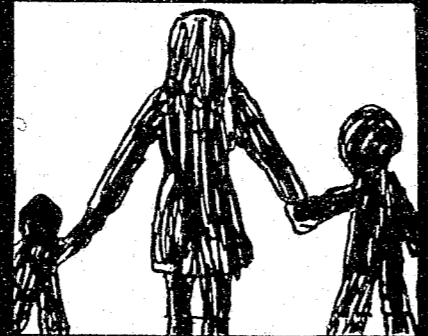


Rural Domestic Violence Intervention

A How-To-Guide

in
Crisis?!?



Transportation
Volunteers
Shelter
24 hr. Crisisline
Counseling

95140

U.S. Department of Justice
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Crisis Intervention Service
124 North Federal Avenue
Mason City, Iowa 50401
(515) 424-9071

Anne G. Duffe, Project Coordinator
Lori L. Henry, Assistant Coordinator and Manual Development

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FORWARD

The NIAD Center for Human Development, Inc. (NCHD) in Mason City, Iowa grew out of an expressed need by women in the North Central Iowa area it serves. NCHD began a drop-in center, (The Door Opener) for women in 1977. The drop-in center focused on the needs of area displaced homemakers, particularly rural farm women. After the first few months of service it became evident that the center would be well utilized as a women's center for all concerns.

In 1978 NCHD was asked by a community task force to develop and implement a crisis intervention service to assist victims of domestic violence. This project was expanded to include an eight county area.

The Crisis Intervention Service (CIS) is currently the only ongoing NCHD project. The service offers assistance to victims of domestic violence, sexual abuse, or rape. The service includes a drop-in counseling and referral center, a 24 hour crisis line, and a volunteer network that provides supportive services, safe-homes, and transportation for victims.

This manual explains how the program was developed and implemented, how you can develop a program to deal with victims of domestic violence and includes a resource guide containing project materials, a film list, bibliography and networking guide.

It is not the purpose of this manual to explore specific issues that have already been competently covered in other literature. An annotated bibliography in Section III includes material for workshops, fundraising, volunteer training, counseling techniques, etc. This guide outlines the basic steps and issues surrounding a rural domestic violence project.

The crisis victim is referred to as "she" for the purpose of convenience. While most CIS clients are women, men are not excluded from service.

"Whenever help is offered in the form of emergency phone lines or refuge programs, women who have been isolated in their misery and frightened for themselves and their children respond. Every community in the United States should provide a place where women who are isolated by their secret beatings can make contact with people who will believe their stories and place the blame where it belongs. One of the most chilling side effects of wifebeating is that it often destroys the beaten women's self-respect and paralyzes her will. A woman who believes that living with a violent man is preferable to living alone needs help. We must start by providing refuges where battered women can nurse their wounds, reassure their children, and begin to feel their own strength."

Del Martin, *Battered Wives*

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BACKGROUND

Each year millions of women experience domestic violence first hand. Most of them survive, some of them do not. The survivors continue to live the nightmarish life of uncertainty, fear, isolation, and shame that haunts the victim of domestic abuse. Only a small percentage of these victims seek help with their crisis and/or leave the battering situation. As hard as it is for these women to stay and be abused, it is often more frightening to think of leaving. "How could I provide for myself and my children?" "Where will I go?" "What choices do I have?" These questions are often the chain that keeps these women bound to suffer further abuse.

One of the catalysts that bring about a change in these cases is the availability of help, support, and understanding through a crisis center or shelter home. Where such services are available, women have an alternative to the abuse. They may be able to take the first step towards safety and security through these centers.

The process of change doesn't end with crisis sheltering. A complex process of planning for the family's short and long term needs is included. This might involve legal, medical, or mental health assistance. The planning will probably involve career development counseling as well as family counseling. Somehow the woman must evolve from the dependency that has confined her and tied her to an abusive spouse. She must be helped to realize her abilities and potential.

How can all of this be accomplished within a community that quietly condones domestic violence? This aspect of domestic violence programming is perhaps the most challenging. Coordinating the services within a community to meet the needs of these victims is often frustrating. Gaining support for such a service is usually an uphill battle at best. However, the genuine need for such service and the reality of this widespread problem necessitate the continuing struggle.

During the past ten years great gains have been made toward helping abused women. Many state legislatures have begun to address the problem by updating domestic abuse laws and allocating funds for the support of domestic violence services. Shelter homes and women's centers are being established in every part of the country. The public is gradually being made aware of the violence that is dominating so many families. However, anyone who works with domestic violence victims can confirm the fact that more needs to be done.

PART I

**How the NCHD
Developed and Implemented
A Project for
Domestic Violence Victims**

(Although Part I is primarily written in the past tense, there is reference made to current and ongoing programming. Some issues are written about in the present tense to accommodate this.)

GETTING STARTED

In 1978, with a growing sensitivity to women's problems and needs, a community task force was organized in North Iowa to investigate domestic violence. A needs assessment showed spousal abuse as the fastest growing crime reported to local law enforcement officers. There were no local services providing help to these victims. The task force recommended that a program to assist domestic violence victims be developed for the North Central Iowa area.

Since the NCHD had recently opened a drop-in center for women, (The Door Opener) this was thought to be the most closely associated service to the problem. The NCHD board of directors was approached to consider administering a crisis intervention project. The board approved the request recognizing that at least 60% of the displaced homemaker clients served by the center had been battered wives. A funding search was initiated to support the project.

A grant proposal to ACTION was accepted giving the project VISTA (Volunteers In Service To America) support as well as supervisory and training funds.

The general objectives of the project were:

- 1) To identify the short and long term needs of domestic violence victims and their families related to crisis intervention, follow-up counseling, training and employment and implement a project to meet these needs.
- 2) Develop a coordinated approach within the North Iowa Area for the provision of services to victims as well as influencing institutions, the courts, the law enforcement agencies, the legal and medical profession, and social service agencies to be more responsive to their needs.
- 3) Sensitize the general public to the problem in order to effect a less condoning, apathetic attitude.

PROJECT STAFF

The domestic violence project was administered within the general NCHD structure. Clerical, accounting and counseling services were provided to the project by NCHD. A project coordinator was hired to supervise VISTA involvement and to work with the NCHD staff to plan and implement the project. The project coordinator would also assume some of the counseling responsibilities for the victims referred to the project and provide technical training to the volunteers recruited to serve the victims.

The coordinator was responsible for the recruitment of the VISTA volunteers serving

the project. The VISTA volunteers were to reside in the county they would be serving and coordinate project activities in their home county. This was highly advantageous because they were established within the county structure and were generally familiar with available county resources. *The balance of project responsibilities were planned to be carried out by volunteers.

PROJECT DESIGN

Since the project was to cover an eight county area, the need for local involvement and support in the initial phase was viewed as essential. In order to secure this involvement, local advisory groups were formed in each of the eight counties. These groups would formulate ideas and methods at the local level, sending their recommendations via a local advisory member to a regional domestic violence board. The regional board took action on the county recommendations and in turn submitted proposed action to the NCHD corporate board for approval. In this way services were initiated and planned in accord with local needs.

The advisory groups were recruited by the county VISTA. They were made up of agency representatives including social services, law enforcement, medical agencies, concerned citizens and ministers. The initial task of these groups was to survey existing "people" services in the county and determine: 1) level of interagency cooperation; 2) frequency of contact with abuse victims; 3) level of training and expertise in handling the victim's needs; 4) resources available to meet victim's needs; 5) current inter and intra agency procedures for victim referral to counseling services, law enforcement, medical assistance, etc; 6) sensitivity and perception of victim's needs; and 7) acceptance of a new service designed to meet the needs of victims. The survey results supported the idea of a crisis intervention network for abuse victims.

Specific recommendations made to the regional domestic violence board were:

- 1) The use of volunteer safe-homes instead of a central shelter so that "shelter" services would be available in the outlying areas.
- 2) Use of a 24 hour crisis line for victim referral and assistance.
- 3) Involvement of volunteer drivers, babysitters and crisis line workers to support the program while keeping costs down.
- 4) Follow up services to the victims and family to be made available through the existing drop-in center.
- 5) County and regional advisory groups would continue to function in order to implement the project.
- 6) VISTA's would act as project coordinators and client advocates for their county.
- 7) Each county group would also serve to publicize the project and raise funds for emergency services. (The provision of food, reimbursement of volunteers cost, etc.)
- 8) No charge would be made to the victim for the cost of services.

The corporate board accepted these recommendations and approved the project as outlined.

* Since the VISTAs are no longer available to the project, a part-time volunteer coordinator has assumed the responsibilities of the VISTAs. A project coordinator serves as counselor and administrator.

DEVELOPMENT AND IMPLEMENTATION

The major objectives of this phase were to 1) identify the tasks involved with following through on the advisory group recommendations, 2) assign task responsibility for implementation, and 3) implement the project.

Major tasks identified by project staff and the advisory groups were:

1. Planning for volunteer involvement
 - forms
 - job descriptions
 - procedures
 - recruitment
 - orientation and training
2. Arranging for a 24-hour crisis line network
3. Setting up the safe-home network
4. Forming a referral network
5. Planning for provision of counseling and follow-up services
6. Developing an effective community education format

A description of how these tasks were assigned and implemented follows.

VOLUNTEER INVOLVEMENT

Forms, Job Descriptions, and Procedures

The forms needed to assure proper documentation for the volunteers were kept to a minimum. These forms, job descriptions, and procedures were developed and approved by the Regional Advisory Board. (See Part III)

They were:

- Background of volunteers - application form
- Questionnaire for crisis line volunteers
- Questionnaire for safe-home host
- Volunteer telephone log
- Volunteer donation form
- Crisis line intake sheet
- Coordinators client sheet

The first three forms screened the applicants and informed them of their commitments as volunteers. The telephone log could be used to document client services as well as to assure reimbursement to the volunteer of out-of-pocket expenses. The volunteer donation form documented in-kind and actual contributions made by the volunteers (lodging, travel expense, service hours, etc.) for their tax records. The last two forms reported client contacts and services rendered.

The volunteer job descriptions were written to identify the role, responsibilities and procedures volunteers were to adhere to in dealing with crises. They also stated the confidentiality policy of the agency. (See Part III). The identified volunteer roles were:

Crisis Line Volunteer: Gather information from crisis line callers and relay it to the county coordinator for follow-up.

County Coordinator: Provide follow-up services to crisis callers in their county (i.e. arrange for shelter, transportation, counseling, etc.)

Drivers: Provide safe and confidential transportation to a safe-home or other type of emergency service.

Safe-home Host: Provide a safe and confidential environment for the victim and her children.

County Advisors: Lend technical assistance to the crisis intervention project.

The crisis intervention procedures were included in volunteer job descriptions. They addressed issues such as dealing with life threatening situations, establishing the rules of the safe-home, maintaining the confidentiality of the location of the safe-home, providing for the safety of volunteers, client child care responsibilities and the notification of CIS staff. These issues were also emphasized in volunteer training.

Recruitment

Initial recruitment of volunteers was accomplished in several ways:

- Town meetings
- Personal contacts with ministers and agencies to gain volunteer referral
- Speaking engagements at service clubs and church auxiliaries
- Media coverage
- Each-one-reach-one campaigns

VISTA volunteers and advisory groups took responsibility for volunteer recruitment.

Screening and Orientation

Volunteer interviews were held on a one-to-one basis in the office or in a volunteer's home. The VISTA volunteers were responsible for these contacts. Volunteers were encouraged to include their families in the decision to become a crisis volunteer.

Screening was accomplished by the volunteer's application form, the personal interview and reference check. An effort was made to utilize volunteers who proved to be inappropriate for direct client contact for office tasks, fund raising activities or public education programs.

After a volunteer was accepted, an orientation conference was scheduled with the appropriate VISTA. This included a review of the volunteer job descriptions, service delivery format, community resources, and crisis intervention procedures.

Volunteer Training

Training was provided for and required of all volunteers both initially and on an ongoing

basis.

The initial training involved a day-long training session reviewing the basic concepts of crisis intervention, effective listening skills, stress management, the legal process as related to sexual assault and domestic violence, and assessing the clients needs. (See Part III, Bibliography for training resources)

A variety of methods was used to present this training. Speakers representing community resource agencies were utilized when appropriate. Films and other visual aides were usually involved. Role plays and small group discussions were also used both to train and to evaluate the volunteers abilities to deal with a crisis.

Volunteers commit themselves to attend at least one training session each year they serve with CIS. Ongoing training sessions are similar to the initial training seminars in format. These seminars are held three times each year. Volunteers are also kept informed and active through a quarterly CIS newsletter and bimonthly county level meetings.

24 HOUR CRISIS LINE NETWORK

Establishing a twenty four hour crisis line in a rural area posed some problems and called for the creation of a unique system. Since most crisis lines were traditionally operated through a centrally located switchboard, the involvement of volunteers from all over North Iowa was impractical. Another consideration was that the project area was broad geographically. Call forwarding was not yet available, and the cost of an answering service was prohibitive at the time. A rural telephone cooperative provided the solution with a divertor box. The divertor box could be programmed to divert incoming calls to the scheduled volunteer's home phone. A small rural church volunteered to house the divertor and provide the volunteers to program the box with each shift change.*

With arrangements made for the equipment usage, the next major task was volunteer scheduling. Since the domestic violence project could be staffed with CIS during the business hours, shifts from 5:00 p.m. running until 8:30 a.m. and all weekend were established. These initial weekend shifts lasted only for the first two months until sufficient volunteers were involved to cover additional shifts. At that point two shifts became operational, 8:30 a.m. - 5:00 p.m. and 5:00 p.m. to 8:30 a.m., seven days a week.

Scheduling the volunteers for the crisis line was a VISTA responsibility. Each volunteer had indicated shift and day preferences during their orientation. The crisis line calendars (shift assignments) were arranged bimonthly and sent out ten days prior to the new months' assignment. The volunteer's shift was circled in red for visibility. Intake sheets, training material, emergency service lists and CIS updates were periodically sent out with the calendar to keep the volunteers up-to-date.

*CIS has since converted the crisis line to an answering service which patches crisis calls to the scheduled volunteer's home. The change became necessary because the divertor volunteers often had to deal with equipment errors and became unwilling to continue. The cost of the answering service is partially donated by the service. It also provides more accurate documentation of the calls that are received and how they are routed.

Publicizing the availability of the crisis line and its number was felt to be crucial. This was done through all available means. The broadcast media was helpful in setting up Public Service Announcements and airing them throughout the day and night. Local newspapers donated space on a weekly basis for the crisis line number. The area Shopper's News also donated an advertisement for the number. Posters were printed and posted in grocery stores, libraries, beauty shops, county welfare offices, etc. Brochures and cards printed with the crisis number were distributed to area social service staff, clergy, hospital staff, mental health staff, law enforcement staff, etc. Booths at area county fairs were set up to publicize the project and the crisis line phone number. Speaking engagements were actively sought in order to disseminate the information.

SAFE-HOME NETWORK

The recruitment of safe-home volunteers was accomplished as previously outlined. However, the interviewing process differed from that of the other volunteers. Safe-home volunteers were interviewed in their homes in order to check for the minimum requirements of safety, cleanliness and space availability. The in-home interviews involved all family members who would be in the home during the sheltering process. Family members were asked about their attitude towards domestic violence and its victims. They were also asked to comment on their approach to conflict resolution in the family. Positive role modeling was emphasized. Their responses became part of the screening process. Generally, safe-home volunteers should be open-minded, flexible, and non-judgmental in their views concerning the victims of abuse. They should be able to offer a warm, secure environment without becoming too personally involved and without a compulsion to "know the details."

Special issues involving safe-home volunteers were identified as:

Liability

- Keeping the safe-home secure
- Safe-home rules for the volunteers and victims
- Safe-home abusers
- Irregular usage

The question of liability for safe-home volunteers concerned accidents and injury to the client staying in their home as well as damage to the volunteer's property by the client and/or her children. CIS required copies of their homeowner's/renter's insurance policy and a verification of such coverage from their insurance agent. Volunteers provided their homes with the understanding that they would be responsible for any incidents that might occur while housing a client. In addition, CIS has maintained corporate liability insurance and the CIS counselor has kept personal liability insurance.

The main issue in planning for the security of the safe-homes was keeping the location of the homes confidential. This was accomplished by, 1) the careful screening and training of the volunteers, 2) limiting the number of people having access to the locations, 3) requiring clients to adhere to the confidentiality of the homes and 4) by housing crisis victims outside of their home county. Volunteers agreed not to disclose their status as safe-homes. Only CIS staff and county coordinators were to know safe-home locations. All client placements were to be made through them.

Guidelines for the safe-home volunteers and clients were to be agreed upon by both parties. (See Section III) Emphasis for these rules was on the security of the home, the responsibilities of the client and the provision of care to the client.

The CIS established a firm policy regarding abuse of the safe-home. If guidelines were not adhered to or if the client misrepresented her need to be sheltered, involvement with CIS would be terminated. If a conflict should arise while the client was in a safe-home, the client or the volunteer could request that a change of location be made.

Irregular usage of the safe-home could develop into a motivation problem. Because there was no way to determine the demand for safe-home utilization it was important for volunteers to remain flexible and informed with regard to their crisis involvement. CIS planned to accomplish this through a newsletter, bimonthly meetings and ongoing training. Over use of safe-homes has been reduced by keeping an account of when the home was utilized.

REFERRAL NETWORK

The responsibility of making referral contacts within each county was shared by the county VISTA and the county advisory group. These initial personal contacts had a two-fold purpose, 1) to acquaint the agency with the services offered by CIS and 2) to gather resource information for referral to that agency. Ideally, a contact person within the agency was established who would act as a liaison between the two services. Key agency contacts included the following:

- Department of Human Services (or the equivalent state agency which administers the state welfare programs)
- Police Department
- Sheriff Department
- County Attorney's office
- Legal Services
- Hospital - (social service, emergency room, and patient and staff education personnel)
- Ministerial associations
- Other women's centers
- YWCA
- Job Service
- Area college - (community services and counseling staff)
- Government housing services
- Mental health centers
- Support groups for women including single parents groups and Parents Anonymous
- Family Planning services
- Chemical dependency treatment centers
- County Relief office
- Private social service agencies
- Community action programs

Resource books for each county were compiled utilizing the information gathered. The resource books were used in training volunteers and CIS staff members as well as for agency referral.

A list of crisis hotline numbers was also compiled for referral. This included suicide,

runaway and other domestic violence hotlines. These numbers were also distributed to volunteers for their use on the crisis line.

After the initial contacts establishing inter-agency referral, the agencies were kept updated through a newsletter and media announcements. Involvement in a community organization that encourages exchange and cooperation between agencies, e.g. Council of Social Agencies, was also valuable.

Additional inter-agency cooperation was encouraged through in-service training programs. CIS often invited staff from other service agencies to present volunteer or staff training. CIS also offered to help train staff in other agencies.

CIS was also instrumental in the formation of a multi-disciplinary task force that has provided victim advocacy and community education while assessing community needs regarding victim services.

A domestic violence training seminar for law enforcement officers offered early in the project generated essential support for the crisis intervention. (See Part III)

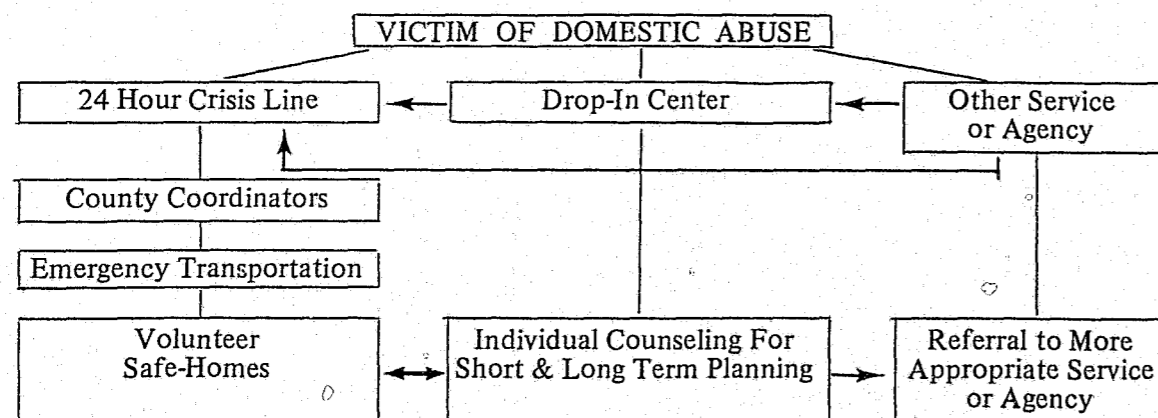
A support group for battered women was co-sponsored by CIS and the hospital social service staff.

All of these outreach efforts were beneficial in establishing an interagency referral network.

COUNSELING AND FOLLOW-UP SERVICES

Because client counseling and follow-up would be provided by the established drop-in center, only minimal planning was necessary for these services. Systems for monitoring clients, for statistical tabulation, and for volunteer-staff coordination were established. Counseling would be provided by a professional counselor on staff at the drop-in center.

The following chart demonstrates service delivery for the project. Clients who call the crisis line (including those placed in safe-homes), are referred by another agency, or simply walk in receive counseling services. The volunteer or CIS staff person that deals with the client initially arranges for the counseling. The counselor then provides any follow-up that is appropriate to the situation.



Counseling domestic violence victims is a complex process involving crisis, financial, career, personal and often marital or family counseling. No attempt to detail approaches to counseling will be made in this manual. Instead, the method for provision of counseling and the issues that are explored with the client by CIS staff will be outlined.

The CIS counseling goal is to offer the client alternatives and to decrease the dependency and low self-esteem that are often evident in domestic violence clients. The philosophy adopted for crisis clients respects the client's right to make her own decisions. Those decisions are supported by CIS by all possible means.

Initial information about the client is recorded by the client on the service application, by CIS staff, or by a volunteer on the crisis intake sheet. This data provides a statistical basis that is important to the counseling process. It also documents the need for the project.

The initial counseling issue deals with the crisis situation itself. The counselor reviews with the client her alternatives and discusses the outcome and problems involved with each. The decision the client reaches determines the extent of further counseling and follow-up services. Services that are provided may include the following:

Legal - if an injunction is to be sought to regain possession of housing or to protect against the abuser, if a legal separation or a divorce will be pursued, and/or if criminal charges will be filed against the abuser.

Financial - in the case of establishing a separate household or decreasing the client's financial dependency.

Career Planning - to assist the client in her effort to gain independence and self worth.

Individual therapy - to help the client cope with the difficulties she encounters whether she is remaining in the situation or leaving the relationship.

Marital or family therapy - to help the family or couple gain the necessary skills and understanding to change the abusive cycle.

Legal assistance is planned through Legal Services or through a private attorney. Clients are made aware of their legal rights and encouraged to be assertive in protecting them. They are counseled to find an attorney that will represent their concerns according to their rights.

Financial counseling is provided through CIS with cooperation from other agencies. Financial counseling involves an evaluation of the clients available resources, monthly out-go or budget, and a plan to meet the financial needs of the family. This plan may include government support programs (AFDC, food stamps, housing subsidy, etc.) a short term loan from her family, educational goals, employment, and/or a change in lifestyle.

Career counseling includes skills assessment, training alternatives, job-seeking skill building and counseling support during the job search.

Individual, marital, or family therapy is arranged through public or private mental health services or through a private practitioner depending on the financial resources of the family.

Short term counseling may be arranged with the CIS counselor. Support group involvement is also an alternative.

Short and long-range counseling goals are developed with the client. Follow-up involvement is also arranged. Follow-up is not always appropriate or requested by the domestic violence victim. If anonymity is requested, this decision is respected. Otherwise, clients are routinely contacted in 30 and 90 days. This contact may be by telephone or letter. Clients are asked about their progress towards the goals they set and whether or not they want their office file to remain open.

Client statistics are tabulated each month. This information is helpful in planning for client follow-up. It is also used to justify funding requests.

With the basic crisis intervention structure and service delivery system in place, CIS staff began to serve clients. The county advisory groups initially met monthly and eventually bimonthly basis. The regional advisory board was dissolved. A representative from the county level has continued to serve as a member of the NCHD corporate board.

COMMUNITY EDUCATION

Community education planning has included 1) publicity for the service 2) speaking engagements dealing with domestic violence and 3) educational programs targeting prevention, resolution, and solutions to family violence.

Publicity has been the joint responsibility of the county advisory groups and CIS staff. The media blitz previously referred to explains the methods used to publicize the project initially. These same methods have been employed for ongoing publicity. In addition, county meetings, volunteer training and the annual board meeting are publicized in the media for the information and interest of the community.

Speaking engagements have been an excellent source of community education. County volunteers are utilized as speakers for the project as well as the CIS staff. Films, slide presentations, and other visual aides are used to illustrate the complexity of the problem. Presentations vary greatly depending on the audience addressed. A presentation of the services available through CIS and an appeal for support of the service is generally included.

Educational programs range from involvement at the primary and secondary school level through law enforcement officer training. CIS has planned and been involved in several major community education projects. Seminars at the community college involving service providers, accredited training for law enforcement officers, and involvement in the statewide coalition are examples of this effort. CIS is currently working with other area agencies to present educational and prevention programs within the school system.

SPECIAL ISSUES

Periodically, it becomes necessary for CIS to outline policy for special issues involving the crisis network. The major issues that have been dealt with are 1) securing an injunction, 2) transitional housing, 3) emergency food and clothing, 4) dealing with the "significant others", 5) out-of-area requests for service, 6) out-of-pocket expenses of volunteers, and 7) child abuse.

Each state code varies in its provision for emergency protection orders, restraining orders, or injunctions. Iowa allows for emergency injunctions. Provision of housing for the battered wife and her children can be ordered with such an injunction. In most cases the woman chooses to repossess the house or apartment that she left when seeking shelter. Consequently, after a short stay in the safe-home, she is able to re-establish herself in her own home. In order to file for an injunction the client needs to be eligible for Legal Services or hire a private attorney.

CIS staff become involved as client advocates during this process. The advocacy process involves 1) helping to secure legal counsel, 2) filing the petition (which often includes transporting the client and petition to her home county), and 3) determining if the client will feel safe enough to return given the limitation of the injunction.

In cases where the client would be in jeopardy regardless of the injunction, assistance in securing housing is usually provided by CIS staff. Other options for the client have been to seek temporary housing with a friend or relative or transfer to a longer-term shelter elsewhere in the state.

Securing adequate "transitional housing" is a continuing concern for CIS. Studies indicate that significantly fewer women return to the abusive situation if they have access to housing either through a long term shelter or the rental market. Since CIS offers only crisis shelter for 1-7 days, and because most clients have limited financial resources, there is cause for concern. Many clients return to their abusive situation with some positive plan of action but for some of them this is a temporary solution which eventually leads to further abuse. Providing the client with assistance in finding safe housing is an important service CIS provides. CIS is presently considering the acquisition of a facility which would provide transitional housing.

Secondary to the need for housing is the need for food and clothing. CIS attempts to meet this need in several ways. Community resources such as the Food Bank, Salvation Army, Goodwill, and the Community Action centers may be able to provide the dislocated family with food and clothing. Before the Food Bank was established, CIS organized a food closet for use with crisis victims. This was accomplished mainly through a skate-a-thon promotion where admittance to the event required canned or boxed food items. The food could be distributed directly to the client or given to the safe-home volunteer to help defray the extra expense of feeding the clients.

Once the client has established a residence with access to cooking facilities she can apply for emergency food stamps. Application for food stamps is not made while in the safe-home because the location of the safe-home would have to be disclosed.

Dealing with the client's family members and the abuser involves several issues. Included may be a missing person's report, the custody of minor children, the safety of the volunteers, and the continued safety of the client. CIS establishes a firm policy of confidentiality concerning requests for information regarding a client. Any inquiries, including those by law enforcement officials, social workers, etc. (unless they are already directly involved with the case) about a client are met with a disavowal of any personal knowledge about the client. A message may be left for the client in the case of future contact. Even in the case where the person states a positive knowledge of the client's involvement with CIS, this policy is enforced. The client is made aware of all inquiries to her whereabouts. She can then make her

own decisions about whom to contact. CIS staff may also obtain in writing, a client's permission to use her name when planning for services for her through other agencies.

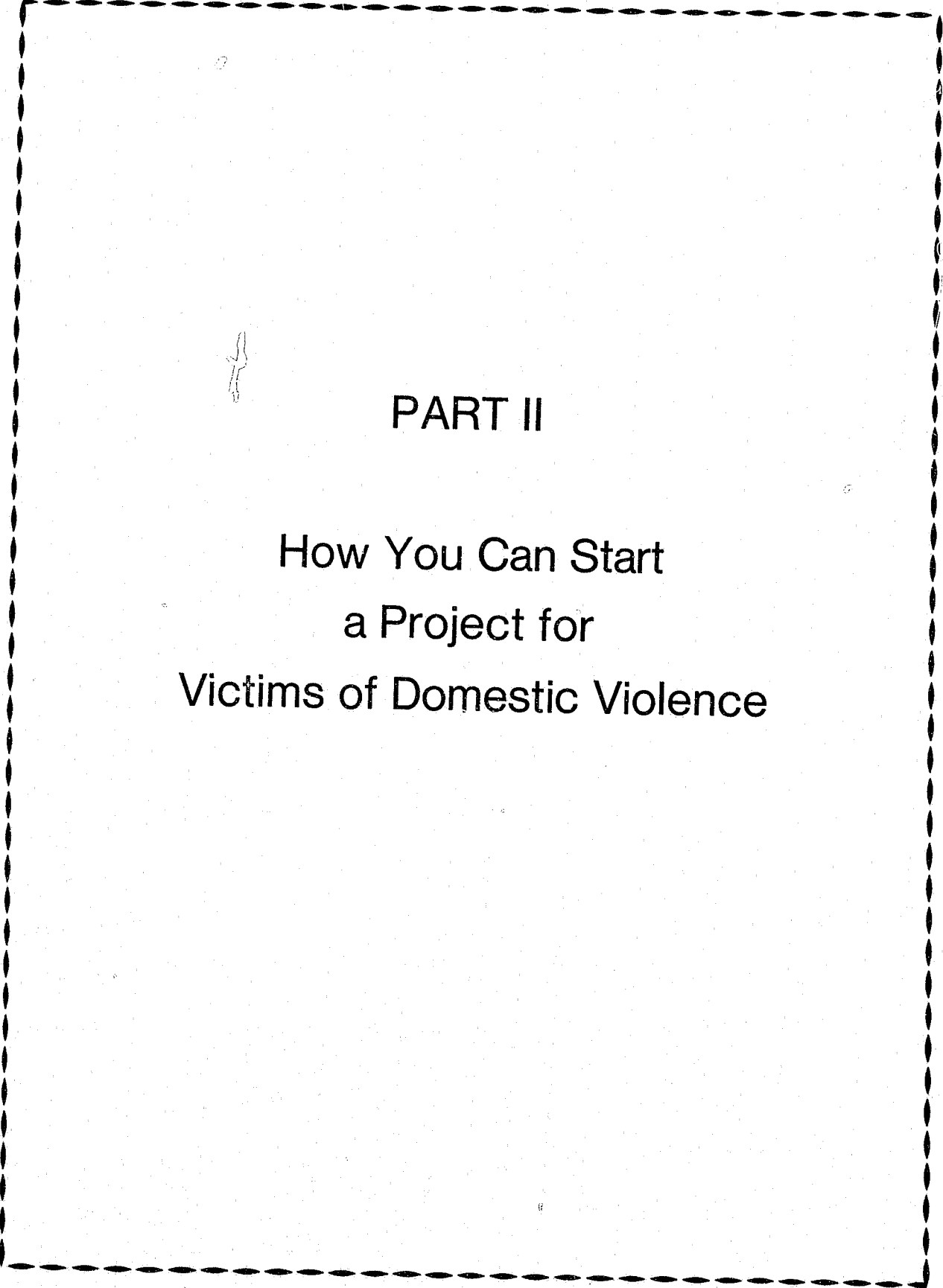
Frequently CIS is requested to provide services to clients outside the eight county NIAD area. These request are granted to the extent possible. However, volunteers and staff are encouraged to assess the primary needs of the client. If the primary need is a place to stay while passing through town and the history of abuse is just incidental to this need, the request is declined. Each case is reviewed individually.

The original plan for volunteer expenses was that funds would be generated by each county to reimburse the volunteers. However, volunteers have been entirely willing to assume the cost of their service without draining the limited resources of CIS. Typical expenses include extra food, gas and vehicle maintenance cost, long distance phone charges, and sometimes donating personal items such as diapers, toothbrush, etc. CIS will reimburse volunteers for telephone charges, but most volunteers donate this cost. CIS will document volunteer expenses if the volunteer requests this for tax purposes.

There is a strong correlation between domestic violence and child abuse. Often the mother may be the abuser. Although CIS is not a mandatory reporter of abuse cases when it comes to the counselors attention through the volunteers or from the client herself, action is taken. If the client has disclosed abuse, she is encouraged to seek help through Parents Anonymous or the Department of Human Services Child Protection Unit. If she is unwilling or unable to do this, the counselor usually files an anonymous report concerning the situation.

SUMMARY

CIS has been successful in establishing a service for battered women. The ongoing provision of this crisis intervention continues to be a struggle because of funding. After five years of existance community understanding and support of the project is still mixed, as it will probably always be. We exist on a year-to-year basis never really knowing if the funding will continue. Despite this uncertainty our program is committed to the need for the service.



PART II

How You Can Start a Project for Victims of Domestic Violence

HOW YOU CAN DO IT

This section is a guide to help you design and develop a project in your community to address the needs of victims of domestic violence. The recommendations are based on the past five years of evolution the CIS project has undergone. Realizing that resources and laws vary from state to state, these suggestions will have to be altered according to local conditions.

HOW TO BEGIN

DETERMINE WHO WILL INITIATE THE PROJECT

The project initiator could be an organization - - perhaps a state or local commission on the status of women or some service, civic, church or community organization such as Church Women United, YWCA, NOW, or any group whose area of concern encompasses the battered wife. It could also be a coalition of individuals. In some communities a group of women with careers in the criminal justice system have united for information exchange. They might be the initiating force. A women's resource center is another possibility. A project may also be initiated by a group of "survivors."

Whoever initiates the program should wholeheartedly support the idea and should have the potential for sustained efforts over a period of time to effectuate needed change.

DEFINE THE COMMUNITY YOUR PROJECT WILL SERVE

The service area might follow city, county or regional boundaries. If your state is divided into educational districts, these could dictate your area. Most rural projects of this kind seem to be centered in a city or town that is the biggest population center within a 50-75 mile radius. Duplication of services within the geographic area should be avoided.

Another consideration may be funding availability. Serving a county or multicounty area usually opens up additional funding possibilities through revenue sharing, county welfare or mental health funds. Realistically, clients will come from the whole county as well as adjacent counties rather than just the city or town.

FIND OUT WHAT RESOURCES ARE AVAILABLE

Before starting an indepth assessment of domestic violence, you may want to survey the support available for such a project.

Contact agencies that would be likely to serve domestic violence victims and ask for their involvement in the initial assessment and planning for the project.

Find out what kind of financial support might be available on a local, state and national level. Include local and state charitable foundations, a local United Way or Community Chest drive, city and county governments, state allotments for domestic violence programming, church mission giving funds, national foundations, corporate giving and federal grant programs.

A good source of funding information may be another domestic violence project in your state or your State Domestic Violence Coalition.

If your initial probes indicate there are resources to support a program for domestic violence, your next consideration is a more in-depth assessment of needs and resources – the first of four program phases.

THE FOUR PROGRAM PHASES

Assessment, Development, Implementation, Evaluation

PHASE 1 – ASSESSMENT

The objective of the assessment phase is to obtain a perspective of the needs related to domestic violence victims in your community and to evaluate the resources available to meet those needs. You will be creating community interest and support for the project and identifying groups or individuals to be involved in the planning and implementation phases.

Decide Who Will Carry Out This Phase

Perhaps your organization will provide a coordinator for the assessment. If not, two or more volunteers could be recruited. The volunteers might be from RSVP (Retired Senior Volunteer Program) or service club members. A student intern might be willing to take on this phase as a special project. The major tasks will be gathering information, contacting organizations and agencies, and identifying the key issues and needs of the victims. The coordinator(s) of this phase need to create goodwill with the area agencies contacted and to assure them that services will not be duplicated.

Contact Key Persons and Organizations

A domestic violence project calls for involvement of many different agencies. A list of suggested contacts appears in Part I. Your area may have additional resources that should be contacted. Your local Chamber of Commerce, United Way or Council of Social Agencies may be able to provide you with a resource directory. The agencies you contact initially can also help direct you to additional resources.

Decide what your objectives for these contacts will be. You may want to design and use a written survey or outline the information to be gathered during the visit. (See Part III) You should also document the information you accumulate at this stage. The information will prove valuable to you for funding requests.

Here is a suggested list of the types of agencies you might consider contacting and the kind of information they might be able to provide. The method of gathering this information needs to be non-threatening so that future cooperation will be assured.

Law Enforcement (sheriff, police and county attorney)

- Obtain statistics on domestic violence calls for the past 12 months, determine if the cases are increasing and to what degree.
- How do the local statistics compare with statewide and national averages?

- What is the usual response to the victim? to the offender?
- Has the department developed a policy and procedure for dealing with the abuse victim?
- Have the officers received special training for handling domestic violence calls?
- If the woman leaves the home, is she helped to find a place to stay? Is she provided with transportation?
- What are the statistics on prosecution for domestic abuse? Percentage of convictions? Percentage of cases dropped before trial? Average sentence for convictions?
- How many emergency injunctions were issued during the past 12 months?
- Is there a victim reparation program for which domestic violence victims would be eligible?

Human Services or Welfare Agencies (public and private)

- What percentage of their clients are or have been domestic violence victims?
- What is the incidence of child abuse in the domestic violence families?
- What special services, if any, do they provide domestic violence victims? (support groups, emergency housing, expedited food stamps, etc.)
- Inter and intra agency procedures for victim referral to counseling services, law enforcement, medical and legal assistance.
- What financial benefits or supplements are available to the victims and their children?
- What type of services are needed by the victims that are not currently available?

Service and Women's Organizations

- Would their group be interested in supporting a domestic violence project? with volunteers? financially?
- Do they currently or have they ever emphasized domestic violence as a service goal?

Medical Facilities

- How many emergency room patients were domestic violence victims? How many were assumed to be even if not documented?
- Is there provision for a victim advocate among the nursing or social service staff?
- Do they have a referral process for follow-up services for the victim?
- How many serious (requiring hospital stay) injuries were the result of domestic violence?

Mental Health Center (including chemical dependency treatment)

- What percentage of their marriage or individual counseling clients report domestic violence?
- What percentage of these clients remain in the abusive situation?
- Do they have a support group for the victims? abusers?
- What is the correlation between alcoholism or drug abuse and domestic violence?

Clergy

- What type of training have they had for dealing with marital problems?
- Where have they made referrals in the past for domestic violence victims?
- What type of services are needed?
- Does their church, at a national, state, or local level, ever help fund crisis intervention service projects?

Educational Institutions

- What, if any, research has been done locally concerning domestic violence?
- Could students be available to work as volunteers on the project? for credit?
- Do they currently have a department specializing in womens' issues?
- What special programs are available for the older female students that enroll?

Legislators

- What, if any, current legislation is proposed concerning domestic violence?
- What funding is available through state or federal programming?
- What is their stance on domestic violence programming?

Domestic Violence Victims

- If a support group is available locally, survey the women as possible.
- What are the unmet needs of victims?
- What attitudes did they encounter when seeking help?

Examine Your Information

Now is the time to step back and take stock. Were any unmet needs and problems uncovered? What services could provide for those needs? At this point you might discover that a program different than the one outlined in Part I would work better in your community. You may want to begin with just one component of a program, such as a crisis line, and expand as support and funding become more available. You may conclude that there isn't enough interest or support for the service or that it is already being provided to the extent possible.

If you conclude that there is support for the project, you are ready to proceed to the next phase.

PHASE 2 - DEVELOPMENT

In Phase 2 you will be utilizing the information compiled during Phase 1 in order to plan for Phase 3. You can begin to formulate ideas and develop a project design to meet the identified needs of domestic violence victims in your area.

Choosing a Planning Committee

The planning committee can be a coalition of interested persons, agency representatives (including representatives of the type of agencies listed in Phase 1), and possibly victims. Some of the committee members should have been identified during the assessment phase. Try to achieve a balance of men and women and public and private agencies. It is important to select members who have 1) knowledge of or concern about domestic violence, 2) organizational skills, and 3) time to devote to the planning and follow-up processes.

Make Planning Meetings Productive

Decide how the planning committee will function. Will it be a formal or informal group? How will the chairperson be selected? What other officers need to be chosen (probably at least a secretary)? What, if any, standing committees will be organized? Or will committees be appointed as needed? Prepare an agenda for each meeting based on the planned project areas.

Set Your Goals

The planning committee will need to set short and long range goals. You may also consider objectives and action steps that will give you a plan for accomplishing these goals. The goals should be fairly well-defined by the information gathered during the assessment phase.

Plan Your Project

What services will be offered? This should be based on the needs that were identified in the first phase. The extent of services will be affected by the resources that are available. Decide what is realistic for the project staff. If it is to be entirely volunteer project, you may need to limit your services to a crisis line and/or safe-homes.

Will there be a fee charged for the services? If so, you should consider a sliding fee scale or a flexible payment schedule. The cost for the project will definitely have to be supplemented with outside funds in addition to client fees.

Decide Whom the Project Will Serve

Will you serve only domestic violence victims who are currently in crisis or will you offer more generalized help? Will your project be limited to the victims or will family members and/or abusers be assisted in some way? You may want to decide your policy towards requests for service that come from outside your service area.

Decide Who Will Staff the Project

Will you utilize a volunteer force entirely because of limited financial resources? Perhaps you may begin this way with plans to hire a paid coordinator when it becomes feasible. During your assessment phase you may have identified an agency who was willing to provide clerical help or even a staff member who would expand their present position to include coordinating the project. If possible, a paid project coordinator could be hired. Decide what her responsibilities will be. Will she be responsible for fund raising, accounting, counseling, and clerical tasks in addition to her coordinator duties? If not, who will take responsibility for these areas? These areas may be assigned to volunteers, performed by the governing board or completed by the additional staff specifically hired to assume these duties.

Plan For Volunteer Involvement

This area may be planned for on the committee level, left to a coordinator or planned jointly. You will want to establish which tasks can be assumed by volunteers. You may decide to formalize the volunteer job descriptions as a planning committee or assign this to the project coordinator. Additional considerations regarding the volunteers will be crisis response procedures, minimum requirements for becoming a volunteer, and techniques and materials for training volunteers.

Develop a Budget

Consider your project needs. Typical budget items would be:

- Staff salaries
- Fringe benefits (if any)

- Travel expenses
- Facility rental or mortgage
- Utilities (telephone, heat, lights, etc.)
- Office supplies (duplicating costs, letterhead, etc.)
- Postage
- Printing costs
- Volunteer cost reimbursement
- Food and shelter expenses (depending on project services)
- Insurance
- Initial equipment cost

Develop a budget that balances the identified needs and the available resources. Be realistic about the cost projections that are made. You might consider asking an established project what their budget is and what typical expenditures are.

Plan a Strategy for Fund Raising

In most cases, some fund raising will have to be done before the project can be implemented. Although funding won't be explored in depth here, ideas for the initial financial support will be outlined.

Your committee may need to file for and establish your status as a non-profit organization before seeking contributions. The Internal Revenue Service can provide information regarding filing procedures.

You should refer back to the list of funding resources that was compiled during the assessment phase. You may need to expand this list during this phase to include 1) how to apply for the available grants or monies, 2) when funds are allocated, 3) to whom the funds have been distributed in the past, 4) criteria for funding and 5) local representatives. Once you have accomplished this, plan a strategy for application and proposal writing.

Other ideas for start-up funding may be mail solicitation, sponsorship by a service club, sponsoring an "event" (i.e. bike-a-thon, marathon, auction, dance, etc.) a community fund drive or church budget contributions. (See Part III for literature regarding fund raising)

Another source for meeting start-up financial needs would be in-kind contributions. You may want to outline a list of immediate needs (office space, typewriter, desks, office furniture, etc.) and match these with people, business or agencies that may be willing to contribute or loan them. A service club or church group might agree to underwrite a specific expense such as printing or cost for crisis line equipment. An answering service may be willing to loan pagers if their service is used for the crisis line. A long-range, ongoing plan for financing the project should be devised during this phase.

Plan for Physical Space

The need for physical space will depend upon the services you have decided to offer. Decide what the minimum space requirements would be for the project you have planned. You might consider locating within an established agency, sharing an office, or establishing your own separate office. If you have decided to start a shelter-home, the office would probably be located there. If you have decided on an entirely voluntary organization, your space requirements may be limited to a meeting room.

Outline the criteria for the project facilities. Some considerations may be accessibility for the handicapped, cost, child-proofing, safety standards, closeness to the downtown area for convenience, and the degree of visibility or remoteness from the general public's view. If commercial shelters are to be used, identify what is available locally that meets the criteria.

Plan for Effective Publicity

The success of the project you have planned is highly dependent upon this stage of public education. The initial blitz needs to be well planned, assigned, and implemented. It is essential that planning for on going publicity be established in this phase as well. Public awareness needs to be periodically aroused and kindled by consistent and frequent exposure to the need for such a project and the availability of services.

Identify all possible means of publicity and plan an effective strategy for involving them. You may want to involve a journalist or public-relations volunteer at this stage of the planning.

You will also need to plan for project literature at this point. This literature may be in the form of a pamphlet, flier, or merely a card. A concise presentation of project goals, services, and targeted recipients of the project services would be appropriate.

Establish a Time Table and Assign Tasks

At this point you will want to refer back to the goals you've made and the plans you've decided upon in order to establish a time table for their accomplishment. Identified tasks should be assigned to staff, volunteers or a combination of both for action.

Arrange for Ongoing Planning

With the completion of the development phase, the planning committee will need to arrange for the continuation of a governing body to oversee the project. A formal Board of Directors may be nominated at this stage or perhaps the planning committee will continue to function in this capacity.

Agenda items for ongoing planning may include:

- Community education
- Interagency cooperation
- Fund raising
- Personnel policies
- Incorporation of the service
- Establishing by-laws
- Accountability procedure
- Expansion of services

The first task of the governing board will probably be arranging for a project coordinator so that Phase 3 can move forward.

PHASE 3 - IMPLEMENTATION

In the period of implementation the plans developed in Phase 2 are put into action.

This phase is, of course, an ongoing, building process. Although the initial planning was accomplished during the developmental phase, you will continue with more specific planning during implementation. You may want to begin this phase while you're still developing the project in order to include staff and/or volunteers in the decision making. Most stages of Phase 3 have already been explored in the first two phases. However, additional ideas for successfully implementing these stages will be outlined here.

Project Staff

Project Coordinator:

Whether this will be a paid or volunteer position, it is important to select someone who can deal with the responsibilities the planning committee has established. You should have formalized a job description which includes qualifications, responsibilities, salary range (if any), hours (including provision for after hour and weekends) and to whom she will be responsible. The planning committee or other governing board will need to decide upon the interviewing and hiring procedure. It may be helpful to include a team interview in this process.

It will probably be necessary for the coordinator to have an interval for training before her work with clients proceeds. This training may consist of attending workshops, reading training manuals and/or visiting other projects.

She will also need time to take action on the following tasks before actual client services begin.

Additional Staff:

The need for additional staff will depend on the responsibilities the planning committee has attached to the coordinator, volunteers and committee members. Accounting tasks could be sub-contracted or assumed by the treasurer of the board. Clerical tasks could be assumed by a volunteer, a JTPA (Job Training Partnership Act) student or a paid employee. Additional positions should be clearly defined by the governing board.

Physical Facilities

Working with the recommendations of the planning committee arrange for office and/or shelter space. Arrangements for the crisis line and office equipment could also be made at this point.

Volunteer Involvement

The project coordinator will plan more specifically for volunteer involvement based on the planning committee's decisions. Methods of recruitment, screening and interviewing, training, and scheduling will be decided upon and implemented in this phase.

Community Education

Utilizing the contacts made in Phase 1, and the strategy from Phase 2, include service clubs, local and state agencies, and the media in publicizing the project. Print and distribute project literature to these resources.

You may want to hold an open house or public meeting to introduce the service to the community. A workshop or educational seminar could be sponsored by the project to acquaint the public with the issues and needs identified in Phase 1.

A strong community education program is an essential element in successful fundraising. This seems to be a three-sided issue. First, the public has to be made aware of the service in order for it to be well utilized. This utilization will provide the supportive statistics necessary to justify funding requests. Secondly, it is important to develop support for the issue of domestic violence. With so many "good causes" competing for the same funds, public awareness and support is critical. Lastly, perception of the project is likely to be more favorable if the project is attempting to move in a positive direction towards education, prevention and solutions.

While stressing the serious, far-reaching and long-term nature of domestic violence, it is a good idea to be positive about the impact services to the victim and families can have. Stressing the high cost of domestic violence related to the social service and criminal justice system is good rationale for providing a community service to help the family in crisis.

Client Services

Since the extent of client services was defined in Phase 2, the technical structure for putting it to work will be the task in this stage. The following is a basic guide of things to consider for this structure.

- You will need to develop a client monitoring system. Design the forms you will need to document client service, plan case goals and record client information. Demographic information may be required by a funding source and should be included. Plan a filing and statistical compilation procedure for the client records.
- Plan for counseling services to be provided. This may be accomplished by volunteer advocates, by project staff, sub-contract or by referral.
- Establish your referral procedures. Based on the agency information gathered in Phase 1, you could compile a resource service book including cross referral procedures.
- Outline the procedures volunteers will use in working with clients.
- Plan for ongoing client support either through an informal support system, a support group or by assigning an advocate to each client.
- Develop a follow-up system for future contact with clients. This should be planned with the client's privacy in mind.

With these steps accomplished, you should be ready to offer your services to clients.

PHASE 4 - EVALUATION

Evaluation of the project should monitor internal issues and external response to the service. You should develop a mechanism for evaluation and accountability early in the project.

Internal

Project goals should be reviewed periodically to determine positive movement towards the results originally outlined. These goals may need to be adjusted or changed to conform to changing conditions or circumstances. The success of the project should be measurable by the objectives outlined in the initial planning phase.

The effectiveness of the volunteers can be measured by their accessibility, flexibility, participation in training, commitment to the project and client feedback. Volunteers can assist in the evaluation process by monitoring the effectiveness of crisis procedure and client response.

Client services can be evaluated on the basis of the number of clients being served. Follow-up contacts with clients can provide insight into the helpfulness of the intervention that was provided to them. Positive changes in the client's situation would further support the effectiveness of the project.

External

The level of community support is the biggest indicator of project success. Support can be measured by availability of funding, interagency referrals, requests for speakers, number of volunteers and general goodwill towards the project. Letters of support should be requested from other area services attesting to the effectiveness and importance of the project in the community.

Public accountability can be accomplished through an annual report and/or meeting. The report should include client statistics, a financial statement and an explanation of the years' activities.

SUMMARY

Part II of this manual offered recommendations and suggestions that might prove helpful in your efforts to start a domestic violence project. Success for such a project is dependent upon careful planning, broad-based support, community involvement and a commitment to help abuse victims change their battered lives.

PART III

Resource Guide

COUNTY VOLUNTEER GROUPS — THE NEW VIEW

SUPPORT — LEARN — TRAIN

GOAL: To become a tightly-knit group who will take training, exchange experiences, learn together how to function for crisis intervention.

PROCEDURE: Form a support group with other Crisis Intervention volunteers in the area - coordinators, telephone operators, etc., from one or two counties on a regular basis to:

1. Have follow-up training
2. Support each other in strengthening Crisis Intervention programs
3. Enlist other volunteers in the program
4. Develop leadership in the group by utilizing coordinators as well as group members to call meetings, plan agendas.
5. Report to Crisis Intervention Service on strengths and weaknesses of current domestic violence and other follow-up Crisis Intervention programs such as: training, employment, education, job clubs, counseling, career mobility, etc.
6. Attend at least one formal training program a year.

JOB DESCRIPTION – CRISIS LINE OPERATOR

*Confidentiality is essential. Crisis cases may only be discussed with the volunteer directly involved or CRISIS INTERVENTION SERVICE staff directly involved. Names of crisis volunteers and shelter homes should also be kept confidential. The safety and well-being of the client is at stake.

ROLE: To gather information from crisis line callers and relay it to county coordinator for follow-up.

RESPONSIBILITIES:

1. Be available to answer 1 or 2 shifts on the crisis line each month.
2. Gather information and maintain necessary records of crisis calls.
3. Identify the nature of the problem the caller is concerned with.
4. Contact a county coordinator for ALL calls.
5. Participate in ongoing training.
6. On your assigned crisis line shifts make sure all members of your household limit personal calls so that the line is available.

PROCEDURE:

1. On your assigned shift record the caller's name, phone number, the address where she is calling from, and the county-record this information on the telephone intake sheet. If she has a car also include its description and license number.
2. Establish the nature of the problem-physical abuse, chemical or alcohol abuse, personal or emotional crisis, etc.

*If it is a life threatening situation - take the necessary immediate action.
3. Assure the caller that you will be contacting the coordinator from her county who will be calling right back.
4. After the caller has hung up, notify the county coordinator listed in the caller's county. Give the coordinator the caller's name, phone number, and address. Outline the nature of the call. The coordinator will establish the caller's needs.
5. If you cannot immediately reach the coordinator in the caller's county, try to reach one in an adjoining county. DO NOT leave any one without a follow-up.
6. Complete the telephone intake sheet including information about the caller, needs, services being sought, to whom the client was referred, and the time you received the call.
7. Mail the intake sheet to CRISIS INTERVENTION SERVICE, 124 No. Federal, Mason City, Iowa 50401, within 24 hours so that proper follow-up can be made.

JOB DESCRIPTION – VOLUNTEER COORDINATOR

*Confidentiality is essential. Crisis call may only be discussed with the volunteers or Crisis Intervention Service staff directly involved. Names of crisis volunteers and shelter homes should also be kept confidential.

ROLE: To provide follow-up for crisis line callers in their county.

RESPONSIBILITIES:

1. Be able to take calls from crisis line operators.
2. Gather information about the caller from crisis line operator in order to determine the needs of the caller.
3. Complete necessary forms for follow-up services.
4. Coordinate immediate services for caller.
5. Participate in ongoing training and coordinate the training of county volunteers with advisory groups.

PROCEDURE:

1. When a call is received from a crisis line operator, record the information about the caller.
2. Contact the crisis caller promptly and establish immediate needs.
3. Outline the alternatives. The caller needs support and needs to be aware of the options, but should not be counseled or judged.
4. Coordinate follow-up services for the caller:
 - a. Make referrals to the Crisis Intervention Service - referrals to other agencies will be made as needed by Crisis Intervention.
 - b. If caller needs a shelter:
 - always direct the caller to go to a safe place
 - ask age and sex of children
 - locate a shelter home
 - arrange for transportation to the shelter
 - contact Crisis Intervention staff so that prompt follow-through can be planned
 - c. Provide emergency assistance information as needed
 - other crisis numbers or hotlines
 - emergency services (police, chemical dependency, hospital, etc.)
5. Complete the Crisis Intervention Service form for each caller and mail within 24 hours to: Crisis Intervention Service, 124 N. Federal, Mason City, Iowa 50401.
6. Maintain a record of your long distance calls and submit it to the Crisis Intervention Service for reimbursement.
7. Provide a record of time spent and expenses incurred on this project.

JOB DESCRIPTION -- DRIVER

*Confidentiality is essential. Crisis cases may be discussed ONLY with the Crisis Intervention Service staff or the volunteer directly involved. Names of crisis volunteers and shelter homes should also be kept confidential. The safety and well being of the client is at stake.

ROLE: To provide victims of domestic violence safe and confidential transportation to a shelter home or other emergency service.

RESPONSIBILITIES:

1. Be flexible enough to provide transportation 24 hours a day.
2. Keep the Crisis Intervention Service informed as to your availability as a driver.
3. Maintain full automobile insurance.
4. Be responsible for your own mileage. (Your mileage can be used as a tax deductible donation.)
5. Participation in on going training.

PROCEDURE:

1. After you have agreed to transport a client, proceed to the agreed-upon pick-up point. Drive the client to the safe-home.
2. Maintain a warm, supportive attitude.
3. Provide Crisis Intervention Service with a record of your time and expenses spent on the project.

JOB DESCRIPTION -- SAFE-HOME VOLUNTEER

*Confidentiality is essential. Crisis cases may only be discussed with the Crisis Intervention Service staff or the volunteer directly involved. Names of crisis volunteers and shelter homes should also be kept confidential. The safety and well being of the client is at stake.

ROLE: To provide a safe environment for victims of domestic violence, and their children.

RESPONSIBILITIES:

1. Provide room and board for victims and children from 1 to 7 days maximum.
2. Inform CIS of your availability for sheltering victims.
3. Maintain home insurance to cover any possible accidents.
4. Offer a warm, caring, non-judgemental atmosphere.
5. Participate in on going training.

PROCEDURE:

1. After you have agreed to shelter a client, and possibly children, check with the coordinator who phoned you or Crisis Intervention staff involved and be aware of the plan for the client.
2. Upon the client's arrival at your home, show her the room or area she will be using while at your home. Share the house rules and routine with her.
3. Determine if she has brought with her items of personal need - hair brush, toothbrush, diapers for baby, enough clothing, etc. (Coordinators and operators will inform victims of these needs before placing them.) Make arrangements for these needs with CIS staff.
4. If, at any time, a conflict arises between the volunteer and the person being sheltered, contact the Crisis Intervention Service staff and the client will be moved.
5. Make sure client is aware of shelter rules.
 1. She may make one COLLECT long distance call to notify family she is safe.
 2. She shouldn't give ANYONE shelter's phone number or address.
 3. She is not to use phone except for the emergency call or to call Crisis Intervention staff.
6. When client is ready to leave shelter there should be no further contact on your part or hers.
7. Unless she has her own transportation with her, the Crisis Intervention Service will provide transportation from your home. This is the only way confidentiality of your home can be maintained.
8. If, at any time during the visit, you have concern about the health of the person, emotional or physical, call the Crisis Intervention Service staff and report the situation.
9. Provide Crisis Intervention Service with a record of the time and expenses spent on the project.

DO's AND DON'Ts FOR CLIENTS

The home you are visiting is a shelter provided for your safety. It is a place of seclusion; you are to leave it ONLY for visits to a doctor, a lawyer, the Courts, Crisis Intervention Service, etc. You are not there to carry on your usual social activities.

- DO offer your help while at the shelter
- DO watch your own children
- DO be considerate of house rules
- DO make 1 COLLECT call if you wish to assure your family of your safety - BUT ASK PERMISSION
- DO feel welcome at the shelter
- DON'T answer the door or phone
- DON'T give shelter's name, number or address
- DON'T become too personally attached to shelter family
- DON'T ever contact shelter unless through the Crisis Intervention Service
- DON'T ask or accept financial loans from shelter

DO's AND DON'Ts FOR SHELTER HOSTS

Your home is a shelter for a short time. The person or family visiting you is to be secluded. Departures from your home are to be limited to visits to a lawyer, a physician, the Crisis Intervention Service, etc. The visitors are not to carry on their usual activities.

- DO offer your home with a welcome
- DO be empathetic not sympathetic
- DO ask for their help while in your home
- DO try to stay on first name basis
- DO expect them to watch their own children
- DO remember this is your home, expect them to respect rules set for your family
- DON'T lend money
- DON'T give money away
- DON'T put yourself or your family in jeopardy
- DON'T become personally involved
- DON'T let victims or their children answer your phone or door
- DON'T let people charge to your phone number
- DON'T let victims use your name, address or phone number

WHAT TO TAKE TO SHELTER HOME

1. Husband's social security card number.
2. Children's social security cards, birth certificate or hospital records.
3. Children's favorite toy or security blanket.
4. Income verification - payroll check stubs, tax record, etc.
5. Change of clothing for everyone going to shelter.
6. If a baby is involved - formula and diapers.
7. Prescribed medicine.
8. Any cash on hand for cigarettes or other personal items.
9. Appropriate outer clothing for weather - boots, gloves, coats, etc.
10. Personal care items - deodorant, toothbrush, hair brush, etc.
11. Any special food or clothing necessary if victim or children have allergies.
12. Insurance number, policy or card.

BACKGROUND OF VOLUNTEERS

NAME: _____
ADDRESS: _____
Street City Zip
PHONE #: Home: _____ Work: _____
MARITAL STATUS: Married _____ Divorced _____ Widowed _____ Single _____
CHILDREN: No. _____ Ages: _____
Sex: _____

WORK EXPERIENCE: (Both paid and unpaid)

EDUCATION: Less than highschool _____; highschool or GED _____
Past highschool _____; College degree _____
Graduate school _____; field of study _____

1. Tell a little about your background: special interests, jobs, career, volunteer work, clubs and organizations:

2. What do you feel your relationship to a client should be?

3. Do your friends confide in you and trust your confidentiality?

4. Do you feel your life has given you an insight into others' problems? Why?

5. How do you react in times of stress?

6. What personal growth do you hope to achieve by being a volunteer in this project?

7. Which volunteer job would you prefer: coordinator, transportation, safe-home, crisis line volunteer, babysitting, fund raising, other?

8. Do you agree to serve as a volunteer for at least one year?

9. Please list three references who could comment on your ability to be a volunteer for the project.

DATE: _____

QUESTIONNAIRE FOR SHELTER HOME HOSTS/CRISIS INTERVENTION SERVICE

NAME _____

SPOUSE'S NAME _____

ADDRESS _____ CITY _____ STATE _____

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

ARE YOU COVERED BY RENTERS / HOMEOWNERS LIABILITY INSURANCE? _____

We ask that your insurance agent send a letter "to whom it may concern", verifying this coverage. For the purpose of confidentiality, we suggest that you not mention why you need this letter. Or you may send us a xeroxed copy of your policy detailing this type of coverage.

DO YOU WORK OUTSIDE THE HOME? _____

IF SO, WHEN ARE YOU NOT AT HOME? (BETWEEN _____ AND _____)

DOES YOUR SPOUSE WORK OUTSIDE THE HOME? IF SO WHEN IS YOUR SPOUSE NOT AT HOME (BETWEEN _____ AND _____)

HOW MUCH NOTICE WOULD YOU REQUIRE IF CALLED UPON TO SHARE YOUR HOME? _____

HOW MANY PERSONS COULD YOU ACCOMODATE? _____ ADULTS _____ CHILDREN _____

DO YOU PREFER, NOT TO ACCOMODATE?? INFANTS _____ TEENAGE BOYS _____ GIRLS _____

HAVE YOU DISCUSSED WITH OTHER HOUSEHOLD MEMBERS (YOUR SPOUSE OR CHILDREN) THE NEED TO PROVIDE CONFIDENTIAL SHELTER TO PERSONS STAYING IN YOUR HOME? _____

ARE THERE PARTICULAR DAYS OR NIGHTS WHEN YOU WOULD NOT BE AVAILABLE TO SHARE YOUR HOME (please specify those days and nights when you would prefer not to be contacted) _____

(Since this schedule may be subject to change, please contact the Crisis Intervention Service if this schedule should be altered.)

DO YOU HAVE PRIMARY CARE RESPONSIBILITY FOR PRE-SCHOOL OR DISABLED OR OTHERWISE DEPENDENT PERSON IN YOUR HOME? _____

WILL THIS RESPONSIBILITY CONFLICT WITH YOUR WISH TO PROVIDE EMERGENCY SHELTER? _____

WOULD YOU OBJECT TO HAVING A CRISIS INTERVENTION SERVICE REPRESENTATIVE COME INTO YOUR HOME WHEN YOU ARE NOT THERE TO STAY WITH THE FAMILY YOU ARE PROVIDING SHELTER FOR? (That is during the time that you are not there, working hours and such... not necessarily overnight) _____

COULD YOU PROVIDE SOMEONE TO COME IN AT SUCH TIMES? _____

WOULD YOU PREFER THAT THE PERSON/S YOU ARE SHELTERING BE TAKEN OUT OF YOUR HOME DURING THE DAY IF YOU ARE NOT AT HOME? _____

ARE YOU FINANCIALLY CAPABLE OF ADDING ADDITIONAL HOUSEHOLD MEMBERS FOR BRIEF PERIODS OF TIME? _____

IS THERE ADEQUATE SPACE IN YOUR HOME TO ACCOMODATE PEOPLE IN ADDITION TO YOUR FAMILY? _____

COULD YOU SPECIFY THE NUMBER OF BEDS AND NUMBER OF SEPARATE SLEEPING ROOMS YOU COULD PROVIDE _____

WOULD YOU AND YOUR SPOUSE BE WILLING TO BE INTERVIEWED BY THE CIS IN YOUR HOME? _____

PLEASE PROVIDE REFERENCES (We prefer that you list three individuals, and ask that you indicate whether they know you as a friend, relative, co-worker, etc.)

WOULD YOU AGREE TO A SITE VISIT TO YOUR HOME BY THE CIS REPRESENTATIVE? _____

QUESTIONNAIRE FOR CRISIS LINE OPERATORS

NAME: _____

1. How many in the household use the telephone?
2. Are they willing to curtail their use of the telephone at those times the phone is designated for the crisis line?
3. Can you arrange to answer all calls?
4. Is the phone located where conversations can be held in private?
5. Are all members of your household able to keep total confidentiality about any conversations they over-hear?
6. Can you maintain your agreed-upon schedule for the crisis line, or in case of emergency, get a replacement from the substitute list provided by the Crisis Intervention Service and notify the CIS of the change?
7. Do you have any preference as to when you can or cannot be on the crisis line?

**CRISIS INTERVENTION SERVICES
VOLUNTEER TELEPHONE INTAKE SHEET**

INITIAL INFORMATION _____

NAME: _____ DATE: _____

TELEPHONE: _____ ADDRESS: _____
city

CHILDREN: _____ AGES: _____

IMMEDIATE NEEDS: _____

SHELTER: _____

FOOD: _____

LEGAL ASSISTANCE: _____

LAW ENFORCEMENT: _____

PUBLIC ASSISTANCE: _____

SOMEONE TO TALK TO: _____

CHECK SERVICES PROVIDED OR PLANNED:

ADVOCACY _____ EMPLOYMENT _____

COUNSELING _____ FINANCIAL AID _____

EDUCATION _____

OTHER (SPECIFY SERVICE REQUESTED) _____

REFERRED TO:

Name: _____

Mail this form to:
Crisis Intervention Service
124 North Federal
Mason City, Iowa 50401

County: _____

Phone: _____

Other information: _____

CRISIS LINE SHEET

**CRISIS INTERVENTION SERVICE
124 North Federal
Mason City, Iowa 50401**

Coordinator Name: _____ Date: _____

Address: _____ Time: _____

Client/Victim Information:

Name: _____

Address: _____

Phone: _____

Dependent Children:

Names

Ages

Sex

Personal Transportation:

Yes _____

No _____

IMMEDIATE NEEDS:

REFERRED TO/ARRANGED:

Shelter _____

Transportation _____

Food _____

Medical _____

Legal Assist: _____

Law Enfor. _____

Someone to talk to _____

Advocate _____

Other _____

Was there follow-through on arrangements made? Yes _____

No _____

Don't Know _____

VOLUNTEER TELEPHONE LOG

NAME _____

PHONE NUMBER _____

ADDRESS _____

Date of Call	Town Called	Number Called	Purpose and Name of Person Called	Time of Call	Cost of Call
			Send in telephone bill with calls under lined and tax charged to calls.		

The CRISIS INTERVENTION SERVICE Phone (515) 424-9071 124 North Federal
Mason City, Iowa 50401 Crisis Line:(515)424-9133

Brief Statement of Reason for Coming to The Crisis Service _____

The information requested below is for statistical purposes only and will not be released without prior approval from the applicant.

Name: _____ (_____) Date _____
Spouse

Address: _____ Birthdate _____

City: _____ Zip: _____ SS# _____ Phone _____

Marital Status: Married _____ Separated _____ Single _____ Divorced _____

Widowed _____ Head of Household: Yes _____ No _____ If ever married, how many years _____

Sex: _____, _____, _____, _____, _____, _____
Number of dependents _____ Age: _____, _____, _____, _____, _____, _____

Transportation Needed: Yes _____ No _____ Child Care Needed: Yes _____ No _____

Veteran _____ Handicapped _____ Ex-Offender _____ Race _____

Individual Income _____ Family Income _____

Other Support: ABC _____ Social Security _____ SSI _____ Food Stamps _____

Child Support _____ Alimony _____ Unemployment Insurance _____

Workman's Comp _____ Pension _____ Other _____

Highest Grade Completed _____ Graduated: Yes _____ No _____

College or Special Training _____ Field of Study _____

Where _____

Attitude Toward Additional Training _____

Current Employment _____ How Long _____

Hourly Wage _____ Hours a Week _____

If Unemployed, How Long _____

Skills _____

(foreign language, lip read, mechanical, flower arranging, etc.) _____

Ever Enrolled in Voc. Rehab _____ Soc. Services Training _____ Other (Public
 or Private Training/Work Program) _____

WORK HISTORY: (Only if unemployed and seeking employment presently)

List longest and most skilled jobs held first. Be sure to include your most recent job in the listings. Describe JOB DUTIES, including TOOLS or Machines used and specific SKILLS applied and the degree of COMPETENCY (how well you were able to use the skills/machines) for each job listed. If you have more jobs than space provided, list your other jobs in the SUMMARY OF OTHER WORK section:

Employer:			JOB DUTIES & SPECIFIC SKILLS/MACHINES used:		
Address:			Job Title: Duties:		
Date Started:		Date Left:			
Rate of Pay:	per:	Hour/Week	REASON FOR LEAVING:		
Employer:			JOB DUTIES & SPECIFIC SKILLS/MACHINES used:		
Address:			Job Title: Duties:		
Date Started:		Date Left:			
Rate of Pay:	per:	Hour/Week	REASON FOR LEAVING:		
Employer:			JOB DUTIES & SPECIFIC SKILLS/MACHINES used:		
Address:			Job Title: Duties:		
Date Started:		Date Left:			
Rate of Pay:	per:	Hour/Week	REASON FOR LEAVING:		

SUMMARY OF OTHER WORK:

Signature _____ Date _____

CRISIS INTERVENTION SERVICE

MONTH OF _____

No. of calls received _____

Crisis calls
-in office _____
-off hours _____

Office line _____

Drop-in/scheduled clients _____

Info. and referral _____

Crisis service _____

TOTAL NUMBER OF CLIENTS _____

Female _____ Male _____

Domestic violence _____

Sexual abuse _____

Rape _____

Volunteer Services Provided:

Shelter _____

Transportation _____

Crisis Calls _____

Services requested:

Counties represented:

Cerro Gordo _____ Floyd _____ Franklin _____

Hancock _____ Kossuth _____ Mitchell _____

Winnebago _____ Worth _____ Other _____ Anon _____

SAMPLE ASSESSMENT SURVEY

Dear

We are asking for your support and cooperation as we are just in the planning stage of developing a Domestic Violence Project in Winnebago County. Domestic violence includes physical or sexual abuse of family or co-habiting members.

The goal of this project is to offer support and services to the victims of domestic violence.

We, first of all, must find out what services are now available in Winnebago County. We are asking you to please answer the following questions so that we might be able to answer this need.

1. Have you had training to assist domestic violence victims? Please describe.
2. Where have you made referrals in the past in regards to domestic violence?
3. What type of services do you think are needed in Winnebago County?
4. Do you have any ideas on where we might have a shelter home?
5. What are your opinions on having a crisis center located in Winnebago County? What about a crisis phone service?
6. In what ways, if any, could you or your organization contribute to a Domestic Violence Project?

We would appreciate any additional information that you might share with us. Please return this letter with your comments as soon as possible. Our success depends upon your support and cooperation.

Thank you.

DOOR OPENER VOLUNTEER TRAINING PROGRAM

February 28, 1981 -- Mason City Police Department

9:00 - 9:30	Introduction What the Door Opener Is	Shirley Sandage, Door Opener
9:30 - 10:00	Importance of Confidentiality	Margaret Garrity, Door Opener
10:00 - 10:10	Break	
10:10 - 10:45	What to do if abuser should show up	Mason City Police Department
10:45 - 12:00	How to observe clients for possible problems	Jana Grady, Mercy Hospital
12:00 - 1:00	Lunch	
1:00 - 2:00	Taking Calls Correctly	Joan Nichols, Door Opener
	Keeping in contact with Door Opener and VISTAs	
	Film	
2:00 - 3:00	Sensitivity	Bill Nelson, ACSW
3:15 - 4:30	Workshops	
	A. Duties	
	B. Understand your position	
	C. Volunteer questionnaires	
	5 minute break	
	D. Roleplaying	
	1. confidentiality	
	2. sensitivity	
	3. abusers at door	

CRISIS INTERVENTION SERVICE
Volunteer Training Seminar
October 18, 1983

A. Welcome and introductions - Lori Henry, Assistant Program Coordinator

B. Update on CIS

1. Annual meeting and report
2. Volunteer needs
3. Review of new intake sheets
4. Questions from volunteers

C. Review of flow chart, "Handling Domestic Violence Crisis Calls"

D. Viewing of film, "Behind Closed Doors"

E. Panel discussion

Panelists: Paula Kelly, ACSW, Northern Trails Area Education Agency
Cheryl Bjugan, Director, Dispute Resolution Center
Roberta Mott Anderson, Attorney

Group discussion will follow presentation

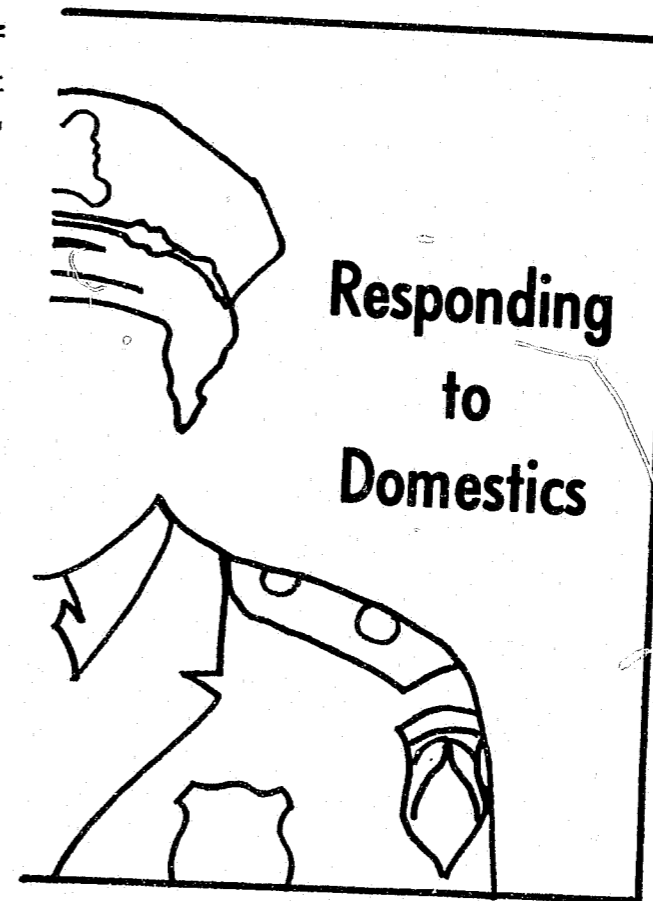
F. Summary of Training - Olga Borchardt, CIS staff member

"For me it's the hardest part of being a cop. Going back to the same house over and over again. Nothing ever seems to change. He keeps beating her up and she stays!"

In addition to being the most frustrating part of their job, more officers are killed or injured on domestics than any other type of call.

This workshop will provide officers new tools to deal more effectively with domestic calls, thereby reducing repeat calls and officer injury.

North Iowa Area Community College
500 College Drive
Mason City, Iowa 50401



**A Workshop
for
Law Enforcement Officers**

— Sponsored By —
**The Door Opener
North Iowa Area Community College**

RESPONDING TO DOMESTICS

TUESDAY, APRIL 8, 1980

Rooms 106-107, Building B
North Iowa Area Community College
Highway 18 East
Mason City, Iowa 50401

Schedule

MORNING -

- 8:30 REGISTRATION - coffee
- 9:00 OVERVIEW - Ellen Pence
The Causes and Results of Battering/Why Women Stay
- 10:15 Officer Safety and Role of Dispatcher - film and discussion
Officer LuAn Lorenson
- 11:00 B R E A K
- 11:15 New Laws Affecting Domestic
Richard Tompkins
- 12:00 L U N C H

AFTERNOON -

- 12:45 Battered Women - A Personal Perspective
A panel of three women will discuss their own experiences of being abused and will answer questions from officers.
- 1:45 Responding to the Call
Three role plays will demonstrate methods of diffusing violence and will examine the message given by officer to assailant and victim by his/her actions.
- 3:15 Making Referrals
Grouping by counties to allow community resource persons and officers to discuss available resources.

Workshop Presenters

LuAn Lorenson has been an officer with the Minneapolis Police Department for 18 years. Currently she works in the Family Violence Division investigating sexual assault and domestic assault cases. Officer Lorenson has conducted workshops and seminars on domestics through the B.C.A. throughout Minnesota and in neighboring states since 1970.

Jeff Janacek has had five and one-half years experience with the police department of Columbia Heights. He is currently working on his B.A. in Police Education at Metro State University and has completed independent study on "Battered Women and the Police."

Richard Tompkins has been Cerro Gordo County Attorney since January, 1979. Prior to that he was assistant county attorney for two years and law clerk for a Polk County District Court Judge.

Ellen Pence is the Minnesota State Director of Battered Women's Programs administered through the Department of Corrections. She has conducted training workshops in every region of the state for law enforcement, medical and social service professionals on responding to battering.

The panel of three women who have previously experienced violence is seen by officers attending this workshop as a vital part of understanding why women stay in abusive relationships and what the officer's role is in helping them end the abuse.

Approved for 6 CEU's for Law Enforcement personnel

FOR MORE INFORMATION CALL

Alice Plonski
The Door Opener
215 North Federal
Mason City, Iowa 50401
(515) 424-9071

Registration Form

RESPONDING TO DOMESTICS

NAME:

DEPARTMENT:

ADDRESS:

CITY:

STATE:

(Zip)

NUMBER ATTENDING:

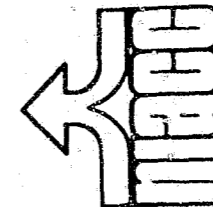
TELEPHONE:

Registrations due by April 1, 1980
Attendance limited to -- 65

\$20.00 fee - lunch included

PLEASE RETURN TO:

Alice Plonski
The Door Opener
215 North Federal
Mason City, Iowa 50401



A Selected Annotated Bibliography on Domestic Violence

Compiled by the Center for Women Policy Studies -- June 1983
Permission to reproduce the bibliography and the film list was granted by CWPS

Dobash, R. Emerson, and Russell Dobash. *Violence Against Wives: A Case Against the Patriarchy*. New York: The Free Press, 1979, 339 pp.

The Dobashes propose that nothing short of the achievement of economic, legal, and political equality for women can abolish wife beating. The authors reject prevailing sociological views that emphasize the deviant or pathological nature of violent families and stress instead that the patriarchal family, which relegates women to a subordinate position, is the primary cause of wife abuse. The Dobashes draw on interviews they conducted with over 100 battered women to describe characteristics of the battered woman's situation: the isolation of the woman in her marriage, her struggle to fulfill cultural expectations of marital behavior, and the failure of friends and service providers to intervene. They cite the need for shelters as a short-term approach to dealing with wife abuse, but stress that "the problem lies in the domination of women. The answer lies in the struggles against it."

Fleming, Jennifer Baker. *Stopping Wife Abuse: A Guide to the Emotional, Psychological, and Legal Implications for the Abused Woman and Those Helping Her*. Garden City: Anchor Press/Doubleday, 1979, 532 pp.

Stopping Wife Abuse addresses the personal and institutional problems associated with wife abuse from both a theoretical and practical perspective. The first section of the book is directed to the battered woman; it provides information to help her understand her emotions and sense of powerlessness and offers suggestions on how to protect herself and her children. Fleming then addresses service providers, particularly mental health practitioners and social service personnel, and emphasizes the need for their support of battered women. She reviews the legal remedies available to battered women and the obstacles a woman might face in seeking legal help. Fleming concludes with a primer on establishing shelter and support services.

Fortune, Marie, and Denise Hormann. *Family Violence: A Workshop Manual for Clergy and Other Service Providers*. Seattle: The Center for the Prevention of Sexual and Domestic Violence, 1980, 121 pp., \$10.00. Available from The Center for the Prevention of Sexual and Domestic Violence, 4250 South Mead Street, Seattle, WA 98118.

This manual provides information to involve clergy and congregations in the provision of services to battered women who live in rural areas. The model three-day and one-day workshops presented emphasize the need to teach clergy to counsel battered women appropriately, encour-

age clergy and social service providers to work together to serve battered women, and educate social service providers about the religious issues many battered women confront. The manual contains detailed information on planning and conducting a workshop and includes sample presentations on rural and religious family violence issues, the batterer, the battered woman, and other topics. It also contains a list of successful rural family violence projects from which expertise may be sought by those starting new programs in rural communities.

Ganley, Anne L. *Court-Mandated Counseling for Men Who Batter: A Three-Day Workshop for Mental Health Professionals—Participant's Manual and Trainer's Guide*. Washington, DC: Center for Women Policy Studies, 1981, (*Participant's Manual*) 120 pp., \$10.00 and (*Trainer's Guide*) 35 pp., \$25.00. Available from the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036.

Designed for use in a training workshop for mental health and criminal justice professionals, the *Participant's Manual* can also stand alone as a reference on counseling both court-mandated and self-referred clients. Ganley defines the types of battering, explores the causes of battering, and explains the characteristics of men who batter. The manual offers a step-by-step description of the assessment and treatment of men who batter followed by a description of one model counseling program.

The *Trainer's Guide* outlines a curriculum for a three-day workshop for mental health professionals on counseling men who batter. The guide includes a statement of the goals of the workshop and a rationale for the components and design of the workshop. The guide was developed for experienced practitioners who provide training for program planners and counselors who are working with men who batter.

Grath, Patricia E. *The Development and Implementation of a Hospital Protocol for the Identification and Treatment of Battered Women*. Rockville, MD: National Clearinghouse on Domestic Violence, 1980, 32 pp. Available on a loan basis for \$5.00 from the Lending Library of the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036. (Books obtained through the lending library must be returned.)

This monograph describes the domestic violence program located in the emergency services department at the Brigham and Women's Hospital in Boston. The program is designed to identify battered women, provide them with sensitive medical care and counseling, and refer them to community services. The roles of nurses, emergency service staff, and social service staff in working with battered women are outlined.

Hamos, Julie. *State Domestic Violence Laws and How to Pass Them: A Manual for Lobbyists*. Rockville, MD: National Clearinghouse on Domestic Violence, 1980, 170 pp. Available on a loan basis for \$5.00 from the Lending Library of the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036. (Books obtained through the lending library must be returned.)

Hamos analyzes the domestic violence laws enacted by over thirty states during the last few years, discusses lobbying techniques, and makes recommendations for drafting legislation. Hamos also reviews provisions that might be included in domestic violence law, including civil protection orders, prescriptions for police and court procedures in family violence cases, and arrest procedures. Although most useful to people who draft or lobby for state domestic violence laws, Hamos' analysis also provides a summary of available legal remedies for battered women.

Kim, Bok-Lim C., et al. *Women in Shadows: A Handbook for Service Providers Working with Asian Wives of U.S. Military Personnel*. La Jolla, CA: National Committee Concerned with Asian Wives of U.S. Servicemen, 1981, 144 pp., \$8.00. Available from the National Committee Concerned with Asian Wives of U.S. Servicemen, 964 La Jolla Rancho Road, La Jolla, CA 92037.

Designed for social service and mental health professionals, *Women in Shadows* provides information about victims of domestic violence among Asian women married to U.S. servicemen. The handbook includes material on the dynamics of intercultural and interracial marriages, the cultures and values of Asian-born women, recommendations for working with battered Asian wives and their spouses, and suggestions for seeking assistance from local Asian communities. *Women in Shadows* includes a list of Asian cultural and service organizations in the United States.

Lerman, Lisa. *Prosecution of Spouse Abuse: Innovations in Criminal Justice Response*. Washington, DC: Center for Women Policy Studies, 1981, 227 pp., \$10.00. Available from the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036.

This review of the steps prosecutors can take to handle domestic violence cases more effectively is based on the experiences of several federally funded model criminal justice programs. Lerman forcefully states that battering is a crime and that police should prosecute assault cases. The monograph outlines the primary obstacles to the successful prosecution of spouse abuse cases and reviews innovative policies which can lead to reduced case attrition rates, improved police response, increased conviction rates, and the effective rehabilitation of batterers. *Prosecution of Spouse Abuse* contains a review of literature on the criminal justice system's response to family violence and sample materials from programs prosecuting family violence cases.

Lerman, Lisa. "State Legislation on Domestic Violence," *Response to Family Violence and Sexual Assault*. Washington, DC: Center for Women Policy Studies, September

October 1981 (Volume 4, Number 7), \$5.00. Available from the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036.

This issue of RESPONSE contains a state-by-state chart of domestic violence laws and an overview of the types of current legislation. The chart lists and explains the use and effectiveness of laws in each state pertaining to restraining orders; protection orders pending divorce, separation, and custody proceedings; criminal law; police intervention; data collection and reporting; and funding for shelter services. This issue is an excellent reference for anyone concerned with the legal aspects of spouse abuse. The chart is updated by CWPS staff on a periodic basis.

Loving, Nancy. *Responding to Spouse Abuse and Wife Beating: A Guide for Police*. Washington, DC: Police Executive Research Forum, 1980, 190 pp., \$8.00. Available from the Police Executive Research Forum, 1909 K Street NW, Suite 400, Washington, DC 20036.

Loving's book calls for sweeping changes in the way police handle spouse abuse cases. She recommends increased use of arrest in domestic violence cases and urges police to refer battered women to civil courts for restraining orders. Loving stresses that threats of violence must be taken seriously by police and met with citations, fines, referrals to counseling programs, or separation of the individuals for several days. Loving encourages police executives to develop written policies on spouse abuse that establish agency objectives and provide guidelines for police to follow when responding to spouse abuse calls.

Martin, Del. *Battered Wives*. New York: Pocket Books/Simon and Schuster, 1977, 320 pp.

One of the first major books published on spouse abuse, *Battered Wives* is an excellent general resource on domestic violence. Its contents range from analyses of the family, marriage, victims, and abusers to the practical considerations of initiating shelters for battered women. Martin illustrates the uphill battle that many women face in seeking remedies for abuse from the legal and social service systems. She also describes the complexity of the victim's situation and the factors that may contribute to her inability to leave the violent home.

Massachusetts Coalition of Battered Women's Service Groups. *For Shelter and Beyond: An Educational Manual for Working with Women Who Are Battered*. Boston: Massachusetts Coalition of Battered Women's Service Groups, 1981, 75 pp., \$5.00. Available from MCBWSG, 25 West Street, Fifth Floor, Boston, MA 02111.

This training manual for shelter staff goes beyond describing effective approaches to working with abused women; it places the work of providing advocacy and support to battered women and their children in a political context. *For Shelter and Beyond* identifies the special needs of Third World women and describes practices by which shelter staff can help eliminate discrimination in shelters. The Coalition's guidelines are based on the premise that racism and violence are both forms of patriarchal oppression and that shelter workers must address both

issues if they are to help women bring about meaningful changes in their lives. The authors also describe an informal, self-help approach to counseling battered women typical of many grassroots battered women's programs. Included are articles on the history of the battered women's movement, working with mothers and their children, and working with the drug- and alcohol-dependent battered woman.

McNulty, Faith. *The Burning Bed: The True Story of Francine Hughes—A Beaten Wife Who Rebelled*. New York: Harcourt, Brace, Jovanovich, 1980, 275 pp.

With the assistance of Francine Hughes, Faith McNulty tells the story of one battered woman's years of physical, emotional, and sexual abuse; her experiences with the criminal justice and social service systems; and her psychological breakdown.

National Center on Women and Family Law, Inc. *Legal Advocacy for Battered Women*. New York: National Center on Women and Family Law, Inc., 1982, 250 pp., \$25.00. Available from NCOWFL, 799 Broadway, Room 402, New York, NY 10003.

Legal Advocacy for Battered Women is a comprehensive guide for practitioners and advocates on the legal issues faced by battered women and the civil and criminal remedies available in many states. Drawing on the work of legal advocates for battered women across the country, the authors outline what advocates should know about obtaining protection orders and ensuring that they are enforced. They also discuss common problems associated with divorce, support, child custody, and child snatching. In the section on criminal proceedings, the authors examine in extensive detail the effective use of arrest and prosecution in family violence cases. The guide includes information on the advocate/client relationship, a review of the challenges to legislation aiding battered women, a discussion of public assistance law, and a list of resource materials for the legal advocate.

NiCarthy, Ginny. *Getting Free: A Handbook for Women in Abusive Relationships*. Seattle: The Seal Press, 1982, 272 pp.

In this self-help manual for battered women, NiCarthy raises the issues women must confront in leaving an abusive relationship. She presents information and exercises designed to help women clarify their thoughts and feelings about their relationships, examine their options, and make their own informed decisions. *Getting Free* includes advice on finding the most effective help from physicians, counselors, police, and lawyers. In the section, "Helping Yourself to Survival," NiCarthy offers self-counseling techniques to help women clarify their feelings, boost their self-esteem, and encourage their friendships with others. In chapters on protection, welfare and housing, the economics of single life, sexuality, loneliness, and new romances, NiCarthy gives a realistic description of what battered women can expect to experience in the first weeks after leaving. *Getting Free* closes with accounts by women who have left abusive relationships and stayed away.

Roy, Maria. *The Abusive Partner: An Analysis of Domestic Battering*. New York: Van Nostrand Reinhold, 1982, 319 pp.

The Abusive Partner, a collection of seventeen articles on batterers, reflects a diversity of opinion on the causes and nature of family violence and on the appropriate criminal justice and social service responses to battering. One section, "Contributing Factor," includes articles on the effects which nutritional and biochemical imbalances, alcoholism, pornography, and drug abuse have on aggressive behavior. Another section, "Special Populations," focuses on the characteristics of batterers who are in the military, who are alcoholics, and who are imprisoned. Articles on treating family violence describe a wide range of approaches, from couples therapy to treatment for organic and physiological problems to community education and group counseling for men. *The Abusive Partner* also includes an article describing the work of a police crisis intervention team in Rhode Island and an article by Nancy Loving outlining a step-by-step procedure for police to use when answering domestic violence calls.

Russell, Diana E. H. *Rape in Marriage*. New York: MacMillan, 1983, 412 pp.

Russell's book, based on the only representative survey ever undertaken on the prevalence of wife rape, examines marital rape and its relationship to other forms of violence. Russell found that 14 percent of all American women who are or have been married have been raped by a husband or ex-husband, one-fifth of these women are still married to the husbands who raped them, and two-thirds of the women were victimized more than once. Russell provides profiles of a number of the husband-rapists and examines their motives. In an appendix to the book, Joanne Schulman, an attorney with the National Center on Women and Family Law, surveys the state marital rape exemption laws.

Stark, Evan, Anne Flitcraft, and William Frazier. "Medicine and Patriarchal Violence: The Social Construction of a 'Private' Event." *International Journal of Health Sciences*, 1979 (Volume 9, Number 3).

Stark, Flitcraft and Frazier write that the medical response battered women receive contributes to the battering syndrome. The authors studied women treated at an urban hospital emergency room and found that, because battering is not considered to be a medical problem, health professionals offer only symptomatic treatment to battered women. When symptomatic treatment fails to solve the battered woman's problem, medical personnel attribute the failure of the treatment to a woman's secondary problems such as alcoholism, drug abuse, and depression, and often label the woman as an "hysterical," "neurotic," or "hypochondriac." As a result of this diagnosis, the authors state, the battered woman internalizes these labels, thereby reducing her ability to understand her situation and respond adequately to resolve her crisis.

Stark, Evan, Anne Flitcraft, and William Frazier. *Wife Abuse in the Medical Setting*. Rockville, MD: National

Clearinghouse on Domestic Violence, 1981, 54 pp. Available on a loan basis for \$5.00 from the Lending Library of the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036. (Books obtained through the lending library must be returned.)

This manual explains why battering is a medically significant event and tells health professionals how to provide appropriate treatment to battered women. *Wife Abuse in the Medical Setting* includes sections on identifying battered women, health professionals' attitudes toward battered women, and guidelines for treating abused women.

Straus, Murray A., Richard J. Gelles, and Suzanne K. Steinmetz. *Behind Closed Doors: Violence in the American Family*. Garden City: Anchor Press/Doubleday, 1980, 301 pp.

Sociologists Straus, Gelles, and Steinmetz report the results of their survey on spouse abuse, child abuse, and sibling violence in American families. The authors analyze data to propose sociological trends in family violence and examine the relationship between marital conflict and violence among family members. Among the authors' recommendations to reduce family violence are increased availability of shelter and day care services, greater response from law enforcement officials to victims of domestic violence, abolition of the death penalty, and stricter gun control laws. The authors also review prior domestic violence studies, the relationship between different types of family violence, and characteristics of families with high levels of spouse and child abuse.

Vapnar, Gretchen S. *The Shelter Experience: A Guide to Shelter Organization and Management for Groups Working Against Domestic Violence*. Rockville, MD: National Clearinghouse on Family Violence, 1980, 124 pp. Available on a loan basis for \$5.00 from the Lending Library of the Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036. (Books obtained through the lending library must be returned.)

Based on the experience of the Community Crisis Center in Elgin, Illinois, this guide provides extensive guidelines for starting a shelter. The book presents information on acquiring a building, raising funds, and developing a program. *The Shelter Experience* also includes information on developing shelter philosophy, staffing the shelter, determining house rules, using volunteers, and starting a children's program.

Walker, Lenore E. *The Battered Woman*. New York: Harper and Row, 1979, 270 pp.

Walker describes the psychology of battered women in this work by employing the theory of "learned helplessness," which holds that once people feel that they are helpless and unable to control events in their lives, it is difficult for them to believe they will ever be able to control their lives. Walker uses this concept to explain the seemingly endless barriers and difficulties that women experience in extricating themselves from violent relationships.

Perhaps Walker's most significant contribution to the

treatment of battered women is her theory of the cyclical nature of battering. In *The Battered Woman*, she describes three phases of the battering cycle: the tension-building phase, the explosion or acute battering incident, and the period of loving respite. Walker goes on to explain the treatment implications of her cycle theory of violence.

The book concludes with a section entitled, "The Way Out," in which Walker examines safe houses and legal and medical alternatives, and analyzes the various forms of psychotherapy used by professionals with battered women and men who batter.

Warrior, Betsy. *Battered Women's Directory (Eighth Edition)*. Cambridge, MA: Betsy Warrior, 275 pp., \$9.95. Available from Battered Women's Directory, Women's Education Center, 46 Pleasant Street, Cambridge, MA 02139.

The eighth edition of the *Battered Women's Directory* lists shelters in the United States and abroad and includes articles on services for battered women, agoraphobia, the medical response to abused women, counseling programs for batterers, and other topics.

Western States Shelter Network. *Dollars and Sense: A Community Fundraising Manual for Battered Women's Shelters and Other Nonprofit Organizations*. 1981, 125 pp., \$20.00 for members of the Western States Shelter Network; \$25.00 for nonmembers. Available from the Western States Shelter Network, 870 Market Street, Room 1058, San Francisco, CA 94102.

This manual, written with a feminist perspective, examines the differences between fundraising for women's organizations and traditional organizations and includes information on fundraising techniques such as direct mail, planned giving, phone-a-thons, use of a board of directors to raise money, and major gift solicitations.

Woods, Francis B. *Living Without Violence: A Community Approach to Working with Battered Women and Their Children*. Fayetteville, AR: Project for Victims of Domestic Violence, 1981, 333 pp., \$15.00. Available from the Project for Victims of Domestic Violence, Inc., P.O. Box 2915, Fayetteville, AR 72702.

Woods' manual is a guide for organizing a community task force on family violence, opening a shelter, and delivering services. She analyzes the political and societal causes of family violence and discusses the day-to-day political struggles shelter staff can expect to experience.

Living Without Violence includes guidelines for organizing self-help group discussions and for working with children in shelters. Samples of training material for the staff, a list of battered women's most-asked questions, and suggestions for dealing with conflict in the shelter are also included.

ADDITIONAL LITERATURE AND PUBLICATIONS

THE BUCKS START HERE: HOW TO FUND YOUR PUBLIC SERVICE PROJECT, by Kathleen M. Fojtik. NOW Domestic Violence Project. (1917 Washtenaw Avenue, Ann Arbor, MI 48104) \$5.00

CRACKING THE CORPORATIONS: FINDING CORPORATE FUNDING FOR FAMILY VIOLENCE PROGRAMS, by Margaret Dunkle. Washington, D.C.: Center for Women Policy Studies, 1981, \$5.00, 26 pages.

RESPONSE TO FAMILY VIOLENCE AND SEXUAL ASSAULT, bi-monthly newsletter, Center for Women Policy Studies, \$30.00 annual subscription price.

Film List

The films listed below are available on a loan basis from the Center for Women Policy Studies. There is a \$15.00 charge per film to cover postage and handling. This charge applies to one showing date only. There is an additional charge for films needed for a longer period.

Films are shipped via UPS one week before the requested screen date and should be returned immediately after viewing. Films must be returned via UPS or first class U.S. Postal Service and insured for \$300.

To reserve a film, please contact the Center at (202) 872-1770. Telephone contact is strongly recommended in order to confirm whether the film is available for the date requested.

• **Battered Women: Violence Behind Closed Doors.** Mitchell, J. Gary (Producer). Sausalito, CA: J. Gary Mitchell Film Company, 1977. (16 mm., color, 24 minutes).

In this film, battered women describe their feelings, some of which are helplessness in the abusive situation, self-blame, and fear of being alone. The film explores a number of options for women in violent relationships and discusses methods for police intervention and family crisis counseling.

• **Double Jeopardy.** Seattle, WA: Calvacade Productions for the University of Washington Sexual Assault Center, Harborview Medical Center, 1978. (16 mm., color, 40 minutes, "Discussion Guide" included).

This film is designed to educate professionals about how to interview and prepare child witnesses when prosecuting sexual assault offenders. As the title suggests and the film illustrates, the child sexual abuse victim is often twice jeopardized: first by the sexual assault and second by the criminal prosecution process.

• **Rape Prevention Series: The Party Game, The Date, Just One of the Boys.** New York, NY and Berkeley, CA: ODN Productions, 1980. (16 mm., color, 24 minutes).

Geared toward a young audience, this rape prevention film series is divided into three eight-minute segments that explore acquaintance rape. Such rape now accounts for more than half of the reported sexual assaults in this country. The first segment, "The Party Game," shows a girl meeting a boy at a party and eventually being raped by her new "friend." The second segment, "The Date," takes place in a girl's apartment after a date and before her parents come home. "Just One of the Boys," the last segment, is about gang rape and the intense peer pressure involved.

• **Battered Spouses.** Howard, Glen (Producer). Louisville, KY: National Crime Prevention Institute, University of Louisville, 1978. (16 mm., color, 23 minutes).

This film offers a panoramic view of the problem of spouse abuse as it affects victims, abusers, police, justice system officials, shelters, and other service agencies. The major focus is on the diversity of programs available to help the victim legally and emotionally.

• **Triage: In Need of Special Attention.** Graham, Nancy (Producer). Berkeley, CA: ODN Productions, 1981. (16 mm., color, 16 minutes).

Narrated by Loretta Swit of the television series *M*A*S*H**, this film is designed to teach nurses, doctors, and medical social workers how to identify and assist a battered woman when she presents herself for hospital treatment. The goal is to inspire hospitals to develop a protocol for treating battered women and to improve hospital intervention.

• **Time Out Series: Deck the Halls, Up the Creek, Shifting Gears.** (Set of three films, boxed as one.) New York, NY and Berkeley, CA: ODN Productions, 1981. (16mm., color, 44 minutes). The films may be used individually or together and come with a curriculum guide.

"Deck the Halls" (18 minutes) focuses on the battering experiences of an upper-middle-class family. Al has a financially successful career in sales but is unable to control his anger and discuss his feelings. The aftermath of a Christmas party degenerates into violence against his wife and the alienation of his teenage son.

"Up the Creek" (14 minutes) focuses on the experiences of a working class man after a beating has occurred and his wife has left him for a shelter. The wife files a complaint of assault and battery with the District Attorney's office.

"Shifting Gears" (12 minutes) explores the change experienced by a man who batters after he has been involved in a counseling program. When he hears a close neighbor beating his wife, he is able to challenge the man's behavior and offer him the alternative of counseling.

• **A Family Affair.** Shadburne, Susan (Co-producer). Portland, OR: Will Vinton Productions, 1981. (16 mm., color, 28 minutes). A videotape discussion guide (¾", color, 20 minutes) can accompany the film if requested.

This documentary drama follows a family from a battering incident to police action and finally focuses on the court proceedings. The abused woman is guided through legal counseling, protection orders, the hearings, and the trial. Emphasis is placed on the role that police, victim/witness advocates, judges, and attorneys can play in preventing subsequent abuse.

• **Appearances.** Leonard, Elmore "Dutch" (Producer). Lansing, MI: Domestic Violence Prevention and Treatment Board, Michigan Department of Social Services, 1981. (16 mm., color, 14 minutes)

Beginning and ending with a battering scene, this film highlights the relationships between an abused woman and her friend who wants to help. Their conversation explores the woman's hesitation to leave her husband, her guilt feelings, and her lack of direction if she were to leave her home. The film also includes a conversation among women in a shelter and encourages women to say "to hell with appearances," and to take action to stop the battering.

• **Child Abuse: Police Intervention.** Seattle, WA: Calvacade Productions, 1980. (16 mm., color, 26 minutes, "Leader's Guide" included).

This film presents three situations dramatizing the problems law enforcement officers confront when dealing with child abuse and child sexual abuse cases. The film illustrates the multidisciplinary cooperation needed among the police, protective services, school personnel, and medical professionals.

NETWORKING GUIDE

A state-by-state project location guide is difficult to keep current. Listed here are national organizations that can be helpful to you in identifying services available in your state or supplying additional resource information.

National Coalition Against Domestic Violence
1500 Massachusetts Avenue N.W.
Suite 35
Washington, D.C. 20005
(202) 347-7017

Center for Women Policy Studies
2000 P Street N.W.
Suite 508
Washington, D.C. 20036
(202) 872-1770

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