the Department of Social Services and monitored by the Domestic Violence Board. The program began October 1, 1978, and was given \$500,000 per year for two years.

The program serves any woman who is a victim of family violence, either physically abused or threatened with abuse, her children, and the abusing spouse. The program is not able to serve drug or alcohol abusers, mentally ill persons, mentally retarded persons, persons needing custodial care or persons having a communicable disease.

The program defines domestic violence as physical abuse by a spouse or partner, or imminent threat of abuse.

The primary program goal is to help women gain independence as quickly as possible. The program responsibilities in behalf of battered women are mandated by a Purchase of Service contract with the State, which provides for a pilot project for battered women. The program components must include education, services, and research.

The program is housed in a large residential facility, with a maximum capacity of 130 women and children. Along with emergency shelter, the staff provides assistance in locating permanent housing, crisis intervention, short-term counseling, and provision of child care and education for children. In the first year, the program served a total of 501 women and 812 children. Through the first seven months of the second year, 781 women and 1257 children were served.

The program differs from many domestic violence programs in that it is based on a mental health model with trained professional staff, a structured program, and a confrontive approach designed to avoid fostering dependency.

The major barrier to the program's capacity to meet the needs of battered women is insufficient funding and the fact that it is likely that the contract will not be renewed when the current funding runs out on 9/30/80.

The Executive Director of Women in Transition is a member of a recently formed committee of shelter program directors who meet to share problems and coordinate activities.

GRASSROOTS ORGANIZATIONS

In Michigan, grassroots activity provided the initial impetus for the passage of legislation which established the Domestic Violence Prevention and Treatment Board. In turn, the Board's philosophy is to support grassroots organizations and their efforts. Currently 31 shelter programs receive some funding from the Board. Other funding for shelter programs comes from CETA and LEAA funds, and local contributions.

SUMMARY

The establishment of the Domestic Violence Prevention and Treatment Board and the allocation of funding for programs for domestic violence victims indicates a recognition at the State level of domestic violence as a social problem. All but one respondent agreed that the State was responsive to this issue. The respondent who did not agree held the opinion that State programs still do not recognize the magnitude of the problem.

The progressive legislative efforts, along with the State and local program activities, indicate that Michigan is actively developing a comprehensive approach to domestic violence.

STATE PROFILE: MINNESOTA

INTRODUCTION

Minnesota's total population is 3,889,000, with females substantially outnumbering males. Although the population includes Blacks, persons of Spanish origin, and American Indians, the majority is White. The mean income for males (\$10,254) is more than twice that for females (\$4,362). Approximately 8% of the population is below poverty level, with 439,000 families receiving some type of transfer payment. The unemployment rate is relatively low, approximately 3%. Minnesota's population is fairly evenly distributed, with similar proportions living both inside and outside metropolitan areas.

There was little consistency among respondents regarding factors unique to the State which may contribute to the incidence of domestic violence. Some believed that there were no such factors; however one factor that was cited several times was the cultural mix of the State's population, particularly the patriarchal traditions of some cultures. Respondents also reported that since Minnesota is very progressive and preventive in a number of its programs, the incidence of domestic violence is lessened.

Minnesota's legislation regarding domestic violence is considered progressive. The State provides for comprehensive civil remedies, modeled after the Pennsylvania law, including counseling and social services to the victim or abuser if married. Criminal procedures include warrantless arrest and provide that police officers are immune from liability. State legislation has also established programs for domestic violence victims and displaced homemakers. Legislation passed in 1977 appropriated \$500,000 for four pilot shelter programs. Currently, this program has a two-year appropriation of \$3 million and funds a total of 15 shelters. Minnesota law also mandates reporting of spouse abuse incidents by hospitals, doctors, nurses, and law enforcement officials.

PROGRAM DESCRIPTIONS

• Aid to Families with Dependent Children (AFDC)

The structure of Minnesota's AFDC program facilitates receipt of benefits by battered women. The AFDC program includes in its eligible population both unemployed parents and women in their last trimesters of pregnancy. Only the woman's available income is included in determining her eligibility for AFDC, and certain work-related expenses are allowed in determining the grant amount. The program does allow good cause claims; in fact, applicants are notified as part of the standard application process that this option is available to them. Minnesota's AFDC program also permits presumptive eligibility; that is, the county has the option to issue benefits immediately and verify eligibility later if, on application, the person appears to be eligible and in immediate need. In these cases, the applicant typically receives AFDC benefits within a few days. If there are special circumstances which place the applicant in an emergency situation, the AFDC program attempts to meet the need by whatever means are necessary, including issuance of vouchers and calling of creditors for the applicant.

Although AFDC checks may not be sent to post office boxes, this does not prohibit women in shelters from receiving benefits. Generally, an arrangement is made for the AFDC checks to be sent to one public location within a shelter system, with the checks distributed outward from that point to ensure protection for confidential locations. Recent legislation in Minnesota specifies changes in AFDC eligibility requirements (some already in effect, and some effective January 1, 1981) which liberalize the eligibility requirements and thus, broaden the population eligible for AFDC.

In addition, this program has been very responsive to the concerns of advocacy groups representing battered women, and to the State Director of Battered Women's Programs in the Department of Corrections. Whenever judged appropriate, AFDC program staff on the State level have interpreted policies broadly to facilitate receipt of benefits by battered women. For example, advocates were concerned that AFDC and Emergency Assistance funds had to be used by the women to reimburse shelters for expenses incurred by battered women. After these concerns were presented to AFDC program staff and to the State legislature, State legislation was passed stipulating that shelter costs for eligible women would be paid exclusively from State General Assistance monies.* At the same time, women in shelters are entitled to their normal AFDC grant.

The only barrier cited by the respondent which prohibits battered women from receiving AFDC is the determination of residence. To be eligible, an applicant must provide an address, this is often difficult for a battered woman who may be continuously uprooted and moving from place to place. In an attempt to resolve this problem, the State is continually formulating and disseminating policy and procedural guidance materials in response to questions raised by the counties.

Program staff do not believe it is feasible for Minnesota's income maintenance programs to focus any more activity on domestic violence victims. The program philosophy is to maintain as much breadth as possible so as to meet the needs of people in a variety of problem situations.

• Emergency Assistance

Emergency Assistance in Minnesota is administered through the same office as AFDC. Dual parent families with children, as well as single parent families, are eligible for Emergency Assistance. In Minnesota, an "emergency" requires that the applicant be faced with a situation placing in immediate jeopardy one or more members of a family with children. The person facing an emergency must also lack any resources to meet the crisis. An eligible person may receive Emergency Assistance for 30 days (60 days under certain circumstances) once in each 12-month period. The initiation of Emergency Assistance triggers the 30-day period, so if the person stops receiving Emergency Assistance after only two days, he or she cannot initiate benefits again within that 12-month period.

*It is estimated that approximately 90% of the women in shelters in Minnesota (including women with no children) are eligible to have shelter costs reimbursed through State General Assistance monies. These monies can also be used to assist women not eligible for AFDC or Emergency Assistance.

Emergency Assistance has no upper or lower benefit limit, as the State's policy is to provide whatever amount of money is needed to alleviate the family crisis. However, the Emergency Assistance program does try to utilize the least costly option for alleviating the crisis. It is important to note that Emergency Assistance is designed to meet temporary, not chronic, need. If someone continuously demonstrates a need for Emergency Assistance, program staff would attempt to obtain more appropriate assistance, such as AFDC or General Assistance benefits, in place of emergency funds.

No barriers were cited by this respondent with regard to battered women's receipt of Emergency Assistance; and, because the program provides for only the most basic needs, all program services were considered important to battered women and their families. The linkages described for the AFDC program; that is, responsiveness to advocacy groups for battered women, and flexible interpretation of policies, also apply to this program.

- Child Welfare Services - Generic

The population eligible for assistance under Child Welfare Services includes children who: have physical and/or emotional problems; are born out of wedlock; are abused and/or neglected; are delinquent; have absent parents; have parents whose parental rights have been terminated; are in need of adoptive or foster family placements; or are mentally, emotionally or physically handicapped. The family as a unit may receive services, but assistance for parents is only available in relation to a vulnerable or an "at-risk" child. Because the goals of this program are child-oriented, the respondent did not believe it possible to interpret them as including battered women. Such interpretation would be broadened to an extent not currently accepted on the State level.

Although this program has not undertaken any specific activities in behalf of battered women, it has tried to be flexible enough so as not to inhibit services to them. For example, the program made a determination that a battered woman's shelter did not require licensing as a day care center because the mothers were usually there with their children. However, the program respondent did not believe Child Welfare Services could assume any additional activities in behalf of battered women. There is no legislative authority for the program to meet the needs of adults, and any program which focuses on battered women must serve all women, whether or not they have children.

The primary barrier cited in assisting battered women is Minnesota's legislation which limits this program's responsibility to children in need of assistance; adults can only be served in relation to the needs of the child. But, as this program has a wide range of services available, any of these might be beneficial to battered women and their families, depending on the particular circumstances.

This program demonstrates an unusual awareness of the crossovers among many programs addressing family violence. In Minnesota, Child Welfare Services focuses on children, Adult Protective Services focuses primarily on elderly adults, and the Department of Corrections has responsibility for funding battered women's programs. The Division of Social Services, which has

responsibility for the Child Welfare Services program, has been working to coordinate services available to families experiencing violence. For example, the Division has hired a staff person to be a liaison between Child Welfare Services and battered women's services, and has established a Departmental Family Violence Committee which facilitates identification of program roles and helps in identification of overlapping responsibilities.

- Child Welfare Services - Child Protective Services

Any child in need of protection is eligible for services through Child Protective Services, with the family as a unit being served only in connection with the child's needs. Although this program has no goals specifically addressing battered women, they could be included under the general program goal to preserve the family whenever possible. According to the respondent, the primary barrier to this program's serving battered women is the current administrative structure in Minnesota. The Division of Social Services in the Department of Public Welfare has responsibility for child protection while the Department of Corrections is responsible for battered women's programs. Without a change in this structure, it is not feasible for Child Protective Services to assume any activities in behalf of battered women. In addition, the program respondent did not believe that any CPS services were particularly applicable to battered women or their spouses, although children of battered women would find their whole range of services useful.

Child Protective Services has been involved in coordination activities for domestic violence victims both on the State and local level. On the State level, they have participated in coordination activities initiated by the Departmental consultant for Family Violence Programs. On the county level, they have been involved in case management teams which facilitate general coordination on specific family violence cases.

- Medicaid

CSR staff were unable to schedule and complete an interview with the designated Medicaid program respondent in Minnesota.

- Social Services (Title XX)

Title XX, in Minnesota, is administered locally by County boards and human services boards. All localities must provide mandated services and may or may not choose to provide optional services. Mandatory Title XX services, including child protective services, services to the mentally retarded, detoxification, and deinstitutionalization for the mentally ill, are available to anyone without regard to income. Optional Title XX services have income related eligibility requirements. All AFDC and SSI recipients, as well as anyone whose salary falls within 0 to 60% of the State median income, can receive optional services without charge. Those whose incomes are within 60 to 115% of the State median income are permitted to receive optional services on a sliding fee scale. However, some counties may choose not to provide optional services to anyone whose income is over 60% of the State median. The Title XX program has no specific goals or objectives addressing battered women, but battered women could be included under the general program goals of promoting self-support and selfsufficiency and preventing abuse and exploitation. This

program currently has no State mandated responsibilities for battered women. However, this may change within the next year, since a vulnerable adults bill has just been passed by the State legislature making new services under Title XX mandatory as of January, 1981. Although this bill was designed primarily to protect the elderly and handicapped, it could, if interpreted broadly, include battered women. Until the legislation is officially interpreted however, it is not known whether battered women will be directly affected.

Currently, this program has not undertaken any activities specifically in behalf of battered women due to several barriers cited by the respondent which restrict its ability to serve this group. First, Title XX regulations prohibit the use of Title XX funds for emergency shelter for adults. Second, Title XX funds are very limited, representing only about 25% of the State's social services budget. Finally, there has been no overall State level coordination regarding delineation of roles and appropriate services for battered women, and treatment techniques for abusing spouses. Thus, according to the respondent, even if battered women were receiving services, various programs might be working at cross purposes. However, there are potential resolutions for two of these barriers. If H.R. 3434 passes, Title XX funds could be used for emergency shelter for adults. Also, there is a proposal at the State level regarding issuance of an executive order requiring State Departments to coordinate their family violence activities. This program respondent believed that a wide range of services available through Title XX is needed by battered women and their families, including housing services; money management; day care; health services; counseling, and treatment for chemical dependency.

- Community Mental Health

According to State administrators, Minnesota has no Title III funding for community mental health services.

- Indian Health Service (IHS)

Minnesota is included in the Bemidji Indian Health Services area. There are eleven reservations in the State, including White Earth, Red Lake, and Leech Lake. Indian Health Services' activities in Minnesota include promoting community awareness and providing crisis counseling for battered women. Program staff are also involved in the North Woods Coalition for Battered Women which has a shelter in Bemidji, funded by churches and community donations and supported by both Whites and American Indians. In the first four months of operation, the shelter served 16 Indian women, 13 white women, and 34 children.

- Work Incentive Program (WIN)

The population eligible for WIN assistance is AFDC recipients. Although the program has no specific focus on domestic violence victims, battered women could be included under the general program goal of providing support services to facilitate employment. This program has not engaged in any specific activities for battered women; however, there are several points where a WIN registrant could be identified as battered. The first is upon registration and during the course of a social service and work experience appraisal; and, the second is when a client's unresponsiveness results in adjudication. For example, when a social worker identifies battering, s/he attempts to

resolve this barrier to employment either directly or by referral before job placement efforts are resumed by placement staff. The primary services available through WIN which are relevant to family violence are counseling and day care. The program respondent cited only one barrier to services for battered women, the necessity of meeting AFDC eligibility requirements. This program has not been involved in any coordination activities in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

In Minnesota, both of these programs are part of an overall chemical dependency program. Any State resident who has a substance-abuse related problem is eligible for services. Although the program has no specific objectives related to battered women, the program has several general goals which could include this population: to fund at least one existing or new halfway house specifically to meet the needs of women; to describe the formal relationship between chemical dependency and child abuse; and, to continue to provide family counseling and supportive services to Women Helping Offenders (a program in which women help other women who have become involved in the criminal justice system). In general, crisis intervention services, emergency shelter, and diagnostic services were cited as this program's most relevant services for battered women and their families. It is important to note that, although this program is not mandated to serve battered women, several halfway houses in the State do provide emergency shelter, counseling, and transitional services for battered women and their children. There is also one center which provides both inpatient and outpatient services to batterers. These programs receive funding from the State, but the initiative for serving domestic violence victims and abusers has come from the local level. The program has a very broad definition of domestic violence which includes women, men, children, and the elderly. On the State level, the program has a problem monitoring system which involves Statewide data collection on drug and alcohol use; this system includes child abuse and spouse battering among its problem indicators.

This program reported no coordination linkages related to services for battered women. (Note: A non-respondent source reported that this program has recently joined the Departmental Committee on Family Violence.)

STATE PROGRAM

In 1977, the Minnesota legislature appropriated State funds (\$500,000) for shelters for battered women and their children. The original legislation specified that:

- four pilot shelters would be established;
- a data collection system would be established;
- a Task Force would be appointed to work with battered women's programs; and,
- a community education program on domestic violence would be established.

This program has been expanded since its inception; it currently has a two-year budget of \$3 million and funds 15 shelters. The program is administered on the State level through the Department of Corrections, with the State serving primarily as a funding source for the shelters which are autonomous organizations. In addition to State domestic violence funds, shelters are supported through a variety of other funding sources such as State General Assistance monies, private foundations, the public school system, and federal monies.

In general, there are no eligibility requirements for services through the shelters; any battered woman and her children may utilize them. However, because of the extensive demand for shelter space, many shelters specify that the woman or child must be in danger to enter. Based on availability of space, women who are psychologically abused may be admitted as well. The goal of this program is to provide safe shelter and advocacy with existing service systems for battered women and their children. A policy decision was made on the program level that shelters would not provide direct services other than safe shelter and limited child care; rather, they were to work with the system already in place to ensure services for battered women and to encourage changes in the system where necessary. In addition to providing shelter and advocacy for battered women, this program has engaged in a broad range of support activities, including: collection of statistics on spouse abuse from shelters, physicians, hospitals, public health nurses, law enforcement agencies, and human services providers; monitoring of and technical assistance to State funded shelters; training of shelter staff and other professional groups; community education and advocacy regarding domestic violence; establishment of a State-wide library on domestic violence; coordination activities both on the State and local level; and funding of three pilot treatment programs for batterers. This program respondent believed that shelters should assume the additional responsibility of providing the option for women in shelters to become active and politically involved in the domestic violence issue.

The major innovation cited by the respondent in relation to this program was the method used to achieve legislative support for it. Since its initiation, a concentrated effort has been made to place shelters across the State rather than concentrating them in the Minneapolis/St. Paul area. As a result, the program received extensive exposure and developed a Statewide constituency, thereby influencing every legislator in the State.

This program has well-developed linkages both on the State and local level. On the State level, the State Director of Battered Women's Programs meets periodically with other State programs, primarily for purposes of problem solving and information sharing. As a result, this program has had an impact on the policies of other programs, particularly the AFDC/Emergency Assistance/General Assistance programs. On the local level, shelter personnel meet on a periodic basis with local service providers for purposes of advocacy, coordination of services, problem solving, and training. According to the respondent, the primary barrier to serving battered women is internal conflicts on the local level, often around racial issues. Resolving these conflicts requires a lot of energy and often leads to shelter staff "burnout." State level program staff are attempting to mediate these internal conflicts and to enhance cooperation, but some of these problems remain.

GRASSROOTS ORGANIZATIONS

The overall consensus of program respondents in Minnesota is that State programs are aware of the domestic violence problem. All respondents are aware that there is ongoing activity in the State in behalf of battered women, and many could specify active organizations and individuals by name. The program most often mentioned was the State Battered Women's Program. Others cited as active in this area include: the Department of Public Welfare's family violence coordinator, the Crime Control Planning Board, the Domestic Abuse Project, the State Coalition Against Domestic Violence, and several other community organizations and shelters in various metropolitan areas. A number of respondents believed that these advocacy groups have had a positive impact on program policy on the State level.

SUMMARY

Minnesota is considered to be extremely progressive in its response to the problem of domestic violence. This is demonstrated by the existence of a State-funded battered women's program, and by the fact that many programs in the State, although not directly focused on battered women, have interpreted their policies broadly to facilitate provision of services to battered women. In addition, there is a general recognition of the interrelationship between spouse abuse and other problems; this is an important step toward inter-program coordination in behalf of battered women.

STATE PROFILE: MISSISSIPPI

Mississippi has a population of 2,326,000. The population is approximately 64% White and 35% Black, with a small minority (6,000) of Spanish origin. The mean income for males (\$8,092) is approximately twice that for females (\$3,492). Over 20% of families are below the poverty level, with 283,000 people receiving some type of transfer payment. Mississippi is a relatively rural State, with 1,857,000 people living outside metropolitan areas. The State's unemployment rate is 5.3%.

Most respondents indicated that domestic violence was somewhat extensive in Mississippi, citing such factors as poverty, stress, unemployment and alcoholism as contributing to its incidence. Two respondents stated that Mississippi may have more domestic violence than other States because of the poverty which exists. Mississippi has a very small tax base and the lowest per capita income in the nation.

There is no State legislation specifically focused on domestic violence. Mississippi has no State Coalition against domestic violence, and there are no State funded programs targeted on domestic violence victims that were identified by respondents.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program in Mississippi is State administered. The qualifying condition for eligibility for AFDC is deprivation due to the absence or incapacity on the part of a parent which affects the child. Mississippi does not have an Unemployed Parent Program and, thus, is limited in what aid it can provide to intact families. Other eligibility criteria also limit the extent to which victims of domestic violence can be served. For example, pregnant women, with no other dependents, are not eligible for money grants, and, total family assets are considered in determining the grant.

The program has no objectives specifically addressing domestic violence; the respondent indicated that the AFDC program should be concerned with eligibility, not services. Further, the respondent stated that since Mississippi does not have an Unemployed Parent Program, the AFDC workers do not usually encounter battered women. However, if an AFDC eligibility worker does identify a battered woman, she/he refers her to the appropriate social services.

The respondent believed that the AFDC program should not undertake activities in behalf of battered women; rather, there should be a separate domestic violence program which serves victims, regardless of financial need. According to the respondent, the primary barrier which limits the program's capacity to serve battered women is legislative. That is, the focus of the AFDC program is on economically disadvantaged individuals, not on battered women per se. The program has no linkages with regard to services to domestic violence victims. Overall, AFDC is limited in terms of its ability to become involved in assisting victims. Even when a victim does receive AFDC, the grant amount is small.

- Emergency Assistance

Mississippi does not participate in the Federal Emergency Assistance program.

- Child Welfare Services - Generic

It was not possible to obtain an interview with any State level representative of the Child Welfare program in Mississippi.

- Child Welfare Services - Child Protective Services

No interview was able to be obtained with a State level representative for Child Protective Services.

- Medicaid

The Medicaid program in Mississippi is State administered. Medicaid is available to the categorically needy; no optional services are offered. The Medicaid program has not defined domestic violence, focused any efforts on domestic violence victims, nor developed goals or objectives specifically addressing battered women. However, battered women could be included under the general program goal "to provide services and protection to eligible individuals." According to the respondent, it is not feasible at this time to target victims as a special group because Federal regulations do not allow coverage "by disease or injury category." Limitations on resources also constitute a barrier. Further, Medicaid does not cover services of psychologists or psychiatric social workers, and funding for psychiatric counseling is limited to \$375 per year.

If Medicaid's capacity to serve battered women were to increase, necessary changes would include additional funding and authorization for covering services of social workers and psychologists in Regional Mental Health Centers. The program has no coordination mechanism oriented toward services to battered women.

- Social Services (Title XX)

No interview with a State level representative of the Social Services program was able to be conducted.

[Information from Non-Respondent Sources]

Those eligible to receive Title XX services include: recipients of ADC, SSI, or State supplemental payments; other individuals whose income is at or below 80% of the State's median income for a family of four (\$16,586), adjusted to family size; adults and children in need of protection, without regard to income; and the elderly - 60 years or older.

Adult Protective Services are available to those individuals, 18 years of age or older who are; unable to protect their own interests; harmed or threatened with harm through action or inaction by another individual or through their own actions due to lack of knowledge, incompetence or poor

health resulting in physical or mental injury, neglect or maltreatment; not receiving adequate food, shelter, or clothing; and/or deprived of entitlements due them or wasting of their resources.

APS activities include: prompt response and investigation upon request of adults at risk or others acting on their behalf; casework with adult and family; assistance in obtaining medical examinations; social and psychological evaluations in order to formulate case treatment plans; assistance in locating and arranging for appropriate living arrangements; and transportation.

Staff in the Division of Social Services have been planning toward the increase of services to meet the protection needs of children and adults. Pending receipt of Federal regulations relating to the newly-passed P.L. 96-272, the Division anticipates receiving proposals for the establishment of emergency shelters for adults (battered spouses). These shelters would serve spouses and their children for up to 30 days in any six-month period. Proposed activities include: emergency medical treatment; provision of short-term counseling; assistance in arranging for an alternative living situation; coordination with referral to other community resources, including Mental Health Services after the client leaves the shelter; and emergency transportation. It is currently anticipated that a total of 500 recipients would receive services Statewide. Services would be purchased from public and private providers at a total cost of \$536,840.

- Community Mental Health

Anyone who seeks help can receive assistance through Community Mental Health Centers. A sliding scale, according to financial status, determines if a person is required to pay for services. The program has no goals focused on battered women; however, it is designed to assist anyone in mental distress, including battered women. Approximately a year ago, the program tried to develop goals to focus on domestic violence victims (especially battered children); however, funds were not available. Currently, one Community Mental Health Center is discussing the possibility of starting a counseling group for battered women; however, this activity is still in the planning stages.

The respondent indicated that it would be feasible for the program to assume several activities in behalf of battered women. These include an active outreach program, educational activities, provision of technical assistance to local Community Mental Health Centers, and initiation of a "hotline."

One barrier to service provision was identified by the respondent. Essentially, the local community health centers develop the priorities for the program; also the State makes recommendations to the local centers regarding priorities. Thus far, neither the State nor local programs have identified domestic violence as a priority for service provision. The respondent felt that a system was in place to provide services to victims; what was needed was to institute a special program for victims to justify an increase in the amount of services offered.

At the State level, no coordination activities exist. However, the respondent stated that, at the local level, Community Mental Health Centers have provided support services for battered women's groups.

- Work Incentive Program (WIN)

The WIN Program in Mississippi is State administered. Anyone who qualifies for AFDC is also eligible for WIN; the program is mandatory for all AFDC recipients unless they have children under 6, are physically disabled or are between ages 16-21 and still in school. The WIN population does not include many battered women since Mississippi does not have an Unemployed Parent provision. Thus, spouses are not in the home. The program has not established any goals which address battered women, although if a battered woman were eligible for WIN she would receive WIN services.

The WIN program has not undertaken any specific activities in behalf of battered women, nor did the respondent feel it was feasible for the program to assume any activities. Battered women should be referred to social services for long term help. The goal of the WIN program is to help individuals obtain jobs; currently, the program does not have the resources to provide long term assistance.

The major barrier to service provision relates to Federal regulations which limit the services which can be provided by WIN; i.e., the services need to be employment related. The WIN program is designed to remove temporary barriers to enable the client to obtain employment. The battered woman needs more comprehensive assistance which cannot be provided by WIN. However, WIN staff, according to the respondent, would benefit by training in crisis intervention to enable staff to identify and refer victims. The WIN program has not engaged in any coordination activities in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

Alcohol and drug abuse programs are under the same administrative structure. The Division of Alcohol and Drug Abuse has an Advisory Council. The Council has made recommendations regarding domestic violence; however, the recommendations were specific to child abuse and neglect.

Direct services are provided at the local level. The program can serve any individual who has an alcohol or drug problem, or any member of that individual's family. The Prevention Act now allows the program to serve a larger group of people. Victims of domestic violence can be served when alcoholism or drug abuse is a problem; however, services are not targeted on this group. The program has not established any goals which specifically address battered women, but, the division currently is working on the State Plan and hopes to include specific goals on domestic violence which focus on both spouse abuse and child abuse and neglect.

Specific programs at the local level are engaged in activities which focus on battered women. These include coordination activities with local shelters and criminal justice representatives, training activities focusing on domestic violence for Municipal Court judges, and technical assistance activities with local crisis intervention programs and the welfare department. Future activities include proposed training for local police jurisdictions; this training will be funded, in part, by the Division of Alcohol and Drug Abuse. The respondent indicated that several other activities could be assumed

by the division, including: establishing the groundwork for increasing funding for domestic violence activities; staff training; adding objectives about domestic violence to the State plan; funding shelters; providing technical assistance; and, engaging in coordination activities.

The division is involved in coordination activities in behalf of battered women at the State and local level. This coordination involves primarily informal meetings with local service providers, the Criminal Justice Division, Vocational Rehabilitation, and the Welfare Department. In addition, the Division has worked with the Commission on the Status of Women.

GRASSROOTS ORGANIZATIONS

Five local programs were identified by the Alcohol and Drug Abuse Division respondent as programs which provide services to battered women: Gulf Coast Women's Center; Persons Services, Inc.; the Salvation Army; Project Safe, Inc.; and, the Interagency Council on Families in Crisis. A non-respondent source identified Catholic Charities as operators of a shelter for battered spouses in Jackson. None of these programs were identified as receiving State or Federal funding. No single program was identified consistently by respondents; since these programs are locally based, they have not had a Statewide impact.

SUMMARY

Discussion with State level program administrators in Mississippi demonstrate a lack of involvement in services focused on battered women, although the Alcohol and Drug Division has made some efforts in this area. Many of the respondents believed that the problem should be addressed by Social Services. The majority of respondents believed that State programs recognize domestic violence as a social problem, but that the resources and policies are lacking to address the problem.

With the passage of P.L. 96-272, the Division of Social Services intends to fund emergency shelters for adults. This effort, if made operational, will provide services to battered spouses and their children and promote greater involvement in and increased awareness of the problem of domestic violence.

STATE PROFILE: MISSOURI

INTRODUCTION

Missouri is considered a midwestern State with three major metropolitan areas: Springfield, Kansas City, and St. Louis. Total population numbers approximately 4,800,000 (1978 estimate) and is predominantly White, with a Black minority of about 509,800 (1978 estimate) and a smaller Hispanic minority of about 40,000 (1970 Census). About 3.075 million persons of the 4.8 million total population live inside metropolitan areas, with the remaining 1.725 million residing outside these areas (1978 figures).

Mean income for males is approximately twice that for females (\$9,880 and \$4,517, respectively, based on 1975 data). Percent of the labor force unemployed in 1975 was 6.9, or 142,000 persons; in July 1980 that figure had risen to 7.4%, or 175,700 persons. According to 1975 figures, 9.4% of families (or 121,000 families) have incomes below the poverty level; approximately 532,000 families receive some kind of transfer payment.

Missouri's legislature meets in six and four-month sessions, alternating yearly. In 1980, a four-month legislative year, an Adult Abuse Relief Law relating to the abuse of an adult by another adult household member, was signed into law. This law provides a means by which an abused adult can seek redress through the court system. It also represented Missouri's first attempt to provide a mandate for the delivery of services to victims of domestic violence.

In addition to the legislation on adult abuse by an adult household member, the 80th General Assembly also passed a comprehensive mental health bill (HB1724) which includes within it a section declaring patient, resident, or client abuse or neglect a Class A misdemeanor.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

This program consists predominantly of cash grants to parents of children under age 21 who are deprived of parental support due to the inability of the parents to provide support. There is no mandate or special funding for domestic violence victims as a target population, and there are no local programs within AFDC specifically addressing the problem of domestic violence.

- Child Welfare Services - Generic and Child Protective Services

There are 114 local county offices and an office in the City of St. Louis which provide services to any family in which a child is abused or neglected or at risk of abuse or neglect. Eligibility requirements concur with those for Title XX.

The goal of the program is to assist and protect children from abuse or neglect. Battered women can benefit from the program only when such a need exists and is identified in conjunction with the abuse or neglect of a child in the household.

Services to children and/or their parents include counseling, child care, Medicaid, (if the child is an AFDC recipient), foster care, homemaker and volunteer services. Services to battered women in the household are primarily by referral to another agency.

There are limits on available funds and staff as the State is at its maximum Title XX entitlement.

According to the respondent, there are no statutes or mandates directing the program to target on domestic violence victims; the magnitude of the child abuse problem demands all present program resources.

- Medicaid

This State administered program provides approximately 310,000 categorically needy people with medical assistance under the Title XIX Medicaid Program. Services provided through the Medicaid Program are: inpatient and outpatient hospital; physician (includes public health, planned parenthood, community mental health, and other clinics); dental; optometric; ambulance; audiological (includes hearing aids); podiatry; laboratory; x-ray; home health services (limited to persons over 21 years of age); durable medical equipment (includes equipment such as wheelchairs and walkers, orthotic and prosthetic devices); and pharmaceuticals. With the implementation of the Medicaid Management Information System (MMIS) in August of 1979, an Early Periodic Screening, Diagnosis and Treatment (EPSDT) tracking system was instituted.

There is no specific targeting of domestic violence victims within the Medicaid program but such individuals are served and their medical needs met, if they seek out the program. There has been some attempt to publicize that confidentiality would be guaranteed by the program, but no domestic violence victims have yet come forward with claims. Thus, it is not known how many individuals from this target group are being treated. Responsibility for meeting service needs other than medical is seen as belonging to social service programs, and outside the scope of the Medicaid program.

The respondent indicated that changes in the State regulations would be desirable to allow expansion of those eligible under Title XIX. According to the respondent, problems encountered that impede service delivery include the increasing incidence of alcoholism and drug abuse, especially in young adults. Youth gangs assault the elderly and threaten the general public. Since drugs are dispensed by Medicaid staff members, extra protective efforts in their behalf are necessary. The respondent strongly believed that medical social workers were greatly needed as additions to the staff, as the combination of medical and clinical skills could contribute expertise now somewhat lacking.

- Social Services (Title XX)

This program serves income maintenance and protective services recipients, and those earning below 63% of the State median income; however, a major portion of the available Title XX funds go to abused or neglected children.

Program services include: emergency shelter; crisis intervention; child care; counseling; and homemaking activities. However, there is no targeting of services on domestic violence victims and no funds available to treat them specifically. According to the respondent, barriers to services include some lack of coordination of programs within the State government, the absence of legislation mandating services to domestic violence victims, and a definite program focus on child abuse and neglect cases.

The respondent stated that there was a definite need to identify the domestic violence population but foresaw a problem concerning competition for funds among specific groups (e.g., the elderly, children, domestic violence victims), as funds targeted for a particular group would involve decreases in funding for other groups. This issue could be alleviated if there were increases in Title XX funds to cover all groups needing services; however, the respondent believed that any program focus shifts would be toward the elderly rather than toward domestic violence victims.

- Community Mental Health

This State supervised and locally administered program consists of 16 Community Mental Health Centers in 36 catchment areas, three of which are directly State administered. There is a State advisory council and regional councils which are advisory to the Department of Mental Health regarding comprehensive psychiatric services.

Clinic services are available to any and all persons needing them, including all age groups. Although there is no specific focus on domestic violence victims, this group can utilize and benefit from the program's psychiatric evaluations, family and interpersonal counseling, crisis intervention, emergency 24 hour care, vocational counseling, legal aid, and child care services. At present, there is no program funding available for residential shelters. The establishment of a "hotline" has provided anonymity for callers and has revealed extensive incidence of domestic violence, the number of such calls increasing each year. With only 16 Community Mental Health Centers in 36 catchment areas, the respondent indicated that the program was underserving mental health needs now; and, that there was no chance of any additions to services without increased allocations.

Existing barriers to services center on the issue of competition for funds if specific groups were targeted. Such labeling results in monies being allocated only for those specified groups. The respondent would prefer to have funds designated to "persons," thereby increasing flexibility to use them wherever most needed. The respondent believed that the knowledge and treatment skills necessary to serve domestic violence victims was available now, but that staff additions and funds for long-term educational support services were necessary to assist victims in establishing new value systems.

- Work Incentive Program (WIN)

This program is State administered under a State coordinating committee and serves AFDC recipients. Exemptions to registering in WIN apply to those with children under six years, persons over 65, or those who are incapacitated. Program services include: counseling; vocational rehabilitation; child care; remedial medical and specialist care; housing; transportation; and, any service that Title XIX does not pay for which is needed to become employable.

WIN staff in Missouri are interested in the problem of domestic violence and would like to focus more on battered women as a target population in conjunction with services to increase their employment readiness. Staff recognize a need for more skill and expertise in problem recognition and treatment methods. Although the program does not have a legal or statutory mandate for coping with domestic violence, assistance is provided with an emergency assistance intervention objective. It also has goals that emphasize the placement of women in non-traditional occupations. Domestic violence victims are served on a case-by-case basis, but the number served out of a total of 55,000 AFDC recipients in 31 counties is not known.

Program linkages include coordination with all available local community resources, especially free legal aid and drug or alcohol abuse counseling services. If free services are not available, the WIN program will try to purchase them as necessary, if they are directed at employment readiness.

According to the respondent, barriers to service delivery involve some staff reluctance to get directly involved in domestic violence cases because of fear of physical injury to themselves. For example, there have been case incidents involving weapons. There also is a predominant attitude on the part of judges that staff are "on their own," if hurt, and run the risk of being sued. Thus, there is a feeling of lack of institutional support for efforts in behalf of domestic violence victims.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Services Programs

These programs are State administered with review and comment by a State Advisory Council and serve State residents with substance abuse problems. Since November of 1979, there has been a direct focus on domestic violence through a network of State budget planning committees working on behalf of substance abusers. There is a program definition of domestic violence, and recognition of a significant relationship between this problem and substance abuse. Although not specifically mandated, program goals for FY 80-81 have women and youth as primary target groups for service delivery, thus attempting to include domestic violence victims as a focal population. Other relevant program objectives concern coordinated involvement of the police department, hospitals, and the court system in the problem, and a funding priority for a program on the vocational rehabilitation of females. There are currently four female-specific programs for women and children, and five "safe houses" in operation, the only stipulation for entrance being that substance abuse must be a primary problem.

Services offered by the alcohol and drug abuse program include: emergency shelter; medical care; crisis intervention; legal aid; and counseling. Child care is only available in the four "safe houses," with the average length of stay 5 days. Activities specifically targeted on battered women are funded by an NIAAA grant received in November, 1979. This grant enables incidence, prevalence and needs assessment surveys; identification of key informants and trends; and data collection breakdowns by age and sex, and by use of treatment programs. To date, community education and outreach activities have been achieved. The Comprehensive Mental Health Bill passed by the Missouri legislature gives the Department of Mental Health additional authority to receive and refer reports on children of domestic violence.

A unique aspect of this program is the placement of a full-time lawyer in the prosecuting attorney's office to exclusively handle domestic violence cases. The salary for this person is paid by the NIAAA grant, rather than by clients, to avoid problems associated with client non-cooperation, payment issues, and motivation.

Another unique program feature is the great amount of attention given to the training of the police department on the problem of domestic violence. Success in this area stems both from the provision of concrete knowledge of the problem's dynamics and from the provision of places for police officers to take domestic violence victims. There is good coordination among the police, a group of female attorneys, women's programs, the State legislature, and of social service, mental health, and alcohol and drug abuse.

The respondent stated that barriers to service delivery involved the funding needed to purchase direct treatment services for domestic violence cases; and, the system of purchasing services which, because of the bidding process, often results in the cheapest service rather than the best.

GRASSROOTS ORGANIZATIONS

There are only a few emergency shelters or crisis centers that have been established for battered women in Missouri, all of which are in urban areas and none of which are State authorized or funded. Most are not designed as specific treatment programs, but rather are emergency "safe homes." One shelter has tried to obtain food stamps for its residents, but there have been problems associated with establishing eligibility. For example, by the time the application is processed, the woman's situation may have changed and she may no longer be residing at the shelter.

SUMMARY

Existing DHHS-funded programs in Missouri currently have limited involvement in the problem of domestic violence at the State level, and activity is just beginning at the local level. Program activities targeted on battered women are considered minimal mainly because this population is not identified, and, in turn, the incidence of the problem is not documented.

Most respondents believed that if programs started targeting on battered women, staff would discover that the problem is extensive, as happened with child abuse.

Direct treatment objectives and services for domestic violence victims have occurred in the WIN and Alcohol and Drug Abuse programs. These programs have instituted activities and allocated funds for battered women, such as establishment of emergency shelters; vocational rehabilitation services; youth programs; and legal, court, and police coordination. Although the extent of activity at local levels is not uniform, Missouri is beginning to utilize the support of women's advocacy groups, female attorneys, and others to target on battered women and determine their needs.

INTRODUCTION

The total population of Montana is 744,000. The majority is White, 27,000 are American Indian, with only 4,000 Black and 6,000 of Spanish origin. The mean income is \$9,738 for males and \$3,850 for females. The percentage of families in the State below the poverty level is 8.9, and 77,000 individuals receive transfer payments. The labor force unemployment rate is 3.9%. The majority of the population resides outside of metropolitan areas.

Most respondents mentioned unique characteristics of the State which they believed affected the incidence of domestic violence, but there was little concurrence as to what these characteristics were. Some factors mentioned were: long winters; long periods of unemployment; high alcoholism; the "macho" culture, particularly in the mountains; a lack of recreation and services; and, a large American Indian population, some of whom experience adjustment problems when they move off the reservations.

In Montana, the legislation related to domestic violence is considered progressive. Civil remedies are adequate and criminal remedies exist but sexual assault between spouses who are residing together is not considered a crime. House Bill 621 mandated a four-year data collection effort to be coordinated by the Department of Social and Rehabilitation Services. This involves a monthly tabulation of statistics on spouse abuse. Another law established a surcharge on marriage license fees, with the monies collected allocated to fund domestic violence programs. In addition to this allocation, \$154,000 for FY '80-'81 was appropriated to fund domestic violence programs in the State.

PROGRAM DESCRIPTIONS

- o Aid to Families With Dependent Children (AFDC)

AFDC recipients in Montana must meet the standard eligibility requirements. The eligible population includes families with unemployed fathers. Child support enforcement can be waived with "good cause." The AFDC program does not target any activity on battered women and the respondent did not think that to do so would be appropriate, except in terms of making referrals.

No barriers or coordination efforts related to serving battered women were identified by the respondent.

- o Emergency Assistance

Eligibility for Emergency Assistance is open to residents, transients, and migrants, but is limited to persons with dependent children. Emergencies are not limited to natural disasters and, according to the respondent, some counties are more liberal than others in including domestic violence victims.

Thus, although domestic violence victims are not a target population, they could be included under the general goal of providing money for people in need due to an emergency situation beyond their control. Emergency assistance can be granted for a 30-day period, and can be received more than once in a 12-month period.

Since there is not uniformity from county to county, the respondent felt it would be feasible for the program to explicitly identify domestic violence victims as part of the population eligible to receive Emergency Assistance. The respondent also felt that the Emergency Assistance program could assume more responsibility for victims in the interim period between the AFDC application and the determination of eligibility.

The Emergency Assistance Program provides only financial help. All service needs are handled by referral. No State level program coordination activities have been undertaken in behalf of battered women. However, at the local level, Emergency Assistance workers do work in coordination with other agencies.

- o Child Welfare - Generic and Child Protective Services

In Montana, Child Welfare Services are classified as general protective services and are available to anyone in the population who receives or is threatened with harm. Specific activities focused on domestic violence have included staff attendance at training sessions provided by domestic violence programs and informal coordination efforts with other agencies. Statistics are collected on battered women served by the program and the Child Protective Service team provides treatment for battered women when a need is identified.

- Medicaid

In Montana, the medically needy category covers most optional services. Battered women would be included when they meet the eligibility criteria. No program activities are specifically targeted on battered women and the respondent did not think it would be feasible to do so because the program does not include or exclude people on the basis of diagnosis.

Of the services available through the Medicaid program, the respondent indicated that battered women, their children, and abusing spouses were most in need of mental health and psychological services. The program is not involved in any coordination activities in behalf of battered women.

- o Social Services (Title XX)

All Title XX services are available to SSI and AFDC recipients while protective services are available to anyone without regard to income. Title XX funding is divided equally between the Community Services Division and the Division of Developmental Disabilities.

The program goal to provide protective services to individuals who are harmed or threatened with harm could include battered women. However, no activities or services are targeted specifically on battered women.

Of the available services, the respondent cited day care, homemaker services, and legal services as being most needed by battered women. No barriers or program coordination efforts related to meeting the needs of battered women were mentioned by the respondent.

A non-respondent source, however, indicated that the Domestic Violence Advisory Committee, created by legislation, is chaired by the Chief of the Social Services Bureau. This Advisory Committee is developing a Statewide network among State and local agencies and private groups to assist battered spouses.

- Community Mental Health

No Federal funds are being used for community mental health center programs in Montana.

- Indian Health Services

Indian Health Services' activities in Montana consist of some local staff providing advocacy for tribal women. A crisis hotline, run by the Crow Agency, provides referral services.

- Work Incentive Program (WIN)

The population served by the WIN program includes AFDC applicants and recipients. The program goal to remove employment barriers is considered by the respondent as including battered women on the basis that battering is a barrier to employment. Although no program services are targeted on battered women, direct services are provided on a case-by-case basis. The extent to which services can be provided to battered women is restricted by the limited availability of staff.

No program coordination activities in behalf of battered women take place at the State level.

- o Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Most alcohol services in Montana are provided by private non-profit agencies that receive funding through the State. Anyone with an alcoholism problem is eligible for these services. The program goal of focusing on the needs of women could include battered women in cases where the husband is an alcoholic.

State legislation in 1979 mandated the collection of data on the incidence of domestic violence victims receiving treatment. There is also a State mandate encouraging that when a domestic violence situation is identified, a program referral is made. State level staff assess these situations to determine if an appropriate referral was made or if an attempt was made to locate resources. According to the respondent, of the available alcohol services, battered women, their children, and abusing spouses need crisis intervention and counseling.

The alcohol program is involved in coordination efforts with the Domestic Violence Task Force and the respondent indicated that domestic violence is expected to become an area of focus for this group in the coming year.

- Drug Abuse Demonstration and Community Services Programs

In Montana some of the drug abuse programs are operated directly by the State and others are contracted out to local programs. Anyone between the ages of 13 and 67 with a drug problem is eligible to receive services. The program goals of increasing the number of women served and targeting on women with drug problems with a focus on "closet" drug users, could include battered women.

Program activities undertaken in behalf of battered women include data collection, staff training on women's issues, and some community education. Some direct counseling services are provided for battered women, but none are targeted just for this population. The Federal guideline of dealing with people with drug problems restricts the program's ability to serve all battered women.

STATE PROGRAM

The State of Montana began providing funds for grants to local domestic violence programs in October, 1979. The grants require a local match of funds. The population served by these programs are families in which there is domestic violence. Most of the programs' efforts are focused primarily on the victim, although one program is involved in providing treatment for the abuser. The program definition of domestic violence is "any act or threatened act of violence, including any forceful detention of an individual, which results or threatens to result in physical injury; and is committed by a person against another person to whom such person is or was married or with whom the assaulted person cohabitates or formerly cohabitated."

The general goal of the program is to develop a coordinated, comprehensive Statewide network of local domestic violence providers. The mandated responsibilities, as a result of the 1979 legislation, are the collection of statistics on domestic violence and the provision of grants for local spouse abuse programs. The services provided may vary with the local programs. The range of services includes: shelter; crisis intervention; on-going counseling services; advocacy, transportation; volunteer services; and, outreach.

Coordination efforts have involved an advisory committee which makes recommendations regarding grants, and a task force, which assists in meetings to educate other programs, to solicit referrals, to provide consultation, to volunteer services, and to coordinate services.

A Domestic Violence Advisory Committee has been appointed to review all grant applications for the Battered Spouses and Domestic Violence Program, created by House Bill 868. This five-member Advisory Committee, chaired by the Chief of the Social Services Bureau, Department of Social and Rehabilitation services, has worked to develop a coordinated, comprehensive Statewide

network among State agencies and local public and private groups to aid battered spouses within their communities.

A Domestic Violence Task Force, composed of representatives from the Departments of Social and Rehabilitation Services, Justice, Institutions, and Labor, private attorneys, and other interested parties, meets quarterly. The Task Force plans implementation of legislation, makes recommendations regarding additional legislation, and suggests program changes that would facilitate services to battered spouses. Its members also provide the afore-mentioned educational, coordinative, and technical assistance in meetings with a variety of public and private groups.

GRASSROOTS ORGANIZATIONS

Respondents did not provide much information about local programs, other than some mention of three of the ten programs receiving State funds. Two respondents referred to the Domestic Violence Task Force as being an active group.

SUMMARY

Recent State legislation providing funds for domestic violence programs and mandating the collection of statistics on spouse abuse, as well as some activities and focus at the program level, indicate that Montana is beginning to recognize domestic violence as a problem and is responding to the need. All but one of the respondents agreed that the State does recognize domestic violence as a social problem.

STATE PROFILE: NEBRASKA

INTRODUCTION

Nebraska's population is approximately 1,538,000; of this population, 1,466,000 are White, 47,000 are Black, and 25,000 are of Spanish origin. Females outnumber males by approximately 55,000. The mean income for males is \$10,501 as compared to \$4,221 for females. Of all families in Nebraska, 7.1% have incomes below poverty level, and approximately 139,000 families receive some type of transfer payment. The unemployment rate is 3.6%. Nebraska is a relatively rural State, with more than half of its population (849,000 persons) living outside of metropolitan areas.

Half of the program respondents interviewed in Nebraska believed that the State has no unique characteristics which affect the incidence of domestic violence. Those who did believe that there were State characteristics related to this problem unanimously identified the rural setting, sparse population, and social isolation as relevant factors.

Nebraska has been very progressive with regard to legislated remedies and services for domestic violence victims. Nebraska's civil remedies are similar to Pennsylvania's model legislation and include an indigent clause. Criminal remedies include mandatory counseling for the abuser. In addition, 1978 legislation appropriated State funds to ensure comprehensive services to battered women and their families and to facilitate collection of statistics on domestic violence. Nebraska's State Domestic Abuse Program was well known to State level program respondents and was consistently identified by them as active in behalf of battered women.

PROGRAM DESCRIPTIONS

- Aid to Dependent Children (ADC)

The ADC program in Nebraska includes in its eligible population single parent families as well as dual parent families when the father is unemployed or incapacitated. Pregnant women with no children are also eligible for ADC benefits. Women in temporary residences such as shelters can be eligible for ADC, and payments may be sent to post office boxes. If a woman is separated from her husband, whether or not it is a legal separation, only her income and assets are considered in determining her eligibility. Nebraska's ADC program also permits exemption from child support enforcement through use of the "good cause" process; however, medical, legal, or social services documentation is necessary. Eligibility for ADC is determined on the county level, and processing applications routinely takes 30 days. When an individual is in an emergency situation, it is possible for the application to be expedited, depending on the volume of applications. Work-related expenses and taxes are deducted from income to determine the base on which the ADC grant amount is calculated. An unemployed parent with one child may receive a maximum of \$270 per month, with an additional \$65 for each additional individual.

Nebraska's ADC program has no focus on, nor goals or objectives which apply to battered women. The respondent did not believe it feasible for the program to target on this population, because the program's eligibility determination is based solely on financial need rather than on type of problem. According to the respondent, social services would more appropriately be delegated responsibility for battered women. The respondent did not believe there were any program barriers to serving battered women. The program has not developed any coordination linkages in behalf of domestic violence victims.

- Emergency Assistance

Nebraska's Emergency Assistance program can provide shelter, food, clothing, and transportation to anyone with a child who experiences a crisis or a natural disaster. The determination of presence of a crisis is made on the county level. Shelter costs for up to 30 days may be paid through Emergency Assistance once per year. Although this program has no specific focus on battered women, battered women may receive assistance when they are determined to be in crisis. Because this program, like ADC, is a financial grant program, the respondent did not believe it feasible to undertake activities specifically for battered women. Again, it was stated that social services could most effectively provide the primary services required by this population group.

The program respondent perceived no barriers to serving battered women who seek assistance. The basic needs provided by Emergency Assistance were cited as beneficial to battered women and their children; although the respondent did not believe the program was particularly appropriate for abusing spouses. There were no program coordination activities in behalf of battered women identified by the respondent.

- Child Welfare Services - Generic

Because Title IVB funds are used exclusively for substitute family care in Nebraska, no interview was conducted for this program.

- Child Welfare Services - Child Protective Services

In Nebraska, Child Protective Services (CPS) is funded primarily with Title XX monies. Anyone is eligible for CPS services if he/she is the subject of a complaint of child abuse or neglect and if, upon investigation, it is determined that the family is in need of services. This program has no focus on battered women, although they could be included under the general program goal of protecting the children and preserving families. The program respondent believed it would be feasible for the program to target direct services on children of battered women if CPS were to receive more funding from the State legislature. However, at the present level of funding, CPS is hardly able to provide the services that are currently mandated. There is an effort underway in Nebraska for the State legislature to impose a marriage license tax; the funds generated by this tax could be used for Nebraska's Domestic Abuse Program but could also be used, in part, to fund a program for children of battered women which could be administered through CPS.

The program respondent cited several barriers to serving battered women through CPS, one of which relates to Title XX funding limitations. Nebraska's Title XX allocation is limited and creates a difficult situation for this program with its increasing caseloads and limited number of staff. Level of funding also affects this program's ability to hire qualified staff and to provide training to increase staff competence. Purchase of services with Title XX funds is restricted to persons who meet Title XX income eligibility requirements. In addition, a policy decision was made that necessitates closing cases within six months (unless there are special circumstances).

The most beneficial program service cited by the respondent, for a battered woman and her family is placement of the child in a protected environment. Nebraska's CPS program has been involved in coordinating with some other programs in the Department of Public Welfare, including the Domestic Abuse Program. Informal meetings have been held to: identify services available through each unit; make referrals on a case-by-case basis; determine which services should be continued; and plan a police officer training program regarding domestic violence cases.

- Medicaid

Both the categorically and medically needy are eligible for assistance through Nebraska's Medicaid program. This encompasses anyone who is eligible for ADC and SSI, including the aged, blind, and disabled. It also includes those whose income falls below a specified level; income eligibility is determined by multiplying the SSI income level by three and subtracting allowable expenses. If the balance falls below a specified level, for example, \$363 per month, then the family is eligible for Medicaid.

This program has no goals or objectives specifically focused on battered women, although there is a general program goal to provide needed medical services to all eligible persons. The Medicaid program has not undertaken any activities in behalf of battered women, nor did the respondent believe it feasible to do so because of the program's emphasis on providing medical rather than social services.

The program respondent cited two primary barriers to serving battered women through Medicaid. First, because of the income eligibility requirements, Medicaid is available primarily to lower income groups. Second, only a very small number of dual parent families, those with an unemployed parent, are Medicaid-eligible; thus, the majority of the eligible population are single parent families. The respondent cited hospitalization and mental health services as useful for battered women and group therapy as beneficial for their children. None of the Medicaid services were believed to be appropriate for abusing spouses.

The Medicaid program has been involved in some coordination activities on behalf of battered women. Three years ago, following passage of a bill which provided State funding for Nebraska's Domestic Abuse Program, Medicaid staff and Title XX staff were involved in extensive coordination activities to

ensure that an effective referral system was in place. Once this referral system was established, no further coordination occurred on the State level, although coordination continued at the local level. In addition, there are semi-annual staff meetings and workshops for both Medicaid and Title XX staff which include some training and technical assistance on the problem of domestic violence.

- Social Services (Title XX)

Recipients of ADC, SSI, and State income supplements as well as low income, the elderly and disabled are included in the population eligible for Title XX services in Nebraska. Protective Services funded through Title XX are available to anyone without regard to income. In addition, day care is available to anyone based on a sliding fee scale.

The Title XX program uses the definition of domestic violence, derived from State statute, which is detailed in the description of the State Domestic Abuse Program. The Title XX program has no goals, objectives, or activities focused on battered women, although the general program goals to achieve economic self-support; to prevent, reduce, or eliminate dependency; and to prevent abuse, neglect, or exploitation of children do apply to this population. The program respondent did not believe it feasible to assume additional activities in behalf of battered women because of funding limits and anticipated budget cuts. Nebraska's Title XX program is already working to capacity.

Federal procedures regarding a determination of amount of funding available to the State comprise a barrier to serving battered women. The Title XX program does not know how much money will be available, is concerned that there will be funding cutbacks, and thus, is concentrating on maintenance of essential services. Transportation, day care, and homemaker services were perceived as being the Title XX services most needed by battered women and their families.

Nebraska's Title XX program has engaged in some coordination activities in behalf of battered women. There have been periodic meetings among State-level staff in the Division of Social Services regarding activities and needs of the Domestic Abuse Project. In addition, there has been an attempt to develop stronger communication between county level staff and local Domestic Abuse Project staff.

- Community Mental Health

Anyone who seeks help is eligible for services through Community Mental Health Centers. The program has no goals or objectives specifically focused on battered women; however, it is mandated by State law to provide such services as inpatient, outpatient and emergency care, consultation and education, and partial care to clients, including battered women, if they request services.

Although this program has no specific mandate to serve battered women, it has undertaken some activities on their behalf. These activities include

staff training on domestic violence and community education through mental health educators across Nebraska.

The respondent did not believe it feasible for this program to assume additional activities in behalf of battered women because of funding limitations, as this type of focus would necessitate taking funds away from other programs. State legislation is also cited as a barrier to addressing the needs of battered women through this program. By State law, the county must provide 25 percent of the match of State monies, but counties are currently unable to provide their match amount, thus prohibiting some State funds from being used. This restricts the number of clients who can be served and the number of services available. In addition, because of the variations in the matching formulas among programs, people may be diagnosed on the basis of what is financially advantageous. For example, alcohol programs have a 75 percent State/10 percent local match; and mental retardation has a match formula of 15 percent State funds with the rest coming from other sources. Of the services available through Community Mental Health Centers, respite housing, individual and group counseling were considered most beneficial for battered women and their families.

The Community Mental Health program has developed some linkages on behalf of battered women, such as service agreements between State Hospitals and Community Mental Health Centers to enable services for domestic violence victims as well as other clients. In addition, there is program coordination with the Department of Public Welfare to ensure the availability of safe homes and supportive counseling to battered women.

- Indian Health Service (IHS)

Nebraska is included within the Aberdeen Area Indian Health Service. Indian Health Services is not actively involved in providing services to battered women. However, the Winnebago Tribe is providing community education regarding domestic violence and is attempting to establish a shelter.

- Work Incentive Program (WIN)

All ADC recipients are potential WIN registrants. Every ADC recipient must register unless he or she has a child under the age of six; is 65 years or older; is incapacitated; is in a family in which another adult is registered with WIN; or is an adolescent parent who is on ADC but still in school. Nebraska's WIN program has no goals, objectives, or activities specifically focused on battered women, but this population could be included within the general WIN goal "to improve family living and economic conditions in the home." The program respondent did believe it feasible to focus WIN activities on battered women by providing casework services to them as an adjunct to social services. To do this, however, the WIN program would need more money to increase staff expertise and training, and a more extended time period to provide families with counseling and support services.

Among the barriers restricting services to battered women, WIN eligibility requirements were cited, such as the enabling Federal legislation which

limits the program to serving ADC recipients only. In addition, Federal regulations limit the type of services provided and the conditions under which they are provided. Finally, periodic changes in the level of appropriations make program planning very difficult. According to the respondent, counseling services are available through WIN and could be beneficial to battered women and their children, especially if they were longer term and more family oriented. To date, WIN has not developed any program coordination linkages in behalf of domestic violence victims.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Nebraska's Alcohol Treatment program may serve anyone who has an alcohol dependency problem or who lives with someone with such a problem. Clients are charged for services based on a sliding scale. This program currently has no focus on battered women, although it does have a general program goal "to provide family therapy or counseling" which could apply to battered women. The Division of Alcoholism is currently providing some funds to The United Catholic Social Services in Omaha, which operates a shelter for battered women and their children. Because the shelter reports that in 80 percent of their domestic violence cases alcohol use is involved, the Division of Alcoholism is considering partial funding of the shelter beginning in July of 1980.

The program respondent believed it would be feasible for Nebraska's alcohol treatment programs to focus some services on battered women by expanding the number of women in treatment through outreach activities focused on women. In addition, efforts could be increased to involve the entire family in counseling rather than just the alcohol-dependent person.

The primary barrier cited as prohibiting services to battered women was State regulations which reimburse for treatment only when alcohol dependency is involved. Thus, non-alcoholic females are not eligible for services unless related to an alcoholic who is in treatment. Counseling was identified as the service most needed by battered women and their families, and it is available through this program. Nebraska's alcohol treatment program has not engaged in any coordination activities in behalf of battered women.

- Drug Abuse Demonstration and Community Service Programs

Services available through this program are designed for people who have, or are at risk of having, drug-related problems. This program has no specific focus on battered women, although the general program goals "to work with populations at risk for drug abuse, and to focus on women as a special target population" include them. According to the respondent, it is not feasible at this time for the drug treatment program to assume any activities targeted on battered women. The program is being reorganized during the summer of 1980; and, it may take several months to fully restore current activities. The respondent also reported that Federal legislation and regulations limit funding for the drug treatment program to CODAP-reported services for drug abusers only. Thus, there is no financial incentive to serve other populations.

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Nebraska's Drug Commission participated on a Task Force established to examine the extent to which drug abuse, family violence, and other client problems were interrelated. This Task Force included representatives from the Commission on Drugs, the Commission on the Status of Women, the Crime Commission, CETA, Department of Public Welfare, the Domestic Abuse Program, and Coordinated Intervention System for Domestic Abuse, Inc. This Task Force explored some service alternatives, for example, the possibility of creating "hotlines" and shelters for women in rural areas to potentially attract combined service populations, such as drug abusers, persons living with drug abusers, and battered women. Due to lack of funds, this Task Force is no longer active.

STATE PROGRAM

In 1978, legislation was passed in Nebraska which mandated that a State-funded domestic violence program be established. This program, which is administered through the Department of Public Welfare, Division of Social Services, received \$140,000 for FY 1979 and \$280,000 for each FY 1980 and 1981. These funds were used to award grants to 19 primarily private and volunteer organizations across Nebraska, most of which were already active in serving battered women.

Any citizen of Nebraska who is a victim of abuse and family members are eligible to receive services through this program. Nebraska's Domestic Abuse Program defines "abuse" as "the occurrence of one or more of the following acts between spouses, persons living as spouses, or adult members of the same household:

- 1) attempting to cause, or intentionally, knowingly, or recklessly causing bodily injury or serious bodily injury with or without a deadly weapon; or
- 2) placing by physical menace another in fear of imminent, serious bodily injury."

Although the Domestic Abuse Program does have general goals derived from its authorizing legislation, the Program has, by choosing to award grants, placed much of the responsibility for development of goals and objectives on the community rather than on the State or county level. Nebraska's Domestic Abuse Program is legislatively mandated to provide the following: emergency services and access to immediate services; support services through public or private agencies; education, counseling, and support programs to abusers; and prevention and elimination of domestic violence, including education and public awareness activities. Also, in accordance with departmental policy, the Domestic Abuse Program supervises, monitors, and evaluates grantees and the contents of their grant proposals.

In addition to funding and monitoring grantees, this program has undertaken a number of other activities in behalf of battered women. It has collected client data and information on services provided by grantees on a

monthly basis, and has done needs assessment, program planning, program monitoring, and program evaluation activities. The Domestic Abuse Program staff have also provided technical assistance to grantees and have met with grantee staff to establish standards for staff training. The Domestic Abuse Program also acts as a clearinghouse, disseminating information and materials. The Program has been involved in prevention and outreach activities, for example, a training program for law enforcement officers. Grantees are directly involved in community education through newspaper articles and lectures.

There is a broad range of direct services available through the Domestic Abuse Program grantees. These include emergency shelter; immediate medical services; 24-hour access to a "hotline"; crisis counseling; legal aid; immediate transportation; and emergency financial aid. All of these services are available to battered women and their children. In addition, the program has just awarded a contract for a counseling program focused on abusers. The respondent believed that, of the services available through the Domestic Abuse Program, transportation, crisis support, and counseling are most crucial for battered women and their families. The respondent did not believe it feasible for the Domestic Abuse Program to undertake additional activities for battered women because, at this point, volunteers are providing most services and the current level of funding does not permit hiring of additional professional staff.

The respondent identified a number of barriers which restrict services to battered women. For example, Federal and State legislation and policies establish eligibility criteria for Title XX services which limit the eligible population to persons on ADC, SSI, and State income supplements and to low income families. This limits the options of the Domestic Abuse Program regarding referrals for battered women in need of supportive services. Battered women also encounter difficulties in utilizing Legal Aid services. For example, eligibility for Legal Aid services is determined by the victim's access or lack of access to her spouse's income. Only if the woman has qualified for ADC or if her husband has moved out of State would she be eligible. There is currently a plan for some staff of the Department of Public Welfare and other interested parties to meet in the summer of 1980 to review existing legislation in Nebraska and to determine potential alternatives for new legislation and agency activities. For example, the feasibility of a marriage license tax will be studied, part of which could be used to address the needs of children in violent families.

Nebraska's Domestic Abuse Program has made an effort to coordinate services for battered women among various programs within the Division of Social Services. In addition, informal meetings have been conducted with the Commission on the Status of Women, the Crime Commission, and the Drug and Alcohol Treatment Programs. These meetings permitted information sharing regarding methods for obtaining Federal grants and the development of law enforcement training. Finally, on the local level, referral mechanisms have been developed among domestic violence programs, the county offices of the Department of Public Welfare, and law enforcement agencies to ensure that all agencies are aware of services that are available, to whom they can refer, and of appropriate referral procedures. This is an on-going effort.

GRASSROOTS ORGANIZATIONS

There were a number of programs identified by State-level program administrators as involved in providing direct services and advocacy for battered women and their families. Nebraska's State-funded Domestic Abuse Program was most consistently identified as active in this area. Other programs or organizations repeatedly identified were the State Commission on the Status of Women, and the Nebraska Task Force on Domestic Violence. In addition to these programs, respondents mentioned a variety of organizations which are active in domestic violence issues, including: community mental health programs; United Catholic Social Services; The Shelter; Task Force on Rural Domestic Violence; Coordinated Intervention System for Domestic Abuse, Inc.; Rape Crisis Line; League of Women Voters; law enforcement agencies; child protective services; and local community groups and spouse abuse committees.

SUMMARY

The majority of State-level program respondents in Nebraska believed that State programs are aware of domestic violence as a social problem. However, the majority also felt that it was not feasible for their programs to expand services to this population through the programs they represented. The State-funded Domestic Abuse Program provides a comprehensive range of services to battered women and their families. Some other State programs in Nebraska demonstrate activity targeted specifically on battered women, and several programs participate in coordination activities for this population.

STATE PROFILE: NEVADA

INTRODUCTION

Nevada has an overall population estimated to be 766,600. More than 91% are White, approximately 6% are Black, and the remaining 3% are American Indian, Oriental, and other races. Approximately 6% of the overall population is Hispanic. The mean income for females is \$5,226, significantly less than that for males--at \$11,765. The overall unemployment rate was 4.5% in 1975 and in July 1980, 6.8%. In 1975, the year for which the most recent data are available, almost 9% of the population lived below the poverty level; 63,000 families received some kind of transfer payments. Approximately 17% of the population lives outside the two major metropolitan areas of Washoe and Clark counties.

Most respondents felt that State programs do not recognize domestic violence as a social problem. Among those that felt otherwise, it was noted that the response was minimal and limited.

Significant problems with alcohol abuse, coupled with the large transient population associated with gambling activities, were seen as State characteristics that have an impact on the incidence of domestic violence.

Existing State legislation provides both criminal and civil remedies in domestic violence cases including mandated counseling, warrantless arrests, and the right to adequate protection. There are no State mandated services to battered spouses. No State funded programs on domestic violence were identified, although a limited amount of State substance abuse funds help provide services to battered women at one Las Vegas shelter.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Children and caretakers in need of support in cases where a child has been deprived of one or both parents are eligible for services. There is aid to intact families only if one or both parents are physically incapacitated. AFDC is viewed solely as an income maintenance program and the existing Federal legislation precludes targeting of any special populations.

- Child Welfare Services - Generic and Child Protective Services

There is universal eligibility based on need for Child Welfare and Protective services. There are some limited counseling and other support services available to battered women if a child is "at-risk" or abused; however, a 30% increase in the CPS caseload from last year has placed such a strain on existing staff and on available funds that case workers from other services have been pulled from those jobs (foster care, adoption) to handle the overload; thus, according to the respondent, it is impossible to consider battered women as an added target group. Current services are provided through a mix of State, Title XX, and IVB funds.

- Medicaid

There are categorical eligibility requirements for services in the Medicaid program. All AFDC, SSI, and Child Welfare Services' recipients and the institutionalized disabled with incomes below \$624 per month are eligible. There is no medically needy or medically indigent program in Nevada.

Federal regulations prohibit targeting of special populations and discrimination based on diagnosis; therefore, battered women are not targeted for service. As stated by the respondent, a further restriction exists because spouse abuse, unlike child abuse, cannot be reported by hospitals as a matter of course without violating the Privacy of Information Act.

- Social Services (Title XX)

There are categorical, income, and universal eligibility criteria for Title XX Services. Adult Protective Services (APS) are based on need, but the majority of these services are directed to persons between 71 and 80 years of age, or in general, to persons over 55 years of age. If an abused woman is in a caretaker situation, she may be eligible for APS, but the situation of spouse abuse is not a criterion for service.

- Community Mental Health

The State is the sole provider of mental health services in Nevada. Any person in need is eligible. There are no services directed to battered women, although one Community Mental Health Center does serve a significant number of domestic violence victims and is a vocal advocate for special services for this group. Some mental health dollars have helped to fund a Rape Crisis Hotline, which also serves battered women.

- Work Incentive Program (WIN)

All AFDC recipients are eligible for WIN program services. Previously, supportive services could be provided by WIN through Title XX funds; however, this year and next there are no funds available. According to the respondent, current understaffing prevents any special emphasis on any population group or service. For example, a rural area worker may have as many as 25,000 square miles to cover.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

Need for services is the only criterion for eligibility for these programs. While there are no programs or services targeting on battered women, \$15,000 of State substance abuse funds help provide shelter to domestic violence victims in Las Vegas, when the battering is related to substance abuse.

According to the respondent, the restrictions on NIDA and NIAAA funds at the Federal level prevent service delivery to battered women as a target population. The proposed State plan for FY 81-82 includes a needs assessment with special emphasis on victims of domestic violence.

- Indian Health Services (IHS)

The normal range of medical and support services from IHS are available to battered American Indian women, but there is no IHS program or service targeting specifically on their needs.

GRASSROOTS ORGANIZATIONS

The efforts of the Coalition are unknown. However, three shelter facilities, two in Las Vegas and one in Reno were identified. The Advocates for Abused Women, who have established some "safe homes," were mentioned by several respondents as active on behalf of domestic violence victims.

SUMMARY

The results of the survey of existing HHS-funded programs in Nevada indicate a lack of involvement at the State level. All social services in Nevada are experiencing funding and staffing crises in varying degrees. The almost certain passage of Question 6 (Nevada's Proposition 13) will exacerbate some of these problems. However, in anticipation of limited financial resources, the Governor is actively seeking outside funding to ensure the continued support to those centers providing services to abused women.

STATE PROFILE: NEW HAMPSHIRE

INTRODUCTION

New Hampshire has a population of approximately 923,000. The majority of the population is White, and females slightly outnumber males. The mean income for males (\$10,158) is more than twice that for females (\$4,291). About 8% of the individuals in New Hampshire are below poverty level, with 101,000 people receiving some type of transfer payment. New Hampshire is a relatively rural State, with 582,000 people living outside metropolitan areas. The State's unemployment rate (approximately 2.4%) is relatively low.

A number of factors unique to New Hampshire were cited by respondents as affecting the incidence of domestic violence. These include the rural nature of the State, isolation, a harsh environment, a low economic level, a high proportion of working women resulting in role problems, and an overall high incidence of antisocial behaviors including suicides and incest.

State legislation provides for comprehensive civil remedies for domestic violence situations including recommended counseling for the abuser and monetary compensation for the victim. Criminal proceedings include warrantless arrests, recognition of victims' rights, and may include mandatory counseling for the abuser. In addition, legislation mandates an annual report to the courts on the number of assaults in families.

New Hampshire has a unique situation in that there is neither a State income tax nor a sales tax. Because of this, social service programs rely heavily on Federal funding. A number of respondents believe this funding structure presents a barrier to expanding social services as it is very difficult to sustain existing services.

No State funded programs targeted on services for domestic violence victims were identified by respondents.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The qualifying condition for eligibility for AFDC is deprivation due to absence or incapacity on the part of a parent which affects the child. New Hampshire's AFDC program does not have an unemployed parent program, and thus is limited in what aid it can provide to intact families. Women with children are eligible the day they leave their husbands, provided the separation is expected to last beyond thirty days and provided she meets all other eligibility criteria. Only the women's available income (not the absent husband's income) is considered in determining their eligibility. The program has no objectives specifically addressing or activities focusing on battered women. However, battered women with children could be included under AFDC's general goal to meet the needs of children. In addition, intake and screening procedures have been incorporated at the district office level to facilitate referrals in the

event spouse abuse is suspected or identified. The primary barrier which inhibits the program's capacity to serve battered women is the focus on serving children. Federal legislation mandates AFDC to serve children in need. AFDC cannot serve women unless there are children present in the home, and reportedly, many incidents of spouse abuse occur in families with no children or after the children leave home. The program has no linkages with regard to services to domestic violence victims.

- Emergency Assistance

New Hampshire has no Federally funded Emergency Assistance program.

- Child Welfare Services - Generic

This program can provide services to anyone who has a need related to a child management problem, including persons with child abuse and neglect problems. Although there are no income-related eligibility requirements, the majority of clients are in the lower economic bracket. This program is limited to serving adults with children; it is very unlikely that they would serve battered men or abusing men. This program has no definition of domestic violence, nor goals and objectives specifically addressing battered women. Battered women could be included under general program objectives related to promoting stable family units, preserving and protecting the family, and improving the ability to respond to child abuse cases. Child welfare services has not undertaken any specific activities in behalf of battered women and the respondent does not believe it is feasible for this program to undertake any such activities due to its current number of mandated responsibilities and their limited resources. No barriers were cited which might limit this program's capacity to serve battered women. The services available through this program which were cited as most needed by families experiencing domestic violence include: family counseling for all family members; counseling, day care, and parent aides for battered women; individual counseling and day care for children; and counseling for abusers (who often do not receive any services). Changes which were considered necessary to enable this program to serve battered women include a legislative mandate with additional resources to carry it out. Although there are no program linkages on the State level geared toward serving battered women, there are informal linkages on the community level.

- Child Welfare Services - Child Protective Services

The primary populations served under Child Protective Services include children who are abused, neglected, at risk, and in foster family care. The family as a unit receives services only in relation to alleviating risk to the child. The program has not established a definition of domestic violence or goals or objectives specifically addressing battered women, although battered women could receive services toward the goal of maintaining the family unit. The program has not undertaken any activities in behalf of battered women, and a special focus on this population was not considered feasible given funding limitations. The federal funding level (which determines State match) and the program's primary focus on the child's welfare were cited as the major barriers to serving battered women. Services identified, which are available through this program and which are especially beneficial to families experiencing

domestic violence, included individual counseling, crisis intervention, and homemaker services. According to the respondent, a basic change in program objectives with a broadened interpretation of the "welfare" of the child would be required to enable expanded services to battered women. This program has not been involved in any coordination activities in behalf of battered women.

- Medicaid

AFDC recipients (single parent families or two-parent families when one parent is disabled), the needy blind, the elderly, and persons who are permanently and totally disabled constitute the population eligible for Medicaid in New Hampshire. The New Hampshire Medicaid program has not defined domestic violence, focused any program efforts on domestic violence victims, or developed goals or objectives specifically addressing battered women. However, battered women could be included under the program goal to provide services and protection to eligible individuals. The respondent did not believe it feasible at this time for the program to target any special population. When the program tried to target specific groups in the past, they encountered discrimination problems from the Federal government. The respondent believed it would not be appropriate for the program to target on domestic violence victims, in any case, because it is a medical program and those who are eligible may already receive services. In the view of this respondent, if any program is to be initiated for this group, it should be a social services program. One barrier which limits Medicaid's capacity to serve battered women is program eligibility requirements. Limitations on resources also constitute a barrier. All funds are appropriated by the State legislature which only meets every other year; program budgets must be submitted one and one-half years in advance so it is impossible to make any sudden changes in the program. According to the respondent, battered women may find the program's mental health and medical services most beneficial; children, the EPSDT services; and abusing spouses, the mental health services. If Medicaid's capacity to serve battered women were to increase, necessary changes would include an expansion in the mandated eligible population and an increase in funding. This program has no coordination mechanisms oriented toward services to battered women.

- Social Services (Title XX)

Families who are recipients of AFDC, SSI, State Supplements and/or Medicaid or who meet certain income eligibility requirements are entitled to services funded under Title XX. There are also some Title XX services available to individuals or families without regard to income. Although this population could include domestic violence victims, there have been no specific program goals or objectives directed toward battered women. One of the program goals, to provide services to adults who are abused or neglected, could include battered women; however, this State's Adult Protective Services program focuses on the elderly and handicapped. The Title XX program in New Hampshire has no mandate to serve battered women, but staff have recognized the need for more services to domestic violence victims in their Title XX plan. In addition, Adult Protective Services under Title XX and Child and Family Services have worked together to identify and develop a list of resources available for battered women. One major barrier cited as restricting the Title XX program's services to battered women is insufficient funding at all levels; services to

other groups would need to be cut back to allow more services for battered women. Other barriers include Title XX regulations which prohibit funding of emergency shelters for adults, and State laws which treat battering as a legal rather than a service problem, thus limiting the options available to families experiencing domestic violence. There are resolutions for these two barriers, including, respectively, H.R.3434 which permits Title XX to fund emergency housing for adults, if the State Title XX plan provides for such a service (New Hampshire's plan does not) and a new State law (RSA 173B) which changes the perspective on domestic violence. Some of the services identified under Title XX as most appropriate for battered women and their families included day care and direct counseling. There is a Departmental committee which includes Adult Protective Services and Child and Family Services. This committee has been working with local programs to define roles related to provision of services for battered women.

- Community Mental Health

Anyone who seeks help can receive assistance through Community Mental Health Centers. Although this program has no goals focused on battered women, it is designed to help anyone in mental distress so it can include battered women. The State-level respondent was not aware of any activities focused on battered women, and it would be necessary to poll the local Centers to determine specific activities. Battered women and their families would find counseling and physical health services especially beneficial. There were no barriers to services identified. This respondent was not aware of program linkages in behalf of battered women, as these occur strictly on the local level.

- Work Incentive Program (WIN)

Anyone who qualifies for AFDC is also eligible for WIN, and all AFDC recipients are mandatory WIN registrants unless they are under 16 years old, have children under six, are physically disabled, are caring for an elderly or incapacitated person, are between 16 and 21 and still in school, full time, or live in a geographic area not covered by WIN services. Seven of the Division's thirteen district offices provide WIN Services. These offices are located in the southeastern portion of the State. New Hampshire's WIN program has no specific definition, goals or objectives related to domestic violence. However, some general goals of the program, that is to assist AFDC recipients in becoming economically independent and to focus on older women with limited job skills, apply to battered women. This program has undertaken some specific activities for battered women, although there is no mandate to serve this population. Several local WIN offices have conducted assessments of the needs of battered women. This program has also been involved in community education addressing multi-problem families, has served as a family violence information resource, and has been involved in coordination activities and joint case planning. Of the services provided by WIN, battered women and their families would be most likely to use counseling, family treatment, job training and skills development. The major barriers to services through the WIN program cited were the funding level (which is being cut 15%), and the necessity of relying on private shelters for battered women since Title XX cannot fund this service. This program is involved in coordination activities in behalf of battered women on the local level, including intra-agency coordination among

Employment and Training Units, and consultation and community education with other agencies and university students.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Any person who has an alcohol-related problem and who desires services is eligible for assistance through this program. The population served by this program includes domestic violence victims, but there is no focus on any victim group, nor any specific goals or objectives related to victims. Although this program is not mandated to serve battered women, staff have integrated training on domestic violence into all their regular staff training activities. Counseling was cited as this program's most beneficial service for domestic violence victims; there were no barriers cited which restrict the program's ability to serve this population. This program has no linkages with other programs related to domestic violence.

- Drug Abuse Demonstration and Community Service Programs

The population eligible for services through this program includes anyone with a drug-related problem. Although this program has no mandate to serve battered women, the program is funding a project which allows a "safe home" to purchase training and information on drug abuse for their staff. In turn, the "safe home" staff train drug program staff on the problems of domestic violence. This safe home project has specific objectives related to joint drug abuse/domestic violence staff training which are likely to be incorporated into the next State plan for the overall drug treatment program. The services available through a drug program which were identified as most beneficial to families experiencing domestic violence included counseling and advocacy. In addition, staff training, although not a direct service to victims, was cited as the program's most effective and efficient method of ensuring services to a substantial number of battered women. The program is also involved in some coordination activities in behalf of battered women; the Office of the Director oversees, coordinates and provides impetus for activities related to special populations including domestic violence victims. The primary barrier to services for battered women, identified by the respondent, is federal regulations which specify admission procedures for drug abuse programs. These regulations require that, to receive services, the woman must abuse drugs herself, and that she abuses certain drugs with a certain frequency. Thus, battered women who are victims of drug abusers, or who are seeking shelter, technically cannot be served by this program.

GRASSROOTS ORGANIZATIONS

A number of local programs working in behalf of battered women were identified in New Hampshire, including: Womenkind, Sea Coast Project on Family Violence, Task Force on Battered Women, YWCA in Manchester, some church groups, and some public health programs. No single program was consistently identified by respondents as active; in general, respondents felt these programs had increased local awareness on the problem of domestic violence but had not had Statewide impact. The Governor's Commission on the Status of Women and the

Commission on Human Rights were also cited as involved in work related to the problem of domestic violence.

SUMMARY

Discussions with State level program administrators in New Hampshire demonstrate a lack of active involvement in services focused on battered women, although there are some peripheral activities such as staff training geared toward serving this population. Activity on the local level was also reported as minimal.

The majority of respondents believed that State programs recognize domestic violence as a social problem, but the general consensus was that no State program has focused much activity in this area.

STATE PROFILE: NEW JERSEY

INTRODUCTION

New Jersey has a total population of 7,240,000. The predominant majority is White with females outnumbering males. The mean income of males is \$12,037, more than double that of females, which is \$5,019. The percentage of families below the poverty level is 6.9 with a total of 929,000 families receiving some form of transfer payments. Unemployment is 7.3% of the labor force. Most of the New Jersey residents (5,367,000) reside inside the metropolitan areas.

All but one respondent felt that the State does recognize domestic violence as a social problem. The incidence of domestic violence in New Jersey is affected by the high density of population in certain urban areas, unemployment, low income, difficulty in obtaining child care, lack of sufficient housing, and the impact of changing sex roles.

[The following paragraph is an addendum from a non-respondent source.]

The Division on Women, within the Department of Community Affairs, has been involved with the problem of domestic violence for several years. Created in 1974 by an Act of the New Jersey legislature to expand the rights and opportunities of all women in the State, it serves as the central agency for the coordination of programs and services for women in New Jersey. The division also evaluates and develops programs for women, and establishes liaisons with other governmental agencies involved with programs affecting the status of women. In 1976, the Division on Women formulated an inter-governmental response to the problem of domestic violence as a result of information collected by the Women's Referral Central, the Statewide toll-free, 24-hour hotline. In the first six months of 1979, the hotline received 1,500 calls from victims requesting service information. The Division also grants monies to various shelter programs, has published (in both English and Spanish) the Battered Women's Guide, which lists by county all 21 shelter programs and auxiliary services operating in New Jersey, has served in an advocacy capacity regarding legislation on both the Federal and State level, and has developed a close working relationship with the New Jersey Coalition for Battered Women. The Director of the Division on Women is a member of the Victim/Witness Advisory Council to a Statewide project to assist victims in their dealings with the criminal justice system.

A directive issued in 1977 by the Commissioner of the Department of Community Affairs at a Statewide Conference on Battered Women increased the focus of State attention on battered women and their children. Legislation passed since then includes: Shelters for Victims of Domestic Violence Act, which provided both for the establishment of an advisory council and shelters for victims of abuse ("Legislature finds and declares that there is a present and growing need to develop services to protect victims of domestic violence"); a zoning bill classifying shelters with 15 or fewer women as residential properties, thus preventing communities from trying to keep shelters out by citing zoning regulations; and, a special section added to the Division of Public Welfare regulations which reads that battered women should be given safe housing and that the husband's income should be excluded in determining program

eligibility. The New Jersey Coalition For Battered Women was involved with these legislative efforts.

Pending legislation in New Jersey includes an act concerning the education of children in shelters with allocation of funds to assure a continued educational program in another public school setting or through home instruction in an approved facility; and a Marriage License Fee Bill providing that additional revenue go to battered women's programs.

Civil remedies are comprehensive with abuse considered an affirmative defense in a divorce action citing desertion. There are no specified criminal remedies.

The largest single source of funding for domestic violence programs is Title XX. These funds are supplemented by Title IV A (public assistance) funds and local State appropriations.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Eligibility for AFDC falls into three categories: C--deserted parents, which includes single parents or incapacitated second parents (SSI recipients also); F--unemployed fathers; and N--intact families where the fathers do not meet the Federal criteria for income or resources. Under AFDC-C, an abusing spouse is considered an absent parent under a special declaration which considers a person eligible who leaves spouse and home because of domestic violence. If a battered woman leaves without her children, however, she loses her eligibility.

The AFDC program in New Jersey has established a definition of domestic violence and has specific goals addressing battered women that include extending assistance to women while in shelters and continuing to help these women secure homes in the community. Specific program activities undertaken in behalf of battered women include: collection of statistics; needs assessment; monitoring; and, linkages with established shelters. The respondent felt that additional activities should be assumed by services programs, since AFDC is primarily financial in nature.

An Intra-Departmental Committee on Battered Women provides coordination between AFDC, Division of Youth and Family Services, Medicaid, Welfare, Mental Health and Hospitals, among others. Informal meetings are held where various service people involved in domestic violence programs discuss problems with AFDC personnel.

- Emergency Assistance

Generally any family in need can apply to this program. A new policy instituted is the "state of homelessness", whereby the Emergency Assistance program can provide assistance to a battered woman if contacted within seven

days after she leaves home. Assistance can still be provided if more than seven days have elapsed, but not for certain types of aid such as security deposits. The shelters are very aware of the necessity of battered women notifying this program immediately, since payments can be made directly to shelters. If a woman is already on AFDC, she can receive Emergency Assistance funds as a special need over and above her regular assistance amount.

This program has established a definition of domestic violence and has the same goals in behalf of battered women as the AFDC program. A State policy has mandated a responsibility to provide food, clothing, shelter, or other temporary arrangements to domestic violence victims, and also includes program funding, planning, and technical assistance. The Federal legislative restriction that there can be only one emergency per twelve month period (for 30 consecutive days) restricts funding to shelters and is considered one barrier to service delivery, since for battered women and their children, housing and maintenance needs are considered the most needed services. The Emergency Assistance program is involved in the Intra-Departmental Committee on Battered Women which keeps agencies informed of developments in the field of domestic violence and helps them share information. Informal meetings are another source of coordination activities.

- Child Welfare Services - Generic

Assistance is provided to persons who cannot meet the needs of their children due to abuse and/or neglect. Four categories that determine eligibility are: the welfare of the child will be endangered unless proper care and custody are provided; the needs of the child cannot be properly provided for by financial assistance under State law; there is no legally responsible person who is available, willing, and able to provide for the child; and, there is a child in need of institutional care. Protective services provided to a child could include services to a battered woman also if resources are available, as the program objective is to protect the emotional health of children. The respondent felt that it would be feasible to assume additional activities such as individual and group counseling and day care to battered women, their families, and to pregnant women without other children; however, the program is restricted both in the number of staff allowed and the number of services that can be provided because of funding limitations. Those services cited as most needed by victims of domestic violence were emergency shelter, counseling, and day care. Although there are no linkages on the State level focused on serving battered women, the respondent believed there was activity at the community level.

- Child Welfare Services - Child Protective Services

Need for protection is the major criterion for eligibility to this program which serves the entire population regardless of income. For specific services such as day care, however, there are additional requirements. Program efforts are focused on domestic violence victims through Adult Protective Services. This program has established a definition of domestic violence and has specific goals addressing battered women; for example, purchase of service contracts with shelters for victims and children as well as other social

services. Although State legislation mandated these services, the services are limited for the number of people seeking help because of lack of sufficient funding. Needs assessment, program monitoring, technical assistance, and community education are among the activities undertaken by the program in behalf of battered women. Identification of battered women, their children, and abusing spouses; defining available services; and, arranging for those services were cited as most beneficial to persons experiencing domestic violence. The respondent felt that the multiservice facet of this program did include many services for parents with a substantial support network. Program linkages with the Division of Women aids in planning and determining the needs of the domestic violence population.

- Medicaid

The eligible population for Medicaid includes AFDC and SSI recipients, persons who are blind, disabled, or aged, and those classified as categorically needy. This program has no definition of domestic violence and has not developed any goals specifically addressing battered women. Although "being battered" is not a criterion for assistance, if the woman is financially within the standards, she would be included in the program's general goal of providing medical care. It does not seem feasible, according to the respondent, to assume activities in behalf of battered women because their treatment is extensive and requires coordination with Social Service agencies. Services available through this program which could benefit battered women are immediate medical treatment and psychological counseling. This Medicaid program has no linkages with other programs related to domestic violence.

- Social Services (Title XX)

Title XX services are available to AFDC and SSI recipients and to those persons who meet certain income requirements, although persons in need of Protective Services are eligible regardless of income. Program efforts are specifically focused on domestic violence victims through the goal of helping battered women to identify alternatives to the abusive situation. The general objectives of the Title XX program are to prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests and to preserve, rehabilitate, and reunite families. State legislation mandates responsibility for the development of shelters for victims and their children and to provide them with the necessary social services. Numerous activities have been undertaken in behalf of battered women, but the respondent would like to see employment related services added to this program.

Two restrictions on the Federal level were cited: the Social Security Act, Title IVA, which provides a narrow definition of services to be available, thus making it difficult to obtain money for care in shelters; and the fact that Title XX monies cannot be used to provide emergency shelter for adults.

A budget cutback may affect the ability to assist battered women in the future by limiting services. At present, there are twelve shelters supported by Title XX monies and one services program with no room and board component. Although varying from shelter to shelter, the maximum stay is 30

days. Eligibility for services under Title XX "protective service status" extends for six months after which a redetermination of eligibility based on the continued need for protection must be completed. If eligibility under "protective service status" no longer exists, a battered woman can enter the regular Title XX program. Shelter and counseling were noted as most needed by battered women; day care and protective services by the children, and counseling by the abusing spouses. Coordination activities focused on battered women by this program include the following: the Intra-Departmental Advisory Council, which is a consulting body to establish standards to develop service programs targeted on domestic violence; confidentiality agreements with the shelters using client codes as opposed to names; and informal and formal meetings with various agencies to discuss funding of services and service needs.

- Community Mental Health

Anyone in need is eligible for this program's services, with the following groups targeted specifically: people with a history of psychiatric hospitalization; people in the community who are at risk or in crisis; children; minorities; elderly; and urban and rural poor. Program efforts are focused on the domestic violence population under the category of people in crisis, with the program's general objective to avoid hospitalization and serve people in their homes, thereby keeping the family unit intact. Both Title XX and State monies are allotted to the Community Mental Health Centers to provide services. The respondent felt that it was feasible to target more specifically on battered women, partial hospitalization and family therapy for their children, and peer support, family therapy, and vocational help for the abusing spouses. At the State level, no coordination efforts exist in behalf of battered women.

- Work Incentive Program (WIN)

The eligible population for the WIN program is confined to AFDC recipients. No program efforts are focused on domestic violence victims nor are there any specific goals or objectives addressing battered women. The respondent did not feel it was feasible to assume activities for this group as battered women experience too many problems at once and are often not ready for participation in this program, until they first work with another agency qualified to deal with these other problems. The respondent views this as a policy restriction since WIN is basically employment oriented. Also on the Federal level, this program emphasis, according to the respondent, does not allow for many varied services because of money constraints. Services cited as most beneficial to domestic violence victims included: emergency intervention; child care; legal services; counseling; and, referral activities. There are no program linkage activities focusing on battered women in the WIN program.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Any person with an alcohol abuse problem or any related family member can receive assistance from this program. Program efforts focused on the

domestic violence population include court-based counseling programs, training programs, battered wife shelter programs, and child abuse protective services. A specific goal of this program is to study the drinking practices of battered women, and if the husband is an abuser, to have the woman participate in his treatment. Although not mandated to do so, various activities have been undertaken in behalf of battered women such as program funding, planning, and monitoring; collection of statistics (incidence of drinking and domestic violence); technical assistance; and, staff training. The main service funded by this program targeted on battered women, their children, and abusing spouses is the counseling program which serves as a liaison to two of the shelters and to the courts. The most important aspect of the counseling is to motivate the spouse to enter treatment.

Coordination activities include the Inter-Disciplinary Training Program which links trainers from the alcohol field to child abuse, social welfare, and mental health teams. This program reviews attitudes about alcoholism and the ways to recognize abuse, and promotes awareness by existing agencies of the available resources to help battered women.

- Drug Abuse Demonstration and Community Service Programs

The eligible population includes any adult or youth who has an addiction problem. Program efforts are specifically focused on women and children through six facilities (5 outpatient and 1 residential) that treat women primarily or have women predominantly as clients. The program's current goal is to expand its services to addicted women and their children. Although not specifically addressing battered women, this special interest group could include them. Program activities in behalf of battered women include an outreach program to generate public awareness of the problem. The respondent felt that it was feasible to increase these awareness activities and to change treatment efforts, when necessary, to help battered women.

Mentioned as a Federal and State legislative barrier to serving battered women is the provision that monies must be used for a one year period with no sex discrimination allowed. The respondent found this to be an inhibiting factor for targeting on battered women and felt there should be a mandate to serve domestic violence victims. Counseling services were cited as beneficial to all domestic violence victims with job counseling considered helpful to battered women. Program linkages in behalf of battered women include the Women's Task Force Committee, comprised of personnel from State and private agencies who study the problem and recommend staff training in the identification and treatment of domestic violence.

GRASSROOTS ORGANIZATIONS

In New Jersey, there are more than twenty centers for battered women throughout the State. Additional programs focusing on battered women are the New Jersey Coalition for Battered Women, NOW Task Forces, the State Law Enforcement and Planning Agency, Division on Women, and the Rape Program. These programs have attempted to bring attention to the problems of domestic violence; to focus on the needs of the victims; to create a network between

service providers; to secure funding; and, to bring pressure to the legislature to enact specific laws.

SUMMARY

With the passage of specific State Legislation on domestic violence, program administrators are becoming more aware of the severity of the problem and the need to adapt program eligibility requirements to this population. Most respondents agreed that an expansion of services is needed and that limited financial resources often make this difficult.

STATE PROFILE: NEW MEXICO

INTRODUCTION

There are 1,153,000 people in New Mexico; 90% are White, 2% are Black and slightly more than 7% are American Indians. Hispanic peoples comprise 40% of the overall White population. The mean income for females is \$4,233, while for males it is \$9,676. Almost 20% of the population live below poverty level, and 118,000 families receive transfer payments. Unemployment, State-wide, averages 6.5%, but can be significantly higher among American Indians and the Hispanic population, particularly in rural areas, where 66% of the population resides.

The consensus among all respondents was that domestic violence is recognized as a social problem, but the dollar response for services is limited.

No characteristics unique to New Mexico were identified as having a direct impact on the incidence of domestic violence, although some respondents felt that the transient population and high unemployment (in rural areas, particularly) might be contributing factors.

There are no legislated civil remedies or mandated services to domestic violence victims. Criminal proceedings do allow for warrantless arrests and provide limits to an officer's liability in case of false arrest. The Department of Human Services has been advocating for the passage of an Adult Protective Services code since 1979, and the hope is that the 1981 Legislature will pass the Bill and allocate funds for services.

New Mexico uses a family strategy approach in the delivery of social services. This approach, according to respondents, allows the broadest possible interpretation of Federal and State regulations and guidelines and provides maximum access to services.

State and Federal funds are used in programs targeting on victims of domestic violence.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

In New Mexico there is no aid to intact families unless one parent is disabled or incapacitated. The overall goals of economic support and maintenance of the family can and do include battered women. AFDC allows a waiver of child support pursuit when the agency determines that violence to the woman or the child(ren) might occur if she pursues support from the father of her child(ren).

Since AFDC is an income maintenance program and cannot target on specific populations among eligible applicants/ recipients, Federal laws would have to be changed before battered women could be categorically served.

- Child Welfare Services - Child Protective Services

There are categoric, income, group, and universal eligibility criteria for program services depending on the source of funds. State, Title XX, and Title IVB funds are expended to provide services, but most IVB funds are used for the Family Foster Care program.

There are specific goals directed toward providing services to battered children and children "at risk" that allow for accessing battered women to service through the children. By using the family strategy approach, funds can be diverted administratively to provide services to victims and abusers by serving both the child and the family.

- Medicaid

There are categoric eligibility criteria for Medicaid services, with no provisions for the medically needy or indigent. The enabling legislation for Title XIX precludes targeting on sub-groups. For soft social services, i.e., support services, to be paid for by Medicaid, a practitioner licensed by the State must prescribe them. In New Mexico, only medical doctors, psychiatrists, and psychologists with PhD's may be paid under Title XIX Medicaid.

The need to educate providers of medical services about domestic violence was viewed by the respondent as extremely important, as was the need for changes in legislation that would allow for reimbursement of services to victims.

- Social Services (Title XX)

There are categoric, income, and universal eligibility criteria for Title XX services. However, the need for Adult Protective Services (APS) is the only criterion for service if one is a victim, or potential victim, of domestic violence. In the current Title XX State plan, under protective services, there is a statement of service delivery that reads "Services shall include protection from physical or emotional abuse or exploitation."

Goals under Title XX-APS are to arrange or provide social services and crisis intervention to protect the health and safety of battered spouses. Services can include room and board for battered spouses and their children, are available to all battered persons, married or unmarried, and can include gay women and married women under 18. (Adult Protective Services has general age criteria of 18 years or older, since Child Protective Services cover birth through age 17).

There are four shelters that receive funds through Title XX. The shelter in Albuquerque has been full to capacity since opening and has a waiting list.

The biggest restriction to service delivery is the Title XX Federal regulation requiring a 25% match. The vast majority of New Mexico providers cannot come up with a match sufficient to enable access to the Title XX funds. One solution, according to the respondent, is some State match funding; however, the State Legislature is currently unwilling to allocate for State match.

- Community Mental Health

No Title III funds are being used for community mental health programs in New Mexico.

- Work Incentive Program (WIN)

All AFDC recipients are potentially eligible for program services. WIN will pay for all service to an enrollee if she is a domestic violence victim, since battering and the physical/emotional stress are viewed as barriers to employment.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The greatest barrier to delivering services to victims of domestic violence are the Federal regulations governing the use of NIAAA funds. Anyone in need of Alcohol Treatment/Rehabilitation Services is eligible, but a victim of domestic violence or an abusing spouse can only receive program services if alcohol abuse is the primary problem.

Currently, two proposals have been submitted requesting that NIAAA fund services to battered women with problems related to alcohol abuse. Included in the proposals are the provision of shelter to battered women and their children; however, funding appears unlikely because of recent Federal cutbacks.

- Drug Abuse Demonstration and Community Service Programs

Anyone in need of services is eligible. A battered woman whose problem is directly related to substance abuse can receive support services, but the Federal regulations preclude targeting on them as a service population. Limited support services are supplied to a battered woman whose spouse is a substance abuser, but funds for supportive services to family members are severely limited.

GRASSROOTS ORGANIZATIONS

The work of the State Coalition on Domestic Violence was unknown to most respondents. However, the State funded Displaced Homemakers Program was identified by all respondents as a resource for battered women. There were four shelters also identified which receive State Title XX funds and other private and/or community financial support. The two shelters in urban areas are always full and one has a waiting list. The New Mexico Commission on the Status of Women is focusing some attention on the issues of domestic violence.

SUMMARY

The results of the survey of existing HHS-funded programs in New Mexico show an active involvement at the State bureau/program level.

Restrictive fund use and the lack of adequate monies for service are the most significant barriers to service delivery at the program level, according to all respondents.

Similarly, the need for community education and involvement in service planning was cited by all as a necessary and vital element now lacking.

STATE PROFILE: NEW YORK

INTRODUCTION

The total population of New York State is approximately 18,100,000. Of this number, 15,243,000 are White; 2,232,000 are Black; and, 1,440,000 are of Spanish origin. The mean income for males is \$11,525 and for females \$5,509. The percentage of individuals in the State below the poverty level is 9.4. Of the total population, 2,183,000 receive transfer payments, and 7.5% of the labor force is unemployed. The majority of the population live in metropolitan areas with 2,263,000 residing outside these areas.

Only two respondents felt that there were no unique characteristics of the State which might affect the occurrence of domestic violence. Some of those characteristics mentioned as having an effect included: general economic stress, overcrowding in urban areas; the weather; a transient segment of the population moving in and out of various industries; and the sense of isolation experienced by individuals living in upstate rural areas.

Two measures passed in the 1977 Legislative Session signaled a new understanding of the urgency of the problem of domestic violence in New York State. Chapter 449 of the Laws of 1977 established concurrent jurisdiction between Family Court and the criminal courts over family offenses, formerly within the exclusive jurisdiction of the Family Court. These amendments gave battered spouses the choice of pursuing their cases in Family Court or in criminal court. In addition, Chapter 450 of the laws of 1977 authorized the Department of Social Services to approve the establishment and operation of shelters for battered spouses and their children. Twenty-one of these shelters are now licensed by the State as Special Care Homes or have license applications pending. Chapters 628 and 629 of the Laws of 1978 clarified procedures relating to arrests, issuance and filing of orders of protection.

In May, 1979, the Governor established a Task Force on Domestic Violence by Executive Order to advise the Governor and the Legislature as to the most effective ways for State government to respond to the critical law enforcement and social problems posed by domestic violence. The 27 members appointed to the Task Force from a variety of professions created an interdisciplinary resource in State government for addressing problems of family violence. An Advisory Board to the Task Force comprised of Commissioners and Directors of 18 New York State agencies with responsibilities in the area of domestic violence as well as elected officials permits a comprehensive and coordinated response by State government to problems of domestic violence.

In 1980, the Legislature and the Governor in New York State made a strong public policy statement condemning violence in the home in amendments to the Family Court Act, the Criminal Procedure Law, the Domestic Relations Law, the Judiciary law and the Penal Law, Chapters 530, 531 and 532 of the Laws of 1980.

Significant provisions drafted by the Governor's Task Force included repeal of Family Court jurisdiction over first degree assaults and the clarification of the statutory scheme for protecting victims of family violence (C. 530, L. 1980). Under these amendments charges of assault involving a deadly weapon, demonstrating intent to disfigure another person seriously and permanently, or

creating a grave risk of death must be heard exclusively in a criminal court. The Family Court and the criminal courts retain concurrent jurisdiction over other family offense proceedings. The new clarifications expand and strengthen the preliminary relief and enforcement mechanisms previously enacted.

Other significant new measures enacted in the 1980 Legislative Session provide that the Family Court may order a party found to have committed a family offense to participate in an educational program (similar to courses given to those found guilty of driving while intoxicated) (c.531 L. 1980) and to pay the counsel fees and disbursements of the person in whose favor an order of protection is granted (c. 532, L. 1980).

Most respondents were aware of the State funding for domestic violence programs and many have been involved in coordination efforts with the Domestic Violence Task Force and Program Unit.

In 1980, New York State passed legislation revising laws dealing with domestic violence. Under the provisions of this new legislation, crimes of first-degree assault, involving attacks with intent to maim or disfigure, are under the jurisdiction of the Criminal Court instead of Family Court. Also Family Court judges are permitted to order those people found guilty of domestic violence to participate in "educational" programs. A further provision makes it easier for victims of family violence to obtain court orders of protection against abusive spouses or other relatives, and allows victims to collect reasonable attorneys' fees from those who commit the assault.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC program is available to women with children after the initial emergency period. The population eligible to receive AFDC in New York State includes children and their parent or other relative caretaker whose income is insufficient to meet the basic needs of the family; pregnant women with no other children; and intact families when the child is deprived of support due to incapacity of a parent or unemployment of the father. To receive AFDC or to remain on AFDC without her spouse, an abused woman must agree to take her husband to court and there must be a referral to the Child Support Enforcement Program. Exemption of assignment rights under this program is permitted, but there is often a 30 day waiting period from the date of application. The monthly cash grant may include payment for child care. In special circumstances, provisions are made for expenses for establishing a home.

There are no program goals or objectives which directly address battered women. The eligibility criteria as set forth in the Federal regulations were identified as a barrier to the program's meeting the needs of battered women, as any woman receiving aid must have a child.

- Emergency Assistance

Emergency Assistance to Families has been identified as the most appropriate source of funding for victims of domestic violence. Under this program, emergency assistance is available for needy families with children.

Emergency assistance is granted to meet urgent needs resulting from a sudden occurrence or set of circumstances demanding immediate attention; battering has been defined as such an emergency situation. Eligibility is established on a case-by-case basis in local offices, based upon documentation that a family with children has an emergency need and is without other resources to meet that need. Emergency Assistance may be authorized for a maximum of six months in any twelve consecutive months. New York State also has a Home Relief program which can meet the emergency needs of domestic violence victims who are not eligible for other categories of assistance and have no available resources. Also, Emergency Assistance for Adults is available for SSI recipients, and could include elderly persons abused by their children. EAA is available for those needs which, if not met, would endanger health, safety, or welfare such as clothing, furniture, food, shelter, and fuel.

EAA funds are available as direct payment to clients or may be used to purchase services from a shelter or other program through purchase of services contracts on a per diem basis on behalf of victims of domestic violence. Such services may include room and board, counseling, child care, medical care, legal services and other services necessary to meet the emergency circumstances.

- Child Welfare - Generic

Child Welfare Services are available to all children without regard to income. No program goals which specifically address or could include battered women were identified. Also, no services or other program activities are targeted on battered women.

State laws and regulations were identified as creating a barrier to serving domestic violence victims in that responsibilities in the area of protective services are increased regularly but no adequate increase in allocation of funds is made to facilitate service delivery.

Child welfare staff have been involved in an interdepartmental coordination effort in behalf of battered women.

- Child Welfare - Child Protective Services

The population receiving Child Protective Services include children needing these services and all persons suspected of child abuse or neglect. Several program goals could include battered women. One of these, the goal of ensuring protection of children within a family, often necessitates attention to the adult members of the family as well as the child. These adults may be battered women and could benefit from services offered by the program.

No program services are targeted specifically on battered women; however, of the services provided, battered women and abusing spouses are seen as needing counseling, parent aid services, and the crisis "hotline." The children of battered women were cited as most needing day care, and psychiatric services. A need was identified for more comprehensive services focused on the whole family to help avert family break-up, and to provide better diagnostic and prevention efforts. Services to the family unit are critical. This emphasizes the need for better coordination between child protective and domestic violence services.

No barriers to service delivery or coordination efforts focused on battered women were identified by the respondent.

- Medicaid

In New York State, Medicaid is available to all persons meeting the State criteria for medical assistance. This includes all individuals eligible for AFDC and SSI, as well as those medically needy individuals meeting higher income and resource standards.

While program goals and services do not specifically address battered spouses, many services are available to all eligible parents of dependent children. In addition, a wide variety of periodic medical screening, diagnostic and treatment services are available to children of victims of domestic violence through the Child Health Assurance Program.

State legislation which requires that the abusing spouse's income be considered in eligibility determination has been cited as a barrier to the Medicaid program's capacity to meet the needs of battered women. It should be noted, however, that State policy, guidelines and Social Services Law (366.3(a)) require that in the event such relative refuses or fails to provide necessary care and assistance, medical assistance shall be furnished. In such cases, the cost of the care may be recovered from such relative in accordance with other provisions of law.

Medicaid staff have been involved in an interdepartmental coordination effort focused on improving the delivery of services to victims of domestic violence.

- Social Services (Title XX)

In general, Title XX services are available to public assistance recipients; however, each service category has its own eligibility criteria. The comprehensive annual Social Service Program Plan of 1978 included the optional category of "Services to Victims of Domestic Violence". Fifty-nine percent of all counties have adopted this service in their local plans. Where local districts do not elect domestic violence as a Title XX service, they may provide services to victims under the Protective Service for Adults.

The Title XX program defines the population for this service category as "spouses or persons living together, with or without children, who need help in resolving the problems leading to violence or in establishing themselves independently." New York State's Title XX program has some goals and objectives which specifically address battered women. These include providing counseling and follow-up programs, especially in the areas of employment and education; and providing outreach activities to increase public awareness of available services. The national Title XX goals of self sufficiency, self support, protection and the avoidance of unnecessary institutional care are also interpreted as specifically addressing battered women. The State plan, beginning in 1978, focused these goals on victims of domestic violence. In general, any Title XX services are available to battered women who meet the program and financial eligibility criteria.

The Federal legislation of 1975 mandating protective services for children and adults was cited by the respondent as an indication that the Title XX program in New York State does have mandated responsibilities in behalf of battered women.

In response to this mandate, activities have been undertaken in program funding, planning, monitoring and evaluation as well as consultation, staff training and community education. The provision of direct services to victims of domestic violence has, as stated above, been undertaken in several counties. Services targeted on battered women include: shelter; crisis and ongoing counseling; legal and educational services; advocacy; and emergency medical care. Title XX funds are used to reimburse for 87.5% of the total costs for services. Funds are provided to shelters through purchase of service contracts on a per diem basis. Services are provided on the basis of group eligibility with the Federal requirement that 90% of the individuals in the group identified as domestic violence victims must have an income that is less than 75% of the median income, which in New York State is \$18,216 per year for a family of four.

In the past year 2,607 battered women received Title XX services. This figure represents 4% of the total client population and does not include persons receiving protective services. Of a total budget of \$300,000,000, .5 million was budgeted for services targeted for victims of domestic violence, with shelter services being the most costly.

Title XX staff have been involved in the Statewide efforts to coordinate services to victims of domestic violence.

Insufficient funds was identified as a barrier to the Title XX program's capacity to meet the needs of battered women.

- Community Mental Health

No Title III funds are being used for community mental health programs in New York.

- Work Incentive Program (WIN)

In New York State, those required to register for the WIN program are all AFDC recipients who do not meet the Federal exemption criteria. No program goals specifically address battered women, but the goals of self support and placement in non-traditional employment could include battered women. No activities or services are targeted on this population. Of the services which are available, battered women were cited as most needing housing; transportation; child care; and, employment services. The children of battered women can utilize the program's day care services and medical evaluations. An abusing spouse may need housing, employment or vocational rehabilitation and financial assistance, but would not be eligible for WIN services if separated from his spouse and children.

No barriers to the program's capacity to meet the needs of battered women and no program coordination efforts were identified.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

In New York State, alcohol treatment services are provided for anyone with an alcohol problem, and for the family or significant others of persons with alcohol problems.

The goal of conducting research on the types of abuse (emotional and physical) involving alcoholics was identified as a program goal which specifically addresses battered women. A proposal to do research on the incidence of domestic violence and alcohol use was submitted to NIAAA, but the grant was denied.

Program goals which do not specifically address but could include battered women are "to make service systems more sensitive to underserved populations, for example, women," and "to meet the unique needs of special populations."

In 1980, some activities in behalf of battered women have been or will be undertaken. These are occurring in the areas of: needs assessment; program evaluation; technical assistance; and, maintaining an information source on RFP's related to domestic violence. No current services are targeted specifically on domestic violence victims. Of the available services, battered women can utilize outpatient counseling and vocational training. Abusing spouses were considered to most need inpatient and outpatient treatment. None of the program's services were considered applicable for the children of battered women.

Federal legislation and regulations relating to issues of confidentiality and the protection of human subjects were identified as restricting the alcohol program's capacity to meet the needs of battered women in the sense that they make it difficult to conduct research and develop programs.

Coordination efforts vary from community to community. Some staff have formed linkages with shelter programs, and alcohol treatment staff are represented on the Statewide task force.

- Drug Abuse Demonstration and Community Service Programs

Drug treatment services are available to any drug abuser. No program goals or objectives that specifically address or could include battered women were identified. The only activity undertaken in behalf of battered women is participation in the Task Force on Domestic Violence.

No services are targeted on domestic violence victims, but if needed, they could use drug abuse treatment services. The respondent indicated that it is difficult to know if abusing spouses are utilizing services because there is no self-identification as an abuser.

The program's capacity to meet the needs of battered women is restricted by Federal legislation mandating services for drug abusers only. When a battered woman is also a drug abuser, there is no restriction on the ability to serve her.

STATE PROGRAM

A State funded domestic violence unit in the Department of Social Services was implemented in the fall of 1978. Since this time, \$1.3 million has been spent for direct program establishment, and an additional \$6 million of public funds have been directed toward services for victims of domestic violence in New York State. Any victim of domestic violence is eligible for services from these programs, although the services are not focused on battered children because children are targeted by other programs.

The program defines a domestic violence victim as "a person in need due to life being threatened and/or physically endangered by a spouse or other household member." This definition is seen as all inclusive and does not, according to the respondent, place any limitations on the program's ability to serve battered women.

Program activities are seen as mandated responsibilities under Chapter 450. A wide range of services is available to domestic violence victims through the State funded projects. These services include: special care homes, offering shelter and services to battered women and their children; non-residential counseling programs; legal advocacy; training for hospital emergency room staff; etc. Of the services offered, battered women are seen as most needing refuge, supportive counseling, and legal advocacy. Their children are seen as needing refuge, structure and continuity in their lives, and counseling. For the abusing spouses, counseling focused on dealing with anger and depression was identified as the most needed service.

The program has a current annual budget of \$400,000. Shelter care, which costs from \$7-\$24 per day, is seen as the most costly service. The State limits a stay in a temporary shelter to 90 days but some local programs have a 30 day limit.

Staff of the domestic violence unit participate actively in the Governor's Task Force focused on coordination with other agencies. The unavailability of emergency assistance to low income and working women is seen as a barrier to services.

In addition to programs funded by the Department of Social Services, certain domestic violence programs are also funded by the Division for Youth, including a families in crisis shelter and counseling programs for child witnesses of domestic violence. The Division of Criminal Justice Services has begun a data collection effort to obtain more accurate statewide information on the incidence of interspousal assaults in New York. In addition, the Office for the Aging, the Division of Alcoholism and Alcohol Abuse, the Department of Health, the Office of Health Systems Management, the Office of Court Administration and the State Education Department are also developing plans for incorporating domestic violence components into activities related to their specific agency missions (for example, the Department of Health is developing a demonstration project to improve the response of emergency room staff to victims of abuse). Finally, the Council on Children and Families has provided staff support to the Governor's Task Force on Domestic Violence.

GRASSROOTS ORGANIZATIONS

The Governor's Task Force on Domestic Violence is in contact with more than 150 individuals working with grassroots groups in New York State. The single Statewide organization of grassroots groups in the State is the New York State Coalition Against Domestic Violence (the Coalition); the Coalition coordinates its efforts with Volunteers Against Violence, Technical Assistance Project (VAVTAP), headquartered in New York City and funded by the American Friends Service Committee and Health and Human Services. The Co-chair of the coalition and Executive Director of VAVTAP is a member of the Governor's Task Force.

Two ACTION-funded VISTA positions were established with the Governor's Task Force on Domestic Violence in September, 1980 for the purpose of strengthening local and regional networks among grassroots groups and building affiliations between local groups and the New York State Coalition Against Domestic Violence. These liaisons between the Task Force and the Coalition are based in the Task Force office at the NYS Council on Children and Families, but travel to local groups using a \$2,400 transportation grant from ACTION.

The Governor's Task Force on Domestic Violence has completed a needs assessment questionnaire distributed by the National Center on Women and Family Law and is on their mailing list.

SUMMARY

The overall State policy towards domestic violence has been to adopt a comprehensive approach, focused on integrating services, making resources available and eliminating regulatory obstacles. Most respondents cited their program's involvement in the Statewide effort to coordinate services to victims of domestic violence, led by the Department's Domestic Violence Program Unit.

One of the goals of the State Department of Social Services is to help make it possible for families to stay together without violence, and when this is not possible, to help victims eliminate abusive situations and build on their strengths to develop self sufficiency.

The establishment of special care homes and the requirement that they be licensed by the Department of Social Service is a unique feature of the approach of New York State to the problem of domestic violence.

The Department of Social Services also functions as a central clearing house for information on domestic violence services. A Statewide toll free number is available for access to this information.

In April of 1978, the Department of Social Services conducted a survey of local social service districts. The survey elicited 100% response and provided the information that, in all but two counties, services of some kind were available for victims of domestic violence.

In spite of the high level of activity in the area of domestic violence, a few respondents held the opinion that State programs in general do not adequately recognize domestic violence as a special problem.

STATE PROFILE: NORTH CAROLINA

INTRODUCTION

North Carolina has a total population of 5,369,000. Most are White (4,045,000) and 1,194,000 are Black. Mean income for both males and females is relatively low, but males earn twice what females do, \$8,622 to \$4,436 respectively. Approximately 14.7% of individuals and 12.1% of families are below the poverty level, with 722,000 persons receiving some kind of transfer payment. The percentage of the labor force unemployed is 4.6. Of the total population of more than 5 million, fewer than 800,000 have attained the college level of education. A majority of the population lives outside metropolitan areas, as North Carolina is a predominantly rural State containing only a few densely settled cities.

North Carolina is progressive on the issue of domestic violence both in terms of legislation and direct allocation of funds for service delivery. There is an active coalition in the form of a task force, under the auspices of the Council on the Status of Women within the Department of Administration, which coordinates all State programs on domestic violence. In fiscal year 1979-80, eight programs received funding ranging from \$3,000 to \$14,600, totaling \$74,500. In this time period, shelters served 313 women and 362 children while non-shelter clients numbered 2,421.

The 1979 session of the North Carolina General Assembly passed Domestic Violence Legislation G.S. Chapter 50A, which became effective in October 1979, and provided remedies and clarifications of remedies for victims of domestic violence to protect them from injury or fear of injury. It focused on four areas: civil remedies; law enforcement response and assistance; a new criminal statute; and the addition of new bail and pretrial release conditions. In the civil area, the court may issue emergency relief to a party in danger, and can issue a protective order, valid up to one year, directing a party to refrain from any acts of violence; or, providing other appropriate relief as necessary. In the law enforcement area, an officer may transport a victim to a shelter facility and/or the home residence to remove personal items, and will not be subject to criminal or civil liability in rendering assistance. The new criminal statute states that it is a misdemeanor for a person to enter the premises of a present or former spouse after being forbidden to do so, and provides that a law enforcement officer may arrest without a warrant any person who commits, or threatens an assault, or violates the trespass statute. In bail and pretrial release, a new statute was enacted providing that if a person is taken into custody and charged, and the judicial official determines that release of the defendant will pose a danger of intimidation to the victim, the person may either be held in custody for a reasonable period of time, an appearance bond may be required, or other conditions to release may be imposed.

Characteristics unique to the population of North Carolina that were cited by respondents as possibly contributing to the incidence of domestic violence were: the conservative value system and religious beliefs; the rural nature of the State including Appalachia in the western portion with its attendant isolation and mountain culture; and, the low income level of a majority of the population. Low income is due primarily to the fact that even though North Carolina has one of the highest employment rates of all the 50 States because

of the textile industries located in the State, these employ mostly women at low wages. North Carolina ranks 39th nationally in per capita income, and many respondents believe this to be a most important contributing factor to the high incidence of domestic violence, child abuse, and substance abuse in the State.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Eligibility for AFDC is based on the needs of children, the focus being to prevent deprivation to a child resulting from the death, physical or mental incapacity, or continued absence from the home of one or both parents. There is no unemployment provision within AFDC in North Carolina and no emergency assistance program. Recipients can include persons aged 18 to 21 if attending school, and all must be State residents. Migrants are included by the requirement of a statement of intent to reside in the State.

The program has no goals or objectives focusing on battered women but battered women could be included under the general goals "to provide income assistance to those in need" and, "to help people become self-sufficient." The respondent indicated that there was legislation pending that would affect eligibility to AFDC. This bill has a clause including unborn children within the eligible recipient group and also has an option for emergency assistance, which battered women may be able to utilize. This bill was not enacted, but the agency is again proposing such legislation. The respondent pointed out that since AFDC and some other agencies work with income maintenance recipients only, domestic violence victims, not receiving such assistance may not be served. Therefore, the respondent stated that it was important to make services accessible to victims. This, however, was seen as being more the role of social service programs than of financial aid programs.

- Child Welfare Services - Generic

This program serves anyone in need, there being no formal eligibility requirements. All services are mandated by State law except day care which is included in the State policy plan as offered, according to need. Title IVB funds, in general, pay for those services not covered under Title XX; but, in North Carolina, a sizable amount of Title IVB monies (\$90,000) is used for domestic violence programs. Pursuant to a written agreement between the Division of Social Services, Department of Human Resources, and the Council on the Status of Women, Department of Administration, the council allocates and manages the use of Title IVB funds by various local grantees.

The program has a definition of domestic violence that covers both spouses and individuals living together, includes children, and focuses on the physical abuse of one person by another. There are also specific program goals and objectives addressing battered women which include the development of service models to this group, and the establishment of program interfaces and linkages with other programs such as Adult Protective Services and Child Protective Services. Other program goals that could include battered women are to provide: protection; public information; outreach activity; court watches; counseling; and, alternative living arrangements where necessary and

appropriate. The respondent believed that it would be feasible for the program to undertake such additional activities as: maintenance of a central registry on spouse abuse; needs assessments; evaluation of program models; and, even specific direct programs, if there were a mandate, funds, and an organizational structure to do so. Such efforts would be facilitated by the new legislation passed in 1979 mandating law enforcement officers to protect and escort domestic violence victims, as officers are now more aware of the problem and have received specialized training.

Services offered by Child Welfare Services in the Division of Social Services include emergency shelter for children; counseling; job training for those under age 21; day and foster family care; transportation; and homemakers services. According to the respondent, battered women and their children could particularly benefit by day and foster family care. Program linkages in behalf of domestic violence victims have been established with the Attorney General's Office, the Council on the Status of Women in the Department of Administration, Mental Health, and the Department of Crime Control and Public Safety. Activities have included needs identification, funding of direct services, technical assistance, and selection of program service models.

- Child Welfare Services - Child Protective Services

Protective services are available to all children in need. Though there are no specific goals or objectives on behalf of battered women, they can be included under the general program goal "to provide services to the family of a child targeted as in need of protection." Activities undertaken in behalf of battered women include: program funding (Title IVB funds to the Council on Status of Women); program monitoring and evaluation; technical assistance; staff training; community education; and, coordination efforts. Program services to children include: emergency 24-hour care; day and foster family care; individual, family and group counseling; legal services for the child; and medico-legal diagnostic studies and evaluations to substantiate and assess the circumstances of abuse and neglect.

Linkages in behalf of domestic violence victims have been established with the Department of Administration, Adult Protective Services, Department of Crime Control and Public Safety, and Mental Health.

- Medicaid

The Medicaid program in North Carolina serves anyone eligible through categorical criteria such as the aged, blind, disabled, or AFDC recipients, or through financial criteria such as medically needy. Recipients must be residents of North Carolina, under criteria specified by Federal regulations for State residents.

There are no program goals or objectives focused on battered women, but battered women could be included under the general program goals "to have the most effective program for impact on clients served and service delivery patterns," "to develop and implement an improved Medicaid eligibility system," "to identify five principal problems within the program," and, "to develop and mail out annually six specific health messages." No specific activities have been undertaken in behalf of domestic violence victims because, according to

the respondent, this is a medical program only and Federal guidelines specifically regulate the groups covered. There is no identification of reasons for need by the program, and the program has no authority to expand or further define recipient groups.

Services offered by Medicaid include: inpatient and outpatient medical care; counseling; testing and evaluation within ongoing treatment plans; and, some transportation services. Emergency medical care was cited as the program service most needed by battered women, counseling the most needed by children of battered women, and psychiatric services most needed by abusing spouses.

There were no program linkages identified in behalf of domestic violence victims.

- Social Services (Title XX)

Services are available to all income maintenance recipients and to others in three income eligible areas. All services in each geographic area are available to those earning less than 60% of the established income (90% of State median). Six services are provided to those with 100% of the established income, including protection and information and referral; and, most services are available to those with less than 80% of the established income. Three services are available without regard to family income: Protective Services for Adults; Protective Services for Children; and Information and Referral. There are also special criteria for some services such as those only available to elderly or disabled persons. As of 1980-81, the State is changing the eligibility system for determining the "established" income to be based on the State median income, but this will stay one year behind the current median. For example, the median for a family of four in 1979-80 was \$16,252; thus, this amount will be the established income for 1980-81.

Social Services has no funds under Title XX for shelters for adults. There are no program goals or objectives specifically addressing battered women, but the general program objectives "to assist individuals to be self-supporting and self-sufficient, to prevent abuse and neglect, and to rehabilitate and unite families" could include them. Even under Adult Protective Services, domestic violence victims are not targeted, as these services focus on the elderly and mentally retarded. The respondent hoped that HR 3434 would include, in the protective clauses, battered spouses without regard to income, thereby enabling emergency shelter to be available to adults through Title XX, as well as other services not now available to many women because of income requirements.

Services offered by this program include: emergency shelter for children; some outpatient medical care which is mostly remedial; inpatient care for diagnostic reasons to determine abuse or neglect in "failure to thrive" cases; legal services for adoption and foster care cases; counseling; employment training; foster family care; financial allowances within training programs for books, tools, lunches and uniforms; and, homemaking services. In the area of day care, the program has one mandated service for those receiving Protective Services to maintain a child in his/her own home or for employment of the parent, and another day care service for developmental purposes such as socialization or learning problems. However, the respondent stated that the

program was moving away from direct provision and expanding the purchase of child day care.

Currently, the main State priorities for Title XX funds are day care and in-home service to the elderly. Most of the funds go to County Departments of Social Services and are not allocated by services. The counties budget amounts for the mandated services set by the State; then counties can assume other activities with remaining funds. At present, there is a project to "phase up" those counties not getting a "fair share" of available monies. That is, efforts are focusing on making services available in these areas on a par with the rest of the State.

Program linkages have been established with Protective Services, Child Welfare and the Council on the Status of Women in the Department of Administration, but little activity has taken place directly in behalf of battered women.

- Community Mental Health

Community mental health services are available to anyone with a need and can be obtained through area programs in any of the 41 catchment areas. Although there are no goals or objectives specifically addressing battered women, the program's general goals of preventing and/or reducing abuse within families and promoting healthy families could include them and their children. Activities undertaken in behalf of battered women include: collection of incidence statistics in cooperation with the Medical Examiner's Office; staff training in the area programs; community education efforts; and, coordination with the Department of Public Instruction and day care operators to teach alternative methods of discipline of children. If additional funding were available, according to the respondent, the program could undertake large-scale prevention activities as well as offer direct services to domestic violence victims as a target group.

Services available through area programs are medical care, "hotlines," counseling (individual, family and group); job counseling, and respite care (usually for the retarded or handicapped). Battered women were cited as most needing counseling services--both mental and vocational--and child care, and their children would most benefit from peer and support groups. In the coming year, a demonstration project has been funded on the prevention of family violence in rural areas. It is hoped that this outreach effort will make the availability of services known to battered women in these isolated areas where services are now limited.

Program linkages with other agencies and groups in behalf of battered women include, in addition to the Medical Examiner's Office in compilation of statistics on abuse, the Division of Health Services, CETA, the North Carolina Pediatrics Association, the State Committee Against Abuse and Neglect of Children, and various community programs. However, since the area programs develop their own programs independently of one another, activity on prevention of or direct services for domestic violence are not focused or uniform State-wide. The respondent felt that such coordination is necessary before all areas of the State are served equally and effectively.

- Work Incentive Program (WIN)

All AFDC recipients are eligible for the WIN program, which has both mandatory and voluntary requirements. A person receiving assistance must reside in a county of the State. There is no unemployed parent provision, and most of the client population are single female parents.

There is no specific focus on battered women, but the general program goal of helping people become self-supporting could include them.

WIN services include assistance in finding housing; outpatient medical care which is mostly remedial (glasses, dentures); "hotline" and counseling services; job training and placement; emergency and day care for children; transportation; and, for those in training programs, incentive payments of \$30 a month to be used for lunches, transportation, tools, etc. Of all services offered, the respondent states that battered women would most need day care and employment counseling. Since WIN in North Carolina serves almost no men, abusing spouses are not targeted for services.

No program linkages were identified concerning activity in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The alcohol treatment program in North Carolina serves anyone with a substance abuse problem or family members of anyone with such a problem.

Although there are no program goals or objectives specifically focusing on victims of domestic violence, a general program goal to provide outreach and treatment services to underserved populations include Blacks, women, youth, Indians, and migrant workers. Although no activity has yet been undertaken in behalf of battered women, the State plan for the coming year provides for a survey effort, in cooperation with the North Carolina Women's Task Force on Alcohol and Drug Abuse, on alcohol use and domestic violence in five areas of the State.

Services offered by the Alcohol Treatment program include: medical care with inpatient facilities for detoxification only; non-medical detoxification; residential services; crisis intervention; counseling; transportation; and child day care that is limited to certain treatment programs.

According to the respondent, battered women would be most likely to use the "hotline" and counseling services, and referral to vocational rehabilitation for job counseling.

Program coordination activities in behalf of battered women have been undertaken with the North Carolina Women's Task Force on Alcohol and Drug Abuse. They include community education efforts and the survey on the correlation of substance abuse and family violence, and the effects of these factors on women.

- Drug Abuse Demonstration and Community Service Programs

In general, the drug treatment programs in North Carolina serve anyone with a substance abuse problem, including migrants and transients, although some local programs are restricted to residents of the catchment area in which the program is located.

The program has no definition of domestic violence but does have specific goals and objectives addressing battered women as a target population. These objectives, "to address the special needs of women," and "to address the relationship of substance abuse to domestic violence," are to be accomplished in coordination with the Governor's Task Force on Women under the auspices of the Council on the Status of Women within the Department of Administration. NIDA funds crisis centers under the Statewide services grant program which provides services for women, and there are several other programs focusing on women in transition, media campaigns and training packages. Money for these activities comes from State grants from Formula 409 funds; it is a requirement that, before funding is awarded, a program plan must be submitted detailing the manner in which women and Blacks will be served.

Other goals of the drug treatment program that can include battered women are to meet the needs of the drug population, and to provide crisis counseling. Through the Council on the Status of Women, activities undertaken in behalf of domestic violence victims include, besides the ones previously described, technical assistance to local programs, clearinghouse information, and prevention activities.

Services offered by the program are: emergency shelter; medical care; crisis intervention; counseling vocational services; child care; referral to legal aid; and, transportation. Most services are contracted to local providers, but there are nine programs in fifteen counties that are private, nonprofit drug treatment programs funded partially by the State.

STATE PROGRAM

The Council on the Status of Women, Department of Administration, allocates funds for local programs and direct services in behalf of domestic violence victims, supervises these programs, and lobbies for legislation and policy change within the Governor's planning office. The Council has established six shelters for battered women, three of which receive funding from the Council directly. In FY 1979-80, the Council allocated \$74,000 in grants to eight community groups, as well as money for staff, emergency services, and training of volunteers. This amount will increase to \$90,000 in FY 1980-81. Funds are given to private non-profit agencies, government agencies, or private agencies acting as the fiscal agents for local groups such as the YWCA.

There are no eligibility requirements necessary for services, as shelter and counseling assistance is made available according to need. Individual shelter policies determine time limits to service, but the average stay in a shelter is four to six weeks, and in a motel or hotel, one or two nights.

The Council has a working definition of domestic violence which defines it as, "the occurrence of one or more of the following acts: the attempt or intent to cause bodily injury or the causing of fear by threat of force, between past or present spouses or persons of the opposite sex who are living together or who have lived together as if married."

The goals and objectives for activities focusing on battered women are to: develop and maintain a clearinghouse of information; coordinate model programs; develop training techniques for professionals and volunteers; maintain a Statewide policy and a public education program on domestic violence; deliver technical assistance; and, establish community group goals for direct services. The Council monitors all programs receiving Title IVB funds, as well as shelter programs and others receiving grant funds. It provides technical assistance and training Statewide, coordinates with other State agencies (the Department of Justice; the Governor's Crime Commission; the Department of Public Instruction; Human Resources; the courts; and, the District Attorney's Office), and is beginning an outreach program of prevention and public education activities.

The respondent felt that additional work could be done by the program in the areas of court advocate programs working with district attorneys, and in the training of volunteer advocates.

The Council on the Status of Women was instrumental in the passage of the domestic violence legislation in 1979 that clarified the existing laws and provided several new points on domestic criminal trespass and pretrial release criteria. Basically, the law now: protects women who are separated and living in a separate residence; extends the issuance of protective orders to unmarried women; provides that a person can be held in custody for a time; gives law enforcement personnel clear authority to arrest for violation of a civil order, mandates their response to domestic violence calls, and authorizes them to provide emergency assistance to domestic violence victims by informing them of referral sources, transporting them to the resources, and accompanying them back into a residence to retrieve personal items. This Bill was considered extremely crucial for mandating the responses of law enforcement agencies and the courts in domestic violence cases. It also provides battered women with concrete information as to legal options available to them and referrals to other services. The Council respondent did state that because service delivery systems are structured the way they are with 9:00 a.m. to 5:00 p.m. office hours, they are not set up effectively for emergencies. Thus, an organizational change or modification may need to be made before services can be available to domestic violence victims at the times they are most needed.

GRASSROOTS ORGANIZATIONS

There are several identified local and community groups involved in activity in behalf of victims of domestic violence, particularly battered women. One in Raleigh is Careline Information and Referral System. In other parts of the State, but mostly in metropolitan areas, there are rape crisis programs organized by local community mental health centers, and local Women's Aid Centers which offer shelter and crisis services and legal aid. The Council on the Status of Women and the North Carolina Department of Crime Control and

Public Safety's Division of Prevention are also active in community education projects.

Drug abuse organizations, such as the North Carolina Association of Drug Abuse Prevention and the North Carolina Alliance for Primary Prevention offer drug education and prevention programs to the public. The North Carolina Drug Commission is a policy-making body that sets service standards for treatment programs, and the North Carolina Drug Abuse Professional Certification Board certifies counselors of crisis and treatment services.

SUMMARY

North Carolina is a very progressive State with regard to domestic violence, in recognition of the problem, in legislative remedies to deal with the issue, in organization on the State level to research the problem and supervise service delivery, and in direct allocation of funds. The Council on the Status of Women in the Department of Administration monitors programs, allocates State funds and other grant monies; collects incidence statistics and conducts needs assessment surveys; establishes direct shelter programs and crisis services for battered women; and, develops linkages with other agencies and local groups for community education, technical assistance and prevention activities. Although several respondents felt that there was still a great need for staff training on the dynamics of domestic violence and in effective treatment methods as well as a need for a more focused, uniform Statewide approach to service delivery, all were aware of the degree of State involvement and the achievements already accomplished, especially in the legislative area.

STATE PROFILE: NORTH DAKOTA

INTRODUCTION:

North Dakota has a total population of 621,000. The majority of this population is White and there is a fairly equal balance between males and females. The mean income for females is \$3,663 whereas the mean income for males is \$10,108. The percentage of individuals falling below the poverty level is 10.6 with a total of 57,000 receiving some form of transfer payment. Of those persons in the labor force, 7,600 are unemployed. Five-hundred and forty-five thousand people in the State live outside the metropolitan areas.

There was consensus among all respondents that State programs recognize domestic violence as a social problem. The trend is toward more public attention being focused on the problem and an increase in detection of cases involving spouse abuse among direct service workers.

Several characteristics seen as unique to the population of North Dakota were identified as having an effect on the incidence of domestic violence in the State. For example, several respondents mentioned the development of coal and oil industries as having an impact on domestic violence, in that the development of these industries has resulted in an influx of a transient population with no extended families close by. It has also created a shortage of housing and a shortage of support services in these areas. The isolation of rural living and the long winters are also viewed as contributing factors.

Existing State legislation provides both civil and criminal remedies for situations involving domestic violence. The civil remedies are comprehensive and may include referral to counseling. There is no current State legislation pending that would significantly effect programs' ability to meet the needs of battered women.

No State funded programs targeting on the problem of domestic violence were identified by respondents.

PROGRAM DESCRIPTIONS:

- Aid to Families with Dependent Children (AFDC)

A relevant feature of the AFDC program in North Dakota is that the population eligible for assistance includes women and children residing in temporary shelters. Pregnant women with no other children are also included in the eligible population. However, there are no provisions for families with unemployed fathers. There are several general program goals which could address the needs of battered women. These goals are: 1) to consider individual situations and needs; 2) to reunite families; 3) to facilitate children remaining in the home, whenever possible; and 4) to provide economic support.

- Emergency Assistance

North Dakota does not have a Federally funded Emergency Assistance program.

- Child Welfare Services - Generic

Child Welfare Services are available Statewide to all children and families. The program's goal to provide services to children harmed or threatened with harm, by the person responsible for their care, could include services to battered women. However, the range of services available are focused on children and are provided to battered women only on a secondary basis. The services most likely to be utilized by battered women and their children are emergency 24-hour child care and counseling services. A lack of funding was identified as a major barrier to the delivery of services to victims of domestic violence. Existing funds are earmarked for specific services, so there is little flexibility within the budget to reallocate funds for new programs.

- Child Welfare Services - Child Protective Services

Child protective services are available to the entire State population. Services are focused on abused and/or neglected children and on the family as a unit. To the extent that families of children needing protective services include battered spouses, services are provided to the adult victims. The primary service available to these victims is family counseling. A lack of State legislation mandating services for victims of domestic violence and inadequate funding to expand programs were cited as barriers to targeting services for this population.

- Medicaid

The Medicaid program provides assistance for persons who are labeled categorically or medically needy. The latter may include children under 21 in two-parent households. The goal of meeting the cost of medical care for low-income people implies the possible inclusion of victims of domestic violence. However, the program does not focus on diagnosed problems, so services are not targeted on victims of domestic violence or on any other identified special population. The responsibility for meeting these service needs is seen as being vested in social service programs, and outside of the scope of the Medicaid program objective. Available services cited that can be utilized by battered women and their families include emergency medical care and mental health services.

Educating the public to become more aware of what is available through the Medicaid program was identified as one way of extending services

to victims of domestic violence who may not be aware of their eligibility for services. A barrier to providing services to battered women is the Medicaid program's adherence to the SSI definition of disability. According to this definition, a person is considered disabled if "unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months." (Soc. Sec. Act Title XVI, sec. 1614). This excludes childless adults between the ages of 21-65 unless they fit this definition of disability, or are blind.

- Social Services (Title XX)

Title XX services potentially are available to all persons. Eligibility is based on income with a sliding fee scale for those able to pay. This population may include victims of domestic violence if they are in need of protective services. Many of the goals of the Title XX program are seen as applicable to battered women and their families. Activities that have been undertaken by the program in behalf of battered women include community education, staff training, and consultation to other agencies. Many of the services currently provided such as counseling, emergency services, and evaluation may be utilized by victims of domestic violence or their families.

Some barriers to providing services to this population were identified. The lack of legislation mandating services to battered women was cited as restricting the identification of services for this population as a priority for funding allocations. Also, the inability to use Title XX funds for emergency shelters for adults severely curtails the program's capacity to provide alternative living arrangements for women who are in danger.

- Community Mental Health

The Community Mental Health Center program is divided into several catchment areas, each governed by a separate advisory board. One function of these boards is to provide direction for the local centers. In some regions, board members have shown an active interest in domestic violence.

The services of the program are available to the total State population. The program has established a definition of domestic violence. It is expected that the Mental Health Plan will be rewritten and that the new plan will include goals and/or objectives which do specifically address battered women. The current goal of providing comprehensive services to any individual in the community who experiences emotional problems and requires professional help implies the inclusion of battered women.

Although not mandated to do so, some Centers have undertaken specific activities in behalf of battered women. These activities include: collecting statistics; providing consultation on program development; providing training

to volunteers in community-run shelters; and, providing pamphlets on the problem of domestic violence.

No direct services were identified as being specifically targeted on battered women, but numerous services, including crisis intervention, counseling, and 24-hour emergency care are apt to be utilized by victims of domestic violence. The program is hoping to receive additional funding in the coming year. If these funds become available, an expansion of services for battered women is feasible. Possible measures of providing additional services may include assigning staff to focus on the prevention of domestic violence by detecting problems and making services available before a crisis is reached, and by providing more community education. Linkages with other programs to coordinate activities on behalf of battered women has involved participation in interagency councils on the local level as well as participation in conferences with social services, rehabilitation, and law enforcement agencies.

- Indian Health Services (IHS)

On the reservation at Fort Yates there is an active group of women, some of whom are victims of domestic violence, advocating for services. The Indian Health Services staff have been involved in accompanying these women to workshops and training sessions.

- Work Incentive Program (WIN)

The population served by the WIN program is AFDC recipients. This population may include battered women incidentally, but the program has not focused on them as a target group. The program goal to provide self sufficiency and economic independence could apply to battered women. To target services on battered women was not seen by the respondent as an appropriate program objective. Employment training and day care services are seen as the program services most needed by victims of domestic violence. Counseling services are also available.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

Alcohol and drug abuse programs are under the same administrative structure. They are treated together, as addiction problems, in local addiction centers located in mental health centers. There is a State Alcohol and Drug Advisory Board and there are local regional boards. These bodies have not focused on the needs of victims of domestic violence, but there is emerging interest in this problem area. The goal of providing prevention, detection and intervention in relation to addiction is seen as possibly encompassing the needs of battered women.

Although not mandated to do so, some of the local Centers have undertaken some specific activities in behalf of battered women.

Statistics on the incidence of domestic violence are collected. Some consultation and community education is provided, and three Centers have received grants for group counseling targeted on battered women. These groups are available to women who have addiction-related problems. Other counseling services and support groups, although not specifically targeted, are also available to victims of domestic violence with substance abuse-related situations. According to the respondent, if additional funding were available, these services could be expanded.

Activities such as community education and workshops on behalf of battered women are coordinated among the regional addiction centers and the Mental Health Association. Informal linkages exist with many community agencies to provide consultation in situations including domestic violence and addiction.

GRASSROOTS ORGANIZATIONS

There are ten identified spouse abuse programs throughout North Dakota. Funding for these programs comes from many sources: CETA; LEAA; the Mental Health Association; NIMH; churches; private foundations; private donations; and United Way. Along with being a source of funding for local programs, the Mental Health Association was also mentioned by several respondents as being actively involved in establishing "hotlines" and providing information and referral services. The Task Force on Women in the Governor's Office was identified as another group that is focusing some attention on the issues of domestic violence.

Most of the spouse abuse programs are based in urban areas. There are still many rural areas where the needs for shelters and services are not being met. There is also some activity on the Indian reservations. At Turtle Mountain, counseling is available for victims of domestic violence, and funds to start a shelter are being sought. Fort Totten is trying to establish a "Safe home"; and at Fort Yates there is an active group of American Indian women which includes some victims of domestic violence.

SUMMARY

The results of the survey of the existing HHS-funded programs in North Dakota show a current lack of much active involvement at the State level and a moderate amount of activity focused specifically on battered women on the local community level. Specifically, targeted activities on battered women are minimal and the degree of focus at local levels is not uniform. Recognition of domestic violence as a problem does exist at the State and local levels of government in North Dakota. All respondents concurred on the need for the expansion of services.

STATE PROFILE: OHIO

INTRODUCTION

Ohio has a total population of 10,630,000. Approximately 90% of this population is White, and females slightly outnumber males. The mean income for males (\$10,952) is more than twice that for females (\$4,291); this proportion consistent with national averages. Over 9% of the total population and 7% of families in Ohio are below the poverty level; overall, 123,000 families receive some type of transfer payment. The unemployment rate is 5.5%; however, respondents indicated they expected this to increase because several major industries are closing. Ohio is highly urbanized with 7,937,000 people living inside metropolitan areas, compared to 2,694,000 living outside these areas.

Most of the respondents felt that State programs recognize domestic violence as a social problem. A number of factors unique to Ohio were cited as affecting the incidence of domestic violence. These included: the large population; the cyclical nature of industry in Ohio; industry moving out of the State resulting in greater unemployment; and, the "culture of violence" in the Appalachian counties in the State.

State legislation on domestic violence, passed in 1978, provides comprehensive civil and criminal remedies. Both the civil and criminal laws specify that some type of counseling may be required for the abuser and/or victim. Ohio also has a \$10.00 marriage license surcharge; monies collected through this tax are allocated to shelters for victims. The Law Enforcement Agency is responsible for recording data on domestic violence and sending this to the Bureau of Identification and Investigation, who then prepares an annual statistical report based on this data.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The primary condition for AFDC eligibility is being economically disadvantaged, resulting in deprivation of a child. Ohio has an unemployed parent program; thus, assistance can be provided to intact families when the primary wage earner is unemployed. There is no minimum age requirement for the caretaker of a child; however, children must be under age 18 unless they are in school. Pregnant women with no other children are eligible for services. There is no time requirement in terms of residency, but an individual must be living in the State when he/she applies for benefits. Shelters are recognized by the State as a legitimate residence; the only stipulation being that the child must be with the woman while she is living in the shelter. However, since the program is locally administered, the counties determine eligibility; and, although the State recognizes shelters as legitimate residences, some counties may not.

Recent changes in the way that financial assets are viewed may make it easier for battered women to obtain assistance. As of April 25, 1980, family assets refer only to resources which are liquid and available, i.e., readily transferable to cash and accessible. If a husband prevents a wife from obtaining the assets, or the assets are not readily transferable to cash, a woman is eligible for assistance. However, she is required to try to obtain the resources through legal services, while receiving assistance during this period.

The AFDC program has no goals or objectives focusing on domestic violence victims, nor is AFDC involved in any activities related to serving victims. The program has no coordination linkages with regard to services to domestic violence victims. There were no restrictions identified to providing assistance other than the eligibility requirements.

- Emergency Assistance

Ohio offers two types of Emergency Assistance, Family Emergency Assistance (FEA) and Adult Emergency Assistance (AEA). Family Emergency Assistance is funded by Federal, State and county monies and is limited to families where a dependent child is present. Adult Emergency Assistance is funded by State and county monies and is available to single adults or childless families. There are few specific guidelines for the county to follow in assessing eligibility, except that of determining whether an applicant's income can meet an expense for a non-deferable need. Within this broad guideline, three general criteria are used to determine eligibility: (1) civil disorder; (2) natural disaster; and, (3) short term financial crisis. Most of the money goes for short term financial crisis needs. Because the guidelines are so general, the counties are experiencing audit problems, as some situations are not approved by the State as a "financial crisis." The State is in the process of defining more explicitly situations which warrant emergency assistance. The time limit for emergency assistance is a 30-day period, once a year.

In 1979, the average grant per recipient for FEA was \$49. A total of \$17.2 million was expended for the year; approximately \$9.5 million was expended under AEA. Domestic violence victims are eligible for Emergency Assistance regardless of where they live (e.g., shelter, hotel); however, it is the responsibility of the county to assess the situation and such determinations could vary by county. Emergency Assistance has no goals or objectives relating to domestic violence nor does it engage in any specific activities in behalf of battered women.

- Child Welfare Services - Generic

This program can provide services to any individual who has a need related to child management, including persons with child abuse and neglect problems. The only restriction in terms of service provision is the availability of funding for specific services. Overall, the focus of the program is to meet the needs of children; however, part of this focus could involve providing services to battered women. The program has no definition of domestic violence, nor does it have goals and objectives specifically addressing

battered women. The Child Welfare Services program also has not undertaken any specific activities in behalf of battered women. However, the respondent indicated that it was feasible for the program to undertake some activities, such as providing family shelter services and comprehensive 24-hour emergency services (developed in conjunction with the Child Protective Services program.)

No barriers were cited which might limit this program's capacity to serve battered women. However, the interpretation of the Title IV-B regulations has resulted in an orientation toward the traditional child welfare services. There are no restrictions to prevent the program from moving in other directions, except funding and appropriate training limitations. Those services which were cited as most needed by battered women were services not provided through Title IV-B funding (e.g., counseling and homemaker services). The respondent indicated that there may be an increase in State funding for children's services, which could result in services for battered women who had children with needs unmet. A change which would be necessary to serve battered women would be the development of a more direct working relationship with the Adult Services Bureau to facilitate more comprehensive service plans for clients. Services for battered women belong in the Adult Unit, not Child Welfare. The Child Welfare Services program has been meeting informally with the Adult Services Bureau in terms of coordinating activities in behalf of battered women.

- Child Welfare Services - Child Protective Services

The primary populations served under Child Protective Services include children who are abused, neglected, or "at risk" of abuse/neglect. There are no financial eligibility restrictions. The family as a unit receives services primarily to alleviate the risk to the child, but the extent to which battered women are served depends on the county's priorities and funding capacity. Generally, the counties do not have sufficient funds, and battered women are referred to Adult Services.

The program has not established a definition of domestic violence, but has coordinated with Adult Services. Services available include counseling, chore services, protective services and others. Although these services are not specifically for battered women, they can benefit abused women who are eligible under Title XX criteria. The respondent thought it was feasible for the program to provide some services to battered women; however, this would not occur unless the administration considered it a priority area.

Barriers to service provision that were identified included Federal and State legislation on the mandates of the program and the target population eligible for services.

Services which are available through the program and cited as beneficial to victims were mental health counseling, crisis intervention, and legal assistance. Changes cited which would be necessary to enable the program to provide services to victims included: increased funding; increased staff; assignment from the administration to focus on this population; authorizing legislation; and, a directive from HHS to serve women. The program has plans to coordinate with the Adult Services Bureau to help battered women.

- Medicaid

The Medicaid program assists ADC and SSI recipients, but has no optional categories of eligibility such as medically needy. The program does not have any goals, objectives, or activities focused on battered women or any other target group, as it provides medical services only to all eligible applicants. Medicaid provides every service which is Federally mandated or optional except for preventive medicine for adults. The program has not engaged in any coordination activities in behalf of battered women.

- Social Services (Title XX)

There are two categorically eligible groups for Title XX services: AFDC and SSI recipients. The general population, including domestic violence victims, is eligible for protective services and counseling. However, there are some income eligibility requirements and a fee schedule; i.e., individuals pay for these services when they exceed the level of income established as a criterion for eligibility. The Title XX program does not focus on any specific population group, has not developed a definition of domestic violence, and has no goals or objectives which specifically address battered women. However, two general program goals cited that could include battered women are "to provide residential treatment for adults," and "to provide adult day care services." Activities undertaken in behalf of battered women include coordination activities at the county level and the provision of direct services. Activities considered feasible for Title XX to assume are: to increase the range and quantity of direct services provided; and, to set priorities at the county level to serve domestic violence victims.

Several barriers restricting the Title XX program's services to battered women were cited by the respondent. The major barrier is the inability of the program to provide funds for shelters as Title XX is a program for Social Services and not maintenance (shelter). Another restriction is the absence of a policy statement on the Federal level addressing battered women as a target population. These restrictions have not been resolved; however, the passage of Public Law 96-272 has now made emergency shelter available for the adult population as part of the Protective Services for Adults.

The Title XX program provides numerous services which may be utilized by battered women and their families, and include: medical services; crisis intervention; counseling services; legal services; child care; and, transportation. Protective services, which include counseling, are available without regard to income. Changes cited as needed to enhance services to victims included increased funding, specialized training, and legislative action, specifically laws allowing Title XX to provide more services to adults.

The Bureau of Adult Services, which is funded by Title XX, is the State agency which has taken some responsibility for focusing on victims. The respondent indicated that the Bureau is often sent material about spouse abuse and is coordinating its activities with Child Welfare Services. The Bureau of Adult Services expects to become more involved in the area of spouse abuse in the future by coordinating activity with the Health Department and the Department of Corrections.

- Community Mental Health

The State office is minimally involved in the everyday activities of local Community Mental Health Centers, as it acts essentially as a review board for major grant applications. After the grants are approved, the State office is not involved further in the activities of the Centers except to provide minimal technical assistance.

There are no eligibility requirements for receipt of mental health services, as anyone who seeks help can receive assistance from the Centers. Some Centers have become active in providing services to victims of domestic violence as well as with regard to other "women's issues." However, the respondent indicated that it was not feasible for the program to assume any additional activities in behalf of battered women because the Centers are already overextended.

One barrier to service provision cited is the way that cases are designated and classified; i.e., an individual rather than the family is designated as the "patient". Thus, an atomistic approach, rather than a family or holistic approach, is used in treatment which may not always be appropriate to the presenting problem.

Community Mental Health Centers offer a wide range of services, many of which can be useful to battered women and their families. Additional staff training on the dynamics of domestic violence was reported as necessary to provide more effective services. The program respondent was aware of coordination activities with other agencies in behalf of victims at the local level, but no linkages were identified at the State level.

- Work Incentive Program (WIN)

The population served by WIN is AFDC recipients. Ohio has no specific definition, goals or objectives related to domestic violence within the WIN program, but the population served can include battered women. Two services provided by WIN which could include battered women are the "Non-traditional Jobs for Women" effort and the "Displaced Homemaker" service, both of which are high priority in the WIN program.

The program staff recognize the problem of domestic violence, but they believe it unlikely that any specific focus can occur until Title XX policy makers designate the problem as a priority. In addition, the respondent does not consider it feasible for the WIN program to undertake any specific activities in behalf of battered women until the staff receive input from the eligible population regarding a need for such services.

No barriers to services for battered women were cited. The WIN program can serve this population by designating the situation of abuse as an employment barrier. The program respondent was not aware of any WIN coordination activities in behalf of battered women at the State or local levels.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Any person who has an alcohol related problem and who desires services is eligible for assistance through this program. In addition, family members of a person with an alcohol problem are also eligible to receive services. The population served by the program includes domestic violence victims, although victims are not targeted specifically. The program has developed objectives to serve this population in a grant application to NIAAA which includes a proposal to: coordinate a survey of State agencies to ascertain the extent of the problem of domestic violence; examine the relationship between domestic violence and alcoholism; and, determine what the Division of Alcoholism can do to address the problem. There is some question as to the availability of funds, and the State is awaiting a response from NIAAA. The program also has designated women as a high priority target population; thus, battered women are identified and served as part of the program's general effort to alleviate the problem of alcoholism among women.

The respondent identified two areas, collection of statistics and needs assessment, where it would be feasible for the program to assume additional activities in behalf of battered women, but did not identify any barriers to service provision.

Counseling was cited as the program's most beneficial service to domestic violence victims and their families. The program has received additional funds for counseling services. An administrator in the Division of Alcoholism was identified as an advocate for battered women, encouraging the Division to become more involved in providing services to victims. Currently, the program has not engaged in any coordination activities with other agencies in behalf of battered women.

- Drug Abuse Demonstration and Community Service Programs

The population eligible for services through this program includes anyone with a drug related problem, with programs also serving family members of individuals with drug related problems. Programs are administered at the local level, each one having an Advisory Council or Board which oversees its activities. The population served includes domestic violence victims, and some local agencies have developed goals and objectives which specifically address domestic violence. Although not mandated to do so, some of the local centers have undertaken specific activities in behalf of battered women. For example, some local programs have conducted needs assessments and community education in the area of domestic violence and drug abuse. Domestic violence is a topic of several educational efforts, including psychodrama, that have been prepared by the programs for community awareness activities. The respondent stated that it would be feasible for the program to increase its direct services and coordination activities in behalf of battered women, if additional funds were available.

The program provides numerous services which are utilized by battered women and their families, including: emergency shelter; medical services; crisis intervention; counseling; legal services; and, vocational services.

Several barriers to service provision were identified by the respondent. First, the fact that a drug problem must be the primary presenting problem limits the population eligible for services. Second, the confidentiality of records that is required limits the interface possible with other community agencies. This restriction has been clarified by NIDA with respect to child abuse; i.e., when child abuse is identified, the case can be referred to another agency for additional services. However, confidentiality of records has not been clarified regarding battered spouses.

The respondent identified two changes which would be necessary for the program to better serve battered women. One is that funding regulations would need to be modified to eliminate the requirement for a drug problem by the applicant to receive services. The other change needed is the development of individual treatment programs which are comprehensive enough to meet all of a client's needs.

There have been some coordination activities at the local level, the extent of which depends on the type of community, the priorities, and the social service delivery system. In some communities, the drug program is part of a consortium organized to develop shelter programs.

GRASSROOTS ORGANIZATIONS

There are several battered women's shelters and spouse abuse programs throughout the State of Ohio, most of which are located in the urban areas. Respondents continually identified a shelter in Columbus as evidence of community involvement in resolving the problem of domestic violence. Respondents indicated that local activity had increased the States awareness of the problem.

SUMMARY

The results of the assessment of existing HHS funded programs in Ohio indicate a lack of any great degree of involvement at the State level, and a moderate amount of activity focused specifically on battered women on the local levels. The majority of the respondents believed that State programs recognize domestic violence as a social problem, but the general consensus was that no State program has focused much actual activity in this area. All respondents concurred on the need for expansion of services to victims of domestic violence.

STATE PROFILE: OKLAHOMA

INTRODUCTION

Oklahoma's population is 2,680,000; the majority is White, and women substantially outnumber men. The mean income for males is \$9,696, more than twice that for females (\$4,214). Approximately 321,000 families are receiving some type of transfer payment and 11% of Oklahoma families have incomes below poverty level. The unemployment rate is relatively low, approximately 3%. The population in Oklahoma is fairly evenly divided between metropolitan and rural areas.

A State-funded program has been initiated recently to target on victims of domestic violence, specifically battered women. In 1980, for fiscal year 1981, the Oklahoma legislature appropriated \$265,000 through the State Department of Mental Health to strengthen five existing shelter programs and one hotline. This appropriation was preceded in 1979 by a one-time \$20,000 pass-through grant allocated by the legislature to purchase a shelter facility in Norman. (NOTE: The FY 81 appropriation was made after interviews had been completed. Comments about the program derive from non-respondent sources within the Department of Mental Health.)

There was no real consensus among program respondents regarding factors affecting the incidence of domestic violence in Oklahoma. The factors cited as lessening the incidence include a positive economic situation and low rate of unemployment as well as a pioneering spirit which permits people to effectively cope with adversity. Among the negative factors mentioned were: traditional stereotyped sex role expectations; rugged individualistic life styles; and the acceptance of violence in some communities.

PROGRAM DESCRIPTIONS

• Aid to Families With Dependent Children (AFDC)

The eligible population for AFDC in Oklahoma includes only those families with children whose parents are incapacitated, absent, or deceased. Oklahoma AFDC has no unemployed parent or unborn child programs. The residency requirements for this program specify that an applicant must live in Oklahoma with intent to remain in the State. However, the individual does not need to have an established address and checks may be sent to shelters and to Post Office boxes. If a woman is separated from her husband and has no intention of returning to him, her eligibility is determined based on her income alone and any income available to the children. If she plans to return home, she would not be eligible for AFDC because technically there is no absent parent. This program does allow exempt earned income and work-related expenses such as transportation, meals at work, withholding taxes, uniforms, and equipment. Child care cost is made as a vendor payment by Title XX. Oklahoma AFDC pays 100% of the eligible family's standard requirement, for example, \$349 per month for a family of four. AFDC benefits are usually processed within 30 days. If there is an emergency situation, the claim can be called in and the applicant can receive Emergency Assistance within a few days. Oklahoma does permit good cause claims.

Battered women can be included under general AFDC program goals which include: to get people back into the community as self-sufficient; to develop an employability plan to determine and eliminate barriers to employment; and to get children back in school. This program has no specific goals or activities focused on battered women, but, according to the respondent, it is feasible for the AFDC program to train staff regarding methods for working with battered women and their children.

There were several barriers cited as restricting AFDC's ability to serve battered women. Eligibility requirements exclude women without children; thus, battered women without children are left with no available public financial or medical assistance other than Emergency Assistance. The family situation, itself, presents another barrier. That is, when there is no marital break, a battered woman is not eligible for aid; on the other hand, many battered women are afraid to attempt permanent separations, because they fear physical repercussions from their abusing spouses. The AFDC program is involved in coordination in behalf of battered women; this generally consists of referrals between AFDC services and other community organizations on an "as needed" basis.

• Emergency Assistance

A family with children may be eligible for benefits through the Oklahoma Emergency Assistance program. Oklahoma defines "emergency" very broadly and does not require that it be an imminent crisis. This program may be used to help people who have lost their jobs; have been ill; have experienced a natural disaster; have been deserted by a relative; have undergone foreclosure of a mortgage; or, have been threatened with eviction. It is often used for battered women who are waiting to be determined eligible for AFDC. Emergency Assistance consists of a single payment once in a 12-month period. The amount of the payment is based on the State's AFDC standard, so, for example, a family of four could receive one \$349 payment each year.

Although this program has no goals specifically addressing battered women, they could be included under the overall program goal "to meet immediate financial need and to provide access to other needed programs through referral". The Emergency Assistance program has not undertaken any specific activities in behalf of battered women, and as the respondent explained, it is not feasible to do so because of a program policy "to maintain the breadth of the Emergency Assistance Program in order to meet any kind of need that might arise". No barriers were cited with regard to the Emergency Assistance program's ability to serve battered women. This program is involved, like AFDC, in referral arrangements to enlist appropriate services to battered women.

• Child Welfare Services - Generic and Child Protective Services

CSR staff were unsuccessful in arranging an appointment with the designated respondent for these two programs.

• Medicaid

The population eligible to receive Medicaid services in Oklahoma includes both the medically and categorically needy, with persons under age 21

included in the eligible population. This program has no particular focus on battered women, although they could be included under the general Federal program goal "to allow each State to provide medical assistance to persons whose income does not enable them to provide for themselves and to rehabilitate persons and provide other services that promote independence and self-care". Oklahoma's Medicaid program has not undertaken any specific activities in behalf of battered women. According to the respondent, it does not appear to be feasible for the program to do so, given the medical nature of the program and eligibility criteria which are based on need rather than diagnosis.

No barriers were cited which restrict this program's ability to serve battered women. The program respondent believed that medical care available through Medicaid could be very useful for battered women and their children. The Medicaid program has not engaged in any coordination activities in behalf of battered women.

- Social Services (Title XX)

In Oklahoma, anyone is eligible without regard to income for any service through Title XX for the purpose of preventing or remedying neglect, abuse, or exploitation. For all services provided for other purposes (with the exception of day care), the income eligibility criterion is an income of not more than \$806 per month for a family of four. Day care has a separate income eligibility criterion, with a ceiling limit of \$890 gross with a sliding schedule based on family size and income. Oklahoma has set service provision priorities for Title XX, with persons receiving categorical assistance having top priority, services to prevent abuse, neglect or exploitation having next priority, and all other income eligible populations having last priority.

Although this program has no specific objectives addressing battered women, the overall goal "to prevent abuse, neglect, or exploitation of children and adults" applies to them. The program has not undertaken any activities geared toward battered women, and the respondent did not believe it feasible to do so given the current level of funding, programming, and number of people served. Further, program staff do not want to be put in the position of designating any one group as more in need of service than another.

The current Title XX funding level is the only factor cited as restricting this program's ability to serve battered women; i.e., there is not enough money or staff to meet all needs. The respondent did feel that any of the broad range of Title XX funded services could be particularly beneficial to battered women and their families, depending on the individual circumstances. The Oklahoma Title XX program currently has developed no linkages related to serving battered women.

- Community Mental Health

Anyone with a need for mental health services is eligible for assistance through the Community Mental Health Center program. This program currently has no goals or objectives specifically focused on battered women, but, without a mandate to serve battered women, it has undertaken some activities for them. These include: collection of incidence statistics; conduction of a

needs assessment; and, provision of direct services such as emergency hot-lines, counseling, and limited shelter. The major restriction on this program's services to battered women is funding limitations at the Federal, State, and program level. This program respondent cited emergency shelter, counseling, legal advocacy, and peer groups as the Community Mental Health services most needed by battered women and their families. The Community Mental Health program has not been involved in any coordination in behalf of battered women.

[Addendum from Non-Respondent] With the advent of funding through the mental health system, the State Department of Mental Health has hired a staff person with expertise in domestic violence programs. In addition to expanding the State network of shelters and crisis services, the State office is providing consultation and education on domestic violence and rape to the staffs of all the comprehensive mental health centers in the State. Coordination and cooperation between domestic violence programs, displaced homemaker programs and community mental health programs are being fostered by the State Department of Mental Health. The Women's Advisory Committee on Mental Health, Alcohol and Drugs has been established by the State office to be of assistance in the planning process for these programs. Increased funding for domestic violence services is anticipated.

- Indian Health Services

Oklahoma is included in the Oklahoma City Indian Health Services. However, Indian Health Services in Oklahoma is not focusing any activities on battered women. Indian women who are battered do have access to appropriate services within Oklahoma through referral.

- Work Incentive Program (WIN)

The Oklahoma WIN program operates within Federal eligibility requirements. AFDC recipients not in school, age 16 and over, are mandatory WIN registrants unless recipients have children under six years of age, are disabled, must care for an immediate family member incapable of self-help, or reside too far from a WIN project to permit participation. Because of funding limitations in Oklahoma, WIN operates in only 70% of the AFDC population. This program has no particular focus or goals addressing battered women, although the overall program goal, "to provide social services to enable AFDC recipients to be employed", could include battered women. The Oklahoma WIN program has no activities specifically focused on battered women, and it was not considered feasible by the respondent to assume any. The program respondent explained that the philosophy is to meet the needs of the maximum possible number of people by maintaining a broad, general program, believing it to be disadvantageous to identify and focus on specific groups.

WIN services cited as most appropriate for battered women and their families included remedial medical services, counseling, and family services. On the local level, WIN staff have been involved in informal coordination activities including making and receiving referrals for battered women and visiting spouse abuse shelters.

According to the respondent, the major barrier restricting the WIN program's capacity to serve battered women is its extreme underfunding and purpose of the program. Another barrier stems from the administrative structure of WIN; sometimes the two administering agencies, the Department of Labor and the Department of Health and Human Services, seem to work at cross purposes. For example, a battered woman identified by WIN may be referred for appropriate social services, and at the same time, she may be placed for employment. Thus, she may not receive all social services needed before she begins to work. The WIN program attempts to have such a woman employed as quickly as possible; yet, she may need social services before she can work effectively on any job.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Anyone who demonstrates a need for alcohol treatment services is eligible for assistance under this program. Although this program has no goals specifically addressing battered women, there are general goals related to alcohol use and treatment of women that could apply to them. Oklahoma's alcohol treatment programs have not undertaken any activities focused on battered women to date; however, they have established a woman's Advisory Committee to look at women's issues. If the Committee determines that there is sufficient need, a task force may be established to focus on domestic violence.

Again, funding limitations were cited as the major restriction to services for battered women through this program. However, families experiencing domestic violence would most likely need the program's family counseling and alcohol treatment services. This program's primary coordination activity in behalf of battered women is the Women's Advisory Committee on Mental Health, Alcohol and Drugs.

A non-respondent source recently indicated that the Division of Alcohol, Department of Mental Health, has funded one battered women's shelter in Enid to work with women who have alcohol-related problems. Awareness exists of the relation of alcohol to domestic violence, and a programmatic effort is being made to identify and serve battered women. One Task Force of the Women's Advisory Committee is focused on Women and Alcohol.

- Drug Abuse Demonstration and Community Service Programs

Any person with a drug related problem and members of his/her family may receive assistance through Oklahoma's drug treatment program. This program is not focusing specifically on battered women, although it is involved in an outreach effort to bring more women into treatment. The program has not undertaken any activities targeted on battered women, and, the respondent did not believe it feasible to do so given recent budget cuts. The only barrier cited as restricting this program's ability to serve battered women is the eligibility criterion of a drug related problem. The drug treatment program respondent believed that the detoxification services available through this program would be useful for battered women and abusers, but none of the drug treatment services were considered appropriate for their children.

A non-respondent source indicated that this program has begun working with the Shelter programs to serve the needs of battered women with drug related problems.

GRASSROOTS ORGANIZATIONS

A variety of grassroots organizations working in behalf of battered women were identified by program respondents, although no single program was mentioned consistently in relation to this problem. Among those programs cited as active were: task forces on battered women in Tulsa and Oklahoma City (through the YWCA); battered women's shelters; the Women's Resource Center; the Displaced Homemaker Program; Women's Crisis Center; Rape Crisis Center; Women to Women Counseling Service; and mental health centers. One State legislator and ERA groups were identified as advocates for battered women's programs.

The five shelters (in Norman, Tulsa, Enid, Lawton and Oklahoma City) and the one hotline (Stillwater), currently funded by the State Department of Mental Health, are all private non-profit grassroots programs. They form the Oklahoma Coalition on Domestic Violence, also a private non-profit corporation designed to foster and develop a Statewide network of services to battered women.

The Norman Shelter is a program of the Women's Resource Center in Norman. The shelters in Enid and Oklahoma City are supported also by their Y.W.C.A.'s. The shelter programs also provide rape crisis intervention and counseling.

Currently efforts are underway by three other organizations in Ada, Tahlequah/Muskogee, and Clinton to begin services and qualify for fiscal year 82 funding. It also is anticipated that Stillwater will become a fully functional shelter in fiscal year 82.

There are seven Centers for Displaced Homemakers in the State, coordinated and funded through the State Department of Vocational Education.

SUMMARY

In general, program respondents believed that State programs recognize domestic violence as a social problem. However, activity in behalf of battered women in Oklahoma is considered minimal, both on State and local levels. In addition, the consensus was that a focus on this population is not feasible given current limited resources and high demand for existing services.

[Addendum from Non-Respondent] Activity on behalf of battered women in Oklahoma has increased considerably in the past year and expansion is anticipated to provide Statewide services. Special effort is being made to provide services to minority populations.

STATE PROFILE : OREGON

INTRODUCTION

The total population of Oregon is 2,290,000. The majority of the population is White with 40,000 of Spanish origin. Blacks number 31,000. The mean income for males is \$10,460, and for females, \$4,306. Of the individuals in the State, 8.9% are below the poverty level and a total of 290,000 families receive transfer payments. Unemployment is 6.1% of the labor force. Almost two thirds of the population reside in metropolitan areas.

The State's reliance on the lumber industry was cited by several respondents as having an effect on the occurrence of domestic violence in Oregon. The lumber business is a variable one, and currently, several lumber mills are being closed, thus creating high unemployment. The "macho logger" mentality was also mentioned as a factor which promotes violence. One respondent felt that rural isolation also contributed to the problem, whereas another held the opinion that the rural lifestyle allowed for more outlets for energy, lowering the potential for domestic violence.

In 1977, State legislation was passed (ch 846) authorizing the Director of Human Resources to award grants to shelter programs, but to date, no such grants have been awarded. Legislated civil remedies and criminal proceedings are comprehensive in Oregon. Criminal proceedings include mandatory arrests unless the victim objects, and warrantless arrests which limit the liability of officers.

PROGRAM DESCRIPTIONS

• Aid to Families with Dependent Children (AFDC)

The AFDC program in Oregon provides assistance for single parent families and two parent families when one parent is incapacitated. A step-father's program and an unemployed father's program were discontinued in July, 1979. Women in shelters are given an interview for assistance within five days of application, the usual period for processing an application being 30 days. Pregnant women in their ninth month with no other children are included in the eligible population. Special needs allowances are made for employment related activities such as clothing, transportation for interviews, and job placement payments. Although there are no program objectives specifically focused on battered women, one of the program objectives which could include them is "to pay a standard ADC allowance (board and room rate) for women in shelters." The AFDC program's eligibility requirements eliminating single and/or childless women were identified as potential barriers to meeting the needs of battered women.

Local AFDC staff have been involved in coordination efforts with other groups in behalf of domestic violence victims by acting as liaisons with shelter staff, and by participating on a State-wide committee that includes both coalition leaders and shelter staff. This committee is newly formed and has not yet determined its objectives.

• Emergency Assistance

One or two parent families with children are eligible for emergency assistance when involved in an emergency situation that is beyond their control, provided that there are no other resources available. Emergency assistance can be received for thirty days within a twelve-month period.

The program goals do specifically address battered women by including them as an eligible group based on a need for protective services. This inclusion resulted from the influence of advocacy groups. The general goal of providing assistance in emergency situations, if no other resources are available, could also include battered women.

Services provided for battered women include financial support while in an emergency shelter and start up funds for the establishment of a new household. Emergency assistance is being provided for approximately 30 domestic violence victims per month. No barriers to service delivery were identified by the respondent.

• Child Welfare Services - Generic

In Oregon, Title IVB funds are used exclusively for foster care.

• Child Welfare Services-Child Protective Services

Child Protective Services are available for any member of the population, with the focus on battered children and their families. Intervention in situations involving battered women would occur only when the abuse of the woman was affecting the children. Therefore, the goal to protect abused children could include battered women, although there are no program goals specifically addressing them.

Although no services are currently targeted on domestic violence victims, a proposal is being developed to contract to purchase shelter care for women and children. Of the services that are now provided, counseling and shelter care for children are the ones identified as being most needed by victims of domestic violence.

No barriers to the delivery of services to victims of domestic violence were cited. However, the respondent indicated that specific focus on this group as a target population would not be an appropriate function of Child Protective Services.

• Medicaid

Those eligible to receive Medicaid in Oregon include anyone who fits one of the mandatory categories. Also included in Oregon's program are nine optional groups under families and children and four optional groups under aged, blind and disabled. Among the optional groups for families and children are persons under age 21 who are: 1) supported by a public agency while in various types of sheltered care situations; or 2) in an intermediate care facility or psychiatric hospital.

Oregon does not have the medically needy component of Medicaid. However, there is a State-funded General Assistance Medical Only program which assists some aged, blind and disabled persons and a few families with children. The main reason Oregon does not have the medically needy component is that Federal law does not permit a State to phase in the component. The inability to phase in the medically needy component provides a fiscal barrier to legislative appropriation.

Some believe that if Oregon had the medically needy component more services would be delivered to battered women. This would provide care to a very limited number of low income women who either had children in their care or who are disabled in accordance with the disability criteria used by the Social Security Administration. Therefore, it is safe to say that a substantial number of battered women could not qualify for Medicaid because ADC or SSI requirements could not be met.

No program goals specifically address battered women. However, the general goal of "providing necessary medical services to people who cannot otherwise afford them" could include this group.

Of the services provided, inpatient care, outpatient care, and laboratory and x-ray services were identified as those most needed by battered women, and psychotherapy was identified as most needed by abusing spouses. None of the Medicaid services were seen as being needed by the children of battered women.

- Social Services (Title XX)

In Oregon, Title XX funding is allocated to Adult and Family Services, Mental Health and Children's Services. Eligibility for services is based on the criteria set forth in the Federal regulations. The goal of providing protective services does not specifically address, but could include, battered women.

Specific Title XX activities undertaken in behalf of battered women include the purchase of residential and social services on a limited basis. The services cited as most needed by victims of domestic violence were shelters, counseling, and family and protective services for children. According to the respondent, the fact that there is a ceiling limit on Title XX funding presents a barrier to service delivery to battered women, because it precludes the development of new programs.

- Community Mental Health

In Oregon, there is only one Federal Community Mental Health Center grant, and this is for a rural model program involving ten local programs. (The grant expired at the end of June 1980, the programs are now State and locally funded.) The populations eligible to receive services through this grant were identified as the mentally ill or the alcohol dependent.

Because the primary focus of the program is to prevent institutionalization of mentally ill persons, no goals or activities are specifically addressed to the needs of battered women. However, the general "goal to provide appropriate mental health services to families" could include battered women.

Crisis intervention and outpatient services were identified as the program services most needed by battered women and abusing spouses. None of the services provided by the program were seen as particularly relevant to the needs of children of battered women.

No barriers to the delivery of services to battered women were identified. However, the primary focus on preventing institutionalization of mentally ill persons is a limitation.

- Indian Health Services (IHS)

Battered women seeking services are referred by IHS for crisis counseling and have access to shelters in local communities.

- Work Incentive Program (WIN)

Registration in the WIN program is mandatory for all AFDC recipients except for the standard exemptions. According to the respondent, the program has no goals or activities which specifically address or which could include battered women. Oregon has no unemployed father's program, so all WIN participants are single parents. Thus, according to the respondent, the WIN program in Oregon does not serve battered women at all. The respondent indicated that none of the services provided by the program are needed by battered women, their children or abusing spouses. No barriers were identified.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

CSR was unsuccessful in arranging an interview with a respondent for Alcohol Services.

- Drug Abuse Demonstration and Community Services Programs

Funding for drug abuse services is allocated to local counties on a contractual basis. Any drug abusers are eligible to utilize the available services. Although no goals of the program specifically address battered women, services to women in general have been identified as a priority. Thus, the goal of improving the level of effectiveness of service delivery to women could include battered women. To date, activities undertaken in behalf of battered women have been primarily in the area of needs assessment. For example, program staff have met with members of the State Coalition on Family Violence to identify needs of battered women.

The respondent indicated that program services most needed by battered women would depend on the particular situation of an individual. The children of battered women were cited as in need of protection and outpatient counseling, while abusing spouses most need residential care and outpatient services.

The program's capacity to address the needs of battered women is restricted by Federal legislation which limits service to persons having a primary diagnosis of drug abuse. This means that services cannot be provided to victims of abusers except on an emergency basis.

GRASSROOTS ORGANIZATIONS

A Coalition on Family Violence, located in Salem, has been active in recent months. This group coordinates shelters, develops legislation and programs, and brings public attention to the problems of family violence. A Women's Crisis Service in Salem has also been active in the area of education and public awareness, and the Volunteers of America in Portland provides short-term residential care. Some respondents were aware that local programs and groups exist, but were unable to provide identifying information.

SUMMARY

A majority of respondents felt that Oregon's programs in general recognize domestic violence as a social problem. Although State programs are not yet very involved in providing direct services to victims of domestic violence, awareness of the needs of this group is growing. One respondent believed that domestic violence is the next issue to be formally addressed by the State.

STATE PROFILE: PENNSYLVANIA

INTRODUCTION

Pennsylvania has a population of 11,662,000, the majority of which is White, with females slightly outnumbering males. The mean income for males is \$10,527 whereas for females it is \$4,551. The percentage of families below the poverty level is 7.4 with 1,502,000 families receiving some type of transfer payment. Of those persons in the labor force, 6.7% are unemployed. Most of the Pennsylvania residents (9,365,000) reside in metropolitan areas.

Those factors mentioned as affecting the incidence of domestic violence in Pennsylvania were: the high rate of unemployment; alcoholism; and the beliefs of some ethnic, rural or coal mining groups that view women as property. Most respondents agreed that the State programs recognize domestic violence as a serious social problem.

Pennsylvania has progressive legislative remedies and services. The Protection From Abuse Act (1976) provides a civil proceeding to give victims of abuse a method for resolving a violent family situation without creating a permanent criminal record. It is a temporary remedy enabling the courts to order eviction of the abuser for a period of up to one year. Temporary support can be awarded, but a separate petition must be filed within two weeks of the original court order or the right to support is lost. At the support hearing, provisions for custody of the children and visitation rights are established. The Courts may also issue a Protective Order which prohibits the defendant from abusing, harassing, or threatening another person. The Police have the right to enforce this order. Criminal proceedings include warrantless arrest and the use of existing assault statutes. Private Criminal Complaints may be filed and the abusers will probably be placed on probation if they are found guilty. This proceeding will result in a criminal record.

Pending legislation is the Crime Victims Compensation Fund which would provide income through a marriage license surcharge to be used for victims of domestic violence and for grants to domestic violence programs. This will enable the creation of an Office on Crime Victims which will coordinate, evaluate, fund, and provide technical assistance to programs providing services to rape and domestic violence victims. Pending in criminal proceedings, the abuser must pay \$10 to fund this office if he does not plead "not guilty".

There is a Title XX funded Statewide contract for victims of domestic violence, as well as one for victims of rape.

PROGRAM DESCRIPTIONS

- Aid to Families With Dependent Children (AFDC)

Single parent families and two parent families in which there is incapacity, absence, or unemployment by one parent are eligible for assistance. Other relevant features beneficial to battered women are the eligibility of pregnant women with no other children, and the ability of women to

meet residence requirements if in a shelter with only their available income taken into consideration. There are no specific goals focused on battered women, but, rather, a general objective "to raise the assistance allowance to meet 100% of the living standard" as opposed to the current 71% allowed. The respondent did not feel it feasible to assume any additional activities in behalf of battered women because of the reduction of the number of State personnel employed. The program has no linkages regarding services to domestic violence victims.

- Emergency Assistance

Within this program there are two sections: Family Cash Assistance, which meets the daily expenses for a 30-day period for families with children under age 21 who do not qualify for AFDC; and Emergency Shelter which prevents eviction by providing shelter allowance to families and individuals. Assistance may be provided for one month out of a twelve month period. There are no specific program goals or activities focusing on battered women.

Federal legislation requires that Emergency Assistance (EA) be provided to AFDC eligibles as well as to the general population. Since the Federal matching funds are more limited for EA than for AFDC, the State, by having to pay more, may have to drop the entire program. Of the services provided, shelter and emergency medical care were mentioned as most needed by domestic violence victims. The coordination activities in behalf of battered women involve private social agencies which refer battered women to the EA program and also help provide the needed social services.

- Child Welfare Services - Generic

Child Welfare Services are social services for children and youth consisting of activities performed to alleviate or prevent conditions of dependency and delinquency in children, including the coordination of various human services for children and their families. The goals of these services are to maintain and increase family stability, to keep children in their own families and, when temporary placement out of the home is necessary, to maintain the child's relationship with his/her family and community life while striving to return the child home as soon as possible. Adult victims/perpetrators of domestic violence are included in program services to the degree that a child is in need of services and in keeping with program goals. While program emphasis is increasingly focusing on the family unit, there are no specific plans to initiate new services for adult victims/perpetrators of domestic violence, due in part to child-related legal mandates and limited services. Services viewed as most beneficial for victims/perpetrators of domestic violence, some of which are already provided in varying degrees across the State, include self-help groups, family counseling, shelter care (for the child and victim-parent together) and medical care. There is a need to develop further linkages and coordination between child welfare and domestic violence programs at the state and local levels.

- Child Welfare Services - Child Protective Services

Services are provided to any child under the age of 18, abused and/or neglected, and to the family as a unit. Assessment is conducted at the county level to determine need. The program has not established a definition of domestic violence or any specific goals for battered adults; but, as a part of the family unit, abused adults whose children are also abused do receive services in relation to the child's needs. Cited as a barrier to meeting the needs of battered women is the Public Welfare Code which limits this program to children under age 18 as its primary focus. Program services for battered adults, therefore, could not be funded without a statutory change. Available services cited as potentially beneficial to families experiencing violence were: crisis intervention; shelter; self-help groups and counseling. The Coalition Against Domestic Violence, with which the Department contracts, coordinates activities at the State level. Within this department, there is the desire to assess the needs of the family more broadly than has been done in the past with greater focus on adults. Unfortunately, the limited resources may prevent this possible expansion.

- Medicaid

Assistance is provided for the following categories in Pennsylvania: SSI recipients, the aged, blind, disabled; the medically needy, those persons who are categorically eligible but whose incomes are slightly higher; the general assistance population, those persons in need under age 65; State blind pension program participants; and AFDC families. The Medicaid program has not defined domestic violence, focused any program efforts on domestic violence victims, or developed any goals or objectives specifically addressing battered women. If, however, income and resource eligibility requirements were met, battered women could receive assistance from the program. The feasibility of assuming activities for battered women was considered low by the respondent, since Medicaid requires no specific diagnosis or targeting of any groups. Further the respondent believed that other State programs could handle this responsibility. No coordination activities were identified in behalf of battered women through Medicaid.

- Social Services (Title XX)

Title XX services are available to low-income individuals and families. Program efforts are specifically focused on victims of domestic violence with a Statewide network of services under Protective Service for Children and Protective Service for Adults (no income limitations). The specific goal which addresses battered women is "to prevent or remedy abuse to adults through three services: emergency shelter; ongoing services (supportive counseling, etc.); and emergency health care." The impetus for this goal is a new department policy whereby Title XX funds are given to the State Coalition Against Domestic Violence which in turn, subcontracts for services to abused women and children. Although Title XX in Pennsylvania funded domestic violence programs previously, this plan is more structured, with regulations to be developed during the next year. One problem, however, is that the State Legislature currently does not put up the 25% match for domestic violence programs; thus, local communities must supply these monies. Program activities

undertaken for battered women include program funding; program planning and monitoring; needs assessment; technical assistance; staff training; and legislative consultation.

One restriction was cited in serving battered women and their children. A 30-day limit for room and board exists for Title XX monies; however, the provider does attempt to make other arrangements after this period as necessary. Services mentioned as most needed by battered women and their children include emergency shelter and ongoing counseling with the latter needed also by the abusing spouses. Informal meetings between Social Services and the Office of Children and Youth attempt to work out overlapping problems for these domestic violence victims, including the possibility of costs for the children being borne by the child welfare system eventually.

- Community Mental Health

Any resident of Pennsylvania can receive help from this program, with the degree of public financial participation based on income. On the State level, there are no specific efforts focused on domestic violence victims, but these may exist in individual Centers at the community level. (Any activities for this population at the local level have been approved by the State.) Battered women could be included in the broad program objective which makes available ambulatory services on an outpatient basis such as counseling, evaluation, etc. The respondent did not believe it was feasible to assume activities in behalf of battered women, because services are not designated for any specialty groups. Beneficial services which may be offered to domestic violence victims include: shelter; outpatient counseling; case management; and, if necessary for the abusing spouses, inpatient psychiatric care. These services are targeted for additional funding in the coming year. To better serve battered women, the respondent suggested educational activities to train staff to deal with this population. At the State level, there are no linkages with other programs in behalf of battered women.

- Work Incentive Program (WIN)

AFDC recipients comprise the WIN population. The exemption for WIN registration is as follows: children under age 16; full time students aged 16 but not yet 21; temporarily ill or injured persons; incapacitated individuals; those 65 years of age or older; those needed in the home on a continuous basis; women with children under age 6 or pregnant women; non-exempt mothers or other non-exempt female caretakers of a child when the non-exempt father or other non-exempt male relative 21 years of age or over in the home is registered and has not refused to participate in the program without good cause; and those people who reside outside of the WIN area. The remaining AFDC eligibles are considered mandatory registrants. There are no program efforts or goals specifically focused on any domestic violence victims; however, assistance will be provided if requirements are met for AFDC. It is the Welfare Department's responsibility to determine eligibility for the population as a whole, rather than to separate them into groups. According to the respondent, Employment and Manpower Services might be better suited to assume activities in behalf of battered women. Of the services available through the WIN program, child care, housing, and family planning were cited as beneficial to battered women, day care to their children, and therapeutic counseling to the abusing spouses. The WIN program has not engaged in any coordination activities in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Anyone who seeks assistance from the alcohol treatment program is eligible on a sliding fee scale. This includes the spouse of an alcohol abuser, and, in some cases, the program provides much-needed help for battered women. The advisory board for this program has specified in its objectives to look at the issue of women's programming and the unique service needs of sexually abused women. Efforts are focused on a secondary basis to victims of domestic violence as part of the regular treatment plan. If it is evident that domestic violence is an issue, the program may attempt to deal with the problem or use the support services available (Department of Welfare, shelters, etc.). At present, there are no specific program goals for battered women, but a position paper is being prepared. The respondent felt it would be feasible to support a Statewide training system for counselors to define women's issues, to promote awareness, and to analyze the present treatment population to make sure services are reaching each segment. One barrier to helping battered women is the confidentiality laws which inhibit divulging any information and prohibit entering into a family situation without client consent.

The respondent reported that victims of domestic violence are benefitted by the program's training and community education, and by the advocacy provided from the Task Force. Additional funds will be provided for public information and training efforts in the coming year.

This program is involved in numerous coordination activities in behalf of battered women. A Women's Task Force comprised of the regional office staff, Governor's Council Staff, and agency personnel review women's grants and provide technical assistance and guidance. There is a major conference held once a year with workshops on women's issues. Informal meetings with regional offices to make recommendations and provide technical assistance to try to increase the female population involved in these programs comprise other linkage activities. The respondent believed it would be beneficial to have more information on the correlation between substance abuse and domestic violence.

- Drug Abuse Demonstration and Community Service Programs

Anyone in the general population who has a drug related problem is eligible for services through this program, including the spouse of the drug abuser. Although there are no specific goals for battered women, the Task Force on Women and Addictions has generated action in providing treatment; clinical training for workers; additional halfway houses; child care; and, shelters for domestic violence victims. The drug program has no direct involvement in battered women's activities; however, monies are provided to local administrative units, governed by the advisory council that makes funding decisions based on needs. In some communities, funds are used for battered women, usually to help existing programs. In addition, the drug program, in broad terms, helps with program planning, technical assistance, training, and community education. Limitations of funding, according to the respondent, make it difficult to assume any additional activities in behalf of battered women.

Available program services cited as most needed by victims of domestic violence are: individual and group counseling; shelter; and, educational services (due to receive additional funding). A new ad hoc Task Force Committee was recently formed by practitioners within the fields of alcohol and drug abuse, women's issues, the Coalition, etc. to examine the existing treatment system, to provide training, and to educate each individual group in ways of assisting each other. Informal meetings are also conducted to provide an advocacy network and to help train police officers to handle domestic violence crisis situations.

GRASSROOTS ORGANIZATIONS

According to the Pennsylvania Coalition against Domestic Violence, there are approximately 23 identified battered women's organizations in the State. Other groups involved to some extent are the Task Force on Women and Addictions, the Pennsylvania Coalition against Rape; the Governor's Justice Commission; Commission on Women; American Red Cross; and, the Salvation Army, among others.

Funding for these programs comes from LEAA, Federal CSA grants, State Mental Health monies, and other public and private organizations. Respondents believe that these groups have helped to increase local awareness of the problem, have created State and local service systems to help deal with the problem, and have focused attention on domestic violence legislation.

SUMMARY

Since Pennsylvania has already passed progressive legislation and has other relevant bills pending, interest in domestic violence at the State level is increasing. A few HHS funded programs have direct involvement with services focused on battered women. Most State level program administrators expressed the desire to know more about the battered women population, with data on available statistics, causes, and prevention methods. At the local level, there is more activity in this area, but respondents believe there is still the need for expansion of services.

STATE PROFILE: RHODE ISLAND

INTRODUCTION

The population of Rhode Island is 913,000, and predominantly White, with females slightly outnumbering males. The mean income for males, \$10,251, is more than double that of females, \$4,498. The percentage of Rhode Island individuals falling below the poverty level is 6.9 with a total of 139,000 families receiving some form of transfer payment. The percentage of the labor force unemployed is 5.0, or 23,000 persons. Most of Rhode Island's population, 787,000, reside inside metropolitan areas.

The majority of respondents indicated that unemployment in Rhode Island affected the incidence of domestic violence, with alcohol abuse as a second contributing factor. Most agreed that the State does recognize domestic violence as a social problem.

There is a State Attorney General's Domestic Violence Program which has been active for the past year. Funded by an LEAA grant, State, and private monies, it received 2,300 calls in one year, of which 143 resulted in women entering shelters. Four-hundred and twenty-nine women were turned away, however, for lack of shelter space. An advisory panel for this program has cited provision of shelter and legal services as two prominent goals. A Simpatico Domestic Violence Program, also under the Attorney General, deals with domestic violence cases that also require drug or alcohol treatment. These are referred to TASC (Treatment Alternative to Street Crime) and then placed in programs funded by NIDA and NIAAA.

An LEAA grant also funds three programs within the police department: in Providence, a domestic violence unit; in Pawtucket, a domestic violence or crisis team with a trained counselor and trained police officers; and in Warwick, a domestic violence team with a trained counselor, trained officers, and provisions for "hotline" and shelter services. A Title I grant given to the Rhode Island Consortium for Continuing Education in Community Welfare and Human Services resulted in a document, "Domestic Violence in Rhode Island: A Resource Manual." This manual is aimed at increasing helping professionals' understanding of domestic violence issues and assisting them in making productive referrals. Further, in 1981, there will be a Capital Bond Request which would provide funds to build a drug and/or alcohol related domestic violence center for women and their children.

The existing State legislation for civil remedies is minimal, one feature being that a restraining order can be issued if a petition for divorce is filed. The court may also prescribe counseling for the abuser. Criminal remedies are considered adequate for situations involving domestic violence.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The population eligible to receive assistance is primarily single parent families with some intact families qualifying if their incomes fall below public assistance standards. Women in shelters with their children are also eligible for AFDC. Although no specific goals are focused on battered women, they and their children could be included under the AFDC program's general goals of fostering economic independence, self-support, and employment. If, during the course of normal intake and screening activities, any evidence or suspected cases of domestic violence are spotted, such cases are referred to a social service program component. AFDC personnel meet informally with these social service agencies to increase referral capabilities.

- Emergency Assistance

Rhode Island does not have a Federally-funded Emergency Assistance program.

- Child Welfare Services - Generic

The means of entry to Child Welfare Services is a child in need of these services, with no other limitations. Since the family structure is considered all important, efforts to stabilize the family would include helping the abusing parent. There are no specific program goals addressing battered women; however, a violent household puts the child "at risk," and, thus, enables treatment of the parents as the source of the violence. According to the respondent, it does not seem feasible for the program to assume any specific activities in behalf of battered women due to limited resources and the mandate to focus on services for children. Child welfare services are available for the children of battered women, if their mothers are unable to care for them.

The program's services cited as most needed by battered women and their children were protective and legal services, and counseling. For the children, other living alternatives also were noted, when necessary. For the abusing spouses, counseling and psychotherapy were identified as most needed. Changes cited to enable this program to serve battered women included policies aimed at treatment of domestic violence as a whole rather than focusing only on the child.

- Child Welfare Services - Child Protective Services

The entire State population is eligible for program services, with abused and/or neglected children and the family as a unit as the primary target groups. Battered women are not served directly, but they are referred to shelter facilities and other appropriate community resources. The program has not established a definition of domestic violence. According to the respondent, services available through this program that would be beneficial to families experiencing domestic violence are respite care for

children, counseling, and the assurances of continued education. Children in shelters are sometimes moved from their own educational district; however, this only occurs when it is impossible to provide transportation or when the Shelter is geographically removed from the family residence. Program changes cited as needed to serve battered women included: staffing with more professionals knowledgeable in this field; intensive counseling to keep children from going in and out of placement and to help them remain in the home by treating the total situation; and the provision of more shelter facilities so that more women could be helped. Some informal training offered by Rhode Island College has been made available to the program staff to help them better understand the needs of battered women and their children.

- Medicaid

Under Federal law, eligibility falls into three categories: SSI recipients (aged, blind, disabled); AFDC (broken families); and medically needy only. Victims of domestic violence can be served by this program only if they are otherwise eligible, as no special population is targeted. If, however, any child abuse is discovered, referral is made to the Child Protective Services Unit. The respondent reported that it would be inappropriate to assume any activities in behalf of battered women as it is not the purpose or function of the Medicaid program to target on any special group. If otherwise eligible, domestic violence victims could benefit from any medical and/or counseling services provided by Medicaid. Changes within this program were viewed as unlikely, as Medicaid only provides medical services and supplies. However, the respondent stated that an Outreach Program funded by Title XX possibly could provide a central point through which battered women could seek and receive help. There are no Medicaid coordinating activities oriented toward services to battered women.

- Social Services (Title XX)

Eligibility for Title XX services includes those receiving AFDC or SSI assistance, and those who qualify by income status. Some services, however, are available only to income maintenance (AFDC, SSI) recipients. There are no specific goals addressing battered women, although the population served by Title XX could include domestic violence victims. Within Title XX's advisory board, Assessment Committees deal with the problem of women and children involved in domestic violence.

Even though not mandated to do so, some activities have been undertaken in behalf of battered women. The definition of emergency placement services has been expanded by this program to include eligible families (AFDC, SSI) who need assistance as a result of severe domestic problems that endanger family members. Title XX, through the purchase of contracts, provides an emergency shelter service. Program activities related to this shelter program include: program monitoring; evaluation; collection of statistics; and, community education. In the past year, of the 160 cases served by the Title XX shelter program, 52 were domestic violence cases. The time limit for staying in a shelter is a five-day period with the option of extension for an additional five days. The average stay for a battered woman is

15.7 days as compared to other individuals who stay 7.7 days. At this time, the respondent does not believe it feasible to assume any additional activities due to funding restrictions. Services cited as most needed by domestic violence victims include housing, family counseling, employment counseling, and day care. There are no linkages in behalf of battered women through this program.

- Community Mental Health

There are no restrictions to receiving assistance through Community Mental Health Centers. An advisory board focuses activities in the area of child mental health, and, under the State plan, focuses on police and fire outreach which could help to target on domestic violence. At the State level, no efforts are focused on any one domestic violence group, but there may be local liaisons between the shelters and the local Community Mental Health Centers. Program goals not specific to battered women but which could involve them are: requiring Community Mental Health Centers to link with other agencies; serving population groups such as children; and serving alcohol clients. There is also a new program providing 24 hour emergency services in six catchment areas. The respondent felt it would be feasible to assume more intensive staff training to better identify battered women and to provide additional emergency services. Emergency services, shelter facilities, and counseling services were identified as most needed by domestic violence victims. To be more effective in serving battered women, necessary changes would include more specialized programs (requiring additional money); consultation and education with other agencies to help with prevention (bring people to treatment earlier); and, an increase in staff awareness (a greater utilization of services by battered women). Since the Community Mental Health Centers at the local level are autonomous, programs on domestic violence vary within each Center. There are no program coordination activities in behalf of battered women at the State level.

- o Work Incentive Program (WIN)

The eligible population for WIN is AFDC recipients, either mandatory or voluntary. There are no specific program goals related to domestic violence, but victims could be assisted within the program's capacity of making referrals to provide comprehensive social service. According to the respondent, WIN does not have the capability of dealing with this problem directly through provision of any services. After the problems resulting from the abusive situation were alleviated, battered women could then make use of WIN services. The most needed of these available WIN services cited were counseling, medical, psychiatric, and child care. To serve battered women, the respondent stated that the role of WIN would have to be redefined. For example, the objectives and goals of the program would have to be adjusted, as persons are not employable when there are multiple problems having an impact on them at the same time. In addition, WIN is considered more transitory, providing services in a short time frame and not handling long-term problems. There are no coordination activities within the WIN program in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Anyone with an alcohol related problem can receive assistance from this program. Legislation mandating third party coverage for alcoholism treatment went into effect on October 1, 1980 and this very liberal law provides for treatment services to the non-alcoholic spouse and family members of any alcoholic receiving services under its provisions. Thus, specialized treatment is now available to battered women where alcoholism directly or indirectly causes the battering. The Capital Bond Request mentioned earlier passed on November 4, 1980 and will provide funds to build a domestic violence center to serve clients with related drug and/or alcohol abuse problems. There is also, within the existing treatment system, one half-way house specifically for women. Overall, this program encourages individual treatment programs to focus outreach efforts on women and youth, thus resulting in increased case identification of battered women. With proper funds, the respondent believes it is feasible to include treatment, education and training in prevention as additional activities in behalf of battered women. Services cited as most beneficial to victims of domestic violence were a sheltered environment; family and individual counseling; and, temporary foster family care for children. This program has no formal linkages with other programs related to domestic violence.

- Drug Abuse Demonstration and Community Service Programs

The eligible population for this program includes those with a drug related problem, either physical addiction or psychological dependence. The drug program is also involved with a criminal justice diversion program called TASC (Treatment Alternatives to Street Crime). This program refers domestic violence cases that could benefit from substance abuse treatment, instead of imprisonment, to appropriate programs. Goals of the program directly address women in that those who need treatment for drugs find a tight network of cross referrals which include help with battering problems, if present.

There are no State mandated program responsibilities in behalf of battered women; however, the following activities have been undertaken: program funding, planning, monitoring, and evaluation; needs assessment; technical assistance; staff training; establishing a clearinghouse; and coordination with other agencies and groups. The only restriction mentioned by the respondent was Federal legislation that mandates that to receive services a woman must herself have a drug problem. This prevents targeting on battered women with drug abuse problems, even though their spouse may in fact have a drug problem related to a battering problem. Those services cited as most needed by domestic violence victims were: family therapy; a diagnostic "work-up;" and support groups. A training course, "Women in Treatment II," which has a module on all kinds of violence, including domestic, is offered at least annually to program staff.

A non-respondent source indicated that one drug program, the Center, is located in Pawtucket under the broad umbrella of Pawtucket Family Services, which is co-founder of the emergency team of specially trained police

officers and social workers who deal with family violence incidents. The director of the Center is also the director of the SRS-funded Child Abuse Hot Line. The Center is the only alcohol or drug program so intimately connected with family violence treatment services.

All other drug and alcohol programs use existing community resources for serving battered women. These include: Sojourner House; the Women's Centers in Providence, South County and Newport; Woonsocket Family Services; Providence and Newport Family Services; and Parents Anonymous.

GRASSROOTS ORGANIZATIONS

The Rhode Island Council on Domestic Violence is comprised of the five existing shelter organizations for battered women and their children in the State. They are working under two grants, one from LEAA and the other from the Campaign for Human Development of the Catholic Diocese of Providence. Additionally, the Council continues to seek foundation and other private funding for program development. The Council works closely with the Attorney General's Family Violence Advocacy Program and with the Rhode Island Consortium Domestic Violence Education Program. Not all areas in the State are receiving domestic violence services. Relationships have been established with State programs. However, State personnel, considered to be already overworked, can only assist to a certain extent. The Rhode Island Women's Political Caucus and the local chapter of NOW were also mentioned as bringing attention to the problems of battered women.

SUMMARY

Awareness of the problem of domestic violence has reached all State level program administrators. Many respondents stated that domestic violence was not even a phrase three to four years ago; today there are programs and shelter services. One main reason for this interest on the State level is the Attorney General's Domestic Violence Program. Most program efforts focus major activities on child domestic violence problems with activities for battered women still in the beginning stages.

STATE PROFILE: SOUTH CAROLINA

INTRODUCTION

The total population of South Carolina is 2,780,000, according to 1975 Census data. Of this number, 879,000 are Black, 6,000 are of Spanish origin, and the rest are White. The mean income is \$8,731 for males and \$3,877 for females. Of the individuals in the State, 17.2% are below the poverty level, and 343,000 families receive some form of transfer payments. Unemployment was 4.7% of the labor force in 1975, but has risen now to 8.8%. The population is closely divided between those inside and outside of metropolitan areas, with slightly more residing outside.

Some of the characteristics identified as being unique to the State included: the isolated rural areas; the lack of programs and support systems; and a large military population, in the southern part of the State, which experiences family separations, frequent moves, and isolation from extended families. Five of the respondents, however, did not identify any unique characteristics of the State that might have an effect on the incidence of domestic violence.

South Carolina has no legislation relating specifically to spouse abuse, although there is legislation relating to adult abuse. In both 1978 and 1979, legislation to establish pilot shelters and support services was proposed but failed to pass. However, an FY 80 appropriation was made to the Department of Social Services for \$50,000 to develop a pilot battered adults program and to promote community education on spouse abuse. Of these monies, \$30,000 went to the Battered Women's Shelter in Greenville, which is the only State-funded program.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Those eligible to receive AFDC in South Carolina include single parent families, dual parent families where one parent is disabled, and pregnant woman with no other children. The State does not have an unemployed fathers program; however, this program has been proposed in the current budgeting process.

Assistance can be granted to women in temporary residences such as shelters; if a woman has left her spouse, only her assets and income are considered in the determination of eligibility. The check may be mailed to a P.O. Box and the speed of processing an application depends on the current workload. According to Federal regulations, if there is good cause, the program will exempt assignment of child support rights. The grant may include work-related expenses. The general goals of providing financial assistance to maintain families could include battered women.

In the past, home visits were a routine part of the application process. Thus, if shelters were available and workers were trained to

identify abuse, appropriate referrals could be made. However, because of inflationary pressures and the cost of transportation, home visits will have to be restructured in order to maintain an effective AFDC staff.

Other barriers to the AFDC program's ability to meet the needs of battered women noted were: the exclusion of families with unemployed fathers; and the requirement that the child be residing with the mother. This means that there is no financial assistance available to a woman who has temporarily placed her children with a relative while she attempts to establish an independent household.

Currently, South Carolina is the second lowest State in regard to the amount of AFDC assistance payments, although it is comparable to other southern states when all benefits are counted. The amount of State matching funds limits, to some degree, efforts to relax eligibility requirements without increasing the number of recipients and decreasing the amount of assistance per case.

- Emergency Assistance

There is no Federally funded Emergency Assistance program in South Carolina.

- Child Welfare Services - Generic

Child Welfare Services are available to any child under the age of 21 and still in school, or to parents on behalf of a child who is in need. The focus is on children who are "at risk", and in the coming year the State plan will place more emphasis on children who are still in their own homes. The program goal of strengthening family ties could include battered women. No services are targeted specifically for victims of domestic violence; however, it would be feasible for the child welfare program to provide some direct services to victims in the areas of supportive counseling and in sharpening parenting skills.

The Title XX restriction against providing emergency shelters to adults was identified as a barrier to the program's ability to meet the needs of battered women, since staff can remove children from battering situations but are limited in providing women with a place to stay. (This restriction was resolved with the passage of HR3434.)

- Child Welfare Services - Child Protective Services

Child Protective Services are available to anyone in situations when a child is "at risk". The program primarily serves abused or neglected children in need of foster family care. There are no income requirements unless there are no children in the home. In these cases, parents must be income eligible to receive services. Child Protective Services are funded primarily by Title XX money. The program does not deal with battered women unless their situation involves physical or emotional abuse to children.

Services at the local level include the assessment of the child for the presence of abuse and neglect and their family for the underlying dynamics

associated with the phenomena, the development of a suitable treatment plan, and the direct provision of services or coordination of available resource necessary to carry out the treatment plan. A referral service is provided for those families requesting services not provided through Child Protective Services.

South Carolina qualifies for State Grant Monies available under the Federal Child Abuse and Neglect Prevention and Treatment Program. These funds have been distributed locally through a competitive grant process. Over the past three years, the funds have been used to fund such projects as a Child Protective Services project for military families, day care for abused and neglected children, parent aide and parenting programs, and programs at the State Office level for community outreach and organization.

The broad program goals "to implement ameliorative intervention after receiving reports", and "to identify actions or potential incidents of abuse, neglect or exploitation" could include battered women. Since many cases involving battered women also involve suspected child abuse, abuse is viewed as a family problem. However, no services in the current Title XX plan specifically address battered women. The Child Protective Services program is involved in development of a workshop by the Bureau of Human Services for volunteers in the public and private sector. This workshop, to focus on problem of domestic violence and available resources, will take place October 30, 1980.

The respondent identified some barriers that are not specific to Child Protective Services but which do limit the ability of battered women to handle abusive situations. These barriers include: 1) regulations that exclude shelters from receiving food stamps; 2) eligibility determination for AFDC, food stamps and legal services often includes the husband's income; and, 3) Title XX money cannot be used to fund emergency shelters for adults.

- Medicaid

The populations eligible for Medicaid in South Carolina are the categorically needy, and foster children without regard to income. There is no Medicaid available for the "medically needy". The goal of providing Medicaid services to eligible recipients could include battered women.

No program services are targeted specifically on battered women, but if they meet the eligibility requirements, a range of services would be available to them.

The Medicaid program is restricted in its attempts to meet the needs of battered women by the lack of a "medically needy" category of eligibility, and the lack of assistance available for crises and short term situations for noncategorically eligible women. A suggested remedy for these restrictions would be to allow battered women to receive medicaid services without regard to income.

- Social Services (Title XX)

The population eligible for Title XX services, in general, includes AFDC and SSI recipients and others who are income eligible. Income eligibility is based on the amount of State median income. For Protective Services, there is no income criteria, and anyone can request services.

The Title XX program does provide protective services in cases of adult abuse, but intervention in these cases is limited to situations where the person is already incapacitated or otherwise impaired, is elderly or disabled.

Several program goals which do not specifically address but could include battered women were identified: 1) to assist someone in becoming self-supporting; 2) to help individuals become self-sufficient; 3) to protect a child or an adult; 4) to help prevent or reduce inappropriate institutional care; and, 5) to help someone move into an institution.

State legislation mandates the investigation of all reports of abuse, neglect or exploitation of adults. A central registry of reports has been maintained since 1975. These reports, in 65% of the cases, have included women, and approximately half of the cases are substantiated cases of abuse, neglect, or exploitation. This registry is not exclusive to battered women nor are they specifically identified as a target group. In terms of direct services for battered women, the Title XX program provides reimbursement to one shelter program for counseling services.

The Title XX program has been involved in developing a Statewide workshop, and has been developing lists of resources for spouse abuse victims. They are also beginning to identify people to work on a Statewide task force.

The barriers to the Title XX program's ability to meet the needs of battered women are the Title XX income limitations, and the State legislation restricting adult protective services reimbursement to cases where the adult is impaired or incapacitated.

- Community Mental Health

The administrative structure of the Community Mental Health Center program in South Carolina is unique in that, although the Centers receiving funding are semi-autonomous, the local staff are State employees.

Services are available to anyone within a catchment area. The program goal of strengthening families could include battered women. None of the services currently available are targeted specifically on battered women. If funding were available, it would be feasible for the Community Mental Health Center program to provide direct services for battered women, coordinate community resources, and train staff to work specifically with this population.

Presently, one Center has a room that can be available for overnight shelter, and another Center in Columbia has developed a linkage with the local shelter program.

One barrier to the program's capacity to meet the needs of battered women is the Medicaid requirement that there must be a physician on the premises for reimbursement. This is optional at the Federal level but has been mandated in the State Plan. Since having a physician at every Center is costly, the availability of services is curtailed. Attempts are being made to change the requirement in the State Plan. Another source of revenue was eliminated because the Community Mental Health Center program opted out of Title XX due to the paperwork burden for the small amount of money involved.

- Indian Health Services (IHS)

There is no Indian Health Services activity in South Carolina.

- Work Incentive Program (WIN)

Any AFDC recipient or applicant who does not meet the exemption criteria is required to register for the WIN program. Anyone who is exempt has the option of volunteering to register for the program.

The program goal of promoting self sufficiency and self support could include battered women. No services are specifically targeted on this population, but the respondent thought it might be feasible for the program to provide group counseling for battered women with the focus on providing a support group to enable better functioning in a work or training situation.

No service delivery restrictions and no program coordinating efforts were identified by the respondent.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

The South Carolina Commission on Alcohol and Drug Abuse, utilizing funds made available through the enabling legislation referenced above, contracts with organizations at the State and local levels for provision of alcohol and drug abuse services. The primary providers of services are community alcohol and drug abuse programs, some of which are private organizations, while others are county commissions on alcohol and drug abuse. Services are available to anyone with an identifiable drug or alcohol abuse problem.

A program goal which could include battered women is "to reduce disintegration of the family by dealing with child abuse, spouse abuse and the financial burdens which are associated with alcohol and/or drug abuse through education/prevention activities directed towards the family system."

No program services are targeted on battered women but one program has an emergency housing unit available for families for a period of several days. This is primarily available for families with substance abuse related problems and could be utilized by a battered woman and her children.

In one county, an ad hoc committee was formed in 1979 to work together to establish a shelter for battered women and their children. A staff

person from the alcohol and drug program worked on this committee with representatives of other local service providers, and they were successful in establishing the shelter.

The identified barrier to the program's ability to meet the needs of battered women is the Federal regulation stipulating that services be provided to identified chemical abusers. The only way services would be available to battered women who are not substance abusers would be indirectly, under the guise of family counseling.

GRASSROOTS ORGANIZATIONS

The respondents were aware of shelter programs in Columbia, Charleston and Greenville. Some of the funding for these programs comes from HUD and the United Way.

A Conference on Spouse Abuse, to be held in late October, is being sponsored by the Junior League of Columbia, the YWCA, the United Way of South Carolina, and the Department of Social Services, to help develop public and professional awareness of spouse abuse.

SUMMARY

Although some of the DHHS-funded programs in the State have begun to focus some activities and services on battered women, the overall activity level is limited. All but three of the respondents stated that State programs do recognize domestic violence as a social problem. Those who indicated a negative response reported that the State's priority is child abuse, not spouse abuse.

STATE PROFILE: SOUTH DAKOTA

INTRODUCTION

South Dakota has a total population of 669,000. The population is almost entirely White although there are a number of Indian Reservations in South Dakota. The mean income for males (\$8,746) is more than twice that for females (\$3,484). Approximately 13% of the individuals in South Dakota are below poverty level, with 62,000 receiving some type of transfer payment. South Dakota is a relatively rural State, with 579,000, or 86% of its population, living outside metropolitan areas.

A number of factors were cited as affecting the incidence of domestic violence including alcoholism, unemployment, the rural nature of the State, and high unemployment and poverty on the Indian Reservations. In addition, South Dakota has a low tax base and no State tax; thus, monies for social services are limited.

State legislation focusing on domestic violence has been introduced; however, a bill which was passed by the legislature in 1980 was vetoed by the Governor. The respondents indicated that the conservative nature of the State and the lobbying efforts of some conservative groups have impeded legislative efforts on behalf of battered women. Most of the respondents indicated that the problem of domestic violence was somewhat extensive or extensive and that State programs recognized the problem. However, State efforts on behalf of battered women are minimal, and there are no State-funded programs targeted on services for domestic violence victims.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The AFDC Program in South Dakota is State supervised and administered. Women in shelters are eligible for assistance from the AFDC program. Further, when a couple is separated, only the wife's income is used to determine eligibility. There are no special residency requirements. Pregnant women with no other children are also eligible for assistance. The respondent indicated that applications are processed as quickly as possible and are retroactive to the month in which the client applied. South Dakota does not have an unemployed parent's program, thus limiting the extent to which intact families can receive assistance.

The AFDC program does not have a definition of domestic violence, nor are there program goals focused on victims. However, the general program goal of providing assistance when a child is deprived of parental support could include women who have left their husbands because of battering. The program does not engage in specific activities focusing on battered women. One activity which the respondent believed would be feasible for AFDC to assume is reporting of identified cases. The State currently requires reporting only where there is evidence of child abuse and/or neglect.

No barriers to service provision were identified, but the respondent stated that domestic violence is not seen as a program priority. The program has not been involved in any coordination activities in behalf of battered women.

- Emergency Assistance

No federally-funded Emergency Assistance program exists in South Dakota.

- Child Welfare Services - Generic

There are minimal eligibility requirements for Title IV-B day care. For other services, such as cases involving child abuse and neglect, there are no eligibility requirements. In South Dakota, there is a Commission on Children and Youth, the problem of domestic violence has been discussed at the Commission's meetings. The child welfare program focuses on services to children; thus, the family as a unit receives services only in relation to meeting the needs of the child. This program has no definition of domestic violence, nor goals and objectives specifically addressing battered women. However, battered women could be considered under general program objectives related to assisting dysfunctional families.

Child welfare services has not undertaken any specific activities in behalf of battered women other than discussing the problem of domestic violence during program planning sessions. Because of the recent cut in funding, the first priority of the program is to meet the needs of the child. However, the respondent indicated that individual workers were involved in related activities. For example, case workers serve on the advisory committees of local shelters.

The major barrier to service delivery, identified by the respondent, was the absence of regulations which mandate services and which allocate funding for battered women. There have been efforts to pass legislation at the State level, however these efforts have failed. The respondent indicated there was a strong "Right to Life" group which lobbied against the legislative efforts. Since the legislature only meets 45 days a year, the likelihood of increased funding in the near future is nil. Since the program generally does not serve battered women, few program services are used by this group. The information and referral line (Tie Line), which is funded through a variety of sources, is one service available to and used by battered women. The program has no linkages with regard to services for domestic violence victims; however, line staff have developed informal linkages at the community level.

- Child Welfare Services - Child Protective Services

The primary populations served under Child Protective Services are children who are victims, or suspected victims, of child abuse and/or neglect. Services can be provided regardless of income. Battered women are served only in relation to alleviating risk to the child; the program does not have the funds nor the authorization to serve battered women as a target group. The respondent indicated, however, that social workers provide counseling to the extent possible, given the limitations. The program has not established a

definition of domestic violence or goals or objectives specifically addressing battered women; although battered women could receive services toward the goal of preventing child abuse and neglect. The program has not undertaken any activities in behalf of battered women, and a special focus on this population is not feasible, given funding limitations. However, staff have become involved in local community efforts as well as with the State Coalition Against Domestic Violence. The respondent indicated that it would be feasible for the program to become involved if funding were available, and stated that program efforts should be directed toward assisting community agencies in serving battered women.

Program level guidelines were cited as the major barrier to effective service provision. Specifically, the program lacks the funds and staff to provide services. Also, the priority of the program is to protect children. Most of the funding provided for the Child Protective Services Program is from Title XX, not Title IVB. Two services which could be used by battered women are the Tie Line and the Parent Aid Program (funded through State child abuse grants). This program has not been involved in any coordination activities in behalf of battered women.

- Medicaid

ADC recipients, SSI recipients, foster children and individuals in nursing homes are eligible for Medicaid. The Medicaid program has not defined domestic violence, focused any program efforts on domestic violence, nor developed goals or objectives addressing battered women. The respondent stated that the issue of domestic violence had not been discussed within the context of the Medicaid program. With additional funding, some efforts could be made. This program has no coordination mechanisms oriented toward services to battered women.

- Social Services (Title XX)

Families who are recipients of AFDC, SSI, and/or Medicaid or who meet certain income eligibility requirements are entitled to services funded under Title XX. For those individuals who earn 60% or more of the State median income, payment based on a sliding fee schedule, is required. However, there is no charge for protective services (e.g., related to child abuse), regardless of income. Adult protective services also are funded through Title XX. These services are discussed separately, in a subsequent section).

This program could serve domestic violence victims; however, there are no specific goals or objectives directed toward battered women. The only population specifically targeted is "adults in need of protective services", and the respondent was not aware of any of this program's activities specifically focused on battered women. Title XX does provide some of the funding for the Statewide Tie Line which receives calls from battered women, among other individuals, in crisis or in need of help.

A needs assessment will be conducted in the fall to determine what social services the citizens of South Dakota feel are important. The findings from this assessment will be presented to the State legislature for consideration in future Title XX legislation. Some of the services provided under Title

XX identified as most appropriate for battered women and their families included: day care; counseling; and, child and adult protective services. The respondent indicated that increased funding is needed to better serve battered women and their families. The program has not engaged in any coordination activities in behalf of battered women.

o Adult Services (Title XX and Title III)

The Office of Adult Services and Aging is funded primarily through Titles XX and III. Any adult (over age 18) who is in need of protection is eligible for services through the Office of Adult Services. This population includes battered women; services for their children would also be covered under Title XX. The respondent indicated that those services not covered by Title XX funds are paid for by Title III.

The program has not developed a definition of domestic violence nor are there any goals or objectives which specifically address battered women. However, the Office is involved currently in writing the State Plans. The respondent was hopeful that the issue of domestic violence would be addressed in these plans. (A non-respondent source indicated that this issue was not identified as a priority by the wide variety of adults completing the Needs Assessment.) A program goal which includes battered women is "to provide protective services." The Office is mandated to perform specific activities on behalf of all adults, including battered women; there are several activities which do address their needs. These include investigation of alleged client in danger, protective outreach and observation, legal services, and transportation services necessary to protect the individual.

The respondent believed it was feasible for the program to assume additional activities in behalf of battered women, specifically maintaining establishment of "safe homes," coordination activities with other agencies, and inclusion of domestic violence issues in the State Plan. Funding was cited as the major barrier to service provision for battered women. Several services currently provided are appropriate for battered women; for example, advocacy, counseling, crisis intervention, and transportation. Funds for counseling services are targeted for an increase in the coming year.

According to the respondent, two major changes are required to enable the program to better serve battered women and their families. First, the target group would need to be explicitly identified, e.g., "spouse protection from abuse." Second, there would need to be legislation to appropriate funding for this targeted group. The program has not engaged in any coordination activities at the State level. However, at the local level, interagency meetings are held frequently, where the problem of domestic violence has been addressed.

o Community Mental Health

The community mental health program is locally administered and operates fairly autonomously, with minimal State involvement. Anyone who seeks help can receive assistance through the State's Community Mental Health Centers. For those individuals who can afford to pay, a fee based on a sliding scale is determined. Generally, none of the Centers focus on battered spouses or abusing spouses as a target group. However, one non-comprehensive mental

health center in Brookings received a Title III grant to provide training for child welfare staff and others on how to detect and deal with spouse abuse.

The program has not developed a definition of domestic violence. Although this program has no goals focused on battered women, it is designed to help anyone in mental stress; thus, battered women are included. Generally speaking, according to the respondent, battering does not involve serious mental illness. Thus, social services should provide assistance to victims and their families.

Several services provided by the Community Mental Health Centers were identified as especially needed by battered women and their families. These services included group therapy; marital counseling; family therapy; and, supportive care. The respondent stated that changes which would need to be made for the program to be more responsive to the needs of battered women should occur at the local level. For example, the community needs to be involved in program planning to demonstrate the need for service to battered women. The respondent indicated coordination has occurred at the local level.

A non-respondent source indicated that greater responsiveness to the needs of battered women is necessary also at the State level. In line with this, the Office of Mental Health has been working with the CSW and the Domestic Violence Task Force in coordinating an integrated network of services. Initial efforts have been in discussion of how to increase the effectiveness of currently available services. Joint efforts to write a demonstration grant were also initiated.

o Indian Health Services (IHS)

Although there are no programs or services funded through Indian Health Services that target battered women as a service population, several activities addressing the needs of battered women exist on reservations. Rosebud has a shelter, Pine Ridge is seeking funds for a shelter, and the Yankton Tribe has a crisis "hotline" for domestic violence victims and referral arrangements with a nearby shelter. However, these grassroots activities currently are not associated with Indian health Services program efforts.

o Work Incentive Program (WIN)

The WIN Program in South Dakota is State administered. AFDC recipients or applicants are eligible for WIN services, and under certain circumstances, required to participate in the WIN program. Since South Dakota does not have an unemployed parents program, services to men are minimal. The program has not developed a definition of domestic violence, nor does it have any program goals or objectives specific to battered women. However, the general goals of achieving self-sufficiency and/or grant reduction would apply to women who are battered. In addition, the specific goal of removing employment barriers to enable job entry could include battered women. According to the respondent, "battering," per se, could be an employment barrier, and WIN's efforts to resolve the barrier would involve services to the woman and her children.

The respondent indicated that the program probably will become more involved in addressing the needs of battered women in the future. A program

specialist who is joining the staff considers the problem of spouse abuse a priority for the program. The program could assume additional responsibility with respect to meeting the needs of battered women in two areas: 1) counseling; and 2) training SAU workers to deal effectively with victims. Barriers which limit the extent to which WIN can provide services relate to funding priorities and State legislation. The respondent believed that, at the program level, the WIN program needs to be more innovative in terms of using WIN funds to assist battered women. State legislation is a barrier because of the legislative definition of "family" which defers funding to individuals not in traditional family units.

According to the respondent, the WIN program provides several services which are needed by battered women, including job counseling and crisis intervention. Further, since CETA and WIN have merged in South Dakota, there is a broad range of services available.

Changes which would need to be made within the program to be more responsive to battered women include: 1) increasing the awareness of the problem; (2) explicitly listing "battering" as an employment barrier; (3) training the staff; and, (4) making more resources available, (e.g., allowing WIN to purchase shelter care). The WIN program is not involved in coordination activities at the State level; however, case workers are involved in coordination activities at the local level.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Any person who has an alcohol-related problem and who desires services is eligible for assistance through the program. The respondent stressed that an individual can receive services regardless of the severity of the problem or whether the association with the alcoholism is direct or indirect. The population served by this program includes victims and their families; however, there is no focus on any one group, nor specific goals or objectives for battered women.

The program, however, is beginning to focus its efforts on battered women and currently provides services which fall within general program goals. In addition, women have been targeted as a special group and efforts are being focused on the issue of women and alcoholism. A Task Force on Women has been formed which is beginning to address the needs of women. Although the program currently has not undertaken specific activities in behalf of battered women, it expects to do so in the near future. The division is developing an RFP to conduct a Statewide incidence and prevalence study which focuses on: (1) alcohol and drug consumption; (2) attitudes about substance abuse; and (3) an assessment of what services are available. There will be questions on the survey which focus on domestic violence. The findings of the survey will provide the basis for responding to the problem of domestic violence as it relates to substance abuse. No barriers to service provision were identified.

Program services which are needed by victims and their families include prevention activities, out-patient counseling, and family therapy. The respondent believed that it was feasible for the program to focus more on battered women but indicated that a policy statement from the Task Force on Women

and the Alcohol Commission was needed. The program is currently involved in coordination activities with the Task Force on Women; discussions are still at the planning stage with respect to addressing the problem of domestic violence.

- Drug Abuse Demonstration and Community Service Programs

No interview was obtained from a respondent from the drug program in South Dakota.

STATE PROGRAM

Many of the respondents from the DHHS-funded programs indicated that the Commission on the Status of Women represented the major State effort addressing the needs of battered women. The Commission is required by statute and consists of twelve members appointed by the Governor. The Commission serves as a clearinghouse on issues concerning women and advocates on issues concerning women. Currently, the Commission efforts are focusing on two issues, drug abuse and spouse abuse. The Commission has one staff member who coordinates Commission activities and works with the Commission Task Forces. The Commission members have worked with the National Coalition Against Domestic Violence to set up the South Dakota Coalition Against Domestic Violence. The staff person to the Commission serves as an honorary member of the South Dakota Coalition Against Domestic Violence.

The Commission does not have a written definition of domestic violence, but the respondent indicated it is viewed generally as "beatings between people living together." The program has established goals and objectives which specifically address battered women, including: identification of the problem; increasing public awareness of the problem; and gaining public support. Two other goals and objectives which could include battered women are establishing a non-traditional educational program for displaced homemakers, and working with the child support enforcement program, by trying to assist women who are not AFDC recipients to gain child support.

Generally, the Commission is mandated to examine problems concerning women; however, some specific activities on behalf of battered women have been undertaken. For example, the Commission funded a study on spouse abuse and efforts are being made at the community level to set up local task forces to advocate for battered women. With additional funding, the Commission can expand its services. Specifically, it would be able to provide funding to local efforts, expand clearinghouse operations, conduct community education efforts, and engage in more coordination activities.

According to the respondent, the major barrier to service provision is budgetary. In addition, there is a movement in South Dakota which is trying to abolish the Commission. Overall, the major "service" provided by the Commission is advocating on behalf of women. Changes in the Commission which would enable the program to be more responsive to the needs of battered women include: an increase in Commission staff and budget; and assigning a program specialist who would focus on domestic violence issues. The Commission currently is coordinating with other programs on behalf of battered women. The

Commission staff person is working with staff from Children, Youth and Family Services to try to obtain Title XX monies for battered women. The staff person also works with local task forces and coalitions to advocate on behalf of battered women.

GRASSROOTS ORGANIZATIONS

A number of local programs working in behalf of battered women exist throughout the State. In a publication put out by the Commission on the Status of Women, sixteen local groups were identified which focus on battered women. In addition, there are some Indian Reservations which have programs for battered women.

Overall, there appears to be considerable grassroots activity on behalf of battered women in South Dakota. There is the South Dakota Coalition Against Domestic Violence which provides assistance and information to domestic violence programs in various parts of the State. The South Dakota Coalition has a 15-member Board, five members of which are American Indian. Several members of the Board are involved with the Office of Social Services. The State Commission on the Status of Women was involved in establishing and coordinating the Steering Committee of the South Dakota Coalition Against Domestic Violence.

SUMMARY

The results of the discussion with State level administrators show a general lack of involvement in services focused on battered women. Specifically, targeted activities on battered women are minimal. However, the Commission on the Status of Women is involved in focusing on battered women. At the local level, there appears to be a number of grassroots organizations and local agencies actively involved in providing services to battered women. Much of this activity has taken place on American Indian reservations.

The majority of respondents believed that State programs recognize domestic violence as a social problem, but the general consensus was that no State program has focused much activity in this area.

STATE PROFILE: TENNESSEE

INTRODUCTION

The total population of Tennessee is 4,177,000. Approximately 16% are Black, and a very small number are of Spanish origin. The mean income for males is \$8,607, whereas for females it is \$4,219. The percentage of individuals in the State below the poverty level is 15.8 with 548,000 receiving transfer payments, and 5.9% of the labor force unemployed. The population is equally distributed between urban and rural areas.

Half of the respondents did not identify any unique characteristics of the State population which might affect the occurrence of domestic violence. Those who did feel that there were unique characteristics mentioned: religious pressures; isolation; lack of resources in rural areas; poverty; stress created by the lack of an AFDC-U program; and, the "redneck culture" which supports "talking with your hands first."

Tennessee has no legislation related specifically to spouse abuse, as domestic violence is considered a misdemeanor. There are no State funded domestic violence programs.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

In Tennessee the population eligible to receive AFDC includes intact families when the father is disabled, but not when he is unemployed. Pregnant women with no other children are eligible to receive assistance. The program's goal to deliver economic assistance could include battered women, but no program activities are specifically targeted on victims of domestic violence. No barriers to meeting the needs of this population were identified.

- Emergency Assistance

There is no Federally funded emergency assistance program in Tennessee.

- Child Welfare Services-Generic

In Tennessee, Title IVB funds are used exclusively for foster care. All other child welfare services are funded by Title XX.

- Child Welfare Services-Child Protective Services

The population eligible to receive Child Protective Services includes any child or family of a child reported to be abused, neglected, or exploited. Because the focus is on the child, program goals do not specifically address battered women; however, the goal to protect the child and

improve family functioning could include them. Crisis counseling and ongoing counseling were the program services identified as most needed by battered women, their children, and the abusing spouses. No barriers to service delivery to this population were identified. According to the respondent, increased funding and a legislative mandate would be necessary if the program were to target services for victims of domestic violence.

- Medicaid

In Tennessee, Medicaid is available for recipients of AFDC, SSI, and for medically needy persons. The goal to provide medical assistance to anyone eligible for Medicaid could include battered women, but no program goals or activities specifically address this population. Services are provided on the basis of need rather than cause of the problem. Physician services were identified as being most needed by battered women, while psychiatric services were identified as most needed by the children of battered women and by abusing spouses. No barriers to service delivery for battered women were identified.

- Social Services (Title XX)

Social Services are available to recipients of AFDC, SSI, Medicaid, or anyone meeting the income eligibility requirements. Protective services are available without regard to income. Although none of the goals specifically address battered women, the Title XX goal, "to remedy abuse and neglect," could include them. The Title XX service most needed by battered women is protective service counseling. For the children of battered women, day care and foster care were identified, and for the abusing spouse, counseling was identified as most needed. No barriers to the delivery of services to battered women were reported; however, program funding is being reduced so that expansion of services to this population is not considered feasible.

- Community Mental Health

In Tennessee, private centers contract with the State to provide community mental health services. Anyone who identifies himself/herself as having a need is eligible for services. Program goals do not specifically address battered women, but could include them; for example, the overall program goal "to develop services to meet the needs of people in each center's catchment area." Therefore, if a need were identified for services for battered women, the local center would be obligated to meet that need. The respondent did not know whether or not any centers have yet undertaken any activities in behalf of battered women. Individual and group counseling were cited as the available program services most needed by battered women, their children, and abusing spouses. Halfway houses, primarily for mentally ill persons, could be used by a battered woman for shelter on a short term basis. The program anticipates a slight increase in overall funding in the coming year as a result of some funds being transferred from hospitals to communities. No barriers to providing services to battered women were identified.

- Indian Health Services (IHS)

No direct services are provided by IHS for victims of domestic violence. Referrals are made to available shelters in the State.

- Work Incentive Program (WIN)

Registration in the WIN program is required of all AFDC recipients, with the standard exemptions. No goals specifically address battered women but the goal of helping AFDC recipients become employable could include them. For the purposes of the WIN program, the respondent did not see a need to single out battered women as a special target population. All services provided are focused on preparation for employment, with counseling identified as the service most needed by battered women, their children and abusing spouses. Child care was also cited as a needed service available through WIN. No barriers to the delivery of services to battered women were identified.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Alcohol services are provided through State contracts with local communities, with the programs housed in mental health centers. Anyone in the State is eligible to receive these services. The program goal of having emergency shelter services for families in crisis could include battered women, although it does not specifically address them.

No services are targeted on victims of domestic violence as a special population. According to the respondent, due to current funding problems (which will result in cutbacks of existing services), it is not feasible to develop new activities for this population. Decreased appropriations are anticipated at both the State and Federal levels, and this will have a direct effect on three programs that deal with alcoholic women, some of whom may also be battered women.

Services available through the program and identified as most needed by battered women were the emergency shelters' detoxification and counseling components.

- Drug Abuse Demonstration and Community Service Programs

The State contracts with local programs for the provision of drug abuse treatment services. The programs are usually housed in local mental health centers, with services available to anyone with a drug related problem. Although not specifically focused on victims of domestic violence, the goal of providing services to families of drug abusers could include battered women. Another goal, to provide shelter for families of drug abusers, will be implemented if funding is allocated. This goal also could include battered women. However, the state legislature is considering cutting the budget, thus disallowing the development of shelter programs.

Of the available services, battered women were cited as most needing family counseling and child care, the children of battered women as needing day care and counseling, and the abusing spouses were seen as needing the full range of services.

GRASSROOTS ORGANIZATIONS

Most respondents were aware of activity in behalf of battered women at the local level. Several identified the YWCA in Nashville as having an active program for victims of domestic violence. This program has a hotline, provides crisis intervention, and raises money for shelters. Another program in Nashville, Women and Men in Crisis, works with both battered women and battered men. One respondent stated that this program had received Title XX funds at one time, but another person indicated the program is now receiving CETA funds. The Salvation Army provides short term shelter, and several private service agencies were cited as being responsive to the needs of battered women. All of the local programs mentioned by respondents are situated in metropolitan areas.

SUMMARY

State programs in Tennessee do recognize domestic violence as a social problem, according to six of the eight program respondents. This opinion is based, in part, on the fact that domestic violence has been a topic of discussion at conferences and training sessions. Also, regional planning commissions are reportedly recommending an emphasis on domestic violence.

One respondent indicated a lack of responsiveness, stating that State agencies do not want to intrude into the privacy of the home. This respondent also pointed out that a recent State needs assessment did not give domestic violence a high priority for funding or for service delivery.

Of the State programs surveyed, none have identified victims of domestic violence as a special target population. Any services designed specifically to meet the needs of battered women are currently being provided by the local organizations.

STATE PROFILE: TEXAS

INTRODUCTION

Texas has a total population of 12.5 million. Eighty-seven % of the population is White and 11 % is Black, with 20 % of the total having Spanish origins, most of these being Mexican. The mean income for females is \$4,237 per annum, as opposed to \$10,419 for males. Families receiving transfer payments each year number 1,137,000. Seventy-five % of the population resides within metropolitan areas, with the remainder widely dispersed in rural areas.

State legislation was enacted in 1979 that allocated funds for services to victims of domestic violence, but these funds must be re-allocated in August of 1982. This same legislation also called for an evaluation of: the use of funds; the effectiveness of the services on relieving the problems associated with family violence; and the impact on law enforcement agencies. Three divisions within Human Resources are conducting this evaluation. One of these divisions, Emergency Family Services, provides the direct services which are funded by Title XX. For FY 80-81, there is \$200,000 of Title XX monies available; this is less than one percent of the total \$5.6 million Title XX budget. There is also a 5% yearly cutback in State employees, mandated by the Governor, that impacts the direct delivery of social services by the Department of Human Resources.

There was a consensus among respondents that individuals within State programs recognize domestic violence as a social problem, but that the State is limited in its response to the problem.

The imaged of the Texas male, the strong cowboy, and the "macho" male among Spanish speaking Texans were identified as having an influence on the incidence of domestic violence within the State.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Children in families deprived of parental support physically or economically are eligible to receive AFDC payment. Since AFDC is basically an income maintenance program, the respondent viewed the program as an auxiliary service to battered women. The current AFDC payment is based on 75% of the 1969 standard.

- Child Welfare Services - Generic and Child Protective Services

Title XX provides funding for most program services, with Title IVB monies used primarily for special services for children. All children in need of service are universally eligible. Services to battered women are limited, since children are the program's target population through various mandates and regulations.

Originally, the State's family violence program was to be administered by this program division. The intent was to maximize initial and support services by using the universal eligibility criteria, and, thus, avoiding some of the pitfalls of Title XX. However, this did not occur.

Understaffing and lack of funds make it difficult at present to provide the mandated services to children. Unless this factors change, the respondent did not believe it feasible for the program to take on additional responsibilities in behalf of abused spouses.

- Medicaid

There are categorical eligibility criteria for Medicaid services. Eligible categories are AFDC and SSI recipients, children in foster family care, and certain persons in nursing homes. The State has no medically needy/indigent program. Medicaid funding is currently open-ended; however, there are proposals in the State legislature to put a ceiling on the funds available.

According to the respondent, targeting populations for service based on diagnosis (being battered, for example) is expressly forbidden in Medicaid regulations. Medicaid is a payment program, for episodic and primary medical care, and does not engage in the delivery of soft social services.

- Social Services (Title XX)

The Emergency Family Service program, funded through Title XX, provides services to victims of domestic violence. Eligibility criteria for shelter and crisis counseling are based on need. Adults with or without children who are physically harmed or threatened, as well as any family member in danger of being harmed by another family member, former spouse, or any other person living in the household are included in the service population. However, once a person is in a shelter, the receipt of supplemental support services depends on categorical and/or income criteria.

According to the respondent, the use of Title XX funds for victims of domestic violence causes some problems. Title XX funding requires competitive procurement, sometimes necessitating that shelters seek technical assistance in writing proposals. If such assistance is not available, they may be unable to respond satisfactorily.

There are 26 shelter and safe home facilities throughout the State, with six currently receiving funds through the domestic violence program. In addition to the six shelters contracted through HB 1075, four additional shelters have contracts through Emergency Family Services grant benefit monies. Between November 1, 1979 and March 31, 1980, these shelters served more than 1250 adults and children.

The Texas Council on Family Violence, composed of inter-agency personnel, local providers, and other interested persons, works with the Emergency Family Service Program. This group is currently advocating for the passage of State legislation that would allow the program access to more funds with fewer restrictions.

- Community Mental Health

No Title III monies are utilized to provide community mental health services in the State.

- Work Incentive Program (WIN)

All persons receiving AFDC payments are categorically eligible for WIN program services. Battered women must be AFDC recipients and registered for WIN, by Federal regulation, to receive assistance.

If a woman is WIN registered and a victim of family violence, her situation may be viewed as a "barrier to employment" and supportive services to eliminate that barrier can be provided or paid for by WIN.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

All persons within the State in need of services are universally eligible for this program; services include prevention, intervention, treatment and rehabilitation.

There are specific program goals for FY 80-81 that include victims of domestic violence. These goals which focus on the alcohol program is identification of funding sources, and development and coordination of special treatment and rehabilitation programs that include victims of domestic violence, as well as other special populations. The goals also provide for coordination with other agencies in the development of mutual interest programs which include child abuse/neglect and domestic violence programs.

According to the respondent, chronic understaffing and under-programming prevent the program from targeting further on battered women. Two proposals that targeted on battered women were denied for FY 80-81 because of program funding limitations. The current budget for Federal programs, if passed by Congress, would eliminate Alcohol Formula Grant funds, which, in turn, would drastically limit existing services. The restrictions on NIAAA funds also were noted as inhibiting program development in behalf of battered women.

- Drug Abuse Demonstration and Community Service Programs.

Anyone in need of services for problems related to drug abuse, or anyone at risk of drug abuse is eligible for program services. Federal regulations preclude targeting battered women unless they are dysfunctional because of problems related to drug abuse. According to the respondent, the definition of "dysfunctional" limits service delivery for battered women, and, advocacy for a broader definition is needed.

However, when a battered woman is accessed into the program, she can receive a full range of program services, including counseling and family unit supportive services.

CONTINUED

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GRASSROOTS ORGANIZATIONS

There are twenty programs in the State involved in shelter and/or hotline activities, the great majority of which are in the more densely populated areas. Funding for shelter facilities is a mix of private, public, State and Federal funds.

The Mental Health Association and the Texas Council on Family Violence were recognized by respondents as active advocates for services to victims of family violence.

SUMMARY

The results of the interviews with DHHS-funded program administrators in Texas shows an awareness of and involvement with the problem of domestic violence at the administrative level, with a limited funding response at the State policy level. All respondents concurred on the need for expanded services in behalf of battered women and their families, particularly shelter facilities.

STATE PROFILE: UTAH

INTRODUCTION

The State of Utah has a total population of 1,219,000. Ninety-eight percent of the population is White, 0.7% is Black, and 1% is Native American. Three percent of the population is of Spanish origin. The mean income for females is \$4,029, for males \$10,634. The State is rural in character with 20% of the population residing outside metropolitan areas. The percentage of individuals below the poverty level is 8.5%, with 107,000 families receiving some form of transfer payment. The rate of annual unemployment is 4%.

There was consensus among respondents that domestic violence was recognized as a social problem by State programs, but some respondents believed that awareness at the community level and a willingness to deal with the problem, both locally and Statewide, is just beginning.

All respondents expressed the opinion that Utah's high rate of early marriage, early childbirth and teen-age pregnancy, coupled with a divorce rate slightly above the national average, were factors that had a direct impact on the incidence of domestic violence.

Existing State legislation, while not mandating services for battered women, provides for comprehensive civil and criminal remedies, including warrantless arrest and the ability to get a protective order without an attorney's intervention. In addition, Bureau, division, and program interpretation of Federal and State regulations allows for maximum delivery of services to victims of domestic violence.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Dependent children suffering from the loss of parental support are eligible for AFDC in Utah. Loss of parental support can include death, desertion, disability and unemployment (AFDC-U). Utah is one of 22 states with aid to intact families through AFDC-U. Although this program began in Utah only two years ago, Utah's current payment standard is one of the highest nationwide.

Since AFDC is an income maintenance program, the respondent viewed the program as a potential economic support service to battered women, but not as a direct service program. AFDC will not close the case of a woman in a temporary shelter; and, the program supports the effort to pass State legislation that will allow Food Stamps to be given to women in shelters.

- Emergency Assistance

No Federally-funded Emergency Assistance program exists in the State of Utah.

- Child Welfare Services - Child Protective Services

All children in need of services are eligible for Child Protective Services. Through the Family Violence Program, victims of domestic violence are eligible for shelter and crisis counseling, but once they leave the shelter, they must meet criteria for services under Title XX or IVB.

Working closely with a State-authorized Task Force/Committee to study family violence, the Division of Children, Youth, and Families has produced a "Resource Handbook for Abused Spouses." The program advocacy efforts of this Division have resulted in the inclusion of family violence victims in its overall State service plan. A mix of funds is used to provide services, and currently, three shelters, serving approximately 1800 victims per year, receive funds. The Division of Children, Youth, and Families also has an agreement with the Title XIX-Medicaid, Quality Assurance Division, to investigate, through local staff, any case of suspected spouse or child abuse referred by the Quality Assurance Division.

There are three Vista volunteers specializing in domestic violence. One works with the State's Coalition Against Domestic Violence, and two are advocates and community resource people in the under-served, rural areas of the State.

A Statewide program was established, through the Division of Children, Youth, and Families, to train law officers to deal with family violence problems. However, the Federal freeze forced the funding source, LEAA, to withdraw its offer of funding support, and the project was not implemented. The original funds for the Family Violence Demonstration project have been depleted; however, the project's two specialists were hired by other agencies on an interim basis, so that the community education and training impetus could continue at least through May of 1980.

- Medicaid

All categorically eligible persons (recipients of AFDC, SSI, those blind or disabled) plus the medically needy/indigent can receive services from Medicaid. While Medicaid is basically a payment program for Medical services and cannot target groups for services, Utah uses the program's resources to serve victims of domestic violence in a unique way.

The Quality Assurance Division of Medicaid has a "memo" of understanding with the Professional Standards Review Organization to review all adult and child trauma medical services on a monthly basis. Using information stored in the program's computer, professional analysts, including physicians, make a determination as to whether domestic violence is the probable cause of the need for medical service. When domestic violence is suspected, Medicaid staff refer the case to the Division of Children, Youth and Families, which, in turn, assigns a caseworker to evaluate the family's situation and provide services.

- Social Services (Title XX)

All residents of the State of Utah who qualify under categoric or income criteria are eligible for Title XX services. Through child and adult protective services, under Title XX, funds were made available to a program in Salt Lake City providing victims of domestic violence with shelter and counseling. Funds for crisis intervention counseling and "hotlines" are also available, but on a limited basis. The current goals for Title XX's Adult Protective Services program include: protecting 325 adults from abuse, neglect, or exploitation; and, counseling 4,500 families where neglect, abuse, or exploitation exists. However, there is no focused programmatic effort on behalf of battered women.

- Community Mental Health

Any member of the State population is eligible for this program's services, the need for service being the only criterion. Some local Community Mental Health Center providers have targeted battered women and are providing counseling, crisis intervention, and other mental health support services. Some programmatic attempts also are being made to work with the abusing spouse, if the battered spouse is desirous of keeping the relationship intact; however, the impact of these attempts is not currently considered measured.

- Work Incentive Program (WIN)

All AFDC recipients who register for WIN are eligible for this program's services. Federal laws and regulations preclude targeting any group except AFDC recipients; however, if a battered woman is WIN registered, the program will pay for any needed service, without exception. Additionally, a special Non-Traditional Employment program provides a wide variety of soft social services. Each month program statistics identify WIN participants who are receiving guidance or counseling because of family violence problems, enabling the WIN program to plan budgets based on need for specific services.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

There is universal eligibility for these programs based on need for services. The restrictions on NIDA and NIAAA funds at the Federal level have prevented targeting on battered women; however, support services can be delivered if the battering can be or is related to substance abuse.

When funds for the Children, Youth, and Families Domestic Violence Program were depleted, one staff member was hired by this program, on an interim basis, as a trainer on the problem of domestic violence. The position was created to enable the Alcohol and Substance Abuse Division to hold a conference on family violence, and to prepare a proposal to DHHS that would give an abusing spouse, who is also a substance abuser, the option of entering a treatment program (rather than jail, if arrested). Judges have stated this willingness to participate in a program that offers alternatives other than jail, but feel that current services for this purpose are neither available nor accessible, in many instances.

Battered women who are substance abusers have access to all program services, including interim shelter.

- Indian Health Services

No program services are directed to American Indian battered women, but these women have access to the program's medical treatment and limited counseling services.

GRASSROOTS ORGANIZATIONS

The Utah Coalition for Aid to Battered Women, the Salt Lake County Mental Health Association, and the YWCA were mentioned consistently by respondents as vocal advocates for services to battered women. Four shelter facilities were identified, as well as crisis "hotlines."

SUMMARY

Across the board, respondents stated that the two most restrictive barriers to service delivery to battered women were: (1) restrictions placed on funds and their use; and, (2) the lack of recognition of the problem by communities and the reticence of communities to commit themselves in a cooperative effort aimed at solutions.

The results of the interviews with DHHS-funded program administrators indicate active involvement by most programs in attempting to provide services to battered women, within current funding and staffing limitations. Special linkages, such as the Children, Youth and Families and Medicaid referral system, maximize access of battered women to existing services. All respondents concurred on the need for expanded services, particularly throughout the rural balance of state, which is considered to be severely underserved.

STATE PROFILE: VERMONT

INTRODUCTION

Vermont's population of 551,000 (1980 Census) is predominantly White, with females out-numbering males. In 1975 the mean income for males was \$8,744 while that for females was \$4,229. In 1979, the average per capita income was \$7,280. In 1975 approximately 13.5% of the individuals in Vermont had incomes below poverty level, and 54,000 families receive some type of transfer payment. During the past year (September 1979 - August 1980) an average of 5.6% of the labor force was unemployed with a range of 4.1 - 6.6%. Vermont has only one SMSA and no substantial urbanized areas.

Respondents cited a number of characteristics unique to Vermont which may affect the incidence of domestic violence. These include: extremely hard winters and high utility costs; low incomes and pay levels; social isolation; and, lack of available transportation. Several respondents also mentioned high rates of alcoholism and suicide as indicators of emotional stress among the State's population.

At the time of the State survey on domestic violence, Vermont had no State legislative remedies or State authorized services regarding domestic violence. However, one piece of legislation (H 401, that was pending) passed in April, 1980, and is now law. Several significant features of this law include: a definition of abuse; facilitation of the process for obtaining a restraining order against an abuser, and specification that violation of such a restraining order is a criminal offense; the abuser must leave the home if it is determined that a spouse and/or minor children are in danger and without other shelter; and temporary custody of minor children may be granted.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Eligibility for Vermont's AFDC program is based on physical absence or lack of care on the part of a parent, and includes an unemployed parent provision. To determine grant amount, Vermont annually establishes a basic standard of need; for example, the current basic standard for a family of four is \$554 per month, excluding shelter. The State also establishes a maximum allowance for both furnished and unfurnished shelter (the current maximum for a furnished rental is \$19 per month). In addition, determination is made each year, based on availability of funds, of the percent of need the State can afford to meet; this year 73.4% of need is being met. The State does consider work-related expenses as well in determining the grant amount.

The only residency requirement for Vermont's AFDC program is that the applicant live in Vermont with the intent to remain. Women in shelters may be eligible for AFDC, depending on what services the shelter provides. (This issue is under discussion now and is still not resolved.) If a woman is separated from her husband, only her available income is considered in

determining eligibility for assistance. Ordinarily, the State requires approximately 30 days to process an AFDC application, but when a woman is in a crisis situation, she can receive State General Assistance until her AFDC eligibility is determined. Vermont AFDC does allow good cause exemptions from child support enforcement.

This program has no goals or objectives specifically focusing on battered women, but there is an overall program goal "to provide people with assistance and to promote independence and dignity."

Vermont AFDC has not assumed any activities especially for battered women, but the program respondent believed it feasible to provide staff with training to identify battered women and to refer them to appropriate services. The program has not engaged in any coordination activities in behalf of battered women. It is important to note that this program respondent did not believe that battering has a direct impact on a client's relationship with AFDC; however, the AFDC program attempts to make appropriate referrals if a battered woman is identified.

- Emergency Assistance

Vermont has no Federally funded Emergency Assistance program.

- Child Welfare Services - Generic

No interview was conducted regarding this program because in Vermont all Title IV B funds are used for foster care services.

- Child Welfare Services - Child Protective Services

Child Protective Services (CPS) in Vermont are funded through Title XX and IVB, a Federal child abuse and neglect grant to the State, and State funds. Any family in which there is alleged child abuse and neglect is eligible for services through this program. Although Child Protective Services has not formulated any goals oriented specifically to battered women, the program's statute refers to protection and well-being of State residents which, if broadly interpreted, could include battered women. Although there are currently no program activities in behalf of battered women, the program respondent believed limited intervention, such as investigation and family counseling, would be feasible but would necessitate statutory authority and an increase in staff. Peer groups, advocacy, and counseling were services considered especially appropriate for battered women and their families.

There are several factors which restrict CPS services to battered women, including limitations on funding, a clear statutory emphasis on protection of children, and Federal regulations which prohibit use of Title XX funds for emergency shelter for adults. Child Protective Services has no inter-agency linkages related to services for battered women.

- Medicaid

The eligible population for Vermont's Medicaid program includes both categorically and medically needy persons. Recipients must be on AFDC, SSI,

or must meet the income eligibility requirements. (In Vermont the protected income level for a family of four is \$503 per month inside Chittenden County and \$483 per month in the rest of the State.) The eligible population includes persons who are under 21, over 65, blind, or disabled. This program has no goals or objectives which include battered women, nor any specific activities directed toward them. Because of the demands already being placed on the Medicaid program, this respondent did not believe it was feasible for the program to undertake any activities especially for battered women; however, there are no barriers to serving those battered women who meet Medicaid eligibility requirements. Mental health services, medical services, and Early & Periodic Screening, Diagnosis & Treatment services were considered by the respondent as particularly beneficial for battered women and their families. There were no coordination activities identified for battered women through the Medicaid program.

- Social Services (Title XX)

Recipients of AFDC and SSI are eligible for all Title XX services in Vermont. In addition, some services have income eligibility requirements; for example, a family of four must have a gross monthly income of no more than \$887 to be eligible for some services. Additionally, individuals requesting services from Social Services offices and from Public Health nurses are eligible on a group basis. This program has no goals or objectives which specifically address battered women, although the Federal Title XX goal of protection against abuse, neglect, or exploitation is considered applicable. This program has not undertaken any activities focused on battered women and the respondent did not deem it feasible to do so because of lack of funding. Funding level was also cited as the primary barrier to serving battered women. Vermont is already providing a 35% match for the Federal 65%, as compared to the typical 25% - 75% match, but this amount of funding barely maintains the current level of services. The Title XX program respondent believed that the entire range of social services may be useful to battered women depending on individual need. To date, there have been no efforts by this program to coordinate services to battered women.

- Community Mental Health

Vermont receives no Title III monies for Community Mental Health Centers.

- Work Incentive Program (WIN)

Any AFDC recipient is eligible for WIN services in Vermont. Mandatory WIN registrants include single parents who are the primary wage earners in unemployed parent households and whose youngest children are over six years of age. Any AFDC recipient can voluntarily register for WIN. This program is flexible in that WIN staff are permitted to work with AFDC applicants before their eligibility is determined. Applicants may have access to any service that is available with no extra cost to the program, such as group job search or family counseling. The WIN program does not have specific goals and objectives addressing battered women; however, the general program goals "to help AFDC applicants to become self-sufficient as rapidly

as possible, to ensure employment for 35% of AFDC applicants, and to help people find employment before they become dependent on the welfare system" could include battered women. The WIN program has not undertaken any specific activities for battered women. This program respondent did not know whether such activities were feasible for the program to undertake, because incidence data and information on the extent of need are not available. Battered women may receive WIN services now; and, program staff would have to be convinced that the problem of domestic violence is sufficiently extensive to warrant a special focus. Presently, WIN caseloads of unemployed parents are increasing and this is considered the top priority. According to the respondent, no Federal, State, or program level barriers restrict WIN's ability to serve battered women; and there are a variety of WIN services which would be useful to battered women and their families, including crisis intervention, counseling, child care, and homemaker services. The WIN program has not been involved in any coordination activities for battered women at the State level; however, some WIN counselors are working with groups at the local level to provide services to battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

Vermont's alcohol treatment program has no eligibility requirements; anyone with an alcohol-related problem can receive assistance through this program. The program has formulated draft standards which include provision of "safe homes" for battered women as part of their network of services. The impetus for this was three-fold: a new emphasis from NIDA; the belief by program staff that domestic violence is a serious problem in relation to substance abuse; and, the substance abuse program's current focus on services for women, in general. Aside from the draft standards, this program has general goals which could include battered women, such as provision of treatment and expansion of programming for women, meeting the needs of underserved populations, and increasing staff awareness of the needs of special populations (including battered women). This program has undertaken some activities focused on battered women such as a needs assessment, and staff training on treatment for women which includes a component on battered women. In addition, several mental health centers, partially funded by the alcohol treatment program, are establishing "safe houses" for battered women and women with alcohol-related problems. The respondent pointed out, however, that the initiative for these safe houses came from the community mental health program rather than from the alcohol treatment program.

The program respondent cited several barriers to serving battered women. First, the program has no funding with which to expand its services. This is especially problematic for this program because many services, especially residential facilities, are male oriented and are not set up to handle both men and women or to permit child care. Thus, serving women and particularly battered women would require an overall reallocation of resources. The respondent did not believe program staff are sufficiently committed to serving women to facilitate such a change in program priorities. In addition, staff lack expertise and awareness regarding the needs of women and battered women. Some have biases which impede their work with women while others are simply not familiar with women's treatment needs and are lacking

some of the necessary skills. There also exists a limitation in the facilities; none can provide child care. Finally, the stigma attached to alcohol abuse in some cases prohibits people from seeking this program's services. The State is already attempting to resolve some of these problems by continuing to emphasize expansion of services to women and by providing staff training to increase awareness of and skill in meeting women's treatment needs. Although there have been minimal efforts on the local level to coordinate services for battered women, overall there have been no linkages established within this program to ensure services to this population.

- Drug Abuse Demonstration and Community Service Programs

Any individual with documentable drug dysfunction is eligible to receive assistance from Vermont's drug treatment program. Although this program has no specific goals related to battered women, there are some general program goals which could include them. The program has a Task Force which is generating plans regarding services and treatment for women. Plans include inservice training and analysis of services currently available to women, with a long-range goal to reallocate treatment slots to bring more women into treatment. The program respondent indicated that there is no current focus of activity on battered women, but that it would be feasible to provide technical assistance to individual programs regarding services to this population. The respondent perceived no barriers to battered women's receipt of services through this program, with substance abuse counseling cited as the most appropriate program service. The entire range of drug treatment services was considered beneficial for abusing spouses. None of the program's services were deemed especially appropriate for children, unless they have drug-related problems. This program has not been involved in any coordination activities focused on battered women.

GRASSROOTS ORGANIZATIONS

State-level program respondents identified a number of programs involved in services and advocacy for battered women. These included: the Governor's Commission on the Status of Women; LEAA funded programs; the Women's Crisis Center in Brattleboro; the United Counseling Service in Bennington; the Commission on Family Violence in Montpelier; and, the Northeast Kingdom Mental Health Center.

SUMMARY

Despite a general consensus that State programs recognize domestic violence as a social problem, discussions with State-level program administrators in Vermont demonstrated an overall absence of active involvement in services targeted on battered women. These discussions also failed to reveal much activity for battered women on the local level. Several respondents believed it would be feasible for their programs to undertake some activities for domestic violence victims, but this was viewed as contingent upon increased staff or funding.

STATE PROFILE: VIRGINIA

INTRODUCTION

Virginia has a total population of 4,906,000. Whites comprise 83% of the total with Blacks and those of Spanish origin accounting for 16% and 1%, respectively. The female population slightly outnumbers males by 52% to 48%. The mean income per year for males (\$10,962) is more than twice the income per year for females (\$4,849). Approximately 10.5% of individuals and 8.3% of families in Virginia are below the poverty level with 498,000 people receiving some type of transfer payments. Virginia has 63% of its population living inside metropolitan areas with the remainder in rural areas. The State's unemployment rate of 4.5% is relatively low.

A number of factors unique to Virginia were cited as affecting the incidence of domestic violence. These include the diverse nature of living conditions between a few extremely dense metropolitan areas (e.g., Richmond and Northern Virginia) and extremely rural areas (e.g., Southwest and Southeast Virginia). The large metropolitan areas have all the problems associated with large cities, and the rural areas have a sense of isolation and a low economic level. Another problem cited was the transient nature of Federal employees living in either suburban communities or military establishments. This influx of a basically transient population with no extended families close by has increased the day-to-day problems and has added to the pressures faced by families. In the Northern Virginia area, there are housing shortages and a markedly higher cost of living than average, thereby putting financial pressure on all socioeconomic levels but especially onto the poor and middle income levels. Some respondents indicated that the lower grades of government service workers and the lower ranks of enlisted personnel in military service find it most difficult to provide their families with basic needs such as housing, clothing, transportation, etc. These problems and the resulting life stresses contribute to the increased incidence of domestic violence.

The existing legal system provides some civil and criminal remedies for situations involving domestic violence; however, the civil remedies provide only for court ordered counseling or treatment, and payment by the abuser for shelter care for the victim. In March of 1980, the State General Assembly passed House Bill 690, entitled Services for Abused Spouses. Now awaiting the Governor's signature, the bill mandates the Department of Welfare to: establish a central clearinghouse for information and referral for domestic violence victims; develop listings of services available Statewide to battered women; provide technical assistance for public and private domestic violence programs; and, administer State grant funds. There was no money allocated by the General Assembly, and no mandate to provide services other than informational activities. The bill requires that couples be legally married and that there be verification that domestic violence has occurred in the family; according to respondents both of these provisions could pose barriers to effective service delivery.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The qualifying condition for eligibility for AFDC is deprivation of financial support due to absence or incapacity on the part of a parent which affects the child. Virginia's AFDC program does not have an unemployed parent program and is limited in what aid it can provide to intact families. Women with children are eligible the day they leave their husbands, and their available income (which could include jointly owned property, bank accounts, and husband's income) is considered in determining their eligibility. A related problem is that some shelters restrict an individual's stay to two weeks because of lack of space, while AFDC payments can take 45 days to be processed and received.

The program has no objectives specifically addressing or activities focusing on battered women; however, battered women with children could be included under AFDC's general goal "to meet the needs of children." The primary barrier inhibiting the program's capacity to serve battered women, identified by the respondent, is the focus on serving children. Since Federal legislation mandates AFDC to serve children in need, it cannot serve women unless there are children present in the home. The program has no coordination linkages with regard to services to domestic violence victims.

- Emergency Assistance

This program can provide financial assistance to all families with at least one child in the home, the amount of assistance varying according to need. The program is State supervised and locally administered, with local communities having considerable discretionary power to determine eligibility and amount of payments to families. The Emergency Assistance program has no objectives specifically addressing or activities focusing on battered women; however, a battered woman with a child could be included under the program's general goal "to meet the financial need of families with children in an emergency" (usually interpreted to mean a natural disaster). According to the respondent, the primary barrier which inhibits the program's capacity to serve battered women is the lack of mandates on either the Federal or State level to specifically target on them as a special group needing short term financial assistance. If the program were to provide resources to battered women, it would have to certify eligibility through other criteria. In addition, Federal legislation mandates that a child be present in the home which excludes battered women who have no children or whose child is no longer at home. The program has no coordination linkages with regard to services to domestic violence victims.

- Child Welfare Services - Generic

The program can provide services to anyone who has a need related to child management problems, including children who are determined through adjudication to be abused or neglected. The major activity of the program is the placement, which may be voluntary, of children into alternative living

situations such as foster family care and adoptive homes, with services then provided to natural parents, foster parents, or adoptive parents. The program focus is to meet the needs of children as primary recipients, with the family being served secondarily and in relation to the child's well being.

This program has no definition of domestic violence, and no goals or objectives specifically addressing battered women, although domestic violence victims could be included under general program objectives related to promoting stable family units. The program has not undertaken any specific activities on behalf of battered women. The respondent believed that services should be made easily available to battered women, but that this program was primarily concerned with children and their placement. The respondent also believed that activities in behalf of battered women could be undertaken by the program if additional monies were made available. Thus, changes which would be necessary to enable this program to serve battered women would include a legislative mandate with additional funding to carry out the mandate. There were no program linkages or coordination activities on the State level geared towards serving battered women identified by the respondent.

o Child Welfare Services - Child Protective Services

The primary populations served by Child Protective Services are children (under 18 years old and without regard to income) who are abused, neglected, or at risk of abuse or neglect. The family as a unit, or any individual in the family, can receive services only in relation to alleviating risk to the child. The program has no definition of domestic violence nor any goals or objectives specifically addressing battered women. However, battered women could receive services under the program goal of maintaining the family unit. The program has taken on the task of providing information and referral to battered women who call the 24 hour "hotline" for reporting child abuse and neglect; however, additional program focus in behalf of battered women is not considered feasible given present funding limitations.

The Federal funding level (which determines State match), Title XX restrictions in using monies for shelters for adults, and the program's primary focus on the child's welfare were cited by the respondent as major barriers to serving battered women. Services available through the Child Protective Services program and considered beneficial to families experiencing domestic violence include: testing and evaluation; individual, group, and family counseling; and, homemaker services. According to the respondent, a basic change in program objectives with a broadened interpretation of "child welfare" would be required before the program could expand services to battered women. The program has not been involved in any coordination activities in behalf of battered women.

• Medicaid

Dependent children (primarily AFDC recipients), some individuals in foster care, SSI recipients, the needy blind, the elderly (over 65 years old), and persons who are disabled constitute the population eligible for Medicaid in Virginia. The Virginia Medicaid program has not defined domestic violence,

focused any specific program activities on domestic violence victims, nor developed goals or objectives specially addressing battered women. However, battered women could be included under the program goal "to provide medical services and protection to eligible individuals."

According to the respondent, it is not feasible for the program to assume any activities on behalf of battered women due to a major cutback in funds in 1975 and only maintenance budgets in subsequent years. The program does not focus on diagnosed problems so services are not targeted specifically on any population group. The responsibility for meeting the service needs of special groups, such as battered women, was viewed by the respondent as belonging to social service programs and outside the scope of the Medicaid objective of providing medical assistance. A full range of medical services could be provided to battered women who met current eligibility requirements.

If Medicaid's capacity to serve battered women were to increase, necessary changes would include an expansion in the mandated eligible population and an increase in funding to provide the necessary services. This program has no coordination mechanisms oriented toward services to battered women.

• Social Services (Title XX)

Title XX services potentially are available to all persons. Eligibility is based on income with a sliding fee scale for those able to pay. Although this population could include domestic violence victims, there have been no specific program goals or objectives directed toward battered women. The Title XX program in Virginia has no State mandated responsibilities to serve battered women; and, at this time, the respondent does not consider additional activities feasible due to funding constraints. For example, the insufficient funding at all program levels would necessitate that other services be cut back to target more services on battered women. Other barriers cited were Title XX regulations which prohibit funding of emergency shelters for adults; and Protective Services for Adults which serves only the aged, the infirm, and/or the disabled. There are resolutions in progress, however, including H.R. 3434 which would permit Title XX to fund emergency housing for adults, and a new State law (pending the Governor's signature) charging the Department of Welfare with responsibility to serve domestic violence victims. Both of these raise the hope of some changes occurring in service delivery mechanisms.

Some of the services provided under Title XX, identified as most appropriate for battered women and their families, include day care, direct counseling, legal protection, medical care, and transportation. The program engages in coordination activities with LEAA with respect to shelters, has membership on the State Task Force on Domestic Violence which reports to the General Assembly, and provides information necessary for passage of legislation.

• Community Mental Health

Anyone who seeks help can receive assistance through Community Mental Health Centers if eligibility standards are met. According to the respondent,

the major focus is on those individuals who are the most difficult to treat or train. The program has not established a definition of domestic violence nor any goals or objectives specifically addressing battered women. However, battered women could receive services through many of the overall goals and objectives of the program: for example, to provide services in crisis intervention, prevention, general health, etc. The Community Mental Health program has undertaken specific activities in behalf of women even though not mandated to do so. These activities include program funding; technical assistance; direct services; emergency services; community education; and, staff training. Services identified as being most needed by battered women and their families were emergency shelters; direct counseling; employment; day care; and, medical care. Changes identified as needed to enable this program to serve battered women were the development of an extensive needs assessment to determine the incidence of the problem, the geographical dispersment of victims, and the kinds of services needed. To date, there has been no inter-agency coordination on the State level geared specifically toward assisting battered women.

- Work Incentive Program (WIN)

All individuals who qualify for AFDC are also eligible for WIN, and are mandatory WIN registrants unless they have children under six, are physically disabled, are caring for an elderly person, or are between the ages of 16 and 21 and in school full time. Virginia's WIN program has no specific definitions, goals, or objectives related to domestic violence; however, a general goal of the program, to assist AFDC recipients in becoming economically self-sufficient through training and employment, could apply to battered women. The WIN program has no mandated responsibilities nor has it undertaken specific activities in behalf of battered women, but there is a willingness by the WIN staff to offer a full range of services relating to employment and training to battered women and their families. However, the respondent stated that service to battered women, as a special target group, would need to be mandated by Federal and State government with accompanying funding allocations. Of the services available through WIN, the respondent reported that battered women and their families would be most likely to use job training, skill development, counseling (employment and emotional), child care, and family treatment. The WIN program has not engaged in any coordination activities with other agencies in behalf of battered women.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

The alcohol and drug programs in Virginia serve any State resident with a substance abuse or abuse-related problem. There are 36 Community Services Boards which are local authorities for mental health, mental retardation, and substance abuse responsibilities. The only limits to service are specific treatment plan limitations; for example, some detoxification programs specify a 7 to 14 day residential stay, but this varies from program to program. Most halfway houses provide an average stay of six months to one year, with continuance allowed if necessary.

The alcohol and drug treatment programs have a working definition of domestic violence that defines it as "abuse of a significant other in the home . . .," specifying both physical and emotional abuse and including the elderly and children. The respondent stated that 80% of the cases of domestic violence encountered also involve substance abuse as an integral part of the total problem.

Although there are no program goals or objectives specifically addressing battered women, battered women could be included under the overall program objectives "to conduct needs assessments on the service needs of women, to provide technical assistance to programs in the development of women's issues, and to provide staff training on women and domestic violence." Program activities undertaken in behalf of battered women include: collection of incidence statistics; consultation; staff training; community education and information; and coordination with the Department of Welfare and the Division of Justice and Crime Prevention.

Services available through the alcohol and drug treatment programs include detoxification treatment and shelter; medical care; counseling; testing and evaluation; limited transportation services; and, vocational counseling by referral. Battered women, their children, and abusing spouses were identified as needing and benefiting most from the programs' medical and counseling activities.

The respondent indicated that substance abuse and domestic violence issues often require crisis intervention and that this sometimes poses threats of violence to the service providers. Therefore, more training is needed for police officers and staff, who come in direct contact with clients, to maximize clinical expertise and minimize value judgments. According to the respondent, more legal services, crisis shelters, and "hotline" services also are needed to serve victims of domestic violence effectively.

The alcohol and drug programs have coordination linkages with several other agencies (Mental Health, Welfare, Virginia Commonwealth University, the Division of Justice and Crime Prevention, Virginia Division for Children, Virginia Supreme Court, and T.C. Williams Law School, University of Richmond) in behalf of domestic violence victims.

GRASSROOTS ORGANIZATIONS

There were a few local domestic violence programs identified in Virginia, most notably in the Norfolk, Richmond, and Northern Virginia areas. Some of these were the Battered Women's Support Project; the YWCA's Women's Victim Advocacy program; the Shelter for Help in Emergency; First Step, Inc.: A Response to Domestic Violence; Virginians Against Domestic Violence; the Rappahannock Council on Domestic Violence; and the Office of Ministries for Women. Most of these programs were recently established, and were credited by respondents with greatly increasing public awareness to the problems of battered women in a short time period. Funding for these programs comes from LEAA, Title XX, CETA, churches and other private resources.

According to respondents, most of these programs are located in urban areas; there are still many rural areas where the needs for shelters and services are not met. Even within urban areas, services are not considered adequate in quantity and quality to meet the needs of battered women.

SUMMARY

Interviews with State level program administrators in Virginia demonstrated a general lack of direct services focused on battered women. There are, however, some peripheral activities such as staff training on the problem of domestic violence. Program activity on the local level was also reported as minimal and relatively recent.

The majority of respondents reported that the State is concerned about domestic violence victims and that domestic violence is considered a social problem, but the general consensus was that no State programs have focused much activity in this area. Also, it was stated that if the Governor signs the new legislation, there may be increased activity within the Department of Welfare.

STATE PROFILE: WASHINGTON

INTRODUCTION

The State of Washington has a total population of 4,040,000; 92.1% of this population is White, 2.5% is Hispanic, 2.2% is Black, 1.8% is Asian, and 1.4% is American Indian. One-third of the State's population lives outside metropolitan areas. The mean income for women is strikingly lower than that for men (\$4,502 versus \$11,749). Seven % of the families fall below the poverty level; the unemployment rate is 5.7%.

Program respondents did not identify any unique characteristics of Washington as contributing to the problem of domestic violence. However, the presence of logging communities, military bases, and the "last frontier syndrome" were mentioned as factors contributing to the incidence of domestic violence.

Program respondents indicated that Washington's programs, in general, recognize domestic violence as a social problem, citing as evidence the recently created State-funded Domestic Violence Program. Respondents noted that, in the past several years, there has been increased attention focused on this problem and that many of the local shelters and women's groups have been instrumental in raising the consciousness of the public and in promoting legislative action.

Recent State legislation (1979) recognized domestic violence as a serious crime against society and assured the victim of the maximum protection from abuse which the law and those who enforce the law can provide. The intent of the law is to enforce existing criminal statutes without regard to whether the persons involved are or were married, cohabiting, or involved in a relationship. Peace officers are required to notify victims of their rights; to arrange for transportation to a hospital or shelter if necessary; and to prepare and maintain a report or record of the incident. Officers cannot be held liable in a civil action for an arrest based on probable cause. The court must not require proof that either party is seeking a dissolution of marriage; it may require that the victim's address be withheld from the abuser; and it may prohibit the defendant from having any contact with the victim. A public attorney must notify the victim of the intent to prosecute within five days.

PROGRAM DESCRIPTIONS

- Aid to Families With Dependent Children (AFDC)

The AFDC program in Washington serves children deprived of parental support, and is responsive to both battered women with children and pregnant battered women once the pregnancy has been verified by a physician. AFDC funds can also be paid to two-parent families in cases where the father is unemployed.

AFDC benefits are paid to those who are income eligible. The husband's income is not counted toward this eligibility if his funds are unobtainable by the woman. For example, when a woman places herself in danger by attempting access to such funds, or, when bank accounts are in the husband's name, the income is considered unobtainable.

The AFDC program will pay for women and children residing in shelters. Battered women are benefitted by a special feature of the program which has not been clearly stated as a goal or objective, but nonetheless is operational. When a spouse on AFDC leaves home because of abuse, the AFDC program gives additional money above the regular grant to cover the woman's initial care in a shelter, if her regular grant amount is depleted. These funds are provided generally for one to four weeks and the maximum amount can be no more than one month's grant standard. At the end of one month, the standard grant amount goes into effect. Or, if the grant is in the husband's name, the woman must then get a grant in her own name.

The AFDC program has not developed its own definition of domestic violence, but uses the definition developed through the State laws for the Victims of Domestic Violence Program. Because of budget cuts, the respondent did not believe it feasible for the program to initiate any activities in addition to those already undertaken.

No specific barriers to serving battered women were noted, although AFDC's focus on children could limit service delivery. The AFDC program has engaged in an informal working arrangement with the Bureau of Community and Residential Care which houses the Victims of Domestic Violence Program. These two programs have worked together to train shelter staff and residents in ways to make financial application for assistance, and have disseminated information to local social service staff. There have also been informal meetings with staff from the displaced homemakers program, a group which has the potential to serve battered women.

- Emergency Assistance

The emergency assistance program provides limited funds for income eligible families in crisis.

Special program efforts (program k) have been specifically focused on battered women. Funds are available for a total of 30 days within 12 months and can be used by battered women with children who are not yet proven eligible for AFDC.

Battered women in shelters are considered to be in an emergency situation; therefore, special efforts are made to serve them quickly and efficiently. For example, less stringent verification procedures often are used in processing the application, and the victim may not be required to return to the home to obtain eligibility documentation.

The program has not established its own definition of domestic violence, but uses the Victims of Domestic Violence Program's definition. Given additional funding and interest, further progress could be made in helping

battered women, although the respondent expressed some reluctance to set a precedent of helping special target groups.

The fact that eligibility for assistance can be determined only through income criteria was cited as a barrier to serving battered women. To better serve this population, the respondent suggested that interpersonal skills training be given to staff to make them more sensitive to battered women's problems and needs. Program staff have held informal meetings with the Bureau of Community and Residential Care, and with shelter staff to discuss methods of recordkeeping which will insure confidentiality.

- Child Welfare Services - Generic

These services, including intake, assessment, and counseling are provided to any family in conflict and to runaway children and their families. Families can receive services without regard to income. The initial referral is related to a child, but the crisis intervention program, which operates 24 hours a day, often identifies other family problems, which then are served primarily through referral. Both day care and homemaker services can be provided to families in conflict to help ameliorate the problem areas, although income eligibility requirements apply unless the care is part of the protective service case plan. Those program services cited as being most useful to battered women were day care and homemaker services.

With additional funding the respondent stated that the parenting and communications skills classes for parents could be expanded, as could the homemaker and day care services, all of which could provide some assistance to battered women. In addition, the program would intensify its efforts in meeting a 24 hour turn-around for service delivery for families in crisis.

Child Welfare Services does have an advisory board which is concerned primarily with child abuse, and which identifies additional abuse issues when they are related to children.

This program has developed a service agreement with the Bureau of Community and Residential Care in which they notify one another when there is a case which deserves attention.

- Child Welfare Services - Child Protective Services

Services are available regardless of income to families in which there is some evidence of physical or mental abuse of a child, this definition including a child in jeopardy because of the parents' violence. If the parents' violence is affecting the child, steps must be taken to change that pattern in order to protect that child. Although a referral generally is initiated because of suspected abuse of the child, the service delivery is actually family focused. Therefore, the potential for identifying and serving all victims of domestic violence is evident. The services which could be of most use to this population are crisis and on-going counseling and information for battered women; crisis counseling and on-going counseling for children of battered women; and on-going counseling for abusing spouses.

The program does not have a specific definition of domestic violence, but uses the Victims of Domestic Violence Program's definition. It has not established goals or objectives specifically addressing battered women; however, the program has recently undertaken the collection of statistics on incidences of battering against women and other family members when these situations are identified through referrals. Another specific activity related to battered women, which developed from the general goal of protecting children, is a coordinating effort between specific case workers and some shelter programs to discuss problem areas associated with service provision to battered women and their children.

Service to battered women could be expanded as long as child abuse or neglect is a part of the problem. Staff training or individual case consultation also could be considered. Already, the program's service manual lists shelters where services can be delivered. According to the respondent, the only barriers to serving battered women are funding and the requirement that child abuse or neglect be present.

- Medicaid

Medicaid services are provided to those who are categorically eligible under AFDC and SSI as well as to those who are medically indigent. Medicaid does not provide direct service, but does pay for the provision of in-and out-patient care and counseling. The program does not serve battered women specifically, nor are there any objectives which address battered women, but this population is given necessary and essential medical care if the eligibility requirements for Medicaid are met.

It is not considered feasible for the program to assume any additional activities on behalf of battered women, primarily because it would mean a redefinition of the eligibility requirements and services. As the Federal requirements exist, the program cannot discriminate and must provide services uniformly. To target services on battered women, Federal requirements would have to be changed, a precedent which has already been set by making eligible all children in foster family care and all pregnant girls under age 21.

The program services identified as needed most by battered women were hospital and physician care. Psychiatric services were identified as most needed by abusing spouses and children of battered women.

No linkages have been developed by Medicaid with other programs on behalf of battered women, nor has any programmatic definition of domestic violence been developed.

- Social Services (Title XX)

Title XX serves the eligible population through 27 services. The majority of services have income requirements for eligibility, although some (e.g., child and adult protective services) are provided without regard to income.

The program has not established its own definition of domestic violence, but uses the definition established by the Victims of Domestic

Violence Program. The program has not developed any goals or objectives which specifically address battered women; however, through Adult Protective Services a broad spectrum of services are provided to adults who are neglected, abused or exploited or whose living situation and/or life style is such that their own health or safety or that of others is endangered. This definition of adults needing protection includes victims of domestic violence. The types of case-worker services which are available to clients include identification; assistance in obtaining medical care; legal services; provision of homemaker or chore services etc. However, Title XX does not pay for any shelter care for battered women.

The FY 81 budget reflects a new emphasis on victims of domestic violence. There is a five % increase in Adult Protective Services funds to cover the addition of services to this group. There is also the potential that victims of domestic violence will be identified as a special category needing service in the next two-year Comprehensive Plan for Social Services.

The program has not yet undertaken any activities on behalf of battered women, but could do so if communities indicated a need for such services and if additional funding were forthcoming. Title XX is just beginning coordination efforts with the Victims of Domestic Violence Program. So far, the Director of the program has briefed Title XX staff on the program's needs and achievements.

- Work Incentive Program (WIN)

The client population for the WIN program consists of unemployed AFDC recipients. Women with children under the age of six are not required to participate in WIN, although they may volunteer as may those individuals who are over 16 and out of school. The program does not target services specifically on battered women, nor does it have any goals or objectives specifically addressing them; however, if battered women meet the WIN eligibility requirements, every effort is made to meet their needs. They will be provided WIN services, which include job training, counseling, child care and medical care, and which are intended to make them eligible for employment. WIN's major goal of employing AFDC recipients is seen as potentially benefitting battered women by providing new job skills, and by possibly reducing some of the familial stresses due to unemployment. The WIN program cannot assume any additional activities on behalf of battered women at the present time. Because of the current high rate of unemployment, it is having difficulty meeting its already mandated responsibilities. The only other barrier cited to meeting the needs of battered women were the Federal regulations which require that clients must be on AFDC and, thus, have children. The program has not engaged in any coordination activities with other programs on behalf of battered women, nor has it developed a programmatic definition of domestic violence.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The alcohol program serves anyone who has an identifiable alcohol problem or anyone who lives with someone who has such a problem. The program has not developed a definition of domestic violence and has not established any goals which specifically address battered women. However, a mandated goal

which may include battered women is to "provide more services for the under-served populations; e.g., women, and families of alcoholics."

The program has undertaken a variety of activities in the last year which have focused on or, in some way concerned, battered women. A pilot study of cross training was conducted in April with alcohol contractor staff and Victims of Domestic Violence staff. There are plans to disseminate this training Statewide in the fall. Training was also conducted with child abuse and alcoholism workers last fall in which battering in the family was discussed. Discussion sessions have been held concerning the effects of drug abuse on pregnancy and the attendant problem of battering.

It is believed by the respondent that once the Statewide training is in effect, additional activities on behalf of battered women will be undertaken. The staff will have the necessary expertise and will be effective resources for consultation, advice, and referrals. It is hoped by the respondent that womens' groups in the treatment facilities can be established which will facilitate discussions on battering and lead to the development and utilization of other services such as counseling. The alcohol program has worked closely with the Victims of Domestic Violence Program and with Child Protective Services to develop and provide training for staff in identification of abuse and in making referrals to appropriate agencies. In addition, staff are working with Child Protective Services to develop confidentiality procedures.

- Drug Abuse Demonstration and Community Service Programs

Battered women are not treated as a special target group in the State's drug programs. If they meet the following eligibility requirement, battered women will be provided with the full range of services: an individual must show use or abuse of a substance with at least a weekly frequency, and there must be evidence of disturbance as a product of the usage in the client's social, economic or familial environment. Services provided to eligible clients include counseling, medical care, and job skill training.

The program has not developed a definition of domestic violence and has not established any goals or objectives which specifically address battered women. There are some local drug programs which have services for women with dependents, but no services specifically for battered women. An additional activity which the program respondent considered feasible was the establishment of residential facilities for women with children, as it is difficult to provide services to women unless their children can also be cared for. Unfortunately, the program cannot use its Federal funding to provide such child care; the funding can be used only for the client. Day care funds must come from AFDC or State funds.

Staff from the drug abuse program have met informally with representatives from the Bureau of Community and Residential Care. They have discussed ways to share information as well as ways to guarantee confidentiality of clients.

- Indian Health Services

(See Grassroots Organizations.)

GRASSROOTS ORGANIZATIONS

The Tacoma Shelter for women appears to be highly visible and was mentioned by several of the respondents. This shelter has responsibility for the 24-hour "hotline" funded through the Victims of Domestic Violence Program. Also mentioned were shelter programs in Olympia (YWCA) and Seattle, research and treatment programs at Harbor View Hospital in Seattle, and the Veterans Administration Hospital in Tacoma. The Yakima shelter serves the Indian population from the Yakima reservation.

STATE PROGRAM

The Victims of Domestic Violence Program was implemented in July, 1979, and operates with four major objectives:

- To provide safe shelter care and counseling services for victims of domestic violence;
- To provide training and education to shelter care staff, law enforcement and other agencies dealing with services for victims of domestic violence;
- To provide appropriate referrals of victims to other agencies and to keep an up-to-date information and directory of services for victims of domestic violence; and
- To assist in the development of funding resources and to provide technical assistance to services for victims of domestic violence.

In October, 1979, the program implemented a 24-hour toll-free "hotline" which provides crisis help, information and referrals on a Statewide basis. Crisis information cards have been printed for distribution throughout the State. An annual report which includes domestic violence statistics must be presented to the legislature.

The program has been charged with the responsibility of establishing minimum standards for shelters and awarding grants to shelters. Three types of funds (total of \$1.4 million) are available to local projects:

- a) 48 hour emergency care. This provides \$30 per day per family or \$20 per single individual for a maximum of two days for basic survival needs.
- b) Adult counseling, child counseling. After the first 48 hours, \$10 per day for a maximum of seven days is available for counseling programs for in-residence adults or children. Local communities must match the State funds to be eligible for a grant.

c) Non-resident counseling. The rate of \$10.00 per day per individual is payable for a maximum of five sessions within a 60-day period.

The domestic violence definition used in the State legislation is unique in that it includes cohabitants, and any couple who have a child whether or not they were ever married or ever lived together.

SUMMARY

Washington has a very active State Domestic Violence Program which provides emergency funding for shelter and counseling for battered women. In less than a year of existence, it has become a highly visible program and has established working relationships with a variety of DHHS service programs including the Alcohol, AFDC, and Emergency Assistance programs. There is an indication that some DHHS program staff do not perceive a role in providing services to victims of domestic violence, believing that the Victims of Domestic Violence Program is fulfilling the needs of this population group adequately.

Recognition of the problem of domestic violence appears to exist at the State level, and there is every indication that further coordination efforts among DHHS programs to combat this problem will occur.

STATE PROFILE: WEST VIRGINIA

INTRODUCTION

The total population of West Virginia is 1,793,000. The majority of the population is White, with 38,000 Blacks and 6,000 of Spanish origin. The mean income is \$9,167 for males and \$3,978 for females. The percentage of people in the State below the poverty level is 15%, and 239,000 persons receive transfer payments. Unemployment is 5.8% of the labor force. Most persons in the State live outside of metropolitan areas.

All but two respondents indicated some unique characteristics of the State which they believed affected the incidence of domestic violence. Most commonly mentioned was the attitude that violence is "okay" and culturally sanctioned. Also cited were the strong adherence to traditional roles, the high rate of unemployment, the general lack of employment opportunities for women who might want to live independently, and the rural nature of the State which increases social isolation.

In terms of legislation, the civil remedies are comprehensive, modeled after the Pennsylvania law; however, for protection and relief the victim must file for divorce or separation within 30 days. Proposed legislation that would provide services for victims did not pass but may be reintroduced in a future session.

There are currently no State-authorized domestic violence programs.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

AFDC is available for one or two-parent families in financial need. This can include families with unemployed fathers.

No program goals or objectives which address or could include battered women were identified, but the respondent indicated that workers are told to "look for abuse." When abuse is detected, counseling (on a one-time only basis) and referral are provided by the economic service workers.

According to the respondent, some barriers that restrict the AFDC program's capacity to meet the needs of battered women are: insufficient State funding; the child support enforcement program which may provide the father with the mother's address; and, the fact that women may not be eligible for assistance because of the way State regulations define "assets," even though these assets may not be readily accessible.

- Emergency Assistance

West Virginia's Federally funded Emergency Assistance program is available to anyone meeting the Title IVA eligibility criteria. There is also some State funding available for emergency assistance for adults without children.

Emergency assistance can be granted to women when there is a risk to their returning home, and when they have sought legal remedies in attempting to get the spouses to leave by court order. Assistance to women in shelters can be provided for up to 30 days. Other needs provided for on an emergency basis include child care, food, clothing and household goods, and medical care.

The program goal of assisting people without income who are hungry, homeless, or in need of medical care, could include battered women. However, no services are specifically targeted on this population. In 1980, a study was conducted focusing on the availability of Emergency Assistance for victims of domestic violence. The outcome of this study was that the need was greater than available resources.

- Child Welfare Services - Generic

In West Virginia, Child Welfare Services are available for any child up to age 18. The general goals of protecting children and keeping families together could include battered women. No program services are currently focused on victims of spouse abuse, and the respondent did not believe it feasible to do so because of anticipated cutbacks in staffing. No program coordination activities in behalf of battered women were identified by the respondent.

- Child Welfare Services - Child Protective Services

Child Protective Services (CPS) are available for any child up to age 18 who is abused or neglected. The focus of services is primarily on protecting children; however, when a spouse is also in need of protection, some services are directed towards her/him. Thus, the program goals of providing counseling and related services to parents and making referrals, could include battered women. No program services are targeted specifically on battered women, and expansion in this direction was not considered likely due to staffing and funding cutbacks.

Beginning in 1978, NCCAN monies were used to partially fund the FACT (Families and Children Together) program in Kanawaka County. FACT has a coordinating relationship with a local domestic violence program that provides shelter and support services for battered women. No barriers directly restricting the CPS program's ability to meet the needs of battered women were identified.

- Medicaid

The populations eligible to receive Medicaid in West Virginia are the categorically needy, foster children, and the medically needy. (However, the medically needy component of the program was dropped July 1, 1980. This was expected to adversely affect the program's ability to serve battered women and their children.) According to the respondent, the Federal regulations requiring separation from spouse and the presence of children in the home in order to qualify as categorically needy, further restricts the program's ability to meet the needs of battered women.

Some Medicaid staff have been involved in coordination efforts with local shelters, focusing on shelter referrals to the Medicaid program.

- Social Services (Title XX)

Title XX services are available to low income individuals. The program goals to protect abused adults and to prevent or remedy abuse or violence could include battered women.

Beginning in 1980, some Title XX activities have focused on battered women. As of January 1980, \$150,000 or 2% of the total program budget was allocated for domestic violence victims. Title XX funding is provided to a total of seven domestic violence programs in the State and is used to provide counseling and adult protective services. In one month (March '80), 261 individuals received Title XX services for problems related to domestic violence.

The Federal restriction on the use of Title XX funds for shelters was identified as a barrier to the program's capacity to meet the needs of battered women. (This will be remedied with the passage of HR3434.)

- Community Mental Health

The population eligible to receive Community Mental Health Services includes any individuals with psycho-social problems or behavioral dysfunctions. Community Mental Health Centers are available to provide psycho-social services on referrals from the Department of Welfare, Title XX programs in Charleston, Clarksburg, Elkins, Martinsburg, Morgantown, Parkersburg, and Petersburg. Two Community Mental Health Centers, located in Clarksburg and Petersburg, were funded through the Department of Health's Agreement with the Department of Welfare (under Title XX). There is a shelter at Petersburg and a planned opening for one in Fairmont in January, 1981. Mental Health Center services are available for families, as well as for the victims of domestic violence. Although no program goals specifically address these victims, they could be included in the general program goals "to develop protection services for adults and to promote mental health."

Program activities focusing on domestic violence activities were begun in FY '78-'79. These activities have included: consultation and education; staff training; counseling for victims; and involvement in the establishment of a shelter in one locality. According to the respondent, expansion of these activities would be dependent on local initiatives and the availability of funding. No restrictions to the program's capacity to meet the needs of battered women were noted.

- Indian Health Services (IHS)

No program activities related to domestic violence have been undertaken by Indian Health Services in West Virginia.

- Work Incentive Program (WIN)

In West Virginia, WIN registrants include AFDC recipients, some mandatory and some voluntary. The program goal "to increase the wage earning

capacity of women through higher paying and non-traditional jobs" could include battered women. However, no program activities are targeted on this population. One barrier to doing so, cited by the respondent, was that matchable Federal funds are available only for certain designated services, and services to domestic violence victims are not so designated.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants

The population eligible to receive alcohol services in West Virginia includes anyone who abuses alcohol, without regard to income. There is some program focus on the multiple needs of women, including, but not exclusive to, battered women. This focus is addressed in the program goals. One related goal is "to develop a volunteer program to meet the multiple needs of women." Another more specifically related goal, is "to develop local collaborative relationships with domestic violence programs, Parents Anonymous groups, and Women's Health Centers to promote early case identification and to provide intervention and primary prevention." The impetus for these goals was a combination of staff concern and input from people at the grassroots level. Another program goal that does not specifically address but could include battered women is the goal "to improve the capability of a halfway house to serve women."

Although no direct program services have been targeted on victims of domestic violence, several program activities have been undertaken in behalf of battered women. These activities have included funding of special volunteer projects on the needs of women, a Statewide needs assessment, and the provision of consultation, community education, and training. Some residential care homes are in the program plans for 1981. These homes would be available for people with alcohol related problems, which might include battered women. Also, there is a State program policy, soon to become a regulation, that local programs engage in coordination activities with other community agencies, including domestic violence programs.

According to the respondent, a barrier to the alcohol program's capacity to further meet the needs of battered women is the program policy that service contracts must be channeled through Community Mental Health Centers. This restricts the Alcohol program from providing funds directly to domestic violence programs or projects.

- Drug Abuse Demonstration and Community Service Programs

Drug services are available to anyone abusing drugs, with a focus on reaching youth, women, and the elderly.

One of the program goals is to obtain funding for primary prevention activities to focus on avoiding incidents of domestic violence. This goal evolved out of several staff members' concerns about the apparent relationship between drug abuse and domestic violence. Other program goals which include battered women are "to develop linkages with community agencies" and "to develop a balanced service delivery system that includes programs focusing on the prevention of domestic violence."

Several program activities relating to domestic violence are planned for FY '80-'81. These include prevention and coordination activities. Also, some training and prevention activities were begun in 1979. Direct services are primarily obtained through contracts with local mental health agencies.

No barriers to the program's capacity to meet the needs of battered women were noted.

GRASSROOTS ORGANIZATIONS

Several communities have local programs for domestic violence victims. As noted above, some of these receive partial funding from Title XX. Several respondents mentioned the State Commission on Women as being effective in increasing public awareness. NOW and the YWCA have also been active in the area of domestic violence.

SUMMARY

In general, the State's programs are aware of the needs of battered women and are attempting to be responsive within the limitations of funding and program priorities. All but one respondent expressed the opinion that the State programs do recognize domestic violence as a social problem.

INTRODUCTION

The total State population of Wisconsin is 4,569,000. This includes 148,000 Blacks and 34,000 persons of Spanish origin. The mean income for males is \$10,406, whereas for females it is \$4,313. The percentage of the population below the poverty level is 7.7 with a total of 503,000 families receiving transfer payments. Unemployment is 3.8% of the labor force. Over half of the population live in metropolitan areas.

Half of the respondents did not think that the population of Wisconsin was characterized by any unique factors that would affect the incidence of domestic violence. Of the respondents who did not share this view, three indicated that Wisconsin allows a drinking age of 18 and has a high rate of alcoholism.

Assembly Bill 169 was recently passed in Wisconsin, authorizing the Department of Health and Social Services to administer a grant program for domestic abuse services, and appropriating \$1,000,000 per year for two years. The program was implemented on May 1, 1980. There was also other proposed State legislation which, if passed, would provide adequate civil remedies and comprehensive criminal proceedings in domestic violence situations. Several of the program respondents were aware of the newly established State grant program.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

Persons eligible to receive AFDC in Wisconsin include dependent children under 18 and their caretakers, intact families when one parent is incapacitated or unemployed, and pregnant women with no other children. There is no provision for children between 18 and 21 who are still in school. Eligibility may also be established for women and children in emergency shelters. Some local workers do treat these cases as a priority, but in some instances it can take up to 30 days before processing is completed and assistance is received.

The general program goals of providing financial support for dependent children and their caretakers, and maintaining parental care and support could include battered women, but no goals or activities are specifically focused on them. According to the respondent, it is the philosophy of the program not to evaluate circumstances and situations, but to treat all recipients alike; therefore, targeting one group would not be justified. No barriers to the delivery of services to battered women were identified.

- Emergency Assistance

There is no Federally-funded emergency assistance program in Wisconsin.

- Child Welfare Services - Generic

Child Welfare Services in Wisconsin are available to all children in the State who need them. Services are provided to adults only when connected with a child's need. Although no goals specifically address battered women, two which could include them are the goal of keeping families together and the goal of insuring the safety of the child.

Of the services provided by the program, the in-home service teams were identified as most needed by battered women, their children, and abusing spouses.

- Child Protective Services

Wisconsin receives one NCCAN grant for a demonstration project for respite care for children which is in its last year of funding. No other Federal funding is received because the State is currently out of compliance with Federal regulations.

- Medicaid

The population eligible to receive Medicaid in Wisconsin is AFDC, AFDC-U and SSI recipients, and the medically needy. The program goal "to give medical service where needed" could include battered women; however, no goals or activities are specifically targeted on this or any other group.

Psychotherapy was identified by the respondent as the service most needed by victims of domestic violence, their children and abusing spouses. Inpatient and outpatient services were also identified as needed by these individuals.

The fact that the program does not target specific populations was identified as restricting the program's capacity to meet the needs of battered women.

- Social Services (Title XX)

Recipients of AFDC, SSI, or anyone meeting the income eligibility requirements can receive Title XX services in Wisconsin based on availability through county Title XX service plans. Child day care is the only service which uses a sliding fee scale.

The goal of improving personal and family relationships does not specifically address battered women but could include them. In general, services are available for all persons who meet the eligibility criteria, rather than being targeted specifically on one group. However, the respondent was not aware of all activities available at the local level, and indicated a possibility that some services in some communities have in fact targeted on battered women.

Of the available Title XX services, the respondent reported that battered women most need family counseling, advocacy, diagnosis and evaluation, and help in finding housing. The children of battered women need emergency shelter, foster family care, and family counseling. For the abusing spouses, family counseling was identified as most needed.

According to the respondent, the Title XX program's capacity to address the needs of domestic violence victims is restricted primarily by the lack of a provision to use funds for emergency shelters for adults.

- Community Mental Health

Federally-funded Community Mental Health centers in Wisconsin are all Federally supervised and locally administered. The State's involvement is in reviewing applications for grants and participating in site visits. All persons living within the various catchment areas are eligible to receive services from a Community Mental Health Center.

The program goal to provide outpatient and crisis services to anyone in the catchment area could include battered women, though no program goals or activities specifically address them. Battered women are viewed as being entitled to services equally with all other population groups. However, if a large population of domestic violence victims were identified, the respondent believed it feasible to undertake specific activities.

Direct clinical services were identified as the Community Mental Health Center's services most needed by battered women, their children, and abusing spouses. No barriers to the delivery of services were mentioned by the respondent.

- Indian Health Services (IHS)

No services for victims of domestic violence, provided through Indian Health Services in Wisconsin, were identified by program respondents.

- Work Incentive Program (WIN)

Participation in the WIN program is required of all AFDC recipients with the standard exemptions. The program goal of assisting people in finding employment could include battered women. No program goals or services, however, are focused specifically on battered women, based on the premise that they already receive maximum benefit from the program without being targeted as a special population.

Psychiatric services were identified by the respondent as being most needed by battered women, their children, and abusing spouses.

According to the respondent, the WIN program's capacity to meet the needs of battered women is restricted by the Federal legislation which defines the population as AFDC recipients only. This excludes, for example, recipients of General Assistance, a population which could include battered women and would benefit from employment services.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

In Wisconsin, substance abuse services are under the jurisdiction of Community Boards of Directors, appointed by County Boards of Supervisors, each of which formulates a community plan. According to the respondent, all community plans have identified domestic violence as a special problem. (The definition of domestic abuse adopted by the substance abuse programs is presented in the discussion of the State's Domestic Abuse program.)

Any citizen of the State with an alcohol or drug problem is eligible to receive services. The goals of program planning and establishing model programs for women are seen as including battered women. One catchment area has a model pilot project which provides emergency shelter for women and children. In the past, residential services were utilized primarily by men, but this model program recognizes that women have different needs, such as keeping the family unit as intact as possible. Substance abuse programs have also been involved in providing some community education by co-sponsoring workshops on domestic violence.

Of the available services, emergency services were identified as most needed by battered women, day care most needed by the children of battered women, and counseling most needed by the abusing spouses. No barriers to addressing the needs of battered women were identified by the respondent.

Substance abuse staff have formed a linkage with the Bureau of Children, Youth and Families, the agency responsible for the recently legislated domestic violence grants. The coordination effort involves participation on a task force focusing on needs assessment and long range planning. Attention is being paid to the "hidden alcoholic," often a woman at home who is also a victim of abuse. The connection between alcohol and domestic abuse is being explored by program staff.

STATE PROGRAM

Wisconsin's Domestic Abuse Program was implemented on 5/1/80 with the State allocating \$1 million over a one year grant period. The funds were available on July 1, 1980, and it was expected that the contracts would be awarded by October, 1980. Forty percent of the monies were to be awarded to local agencies currently running shelters, 40% as start-up funds for new shelters and to private home care programs (both new and existing), and the remaining 20% for funding services that are provided but not in connection with shelter care.

The population eligible to utilize these programs includes battered adults and their children, with the requirement that there be a spousal relationship between the victim and the abuser. In situations where the couple is not legally married, minor children must be involved for the service to be funded by the State program. The local agency, however, provides a 30% match to State funds, and this local share can be directed toward unmarried, childless couples.

The program definition of domestic violence reads: "Physical abuse or threats of physical abuse between persons living in a spousal relationship or persons who formerly lived in a spousal relationship." This is the definition provided in AB 169; it is also used by the State's substance abuse programs.

The main program goal is to provide shelter and other services to victims of domestic abuse. Local interest groups circulated questionnaires and held open hearings which provided much of the impetus for the legislation that established this goal. All shelter services to be provided are mandated by law, and include: 24-hour telephone contact; temporary housing and food for women and children; advocacy and counseling; referral and follow-up; community education; arrangements for the education of schoolage children, and, emergency transportation. Of these, the respondent believed that battered women most need shelter facilities whereas their children and abusing spouses most need counseling.

The respondent did not indicate any involvement in coordination activities with other programs.

GRASSROOTS ORGANIZATIONS

The respondents' awareness of activity at the grassroots level was varied. Some knew of no local activity while others knew that there were local programs, but did not know any identifying information. One respondent indicated there are eleven shelter facilities which receive LEAA funds.

SUMMARY

All of the respondents felt that the State's programs, in general, recognize domestic abuse as a social problem. Many cited the recent passage of A B169 (now referred to as Chapter 111) as clear evidence of this.

STATE PROFILE: WYOMING

INTRODUCTION

Wyoming is a rural western State, and small in terms of population which totals about 375,000. Of this number, 16,000 are of Spanish origin and 3,000 are Black.

Mean income figures show males earning more than two times the average female salary (\$10,778 to \$4,123), with unemployment at 2.3%. The percentage of families below the poverty level is 7.0, this translating into 32,000 families receiving some kind of transfer payment.

There are no large metropolitan areas in Wyoming; however, most of the population live in non-farm residences, with only 33,000 specifically on farms. About 70,000 persons have attained the college level of education.

Several characteristics unique to the population of Wyoming were identified as possibly having an effect on the incidence of domestic violence in the State. Wyoming has experienced a 30% increase in population in the last ten years because of the development of the coal, oil, and uranium industries and the influx of a transient population of workers with no extended family nearby. The combination of high energy affected areas; the crowded living conditions of trailer cities; the shift nature of the work; no social or recreational services available in these areas; easy access to guns; the heavy use of alcohol; and, the conservative value orientation of the population were reported as contributing to a high incidence of domestic violence. Respondents reported no quick or easy way to solve these complex issues, because of their inter-related nature.

The Wyoming legislature meets in lawmaking session every other year, with the activities in the alternating year reserved for budget issues. There is a State Coalition on Family Violence, formed in 1979, which is actively working with Social Services personnel and the University of Wyoming to conduct needs assessment and incidence surveys for the purpose of writing and introducing legislation that would provide court relief for domestic violence victims, as well as the provision of specific services. This legislation must be filed by October of 1980 to be considered in the 1981 legislative session.

PROGRAM DESCRIPTIONS

- Aid to Families with Dependent Children (AFDC)

The population served by this program is children deprived of parental support. It consists primarily of single parent families, but dual parent families could be included when one parent is incapacitated or when there is a step-parent situation with parental refusal of child support. Pregnant women with no other children can receive benefits. The program has no unemployment provision; there is a requirement that a potential recipient must declare an intent to reside in the State. AFDC does pay foster family care for children who are victims of domestic violence, as determined by the court.

There are several general program goals which could address the needs of domestic violence victims. These include providing aid to low income persons and working with families in permanency planning. According to the respondent, funding considerations are the primary barriers to service, and caseloads are overloaded now because the Food Stamp program is increasing. The respondent indicated that the quality control error rate is now at 14% as opposed to the normal 5% rate. Attempts are being made to coordinate with public assistance and service units in areas of referral and cash grant activities, as well as with the Board of Charities and Reforms. AFDC staff believe it would be beneficial for them to know the viewpoints of the battered women, themselves, concerning service needs.

- Emergency Assistance

The Emergency Assistance program provides aid to those with no income resources, to those with income less than the standard State median, or those with resources totaling less than \$750. Payments do not exceed \$150 per 12 month period, but are supplemented by Medicaid and/or Title XX funds.

Since 1969, there have been activities focused on victims of domestic violence in terms of direct financial assistance for maintenance items such as food, clothing and shelter. Referral to counseling is also a service provided by the program. A recommended change to increase service delivery to domestic violence victims cited by the respondent, was to raise the \$750 figure as the amount of resources allowed before aid is granted.

There are definite coordination efforts on the part of this program with others that form a Statewide network of referrals. However, in the areas of State legislation and mandating of services for battered women, little has been achieved to date.

- Child Welfare Services - Generic and Child Protective Services

These services are available Statewide to all children in need of protection. The focus is specifically on children and most program efforts are in the area of foster family care. There is program coordination with Title XX, with LEAA, and with private coalitions to establish shelter facilities around the State. In general, however, Child Welfare staff do not believe they are well-informed on the domestic violence issue and they desire education and training to increase their expertise.

- Medicaid

The population served by Medicaid is predominantly AFDC and SSI recipients, and includes both single and dual parent families, pregnant women after the first trimester, and disabled fathers. Only those with a medical need are eligible for receipt of services. The program does not focus on specific problem areas, so there is no targeting of services on domestic violence victims or on any other group. Victims' needs are seen as more appropriate for social services to meet. However, battered women, if they meet other eligibility criteria, can utilize medical services provided by the Medicaid program, such as emergency care and psychiatric counseling.

- Social Services (Title XX)

Title XX services are potentially available to all persons. Primary recipients are: AFDC and SSI grantees; those making 50% of the State's current median income; and, those needing protection without regard to income. There has been a definite focus on domestic violence victims by this program with: the establishment of a plan to purchase 24-hour room and board for battered women for 21 days (this time period can be repeated); the funding of a Statewide incidence survey conducted by the University of Wyoming; specific staff training; and, public information and education activities. Program goals identified that could include battered women were: to assist families in crisis; to provide day and respite care and educational classes for mothers; and to provide comprehensive counseling services.

A program focus on domestic violence victim is not legally mandated by the State. However, additional Program activities focused on victims include: program planning; technical assistance; maintenance of a resource library; establishment of shelters; and coordination with Mental Health and the State Coalition against Family Violence. The number of domestic violence victims served during the first year of focused program effort was estimated at 200 families, using approximately five percent of the program budget.

Social Services staff believe that there is still a need for programs for abusers, stating that many abusers are "lost" when counseling is the only service offered. Barriers to service for victims, noted by the respondent, were that programs cannot handle increased caseloads, resulting from increased public awareness, without additional funds, additional staff, and more expertise concerning the special needs of this target group.

- Community Mental Health

This program's services are provided to the entire State population. Although there are no program goals specifically focused on battered women, some of the general program objectives delineate services that are likely to be utilized by battered women such as counseling, day care, diagnostic services to families, and follow up. Recent program emphasis also has been placed on increasing Statewide availability of crisis intervention services and the accessibility of substance abuse services to women. As a result, program coordination efforts have intensified, especially in the areas of technical assistance (with the Domestic Violence Center in Denver, Colorado), public information activities, and consultation among agencies about availability of services and methods of program development.

Respondents reported that State legislation mandating incidence reports and permitting intervention would improve services to domestic violence victims, and that specialized training to staff concerning attitudes and treatment methods for abusers would increase staff sensitivity and effectiveness. Linkages and coordination among the specialized family violence program, the legal system, and local counterparts were also recommended as ways to improve services. In addition, respondents suggested that expansion of the responsibilities of the existing Child Protection team to include all situations involving domestic violence could benefit battered women greatly in the future.

- Work Incentive Program (WIN)

This program primarily serves AFDC eligibles. Those not required to register for WIN are: parents with children under six; persons over 65 or handicapped; those caring for persons who are handicapped; persons living outside the WIN service area; and, those between ages 16 and 21 in school full time.

Program services include: counseling; job counseling; training and job placement; medical care; child care; foster family care; transportation; and, homemaking. Program goals identified by the respondent that could include battered women were "to make persons employable" and, "to assist individuals in becoming self sufficient." To target services on battered women was not considered by the respondent to be an appropriate program objective. The respondent also reported that the lack of trained staff, the lack of a network of shelters, and limited police assistance were barriers to services to domestic violence victims.

- Alcoholism Treatment and Rehabilitation and Alcohol Formula Grants, and Drug Abuse Demonstration and Community Service Programs

These programs provide services to anyone with a substance abuse problem, although juveniles must have parental consent for receipt of services. The program operates on assumption that family violence is part of a substance abuse problem; thus, a major program goal is to focus on the family as a unit. Another relevant program goal is to emphasize the unique treatment needs of women, including battered women.

Program services include residential detoxification programs, "hotlines", counseling, transportation, and volunteer services. Program activities targeted on battered women specifically include: needs assessment; program planning; technical assistance; staff training; community education; and counseling coordination with women's self-help and advocacy groups. A unique and innovative outreach effort in Wyoming is a group of staff trained in psychodrama and role playing techniques who attend conferences and work-shops, and use domestic violence as the psychosocial issue for demonstrations of treatment and prevention approaches.

According to the respondent, barriers to service in this program center on Federal regulations which disallow program reimbursement for services to those without a presenting problem of substance abuse. Although the program does work with battered spouses who do not have drug or alcohol problems, but live with family members who do, the program cannot count these battered spouses as part of their formal client population for funding purposes.

GRASSROOTS ORGANIZATIONS

In Wyoming, the most active and most visible group working in behalf of domestic violence victims is the State Coalition on Family Violence. This coalition has served as the primary impetus for broadening the State plan to specifically include domestic violence victims. In addition, the Coalition

has spurred a State incidence and needs assessment survey on domestic violence, has coordinated with the University of Wyoming to draft specific adult protective legislation, has written CETA grants, and has been instrumental in establishing shelters and direct services for battered women.

Other groups working directly in behalf of domestic violence victims are: the Women's Commission; the Human Services Consortium (a group consisting of local public health facilities); the Laramie County Mental Health Department; the League of Women Voters; Church Women United (they have established a shelter for battered women in Cheyenne); and, the Women's Self Help Center in Casper.

SUMMARY

To date, State activity on the issue of domestic violence has been limited; however, the State Plans of several programs, notably Title XX and Alcohol and Drug Treatment, have been broadened to include domestic violence victims as target populations for receipt of services. Without a State mandate, these programs have attempted to provide shelters, counseling, education and training, and outreach services to battered women.

Respondents reported that before Wyoming could be effective in serving domestic violence victims, there must be philosophical and attitudinal shifts in the direction of greater awareness of the unique needs of battered women, as a special population, and recognition of the unique needs of a rural State with conservative values. Respondents also stated that there is a need to: increase specialization of services; define appropriate services in the State Plan in a meaningful way; form linkages between LEAA, the State level planning body of the Criminal Justice System, the Department of Public Assistance, and Social Services; and, develop innovative treatment techniques and strategies. Respondents noted that the shifting Federal focus on target groups does not include technical assistance and funding to allow adequate provision for new requirements. Urban program models are not applicable or appropriate to Wyoming's rural setting, and help is needed in developing: fast, short-term services throughout the State; legislative involvement in social problem areas; the effectiveness of advocacy groups; and, a sense of community responsibility.

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