

PROMOTING SAFETY

A Resource Packet for Marriage and Relationship Educators
and Program Administrators

Understanding Domestic Violence

Definitions, Scope, Impact & Response

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Understanding Domestic Violence is the first in a series of 5 related Guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs. The full Resource Packet consists of the following Guides:

- ◆ ***Understanding Domestic Violence: Definitions, Scope, Impact and Response***
- ◆ Building Effective Partnerships with Domestic Violence Programs
- ◆ Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues
- ◆ Screening and Assessment for Domestic Violence: Attending to Safety and Culture
- ◆ After Disclosure: Responding to Domestic Violence

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Dear Readers ~

The information and recommendations included in this *Resource Packet* have been drawn from our work over the past several years with domestic violence advocates and healthy marriage and relationship programs across the country. The five Guides reflect what we have learned to date about building effective community partnerships between marriage and relationship programs and the domestic violence advocacy community, as well as about developing domestic violence protocols, screening and assessing program participants for domestic violence issues, and responding to domestic violence disclosures. While each Guide stands alone, it also complements the other Guides in the *Resource Packet*.

These Guides should not be considered the final word. They will continually evolve and improve with your critique and feedback and as we learn more. We are interested in hearing from you about how these Guides are helpful, what did not respond to your particular program design or community realities, and where you need additional information.

- If you are a *Healthy Marriage and Relationship Program Administrator*, these Guides can be used to introduce domestic violence issues to your staff and volunteers or to support training conducted by domestic violence experts from your community. Each Guide stresses the importance of building effective partnerships with domestic violence programs in your community.
- If you are a *Healthy Marriage and Relationship Educator or program staff*, the Guides will help identify issues and approaches that will be key as you work directly with individuals and couples in your community.
- If you work at a *Domestic Violence Advocacy Program*, these materials can be used to supplement the training and technical assistance you provide to healthy marriage and relationship programs, as well as to educate advocates within your program about how domestic violence issues arise within marriage and relationship education settings. They can also support your efforts to build respectful and effective partnerships with marriage and education programs.
- If you are a *Funder or Policymaker*, this *Resource Packet* will provide an overview of the domestic violence issues that require thoughtful consideration and site-specific responses within healthy marriage and relationship education programs and initiatives.

As with other resources, if these Guides remain on the shelf collecting dust, they will be of limited use to you. How you utilize each of the Guides will depend on the size of your program, the types of staff and volunteers you have, whether your program is free-standing or imbedded in a larger program, as well as other factors.

Here are some recommendations and suggestions for making full use of this domestic violence *Resource Packet*:


- ***Give these Guides Real Time and Attention***
For example, you could request that all current staff and volunteers read each Guide (all at once or over a specific time period). New staff and volunteers should be asked to read them as part of their initial orientation period. To enhance learning, you could provide time at staff meetings or ongoing staff/volunteer development sessions to discuss the issues raised by the Guides and how they relate to the healthy marriage and relationship services your program provides. Invite and keep track of the questions and problems the Guides raise for staff or volunteers. Since these Guides will not answer all your questions – nor are they meant to – we urge you to seek additional training or technical assistance from local or state domestic violence experts and to invite community or state domestic violence advocates to join you in discussion sessions.
- ***Use these Guides to Assess and Improve Your Program***
The information and recommendations included in the Guides can be used as a framework to review your current practices and protocols and identify ways that they can be improved. Are there steps or issues that you have missed in your process that you might want to go back and address? Again, invite local or state domestic violence experts to participate in this critique.
- ***Go Beyond these Guides and Find Other Ways to Learn***
Continually seek ways to enhance staff and volunteer sensitivity to domestic violence issues and the role that healthy marriage and relationship programs can play in creating safe and healthy families and communities. People vary in how they best learn. Work with domestic violence experts in your community to identify videos or speakers to help increase your understanding of the dynamics of domestic violence and your role in community intervention and prevention efforts. Offer to co-sponsor a community forum on domestic violence and healthy relationships, and find ways to support local and state domestic violence intervention and prevention initiatives. Find other creative and interactive ways to reinforce the information that these Guides introduce.

Our request for feedback is sincere. We welcome your comments and questions, which you can forward to us, along with requests for additional information and resources, at National Healthy Marriage Resource Center (info@healthymarriageinfo.org or 866-916-4672).

Sincerely,

The National Healthy Marriage Resource Center

NOTE to RESPONSIBLE FATHERHOOD PROGRAMS: While much of the information in the Guides will be helpful, the context and program focus of fatherhood programs raise additional domestic violence issues that require a specialized response. Fatherhood programs are encouraged to seek additional guidance on these issues from the National Responsible Fatherhood Clearinghouse (www.fatherhood.gov).



Understanding Domestic Violence

Healthy marriage and relationship (HMR) programs funded by the federal government are required to consult with local domestic violence programs and all, regardless of funding source, have been encouraged to think carefully about how domestic violence issues will be identified and addressed within these programs. This Guide, the first of five that comprise a Resource Packet designed for relationship and marriage educators and program administrators, provides a working definition of domestic violence and an introduction to the network of domestic violence services that has been built in the United States over the last 30 years. An overview of key research findings related to the scope of domestic violence and its impact on adults, teens and children is also included. As in any field, domestic violence advocates and researchers are engaged in clarifying and refining basic definitions and terms to reflect emerging concerns, new realities, and increasingly diverse communities, and these will be identified here as well. A list of key domestic violence resources appears at the end of the Guide.

What is domestic violence?

It is sometimes confusing for healthy marriage and relationship practitioners to sort through the broad range of terms used to describe violence and abuse within intimate relationships. Domestic or family violence, battering, spouse abuse, intimate partner violence, gender-based violence, and intimate terrorism are all in common use, sometimes interchangeably but often ascribed different meanings. Some of these terms are defined in federal and state statutes, which of course vary across jurisdiction; others are more commonly used in research settings or within the social service field, with varying degrees of precision as to the types of behaviors or characteristics they encompass.

Domestic violence, the term we'll use here, is most usefully understood as a pattern of abusive behaviors – including physical, sexual, and psychological attacks as well as economic coercion – that adults and adolescents use against a current or former intimate partner. It is characterized by one partner's need to control the other, and the intentional and instrumental use of a range of tactics to secure and maintain that control.¹ Domestic violence includes behaviors that frighten, terrorize, manipulate, hurt, humiliate, blame, often injure, and

sometimes kill a current or former intimate partner. This is the type of intimate violence most often reported to authorities, and domestic violence victims are more likely to seek social and health services as well as legal protections. Domestic violence, defined in this way, is highly gendered, disproportionately perpetrated by a man against his female partner.

Some scholars have distinguished domestic violence from what has been termed “situational couple violence”² and what lay people might refer to as “fights that get out of control.” This is when a disagreement between a couple turns into an angry, nasty, two-way argument that then can escalate into physical violence – e.g. hitting, shoving, biting or worse. Or when intimate partners use violence against each other to express anger, disapproval, or to reach an objective, such as stopping a partner from drinking or being unfaithful. Situational couple violence, based on the research of Johnson and others, is as likely to be perpetrated by women as men, although women are more likely to sustain injury.³ In situational couple violence, one or both partners appear to have poor ability to manage their conflicts and/or poor control of their anger.⁴ These fights often involve the use of verbal abuse – cursing, yelling, and name-calling – and can involve high levels of jealousy, including accusations of infidelity. However, the violence and emotional abuse of situational couple violence are not accompanied by a chronic pattern of controlling, intimidating, or stalking behaviors and fear of one’s partner is typically absent.⁵

As should be obvious to all readers, both what is labeled situational couple violence and domestic violence are problematic and have no place in healthy relationships. However the latter is far more likely to result in injury or death and raises the most serious concerns about participation in relationship and marriage education programs.

Those providing HMR education should never underestimate the potential seriousness of all forms of abuse and violence between intimate partners. While situational couple violence appears less likely to escalate over time than violence characterized by coercive control, and sometimes stops altogether on its own or with intervention, some couples have a recurring pattern of such violence that is extremely dangerous.⁶ Intimate partner violence should never be viewed as a natural consequence of conflict. Most people respond to interpersonal conflict in non-violent and non-abusive ways. In contrast, people who batter a partner use violence and abuse to resolve relationship conflicts and maintain control. They tend to be carriers of this behavior from one relationship to the next. These distinctions, always critical, have taken on particular significance in the context of relationship and marriage education.

A key challenge for those working in the relationship and marriage education field is to understand how to recognize and respond to domestic violence and also, whenever possible, work to prevent it. (For a fuller discussion, see *Building Bridges Between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs: A Preliminary Guide*, found at www.clasp.org.)

What does the data tell us?

Experts in the field acknowledge that violence between intimate partners is virtually impossible to capture with absolute precision, although published statistics are unquestionably alarming. The prevalence and incidence of abuse between intimate partners is difficult to measure as it often occurs in private and victims are reluctant to disclose such abuse to anyone because of shame or fear of reprisal. Most intimate partner victimizations are not reported to the police. In one study, only one-fifth of all rapes, only one quarter of all physical assaults, and only one-half of all stalking perpetrated against female respondents by intimates were reported to the police.⁷ In addition to the social stigma that inhibits victims from disclosing their abuse, varying definitions of abuse used from study to study make measurement challenging.

How big is the problem and who does it affect?

To further understanding of intimate partner violence, sexual assault, and stalking, the Centers for Disease Control and Prevention conducts the National Intimate Partner and Sexual Violence Survey (NISVS) on an ongoing basis. This national survey was first conducted in 2010 (published in 2011) and again in 2011 (published in 2014) and captured women's and men's experiences with intimate partner violence, sexual violence, and stalking. Key findings from the NISVS report include:⁸

- ◆ 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner. Severe physical violence includes being hurt by pulling hair, being hit with something hard, being kicked, being slammed against something, attempts to hurt by choking or suffocating, being beaten, being burned on purpose and having a partner use a knife or gun against the victim. Women are over 4 times more likely to be beaten, 6 times more likely to be slammed against something, and 9 times more likely to be hurt by choking or suffocating.
 - ◆ Almost 9% of women reported being raped by an intimate partner in their lifetime, and 15.8% of women experienced other forms of sexual violence by an intimate partner in their lifetime.
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- ◆ Approximately 18.3 million women in the U.S. have experienced stalking during their lifetimes that made them feel very fearful or made them believe that they or someone close to them would be harmed or killed. Nearly 6.5 million men have experienced stalking during their lifetimes. Among female stalking victims, more than 60% were stalked by a current or former intimate partner; among male stalking victims, 43.5% were stalked by an intimate partner.

The National Domestic Violence Hotline (1-800-799-7233), has received over 3.5 million calls for assistance since February 1996, when it opened its phone lines. The Hotline currently averages over 22,000 calls a month, and even that number spikes when there is a highly publicized domestic homicide or trial or following a public awareness campaign providing the Hotline number.

- ◆ Significantly more women than men reported negative impacts related to their victimization. For example, more women than men reported being fearful (72% vs. 18%), concerned for their safety (62% vs. 16%), physically injured (42% vs. 14%); and experiencing one or more PTSD symptoms (63% vs. 16%).

What else should HRM educators understand about domestic violence?

- ◆ Domestic violence in all its forms, including sexual assault and homicide, occurs across all relationship structures – dating, cohabiting, and marital relationships, with the highest rates between separated and divorced couples.⁹
- ◆ False allegations of domestic violence occur infrequently, and there is significant *underreporting* of domestic violence.¹⁰ In fact, a 2015 report by the National Domestic Violence Hotline reveals that 1 in 4 victims of domestic violence would not call the police for help out of fear that the police would make the situation worse, would not believe the victim, and/or would impose negative consequences on the victim.¹¹
- ◆ Domestic violence occurs in all racial and ethnic groups, but certain groups experience a comparatively higher burden due to social, demographic, and environmental factors. Research has consistently found that multiracial and American Indian/Alaska Native women are at greater risk for rape, stalking, and intimate partner violence. This underscores the importance of prevention efforts and services that address the needs of multiracial and American Indian/Alaska Native women. Although previous research has suggested explanations for elevated rates of violence among American Indian/Alaska Native women (e.g., elevated poverty, social and geographic isolation, and a higher likelihood of alcohol use by the perpetrator), little is known about why multiracial women are at greater risk for these forms of violence. Research is needed to identify risk and protective factors for violence victimization among multiracial persons.¹²
- ◆ For women of color, high rates of poverty, poor education, limited job resources, language barriers, and fear of deportation increase their difficulty finding help and support services.¹³
- ◆ Each year, as many as 4% to 8% of all pregnant women are victims of intimate partner violence.¹⁴

- ◆ Women are far more likely than men to be killed by a spouse, an intimate acquaintance, or a family member than by a stranger. In 2013, fifteen (15) times as many females were murdered by a male they knew (1,438 victims) than were killed by male strangers (92 victims) in single victim/single offender incidents. Of victims who knew their offenders, 62% (895 out of 1,438) were wives, common-law wives, ex-wives, or girlfriends of the offenders.¹⁵
- ◆ Victims in violent relationships often have trouble gaining access to services, taking part in public life, and receiving emotional support from friends and relatives.¹⁶
- ◆ The cost of intimate partner violence against women in the United States in 1995, including all types of services estimated and all types of victimizations, totaled \$5.8 billion. Updating these estimates to 2003 dollars (the most recent year for which the CDC has adjusted its calculations), costs would be over \$8.3 billion. This includes \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives.¹⁷

How does domestic violence impact children?

- ◆ A national survey of 4,549 children ages birth to 17 found that 6.2% of American children were exposed to domestic violence in the past year. The same survey also found that 16.3% of children of all ages were exposed to domestic violence since birth. Additionally, of older children - those 14 to 17 years of age - over a third (27%) reported they were exposed to domestic violence in their lifetime.¹⁸
- ◆ Children exposed to domestic violence may suffer from difficulties with attachment, regressive behavior, anxiety and depression, and aggression and conduct problems. They may be more prone to dating violence, delinquency, further victimization, and involvement with the child welfare and juvenile justice systems. Being exposed to violence may impair a child's capacity for partnering and parenting later in life, continuing the cycle of violence into the next generation.¹⁹
- ◆ However, many children appear to survive such exposure and show no greater problems than non-exposed children. The resilience literature suggests that as assets in the child's environment increase, problems he or she experiences may actually decrease. Protective adults, including the child's mother, relatives, neighbors and teachers, older siblings, and friends may all play protective roles in a child's life, as does the child's larger social environment (extended family, church, sports, social clubs) if it acts to provide support or aid to the child during stressful times.²⁰

A primary focus of federally supported marriage promotion efforts is single mothers living in poverty. We know from research and experience that poverty and domestic violence are interwoven. Significant numbers of low-income women are battered, and the violence they experience often makes the climb out of poverty impossible. Poverty, in turn, makes it more difficult to end domestic violence and heal from its affects. Many domestic violence victims use welfare and child support as the economic bridge out of a violent relationship – available studies have estimated that 29% to 74% of TANF recipients report recent (within 12 months of the interview) domestic violence victimization (as compared to 22% to 31% of the general population).²¹

Domestic and sexual violence, as children and/or as adults, is not a theoretical possibility here, but a reality for too many impoverished women, and particularly those targeted by federally-funded healthy marriage initiatives. Recent research by Edin and Kefalas²² and Cherlin, Burton et al.²³ sheds new light on this reality and suggests that there may be even more direct – and complex – relationships between the victimization of girls and women and their relationship decisions.

What about violence in teen dating relationships?

- ◆ Teens between the ages of 11-18 report alarmingly high level of victimization. According to one study, 29% of teens experienced physical or sexual abuse or threats, 11% experienced repeated verbal abuse, 24% experienced abuse via technology, and 47% reported that their partner engaged in controlling behaviors.²⁴ Among college students ages 18-29, 43% of those who engage in dating relationships report experiencing violent and abusive dating behaviors, including physical, sexual, tech, verbal, or controlling abuse.²⁵
- ◆ In a study of 724 adolescents between the ages of 12 – 18, one in every eight pregnant girls reported having been physically assaulted by the father of their baby during the preceding 12 months. Of these, 40 percent also reported experiencing violence at the hands of a family member or relative.²⁶

Taken individually or as a whole, these data reflect the scope and impact of intimate partner violence in the U.S. and underscore the importance of those working with families and children to understand its impact and support intervention and prevention efforts.

Building the advocacy and services network

Services for battered women, their children, and other abuse victims are a critical component of a community's response to domestic violence. Over the last three decades, a sea change has occurred in the public's recognition of domestic violence as a serious societal issue. In the 1970s and early 1980s, grassroots activists identified three urgent tasks: securing shelter and support services for abused women and their children; enhancing protections and safety, often by improving laws and the police and court response to domestic violence; and changing community attitudes and responses. These advocates organized the first shelters and safe homes for battered women and their children, and worked hard to put basic legal protections in place, train police and health care providers, and increase public awareness.

In 1981, Congress established the Family Violence Prevention and Services (FVPSA) Program, the first federal funding stream to provide much needed financial support for core services throughout the country. In federal fiscal year 2015, FVPSA provided approximately \$108 million to over 1,500 community-based domestic violence programs through formula grants to States and Tribes. Many community-based domestic violence programs also receive support from the federal Victims of Crime Act (VOCA) program, and from state and local sources. The Violence Against Women Act (VAWA), passed in 1994, was the first federal legislation to acknowledge domestic violence and sexual assault as crimes and continues to provide federal resources to encourage coordinated approaches to combating intimate violence.

Community-based domestic violence programs typically provide 24-hour crisis hotlines, individual and group counseling, support groups for victims and their children, legal and medical advocacy programs, and a full range of children's services. Over 1,200 of the 2,000 domestic violence programs in the U.S. also have shelter facilities providing emergency shelter to family members not safe in their own homes. These programs guide abuse victims to protection and service options

Expanding the Network

In addition to local direct service programs, State, Tribal, and Territorial coalitions have been also established; comprehensive training and technical assistance networks have been developed; and collaborative efforts to enhance health care, criminal justice, social services, and community responses to domestic violence have been initiated. These programs and services are funded through many different state, federal, and private foundation funding sources.

available under domestic violence laws. They also help victims develop safety plans for themselves and their children. Practitioners working with families and couples can provide vital support by helping victims to safely access these resources.

In September 2014, 1,697 out of these 2,000 domestic violence programs participated in the ninth annual National Census of Domestic Violence Services, conducted by the National Network to End Domestic Violence (NNEDV). This Census collects an unduplicated, non-invasive count of adults and children who received services from local domestic violence programs during the 24-hour survey period. Since approximately 89% of local domestic violence programs in the U.S. participated, this Census provides a powerful glimpse but remains an undercount of the actual number of victims reaching out for services on this day.

During the survey period, 67,646 adults and children requested and received services from the 1,697 local domestic violence programs that were able to participate in the Census. Participating programs reported that 10,871 requests for services from adults and children went unmet because the programs did not have the resources to fully respond – e.g., not enough emergency shelter beds to accommodate the person calling in, or no advocate to accompany someone to court or to the hospital. On the survey day, participating programs answered over 20,800 hotline calls from victims and their loved ones, and provided education sessions to almost 24,000 members of the community. (A copy of the *NNEDV's National Census of Domestic Violence Services* reports can be found at www.nnedv.org.)

Domestic violence services: Key issues to consider

Since many HMR programs may be unfamiliar with the nature and scope of the services provided by domestic violence programs, this section of *Understanding Domestic Violence* identifies key issues that are important to domestic violence victims, some of which are explored in more detail in other Guides that are part of this Resource Packet. This section also provides a more detailed description of the community-based domestic violence services that have been developed over the past 30 years.

- ◆ **Victims are often reluctant to disclose domestic violence incidents.** They fear that their complaints will not be taken seriously, that they will be blamed for their partners' violence, that they will lose custody of their children, that their source of family

economic support will be jeopardized, or that this information will be shared with their abusive partner. In light of these reasonable fears, it is critical to make victim safety issues a high priority.

- ◆ **Many abuse victims are unaware of the legal options, services, and support systems available.** Abusers often isolate victims and control the information they need to become financially independent and physically safe. Do not assume that someone else has already provided information about the local domestic violence hotline or support group, or the option to have an abuser arrested or obtain a civil protection order from the court. This information can be life saving for some victims and their children.
- ◆ **Domestic violence service delivery and advocacy are rooted in confidentiality and privacy, which are crucial to victims seeking safety from abusive partners.** The confidentiality of a victim's conversations with a domestic violence advocate may be protected by state statute, and federal funding for domestic violence services requires programs to safeguard the privacy of records and information about those to whom they have provided shelter and other services. Domestic violence programs take confidentiality very seriously.

Safety planning

Safety planning must be understood as a process. Simply stated, a safety plan is each victim's unique strategy to reduce the risks generated by a partner's abuse and control.

A victim's safety plans might include strategies for staying as well as for leaving, and may have short and long-term timeframes. A short-term plan might be to feed the children early so their partner won't hit them during dinner. A longer term plan might be to save \$10 a week from the food money that is doled out to them until they can save enough to get a bus ticket to their mother's house in the next state over. Or they might plan to leave their abusive partner after the kids are through with high school and out of the house or after they get their GED.

Of necessity, these safety plans change – as the abusive tactics change, so must their safety plan change. Many aspects of a victim/survivor's safety plan may remain hidden, even from advocates, and certainly from others with whom they have not yet built a trusting relationship.

Domestic violence programs are first and foremost crisis intervention agencies, responding to emergency situations that might be quite dangerous to the women, men and children


involved, as well as to the advocates themselves. Crises occur daily, whether on the hotline or in the shelter, in court or the emergency room of the local hospital, and these must take precedence over other issues of a less urgent nature. The work of domestic violence programs is difficult and exhausting, with demand for services far outstripping resources. While many domestic violence programs have secured strong community support and have diversified and stable funding, many others operate on a shoestring budget and scramble to cover essential costs.

- ◆ **Core services of most domestic violence programs include a 24-hour confidential crisis hotline.** These hotlines provide callers with information about legal options and referrals to a full range of community services. Most importantly, hotlines provide the caller with a safe place to talk about the abuse they are experiencing, while also supplying them with the support and information to help develop immediate and long-term safety plans. Calls to crisis hotlines can be made anonymously if necessary, although confidentiality is typically guaranteed.

- ◆ **Due to the great danger that is often present in domestic violence cases, 24-hour access to secure, temporary, emergency shelters is critical for women and children not safe in their own homes.** While the vast majority of domestic violence victims will neither need nor seek shelter, access to safe shelter is a matter of life and death for many battered women and children. Emergency shelter for male victims of domestic violence is usually provided through hotels, host homes, or other types of shelter. In addition to beds and cribs, domestic violence shelters also typically provide bedding, food, and the day-to-day necessities needed by families who have fled a violent home.

It is important to become familiar with the screening and intake procedures for shelter programs in your area. These procedures are designed to secure the safety and confidentiality of all shelter residents. Be aware that due to limited funding, domestic violence shelters are often full to capacity.

- ◆ **Most domestic violence programs maintain a full set of community referrals.** These typically include listings of legal, medical, mental health and other professionals willing and able to provide assistance to victims of abuse on a *pro bono* or reduced rate basis.

- ◆ **An increasing number of domestic violence programs are culturally-specific in their approach.** These programs are typically organized by and for a particular racial or ethnic community and provide a range of culturally-relevant services to African-American, Latin@, Asian and Pacific Islander, Native American, and LGBTQ survivors. They often arise from a critique that traditional interventions and services are not responding well to marginalized communities and new approaches are necessary.
 - ◆ **As funding permits, most programs also provide other services and supports for domestic violence victims and their families.** Additional services may also include regular counseling and/or support groups for battered women, their children, and other victims of domestic violence; court accompaniment; medical and social services advocacy; transportation to advocacy appointments; assistance with children's education and other issues; and community education and training. An extensive network of batterers intervention programs has been developed over the past 15 years as well, most commonly providing specialized groups for abusers within a coordinated community response and serving as a referral option for the courts.
 - ◆ **Increasingly, domestic violence programs have developed comprehensive follow-up services for sheltered and non-sheltered victims of abuse.** These include second-stage or transitional housing programs offering a full range of job training, educational, childcare and supported living services. In some communities, specialized services have been designed for older survivors, abuse victims exposed to HIV/AIDS, LGBTQ victims of abuse, immigrant victims, victims with disabilities, and children witnessing domestic violence.
 - ◆ **Overall funding for domestic violence programs remains limited in the face of the need.** The economic downturn that began in 2008, federal level funding decreases including the deep cuts imposed by sequestration, and budget cuts at the state and local levels have created a significant shortage of resources for domestic violence programs. As a result, programs across the country have been forced to lay off key staff, eliminate valuable programming, and in some cases, close completely. While some states have at least one domestic violence program in every county, there are still too many areas, particularly in rural, low population states, where a victim must travel more than 150 miles to reach the nearest domestic violence shelter or support group or advocacy services. The lack of programs is particularly acute for Native American women and
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within migrant and immigrant communities, and access to services remains limited for women and children with disabilities and older women in abusive relationships.

Current trends in intervention and prevention efforts

There are several areas in which current efforts are particularly focused. They present additional opportunities for broader community collaboration and partnership among domestic violence programs, healthy marriage and relationship programs, and fatherhood programs, as well as others who are concerned about the health and safety of families and communities.

- ◆ The recognition of the co-occurrence of domestic violence and child abuse underscores the need for enhanced collaboration between domestic violence, child abuse services, the courts, and the community to protect children and their non-abusing parent.
- ◆ Community and corporate leaders – both men and women – are putting energy and resources behind efforts to engage boys and men in violence prevention activities.
- ◆ There is increased attention being paid to the development of innovative, multi-faceted prevention strategies to reduce the incidence of family violence, including expanded work with schools, runaway and homeless youth programs, and other youth serving agencies. For more information on these prevention efforts, including tools and resources, visit www.PreventIPV.org.

Endnotes

- ¹ Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco: Family Violence Prevention Fund, (p.5).
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- ⁴ Ellis, D. & Stuckless, N. (1996). *Mediating and negotiating marital conflicts*. Thousand Oaks, CA: Sage; Johnston, J.R. & Campbell, L. (1993). A clinical typology of interparental violence in disputed-custody divorces. *American Journal of Orthopsychiatry*, 63, 190-199. Johnson, M.P. (2006) at 2.
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- ⁹ Rennison, C. M. & Welchans, S. (May 2000). *Special Report, Intimate Partner Violence*. Department of Justice, Bureau of Justice Statistics, Washington, D.C.
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General domestic violence resources

NOTE: For a listing of state domestic violence coalitions, and other public and private organizations involved in domestic violence intervention and prevention activities, go to www.vawnet.org, and click on “Organizational Links” on the top toolbar.

NATIONAL DOMESTIC VIOLENCE HOTLINE

800-799-SAFE

800-787-3224 (TTY)

www.ndvh.org

The National Hotline provides support to victims in crisis and those trying to assist them, and is a particularly important resource for victims living in areas in which there are no local services or for victims exploring relocation. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services.

NATIONAL TEEN DATING ABUSE HELPLINE

866-331-9474

866-331-8453 (TTY)

<http://loveisrespect.org>

The Helpline and loveisrespect.org offer real-time one-on-one support from trained Peer Advocates who offer support, information and advocacy to those involved in dating abuse relationships, as well as concerned parents, teachers, clergy, law enforcement and service providers.

Both the NDVH and the Teen Dating Abuse Helpline are operated by the Texas Council on Family Violence.

National Resource Center on Domestic Violence

3605 Vartan Way, Suite 101

800-537-2238

TTY: 800-553-2508

www.nrcdv.org

www.VAWnet.org

Futures Without Violence

100 Montgomery Street

San Francisco, 94129

415-678-5500

TTY: 800-595-4889

www.futureswithoutviolence.org

Culturally-specific domestic violence resources

Asian and Pacific Institute on Gender-Based Violence

500 12th Street, Suite 330
Oakland, CA
415-568-3315
www.apiidv.org

Institute on Domestic Violence in the African American Community

290 Peters Hall
1404 Gortner Ave.
St. Paul, MN 55108
877-643-8222 (877-NIDVAAC)
www.idvaac.org

National Latin@ Network for Healthy Families and Communities/Casa de Esperanza

P.O. Box 40115
St. Paul, MN 55104
651-646-5553
info@casadesperanza.org

National Indigenous Women's Resource Center

515 Lame Deer Avenue
Lame Deer, MT 59043
855-649-7299
www.niwrc.org

Women of Color Network, Inc.

1519 N. 3rd Street
Harrisburg, PA 17102
844-962-6462
www.wocninc.org