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VIOLENCE AGAINST WOMEN IN SAN DIEGO

MARCH 2000

San Diego

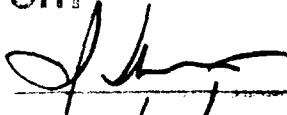


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FINAL REPORT

Approved By. 

Date. 11/7/01

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ABSTRACT

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ABSTRACT: This research report was supported by the National Institute of Justice and the California State Legislature.

In the past ten years or so, partner violence has been acknowledged and treated as a crime in most American communities. The consequences of the cycle of violence have been well documented. Despite this recognition, information is lacking about the nature and scope of partner violence.

This document enhances the knowledge about domestic violence by presenting information collected from emergency shelters for battered women in San Diego County with respect to the characteristics of the clients, the batterers, and the incidents. Additionally, nearly 4,000 reports of domestic violence to San Diego County law enforcement in 1996 were examined using similar indicators compiled in the shelter study. The response by the justice system with respect to arrest and disposition was also tracked.

The information included in this report may be helpful to policy makers and service providers to further understand the scope and nature of partner violence and enable them to create practices and policies that will contribute to ending the cycle of domestic violence.

ACKNOWLEDGMENTS

A number of individuals warrant acknowledgement for the initiation and production of this research. Initially, now Senator Dede Alpert supported legislation that designated the San Diego Association of Governments (SANDAG) as a clearinghouse for data collection on domestic violence. Senator Alpert's commitment to women's issues is significant. The National Institute of Justice (NIJ) supplemented this effort and provided funding support to expand this study over a longer period. We appreciate the insights and valuable assistance provided by our program manager at NIJ, Angela Moore-Parmley.

Our local effort would not have been possible without the support and cooperation of the staff of the emergency shelters for battered women. Their assistance made the CORE (Compilation of Research and Evaluation) form a reality in which all shelters completed the same documentation. We gratefully acknowledge the following agencies:

- Alternatives to Abuse (Women's Resource Center)
- Casa de Paz (YWCA)
- Casa Segura (South Bay Community Services)
- Hidden Valley House (EYE)
- Libre (Community Resource Center)
- Project Safehouse (Center for Community Solutions)

Our effort was extended to include reports of domestic violence incidents to law enforcement. This opportunity was provided by approval of all the police chiefs and the Sheriff of San Diego County. Their willingness and acceptance of this data collection effort is commendable.

SANDAG research staff are applauded for their continued liaison with shelter staff, as well as time spent on other tasks related to the completion of this final report, including data collection, editing, data entry, and proofing. They include Angela Levinson, Jackie Esterly, Joe Ellet, Roni Melton, Lori Jones, Linda Sullivan, and Donna Allnutt.

Finally, without the voices of women who sought the protection of a shelter and agreed to an interview, this research would not have been possible. We wish them well.

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

INTRODUCTION

The problem of domestic violence is not new, although the awareness, interest, and sensitivity regarding partner abuse by society have increased (Roberts, 1981). The prevalence of violence among intimates is difficult to ascertain due to underreporting. This type of crime may be the most common, but least reported crime in the United States. Data from the National Crime Victim Survey (NCVS) indicated that about one-half of all domestic violence incidents are reported to law enforcement (Greenfeld, Rand, Craven, Klaus, Perkins, Ringel, Warchol, Maston & Fox, 1998). Despite the data limitations, there is sufficient information from the research to determine that domestic violence is a significant social problem facing this country.

A revised NCVS survey revealed nearly one million incidents annually (Greenfeld et al, 1998). Another survey, sponsored by the Centers for Disease Control and Prevention and the National Institute of Justice, found that one-quarter of the women surveyed had been raped or physically assaulted by an intimate partner in their lifetime (Tjaden & Thoennes, 1998).

Impetus For This Study

This research, conducted in San Diego County, responds to some of the suggestions by the Justice Research and Statistics Association (JRSA) (1996). Specifically, the following recommendations were offered with regard to domestic violence data collection.

- Reliable and comprehensive indicators of domestic violence are needed.
- Relevant data analyses must be shared with decision-makers.
- Agencies need to know more about the characteristics of offenders and victims in order to direct resources properly.
- Documentation of any behavioral differences (e.g., recidivism rates) evident among offender subgroups (e.g., age, ethnicity, use of weapons, involvement of alcohol or other drugs) is needed to help explain the relative effectiveness of various interventions.
- Special studies focusing on specific victim (e.g., shelter clients) or offender groups are needed to supplement what is known from official crime records.

Background

This study was conducted by the San Diego Association of Governments (SANDAG) and funded by the National Institute of Justice (NIJ) and the California State Legislature (AB 2448). It addresses the information gaps about domestic violence in San Diego County with two distinct data sets: clients admitted to battered women's shelters and reports to law enforcement.

At a women's health summit in 1995, the California Elected Women's Association for Education and Research (CEWAER) identified violence as a priority public health issue for women. The Association convened a group of experts to craft a set of policy recommendations aimed at reducing violence against women in California and preventing the serious injuries that result from violent crimes. The first recommendation listed in the CEWAER report describes the need for data collection and analysis. Specifically, the report states the following.

Knowledge about the characteristics of victims of crime is very limited. To enable effective prevention programs to reduce crimes, information that is collected about the victims and the circumstances of the crimes must include gender, race, age, socio-economic status, etc., and be reported to legislators and public health officials. Much is known about perpetrators from the criminal justice data reported to the California Department of Justice. Prevention and intervention programs cannot be developed and implemented successfully until standardization about the victims and their circumstances is available (Everett, 1996).

To begin a comprehensive analysis of trends related to violence against women, CEWAER sponsored a study in San Diego County to evaluate prevention and intervention services offered to female victims of violent crime through a survey of service providers. When the survey of providers was completed, a day-long summit of 30 experts in the field was convened to discuss the major gaps in services for violence victims. Discussion centered on specific problem areas and suggested plans for action. One of the four identified problem areas was inadequate data collection and analysis about victims and the circumstances surrounding violence. The issue was further characterized by the fact that, while several agencies provide services to women, including the medical community, the criminal justice system, and shelters, each agency compiles different kinds of information for different purposes. Although most agencies collect some types of data, there is no standardized reporting format or aggregate data collection. Instead, information is maintained for individual case management purposes or to meet minimum reporting requirements of funding sources. Most service providers have limited resources, and those are dedicated to serving clients, not data compilation on the nature and scope of violence. Consequently, information about victims and incidents is scant or unavailable. Other actions suggested at the summit meeting included the following.

- Identify an agency responsible for compiling, analyzing, and distributing information.
- Obtain data currently available from service agencies.
- Create a centralized registry for data compilation and distribution.
- Accurately determine prevalence through the development of a mechanism that can identify victims not accessing public agencies (Violence Against Women Summit Report, March 1996).

Subsequent to the summit report, SANDAG staff initiated discussions with local battered women's shelters about collecting data on shelter clients. The San Diego Domestic Violence Council also expressed interest in incidents of domestic violence reported to law enforcement and the police response. In 1996, the California State Legislature, on behalf of then Assemblywoman Dede Alpert, enacted AB2448, mandating SANDAG as the Clearinghouse for

domestic violence information on a pilot basis. In the same year, SANDAG received funding support from the National Institute of Justice (NIJ) to assist in this information gathering project.

Research Goals, Objectives, and Methods

The goal of this research study was to compile and analyze data about incidents of domestic violence in San Diego County in order to enhance understanding of the nature and scope of violence against women. This goal was operationalized through the following objectives.

- Develop a standardized interview instrument to be used by all emergency shelters for battered women in the region.
- Conduct interviews with shelter staff.
- Compile information on domestic violence incidents reported to law enforcement with respect to characteristics of the incident, the participants, and the response by law enforcement.

With the assistance from staff in the emergency shelters, research staff reviewed all shelters' intake instruments and developed a CORE intake interview (**Core Of Research and Evaluation**) to be used by all shelters. Research staff trained the shelter intake workers to complete the forms and the shelters agreed to send the forms to the SANDAG researchers, without client names, for data entry and analysis. Each form was pre-numbered with an identification number in case follow up clarification was needed. The summary of findings represents 599 clients who entered San Diego emergency shelters from April 1997 through December 1998.

The analyses presented in this report are designed with the needs of policy-makers in mind. Further, this study involves data collected from criminal justice official records, as well as data obtained from women seeking assistance in shelters. The inclusion of both types of data answers JRSA's call for data collection from multiple service domains (e.g., criminal justice and community-based agencies).

Shelters in San Diego County

Six emergency shelters in San Diego County serve a population of 2.7 million, covering over 4,200 square miles of urban, suburban, and rural communities. From 1991 to 1995, reports of domestic violence to law enforcement rose 23 percent to 28,518 reported in 1995. In the same year, emergency shelters served just over 2,000 clients. The total number of shelter beds in San Diego at the time of this study was just over 200.

Most of the shelters in San Diego County are incorporated within larger parent agencies that provide an array of social services to youth and families. The staff of the shelters reflect a mix of volunteers, full, and part-time staff, some with college degrees. Most shelters have a Board of Directors with typical responsibilities of California corporations, including fiduciary, legal, administrative, and fund raising.

Typical of many social service providers, shelters experience significant turnover of staff presenting challenges to service continuity. The number of full-time staff in the six shelters ranges from three to twelve, with an average of 5.5 staff per shelter.

Shelter Services

Findings from the California Domestic Violence Advisory Council (1998) noted that "Shelters support a wide range of programs and services for victims and their children, well beyond the traditional, singular provision of beds." San Diego shelters are no exception and provide a myriad of services, either in-house, or through referral to the parent agency, or other agencies. Shelter staff must develop extensive collaborative contacts with other systems and agencies to provide the breadth of services needed by women seeking shelter. Services/needs identified in the domestic violence literature as well as in San Diego County include: telephone hotline, counseling, parenting and life skills classes, legal advocacy and court accompaniment, assistance with obtaining restraining orders, medical services, mental health services, help with immigration, and employment and job training.

All shelters have admission criteria, house rules, policies regarding client returns, security provisions within the shelters, and no standardized means or procedures for following up with clients after they leave the shelter. Staff presented a realistic picture of the value of the services to the client, beyond protection and shelter from the batterer. There was consensus that the shelter stay offered a brief opportunity to inform and educate clients about resources in addition to the fact that violence of any kind is not acceptable. Staff reported that a stay in the shelter was one step toward offering some alternatives and planting a seed that the abuse cycle can eventually be broken.

Changes that San Diego shelter staff would like to see for their facilities include the following: renovation of the facilities, larger facilities, more staff and staff training, and additional resources for children's programs.

When asked to define "success" for a client, shelter staff responses were realistic: client awareness and knowledge about abusive behavior, a recognition and appreciation of the need to be safe and free of abuse, and signs of independence, such as having found housing and securing some level of independence. Clients are in need of the same services when they enter the shelter as when they leave: permanent housing and financial assistance.

The notion of "failure" was not part of the shelter staff vocabulary. Given the nature of abuse, staff agreed there is no such thing. The social and psychological needs of the clients are many and complex and require a process, not just a brief stay in a shelter. One staff person stated: "There are no failures. They just need more work. Even if they go back to their situation, they know [after shelter stay] that support is out there."

STUDY RESULTS FROM SHELTER CLIENT INTERVIEWS

Study Limitations

In every research setting, there are limitations that affect the understanding and interpretation of the findings. The data presented here are a result of intake interviews in shelters. Although training was offered several times during the course of the study, no on-site quality assurance was conducted by researchers. Interviews were conducted at different times, depending on the operation of the shelters. Clients may have been interviewed soon after admission or several hours subsequent. The procedure asked only that women be interviewed within 72 hours of

admission. All the victims were female. Any general statements about clientele who seek shelter apply only to clients in San Diego County. Finally, findings about batterers are second-hand accounts by the clients. No interviews were conducted with batterers.

Client Profile

About one of four of the 599 clients was Hispanic and 33 percent were Caucasian. Nineteen percent (19%) were African American and the remaining percent were of other ethnicities. Average age of clients was 31.5, although the range was wide, from age 16 to age 68. About one-third had less than a high school education, but just over 40 percent had some college or vocational training. Primary sources of income for clients were the partner (38%) and welfare (35%). Over one-half of the clients reported an annual household income under \$11,000. Clients were generally married to the batterer (48%) or reported living with a significant other (43%).

More than one-half of the shelter clients had come to the shelter from some place other than their own residence, and nearly one-quarter had been to some shelter prior to the most recent incident, suggesting that abuse had been occurring prior to the incident that led them to the shelter.

Children

Nearly three-quarters of the clients (74%) came to the shelter with their children, for a total of 936 children or 2.1 per client. The average age of children was 5.9 years old. These results point to the total clientele served by shelters and the need to provide child-focused services. Coupled with the findings that 38 percent of the clients had had a case with Children's Services Bureau and the fact that 78 percent of the clients reported that their children had ever witnessed abusive behavior indicates that distressed families are seeking support from shelters. This draws attention to a crucial need to provide services to families as a whole, including both children and mother.

Primary Language and Citizenship

Almost three out of ten clients reported their primary language to be Spanish. This finding is consistent with the ethnic background of clients as well as the fact that 21 percent reported themselves to be undocumented immigrants, and an additional ten percent reported having documentation (green card) by the immigration service allowing their stay in the United States. These numbers demonstrate the need for shelter staff to be sensitive to language needs and cultural issues related to violence between partners.

Substance Use

The association between alcohol and illegal drug use and domestic violence is complex and not necessarily a causal one. Nevertheless, few professionals would deny that there is an association. Shelter clients may have been reluctant to report their own drug and alcohol use to shelter staff, perhaps thinking that an admission of use might jeopardize their entry into the shelter. For this reason, the clients' reports of 7 percent of them being under the influence of alcohol or drugs at the time of the most recent incident may be conservative. When drug use in the past 30 days

was asked, the client percentage rose to 12 percent. The substance most likely used was alcohol, with smaller percentages reporting methamphetamine and marijuana use.

In contrast, abuse of substances was more likely reported on the part of the batterers, according to 57 percent of the clients. Again, alcohol was most likely used, followed by marijuana, methamphetamine, cocaine, and heroin (in descending order of frequency). Consistent with the previous finding, substance use by batterers was more likely reported in the past 30 days (72%). This figure is consistent with the National Crime Victimization Survey (NCVS), in which two-thirds of women nationwide reporting intimate victimization indicated that the offender was under the influence of alcohol and drugs (Greenfeld et al., 1998).

Clients who reported substance abuse on the part of their partner were significantly more likely to report that the batterer previously had violence charges filed than clients who did not report partner use of substances.

Patterns of Abuse

Shelter clients were asked a number of questions about the type of abuse experienced, the frequency, degree of injury, and whether or not they sought medical treatment.

Type of Abuse

When asked about the type of abuse they had *ever* experienced, 97 percent reported being verbally abused previously, 95 percent physically abused, 93 percent mentally or emotionally abused, and 50 percent sexually abused.

The majority of clients seeking shelter reported being victims of multiple types of abuse during the most recent incident. Specifically, 86 percent said the incident involved verbal abuse, 81 percent that it involved mental or emotional abuse, 74 percent physical abuse, and 14 percent sexual abuse.

In addition to whether or not the batterer used alcohol or other drugs on the day of the incident, three factors were significantly related to the type of abuse that was inflicted during the most recent incident.

- Victims abused by a batterer who had previously been charged with domestic violence were significantly more likely to be physically abused during the most recent incident (79%), compared to those abused by a batterer with no previously filed charges (70%).
- Sexual abuse was more likely when the police had been previously called to the residence (16%), compared to when they had not been called (9%).
- Sexual abuse was also related to the victim having a restraining order, with those having one more likely to report it (17%), compared to those who didn't (11%).

Timing and Frequency of Abuse

According to 23 percent of the clients, the most recent incident took place within three days of the interview. An additional one-third (35%) said the incident occurred within four to seven

days. Other time frames since the abuse included from eight to 14 days (13%), from 15 to 30 days (13%), and more than one month (16%). Four factors were predictive of whether the most recent incident occurred within one week, or if it occurred after more than a week had passed.

- **Batterer use of alcohol or some other drug during the most recent incident:** If alcohol/drug use had occurred, almost two-thirds (65%) of victims reported that they sought shelter within the week. In comparison, only around one-half (53%) of victims who reported no substance use said they sought shelter within one week.
- **Restraining order:** Victims with a restraining order were significantly more likely to seek shelter within one week of the incident (61%), compared to those without one (53%).
- **Victim injury:** Victims who were injured in the most recent incident were significantly more likely to seek shelter in less than one week (66%), compared to those who were not injured (54%).
- **Type of abuse:** Victims who reported being physically abused were significantly less likely to seek shelter within one week (55%), compared to those who said they had not been physically abused during the most recent incident (67%).

More than one-half of the clients reported that they were verbally abused on a daily basis (62%), as did 61 percent of the clients who reported being emotionally abused. In comparison, clients who were physically abused were most likely to report that it occurred once a week or less (45%). An additional 15 percent said that it occurred just a few times during the course of the relationship, 14 percent experienced abuse about six or less times over a year, and nine percent reported that it occurred a couple of times a month or less. Daily sexual abuse was mentioned by 15 percent of the clients, and sexual abuse two or three times a week was mentioned by 23 percent. Another 16 percent stated the frequency was once a week. Nearly one-half gave other measures of lesser frequency, including "a few times ever" (18%), six or less times per year (12%), once a month (7%), sporadic (6%), or two or three times per month (3%).

Weapon Use

Seventy-nine percent (79%) of the clients reported that some type of weapon, body part, or object was used against them in the most recent incident. Sixty-nine percent (69%) said that the batterer had used his or her body in the most recent incident, including hands (93%), and feet or legs (20%).

Injury

Sixty-six percent (66%) of the clients reported that they sustained some type of injury in the most recent incident. The most frequent injuries included bruises, aches and pains, sprains or swelling, and scratches. Victims who reported that the batterer had previously had domestic violence charges filed against him were significantly more likely to report an injury (37%), compared to those who said the batterer had never been charged (29%).

With respect to abuse history, only five percent of the clients stated that they had never experienced any physical injuries as a result of abuse. For the 95 percent who had been previously abused, the percentages were higher for several types of abuse compared to the types indicated in

the most recent incident. For example, 85 percent sustained bruises and 78 percent noted aches and pains. About one-half (49%) have had sprains or swelling due to abuse, and 43 percent stated that they had scratches. Over one-quarter (28%) of the clients had ever been sexually abused, nearly three times the percentage indicated in the most recent incident. Also, 23 percent had experienced fractures or broken bones, compared to only six percent who stated that these injuries occurred in the most recent incident. The data suggest that these clients have experienced serious and frequent physical abuse in their lifetimes.

Medical Treatment

The history of abuse is further apparent when *current* medical treatment is compared to victims *ever* having had treatment in their lifetime. For the most recent incident, about one in six clients (16%) reported having received medical treatment. Of these, almost three-quarters (72%) went to the hospital, 22 percent were treated by their own doctor, and nine percent were attended to by a paramedic on-the-scene. In contrast, 42 percent of the clients, in their lifetime, had received medical treatment, 70 percent of whom had gone to the hospital. Analyses revealed that victims with partners who previously had criminal complaints filed were significantly more likely to receive medical treatment for the most recent incident (22%), compared to those with batterers who did not have prior complaints filed (8%). In addition, victims with restraining orders against the batterer were significantly more likely to receive medical treatment (21%), compared to those who didn't have a restraining order (12%).

CYCLE OF VIOLENCE

About one-half of the clients (47%) had witnessed abuse in their childhood and 82 percent noted that their partners had also witnessed abuse while growing up. Exposure to intimate violence as a child can increase the risk that a man will grow up to abuse his partner and females will be abused as adults (Hotaling and Sugarman, 1986,1990 (in Buzawa and Buzawa, 1990). However, this finding from the research should not be interpreted as inevitable. Many individuals exposed to domestic violence as children do not repeat the cycle as adults (Gelles & Cornell, 1990).

Over one-third (37%) of the clients stated that they had been in an abusive relationship prior to their current relationship. Nearly twice the percentage (75%) reported that the batterer had also been in a prior abusive relationship. Ninety-eight percent (98%) of clients reported having been abused by the same partner in the past.

Several factors were significantly related to being in a previous abusive relationship.

- Hispanic clients were significantly less likely to say that they had been in a prior abusive relationship (23%) compared to Caucasian (51%) and African-American victims (40%), and victims of other ethnicities (45%).
- Forty-six percent (46%) of batterers who had been in an abusive relationship were abusing a partner who had also been in an abusive relationship. In comparison, 26 percent of the batterers who had not been in a prior abusive relationship were abusing a victim who had been previously abused.

- Victims who had witnessed abuse in their childhood were significantly more likely to report having been in a prior abusive relationship (48%) compared to 27 percent who had not witnessed abuse.

Involvement with Legal System

Shelters have long been the only safe haven for women and children in crisis. However, as the data show, a significant proportion of the women who sought shelter have also been in situations where the police were called. Specifically, 73 percent of the San Diego clients reported having had the police come to their household as a result of domestic violence. Nearly one-half (47%) said police had been called from one to three times in the past, and over one-quarter (27%) stated that police had come to their residence more than four times. Further analyses revealed that clients with children were significantly more likely to report having called the police (31%), compared to those without children (24%).

When asked if anyone had been arrested as a result of a police response, 57 percent of the 440 San Diego clients said that an arrest had been made at least once. Batterers were the most likely to be arrested and for violent offenses (91%), followed by drug or alcohol violations (16%), property damage or theft offenses (10%), or "other" offenses (8%). Clients admitted to being arrested as well, with six percent charged with violent crimes and two percent with drug or alcohol violations.

With respect to charges filed with the prosecutor, five percent of the clients admitted having *themselves* been charged with domestic violence offenses and 55 percent reported that their batterers had been charged. One-third, or seven of the clients, reported having been convicted and 68 percent indicated that their partners had sustained convictions.

Factors positively associated with having charges filed included: being a U.S. citizen, having had an open case with Children's Services Bureau, and consumption of alcohol or other drugs by the batterer.

Restraining Orders

Forty percent (40%) of the clients reported having obtained restraining orders against their current partner, either ever, or at the time of the interview. The most common type of order was a temporary restraining order (65%), but 31 percent of the clients either previously had, or currently had, permanent restraining orders. Nineteen percent (19%) indicated having had emergency protection orders. The primary difference in these orders is the interval of time the order is in effect. According to 63 percent of the clients, the offender had not complied with the conditions of the order.

Most of the clients (60%) indicated that they currently did not have restraining orders, and when asked why they did not, the most frequently mentioned response was that they did not want one (32%). Other reasons included the following.

- Those who said they were considering getting one (21%).
- Those wanting one who have not done anything about it (19%).
- Those who don't think it will do any good (13%).

- Those who “can’t get one” (6%) because they don’t know how, they have to live with him, or can’t afford it.

Prior Services

Shelter clients in San Diego had previously received services related to domestic abuse according to 39 percent of the clients. Services most likely received were counseling and shelter protection.

Safety Plans

Shelter clients were asked what their plans were to keep their children and themselves safe upon leaving the shelter. Responses were as follows, in descending order: stay away from the batterer, re-locate, find a new residence, become financially independent, and get a restraining order.

Services Needed

Interviews with shelter staff as well as client interviews suggest that abused women are in need of many and varied services, beyond the most basic needs of food and temporary shelter. Both clients and counselors reported the need for counseling, permanent or transitional housing, employment, safety plans, and financial assistance. The extent and scope of services requested demonstrate a need for resources to support the capacity of shelters to provide comprehensive and integrated services, either in-house or through collaborative relationships.

Conclusions Regarding Shelter Clients

This study provides a rich source of information on the structure and role of shelters, staff expectations and the women and children seeking services in San Diego County. As noted earlier, identifying the characteristic of victims is paramount to creating effective and responsive prevention and intervention services. The data gathered from this study shed light on the complexity of issues facing women and children in shelters and strengthens the knowledge base for policy makers and individuals working in the field of domestic violence. In addition, the findings from the study support a number of conclusions also noted in the California report on preventing domestic violence (Domestic Violence Advisory Council, 1998). Specifically, the following can be said.

- Shelters are a critical lifeline for women and children caught in life threatening circumstances and shelter providers must have the capacity to serve a diverse population beyond immediate protection with transitional and long-term housing.
- Maintaining and building shelter capacity should include provisions to address turnover and burn-out of staff.
- Shelter clients have a myriad of service needs beyond the singular provision of a bed, that require either capacity by shelters or knowledge of referral agencies to address an array of issues.

- Significant numbers of women experienced injury that required medical treatment, suggesting a window of opportunity for the training of medical professionals to improve detection and referrals to appropriate agencies.
- A substantial proportion of shelter clients have experienced legal involvement; specifically, having the police come to their households due to abuse. Law enforcement has a role to play in reducing or preventing repeat occurrences. The analysis showed that when more legal involvement had occurred, e.g., calling police, arrest, a restraining order, the abuse was likely to be more severe.
- The reliance on welfare and the fact that over one-half of the clients had annual incomes of less than \$11,000 suggest a population that requires substantial public services.
- In this study, there was an association between abuse and the abuser having been abused in childhood, suggesting the need for early prevention and intervention efforts.
- The prevalence of clients with multiple needs suggest a necessity for further research to document the transitional services and options available to clients once they leave the shelter, e.g., transitional housing, linkage to community family resource centers, and employment development.
- The significant number of children residing in the shelters warrants further research as to the impact and possible implication of child abuse associated with living in a violent home.

DOMESTIC VIOLENCE INCIDENTS REPORTED TO LAW ENFORCEMENT

A second phase of this study involved the tracking of domestic violence reports to law enforcement from initial call through final disposition. The intent of this study was *not* to compare this data set with the shelter data set, but rather, to provide another dimension of the nature and scope of domestic violence in San Diego County. This study selected a random sample from just over 26,000 reports of domestic violence in San Diego County in 1996. The resulting sample size was 3,996, purposefully large so that the proportion of those involving arrests could be followed through the justice system.

In San Diego, all ten law enforcement agencies use the same crime and arrest report that includes a box to check if the incident involves domestic violence. Cases are entered into a computer using a specific penal code number to designate the case as domestic violence according to California law.

The sample revealed that 69 percent, or 2,756 incidents, were actual crime cases, while the remainder were calls-for-service only in which no crime had occurred. Primarily, the analysis rested with the crime cases since the other calls generally did not result in action taken by law enforcement.

In 1998, the countywide protocol for responding to domestic violence was revised after several years. The revision specifically delineated guidelines for agencies in responding to intimate violence. Therefore, the data presented here for 1996 may not be an accurate reflection of how cases have been handled since 1998. The data reflect information that was available in manual crime report files.

The following section highlights the findings from tracking domestic abuse cases reported to law enforcement.

- Victims and suspects were similar in age, averaging about 32 years of age.
- In 82 percent of the cases, the victims were female.
- One-half or more of both victims and suspects were Caucasian, followed by Hispanic. Fifteen percent (15%) or less were African American.
- The most frequently mentioned weapon that was used was the hands of the suspect (88%). Knives and firearms were noted in less than three percent of the incidents.
- One-half of the victims and ten percent of the suspects were injured. Injury was more likely when a history of abuse was noted.
- Recorded information about use of alcohol and drugs on the part of the participants was the exception rather than the rule. For those cases with information (less than one-half), alcohol use was recorded for 41 percent of the suspects and 21 percent of the victims. Illegal drug use was noted for three percent of suspects and one percent of victims.
- Since 1986, dual arrests have been discouraged and officers are expected to determine the primary aggressor. For seven percent of the cases, this decision could not be made, and cases were classified as mutually combative. Factors associated with this classification included the victim *not* having a restraining order; there was no history of abuse; and the victim and the suspect were currently involved.
- Just over one-half of the cases had information regarding the presence of children at the time of the incident. Of these, 58 percent of the cases reported children witnessing the abuse.
- The majority of cases (85%) involved participants who were married or in relationships with significant others. Twenty-three (23) of the cases involved partners of the same gender.
- Almost one-half (45%) of the cases did not mention the existence of a restraining order. About one-quarter noted that the victim did not have one, and in 17 percent of the cases, victims were advised to get one.
- Prior history of abuse was documented in 80 percent of 1,857 cases.
- Almost one in four suspects had been arrested previously with an average of 3.2 arrests; and 16 percent of the arrests had involved domestic violence. Over one-third of all suspects had been convicted of some crime in the past.
- In the sample of 2,756 cases, 31 percent of the suspects were arrested at the scene and an additional 24 individuals were arrested within 24 hours of the reported incident.
- Just over three-quarters of the arrests were for felony charges, with the most common being spouse assault.
- Crime report narratives revealed the primary reasons that an arrest did not take place were the following: the suspect was not present, due to victim wishes, and no visible injury.
- Evidence was collected in 44 percent of the cases. Evidence collection was a strong predictor of whether or not an arrest took place. The most common type of evidence was photographs.

- Over one-third of the cases were referred to the prosecutor, and 52 percent of those were filed and 36 percent were rejected. An additional 12 percent were not filed. The majority of cases filed resulted in a guilty plea or conviction, with 55 percent convicted of felony charges. The most common sentence imposed was probation with some amount of jail time. Four percent of the 476 convictions resulted in state prison sentences.

Perhaps the most remarkable finding of the law enforcement tracking study was that substantial information was missing from crime reports. Specifically, over 40 percent of the reports did not include information about victim pregnancy, substance abuse of either party, or presence of children. One-third or more of the cases did not document if there was a history of violence, the length of the relationship, or the existence of children within the relationship. These indicators could have implications for future prosecution or re-offending.

Since these data were collected in 1996 and a revised protocol was developed and signed by all law enforcement administrators in 1998, the recording of information as well as the practices for handling domestic violence cases may have changed. The new protocol does require the use of a domestic violence supplement that incorporates many of the items not thoroughly documented previously.

Nevertheless, the tracking study has suggested the following conclusions.

- A substantial number of incidents do not involve criminal acts.
- Victims are predominantly female.
- A high proportion of cases involve injury and substance abuse on the part of the suspect.
- About four in ten suspects had been previously arrested.
- Arrests occurred in about one-third of the cases, and about one-half of those were rejected and not filed by the prosecutor.

Although local and national policy about domestic violence seems to suggest that offenders should be held accountable for their actions and victims provided safety, it is difficult from the reading of police accounts to discern the extent to which these policies are practiced, given the inadequacy of documentation. However, it must be reiterated that this study was undertaken prior to the revised protocol. The results strongly suggest the need for a follow-up study.

CHAPTER 1

STUDY BACKGROUND

STUDY BACKGROUND

INTRODUCTION

This study was conducted by the San Diego Association of Governments (SANDAG) and funded by the National Institute of Justice (NIJ) and the California State Legislature (AB2448). It examined information about domestic violence in San Diego County from two distinct data sets: clients admitted to battered women's shelters and reports to law enforcement.

IMPETUS FOR CURRENT STUDY

At a women's health summit in 1995, the California Elected Women's Association for Education and Research (CEWAER) identified violence as a priority public health issue for women. The Association convened a group of experts to craft a set of policy recommendations aimed at reducing violence against women in California and preventing the serious injuries that result from violent crimes. The first recommendation listed in the CEWAER report describes the need for research. Specifically, the report states the following.

Knowledge about the characteristics of victims of crime is very limited. To enable effective prevention programs to reduce crimes, information that is collected about the victims and the circumstances of the crimes must include gender, race, age, socio-economic status, etc., and be reported to legislators and public health officials. Much is known about perpetrators from the criminal justice data reported to the California Department of Justice. Prevention and intervention programs cannot be developed and implemented successfully until standardization about the victims and their circumstances is available (Everett, 1996).

This view has also been presented in the literature. Kellerman (1993) notes that researchers lack even basic information about the frequency of episodes of violence and the prevalence of potential risk factors for assaultive behavior (e.g., substance abuse). In the section titled Research Initiatives, the CEWAER report describes the issues surrounding the need for essential research.

Even though women's health is dramatically affected by violence, very little research has been done in areas that are critical to the understanding and preventing of violence against women. It is extremely important that the capacity to perform essential research on the issue of violence against women is strengthened, and research agendas are created, funded, and implemented in the near future.

To begin a comprehensive analysis of trends related to violence against women, CEWAER sponsored a study in San Diego County to evaluate prevention and intervention services offered to female victims of violent crime through a survey of service providers. When the survey of providers was completed, a day-long summit of 30 experts in the field was convened to discuss the major gaps in services for violence victims. Discussion centered on specific problem areas and suggested plans for action.

One of the four identified problem areas was inadequate data collection and analysis about victims specifically and the circumstances surrounding violence. The problems of data collection and analysis were further characterized by the fact that, while several agencies provide services to women, including the medical community, the criminal justice system, and shelters, each agency compiles different kinds of information for different purposes. Although most agencies collect some of the same types of data, there is no standardized reporting format or aggregate data collection. Instead, information is maintained for individual case management purposes or to meet minimum reporting requirements of funding sources. Most service providers have limited resources, and those are dedicated to serving clients, not data compilation on the nature and scope of violence. Consequently, information about victims and incidents is scant or unavailable. Suggested actions to facilitate data collection and analysis included the following.

- Identify an agency responsible for compiling, analyzing, and distributing information.
- Obtain data currently available from service agencies.
- Create a centralized registry for data compilation and distribution.
- Accurately determine prevalence through the development of a mechanism that can identify victims not accessing public agencies (Violence Against Women Summit Report, March 1996).

Subsequent to the summit report, SANDAG staff initiated discussions with local battered women's shelters about collecting data on shelter clients. The San Diego Domestic Violence Council also expressed interest in incidents of domestic violence reported to law enforcement and the police response. In 1996, the California State Legislature, on behalf of then Assemblywoman Dede Alpert, enacted AB2448, mandating SANDAG as the Clearinghouse for domestic violence information on a pilot basis. In the same year, SANDAG received funding support from the National Institute of Justice (NIJ) to assist in this information-gathering project.

RESEARCH GOALS AND OBJECTIVES

The goal of this research study was to compile and analyze data about incidents of domestic violence in San Diego County in order to enhance understanding of the nature and scope of violence against women. This goal was operationalized through the following objectives.

- Develop a standardized interview instrument to be administered as a face-to-face interview by staff of emergency shelters for battered women in the region.
- Conduct interviews with shelter staff.
- Compile information on domestic violence incidents reported to law enforcement about the characteristics of the incident, the participants, and the response by law enforcement.

The approach, methodology, and tasks for each of these objectives, along with the results, are presented in the following chapters.

CONTRIBUTION TO THE LITERATURE

This study expected to meet the following recommendations made by the Justice Research and Statistics Association (JRSA) (1996).

- Reliable and comprehensive indicators of domestic violence are needed.
- Relevant data analyses must be shared with decision-makers.
- Agencies need to know more about the characteristics of offenders and victims in order to direct resources properly.
- Documentation of any behavioral differences (e.g., recidivism rates) evident among offender subgroups (e.g., age, ethnicity, use of weapons, involvement of alcohol or other drugs) is needed to help explain the relative effectiveness of various interventions.
- Special studies focusing on specific victim (e.g., shelter clients) or offender groups are needed to supplement what is known from official crime records.

Although the JRSA report focuses on automated data collected at the state level and this study involved the collection of data from hard copy files and through interviews, this report presents valuable data that supplements information contained in automated sources and provides decision-makers with more comprehensive domestic violence indicators. The analyses presented in this report were designed with the needs of policy-makers in mind. Further, this study includes data collected from criminal justice official records, as well as data obtained from women seeking assistance in shelters. The inclusion of both types of data answers JRSA's call for data collection from multiple service domains (e.g., criminal justice, community-based agencies). Finally, while the current study did not attempt to develop a method for sharing data across these groups, any future discussions regarding data sharing may want to consider the types of information collected in this project (e.g., measures of domestic violence from victims seeking shelter), as well as gaps found in the data (e.g., incomplete police reports).

REPORT ORGANIZATION

This report continues with a brief review of the literature surrounding violence against women. Chapter Three includes information about domestic violence shelters in San Diego County. Chapter Four describes the results of the standardized interviews with shelter clients, and Chapter Five provides information about domestic violence cases reported to law enforcement.

CHAPTER 2

LITERATURE REVIEW

LITERATURE REVIEW

INTRODUCTION

The problem of violence in intimate relationships is not new, though the awareness, interest, and sensitivity toward domestic violence by society have increased (Roberts, 1981). In 1984, recommendations for action by the criminal justice system to domestic violence were published by the U.S. Attorney General's Task Force on Family Violence. The report noted the need for additional research on domestic violence. On September 13, 1994, President Clinton signed the Violence Against Women Act (VAWA) as part of the Violent Crime Control and Law Enforcement Act of 1994. The goal of VAWA was to effectively ensure the safety of all females (Federal Register, 1995). The extensive federal support included in VAWA for the improvement, expansion, and enhancement of services for females victimized by violence was unprecedented (Roche & Sadoski, 1996). Specifically, VAWA promoted the following.

- mandatory arrest of batterers
- mandatory arrest for violators of protective orders
- coordination across the criminal justice system in domestic violence cases (e.g., police, prosecution, and the judiciary)
- development of computer systems to facilitate communication throughout the criminal justice system with respect to cases involving female victims of violence (Crowell & Burgess, 1996).

As a result of VAWA, the Panel on Research on Violence Against Women was convened by Congress to develop a research agenda to increase the understanding of violence against females, including rape and domestic violence (Crowell & Burgess, 1996).

Another result of VAWA was the development of the Project to Assess State and Federal Data on Domestic Violence and Sexual Assault. The objectives of this project were (1) to identify ways that states could centralize the collection of information on the incidence of domestic and sexual offenses; and (2) to examine the problems of statistical record keeping at the federal level for domestic violence-related criminal complaints (Federal Register, 1995). The first report from this effort found that 35 states collect data on domestic violence, and 30 states gather statistics on sexual violence.

In addition to these federal efforts, the states have enacted laws aimed at reducing violence among intimates. Civil and criminal legal remedies for domestic violence victims have been enacted. The specific duties of the criminal justice system and the services provided by social agencies have been outlined, and some state laws provide funding for shelters for battered women (Gelles & Cornell, 1990). Research has found that the public has become less tolerant of

domestic violence and support for the criminalization of such abuse has grown (Johnson & Sigler, 1998).

Clearly, the nation has become more cognizant of the issues surrounding domestic violence, which has directed attention to existing services utilized by victims, such as shelters, as well as the criminal justice response, such as the role of law enforcement. To expand knowledge about domestic violence victims seeking shelter and those reporting incidents to law enforcement, the Criminal Justice Research Division of the San Diego Association of Governments (SANDAG) collected data on shelter clients as well as incidents reported to law enforcement. This chapter reviews information on the nature and scope of the domestic violence problem, the response of the criminal justice system and associated evaluations, and the history, role, benefits, and current research about shelters to provide a context for the data presented throughout the report.

NATURE AND SCOPE OF DOMESTIC VIOLENCE

The prevalence of domestic violence is difficult to ascertain due to extensive underreporting. Violence among intimates may be the most common, but least reported crime in the United States. Data from the National Crime Victimization Survey (NCVS) indicates that about one-half of all domestic violence incidents are reported to law enforcement (Barnett, Lopez-Real, Carter, & Hedayat, 1985; Buzawa & Buzawa, 1990; Greenfeld, Rand, Craven, Klaus, Perkins, Ringel, Warchol, Maston, & Fox, 1998; National Clearinghouse for the Defense of Battered Women, 1994). Other studies suggest much lower levels of reporting, from as low as two to 14 percent (Buzawa & Buzawa; Crowell & Burgess, 1996). The proportion of fatalities related to domestic abuse may also be underreported. For example, a study in Florida identified 91 more homicides related to violence among intimates than documented by the Florida Department of Law Enforcement (Johnson, Websdale, & Li, 1997).

Estimates of the national rate of domestic violence vary across studies. Some sources estimate that from two to eight million women are battered annually (The Commonwealth Fund, 1993; Emergency Preparedness and Injury Control Branch, 1995; Tjaden & Thoennes, 1998). Prior to 1993, estimates based upon NCVS revealed 9.3 incidents of domestic abuse per 1,000 American women. Other surveys suggest much higher rates of intimate violence. For example, data from the National Family Violence Survey indicated that 116 crimes of domestic violence per 1,000 are committed against women annually (Chalk & King, 1998). Studies based upon the conflicts tactics scale (CTS) developed by Straus estimate that from 28 to 60 percent of all couples experience domestic violence (Barnett et al., 1985; Gelles & Cornell, 1990). In another study, seven percent of American women married or living with someone as a couple were physically abused, and 37 percent (20.7 million) were verbally or emotionally abused by their spouse or partner (The Commonwealth Fund).

To improve our understanding of the prevalence of intimate violence, the NCVS was revised with new questions and procedures in 1993. The result has been a substantive increase in reported incidents. Specifically, the old methods estimated about 500,000 domestic violence incidents, while the new version of the survey reveals nearly one million incidents. This translates to eight incidents per 1,000 women age 12 or older being victimized by an intimate (Greenfeld et al., 1998). Another effort to improve measures of violence against women resulted from a partnership between the National Institute of Justice (NIJ) and the Centers for Disease

Control and Prevention (CDCP): the National Violence Against Women Survey. This telephone survey that included about 8,000 women, and conducted from November 1995 to May 1996, found that one-quarter of the women surveyed had been raped or physically assaulted by an intimate partner in their lifetime, and that two percent had experienced this violence within the past year (Tjaden & Thoennes, 1998).

Despite the limitations of the available data, it has been asserted that violence by a male intimate is the most prevalent form of violence against women in the world (Emergency Preparedness and Injury Control Branch, 1995). Although women are less likely than men to experience violent crime overall, they are disproportionately represented among domestic violence victims, accounting for 85 percent of all victims of intimate violence. Domestic violence accounts for about one-fifth of the violent crimes women experience, while this proportion is only about two percent for men. Significant injuries are more likely to occur in misdemeanors involving violence among intimates than other misdemeanor violent situations. Further, women are more likely to be killed through domestic violence, compared to males (Berk & Loseke, 1981; Buzawa & Buzawa, 1990; Emergency Preparedness and Injury Control Branch; Gelles & Cornell, 1990; Greenfeld et al., 1998; Hochstein & Thurman, 1998; Johnson et al., 1997; Langan, 1995; Lattimore, Riley, Trudeau, Leiter, & Edwards 1997; National Clearinghouse for the Defense of Battered Women, 1994; Tjaden & Thoennes, 1998; Yeh & Drach-Brillinger, 1998). The proportion of female murder victims killed by intimates has remained at about 30 percent since 1976, compared to six percent for males (Barnett et al., 1985; Bureau of Justice Assistance, 1993; Chalk & King, 1998; Friedman & Shulman, 1990; Greenfeld et al.). About 60 percent of all intimate murder victims were female. Though rates of domestic homicide have declined, the drop has been faster for male victims. Therefore, when domestic homicide occurs, women are the victims in an increasing proportion of the cases (Greenfeld et al.). About 1,500 to 2,000 women are murdered by an intimate annually, and 1.6 domestic homicides per 100,000 are married persons (Crowell & Burgess, 1996; Emergency Preparedness and Injury Control Branch; Greenfeld et al.). Given the disproportionate victimization of women in intimate relationships, this chapter limits discussion of all domestic violence victims to females.

In recent years, data from sources other than the criminal justice system have been used to estimate the scope of violence among intimates. About 204,000 women were treated in hospital emergency rooms during 1994 for injuries resulting from intimate violence (Greenfeld et al., 1998). Based upon data from the University of California Medical Center, 28 percent of the patients had been victims of domestic abuse in the past, and 14 percent were currently experiencing violence by an intimate (Emergency Preparedness and Injury Control Branch, 1995). Other studies have found similar proportions of domestic violence victims seeking medical assistance (Barnett et al., 1985). The annual costs associated with domestic violence (e.g., medical expenses, lost pay, cash loss, and property loss, repair, or replacement) are estimated at approximately \$150 million (Greenfeld et al.). These costs probably represent a fraction of the total costs because the impact of intimate abuse continues throughout the lives of the victims. High hospital use has been cited in the literature as continuing for years following domestic violence. Further, fees for counseling and long-term care are omitted, as well as other financial and personal impacts on family and friends (Emergency Preparedness and Injury Control Branch). The impact of domestic violence on women has also been shown through statistics on homelessness. Domestic abuse has been cited as the most common cause of homelessness for women, with up to one-half of shelter clients being victims of abuse by intimates (National

Clearinghouse for the Defense of Battered Women, 1994). Further, the National Coalition Against Domestic Violence (1998) reports that approximately one-half of all homeless women, some of whom have children, are fleeing domestic violence.

Typically, domestic violence involves repeated victimization. According to the NCVS, 32 percent of the respondents indicating that they had been victims of domestic violence shared that the victimization had occurred at least twice in the six months prior to the survey (Greenfeld et al., 1998).

Domestic violence is a social problem warranting further attention. This project focuses on the role of the criminal justice system and shelters in addressing the problem of abuse among intimates. The next two sections describe the history of both systems and their response to domestic abuse.

CRIMINAL JUSTICE SYSTEM RESPONSE

Prior to the 1970s, the criminal justice community viewed violence among intimates as a private affair and was ambivalent about intervention (Chalk & King, 1998; Sherman, no date). The role of the criminal justice system in domestic violence changed as a result of the women's rights and battered women's movements, research findings, organizational concerns, and civil litigation (Buzawa & Buzawa, 1990; Chalk & King; Tjaden & Thoennes, 1998; Friedman & Shulman, 1990; Gelles & Cornell, 1990; Sherman).

Studies of the criminal justice response to domestic violence have documented substantial bias against taking action. The level or threat of actual violence to the victim of domestic abuse has had minimal impact on the decision to arrest or prosecute, while similar situations in cases involving strangers are directly related to decision-making. Rates of arrest in cases involving violence among intimates have ranged from three to 20 percent (Buzawa & Buzawa, 1990; Greenfeld et al., 1998; National Clearinghouse for the Defense of Battered Women, 1994). Arrest and subsequent prosecution have been associated with the following factors.

- victim cooperation (signing a citizen's arrest warrant)
- victim-offender relationship
- recurrent violence (regularly part of the couple's relationship)
- victim demeanor (e.g., rational, non-demanding, aggressive, obnoxious, under the influence of alcohol or other drugs)
- victim motivation and allegation of the violence
- suspect temperament (e.g., violent in officer's presence, hostile, recalcitrant, under the influence of alcohol or other drugs)
- reporting party (victim versus bystander reporting to police, police versus citizen filing with the court)
- presence of both suspect and victim at the scene
- timing (at end of officer's shift)

- level of overcrowding in the local jails (Buzawa & Buzawa; Berk & Loseke, 1981).

Supported by social research, legal complaints against police departments, district attorneys, and probation departments have included the following.

- Intimate violence was treated differently than stranger assault.
- Lower priority was assigned to calls involving domestic violence.
- Response was withheld or delayed in domestic abuse cases.
- Arrest was discouraged or avoided in favor of restoring order and calming down everyone involved.
- Criminal justice personnel were not sympathetic.
- Victims were advised against taking legal action.
- Victims were denied equal protection under the law (i.e., prosecution of batterers rare) (Berk & Loseke, 1981; Buzawa & Buzawa, 1990; Friedman & Shulman, 1990; Fyfe, Klinger, & Flavin, 1997; Gelles & Cornell, 1990; National Clearinghouse for the Defense of Battered Women, 1994).

Pressures by feminists, victim advocates, and legislators in the late 1970s led to a series of reforms (Chalk & King, 1998). There was pressure to criminalize domestic abuse, as well as strictly enforce the laws related to violence against women (Crowell & Burgess, 1996; Gelles & Cornell, 1990). Reforms also grew out of the frustration criminal justice personnel felt when dealing with these cases, typically involving repeat violence, lack of victim cooperation, offender denial, and dismissal rates, within an environment of heavy workload and few resources. Further, police actions and legal sanctions were limited, which left substantial conflicts between the interests of the criminal justice system and those of the family. Police action in misdemeanor assault cases was constrained by the fact that victim cooperation or commission of the crime in the presence of a law enforcement officer were required. The interests of the criminal justice system to manage heavy workloads resulted in ignoring "low level" offenses without mandated responses by the system (e.g., misdemeanor domestic assaults versus drug-related crimes) (Bureau of Justice Assistance, 1993; Buzawa & Buzawa, 1990).

Virtually every aspect of the criminal justice system has been impacted by domestic violence reforms. Reforms related to protective orders have included the implementation of emergency restraining orders without a hearing in order to immediately stop current and prevent future abuse (Buzawa & Buzawa, 1990; Chalk & King, 1998). The effectiveness of civil protection orders is supported by research findings. For instance, Keilitz, Hannaford, and Efke (1997) found that temporary restraining orders helped victims regain a sense of well being and deterred future abuse, regardless of follow through by the victim in obtaining permanent orders. Reforms related to protective orders have also included provisions for economic and other assistance for battered women.

Reforms related to law enforcement have included mandatory arrest policies in misdemeanor assault cases. Arrests can also be made without a warrant when a temporary restraining order is in effect (Baker, 1995; Buzawa & Buzawa, 1990; Friedman & Shulman, 1990; Sherman, no date). Reform strategies of prosecutors include no-drop policies so that cases proceed regardless of victim cooperation, eliminating mediation as a choice for case resolution, and employing victim advocates to assist victims throughout the criminal justice process (Buzawa & Buzawa; Friedman & Shulman).

Further, as criminal justice decision-makers became more aware of the factors involved in relationships plagued by domestic violence, special units have been established in the offices of police investigations, prosecutors, and probation to handle such cases (Chalk & King, 1998; Gelles & Cornell, 1990). Specialized courts have also become popular for handling domestic abuse cases. By centralizing domestic violence cases in these special units/courts, intimate abuse cases are no longer overshadowed by cases involving violence among strangers. In addition, criminal justice personnel working in these special units are specifically trained in domestic abuse (Buzawa & Buzawa, 1990; Gelles & Cornell).

Cases involving violence among intimates also impact the civil court system. In fact, many victims prefer civil remedies to criminal action. However, most cases are handled in criminal court, except with respect to temporary restraining orders, protective orders, or family and divorce matters. Civil actions are often very lengthy (e.g., over five years) and require extensive victim initiative and costly services of lawyers. Therefore, domestic violence courts sometimes involve coordination of civil matters related to the case (e.g., restraining orders, child custody) (Bureau of Justice Assistance, 1993; Buzawa & Buzawa, 1990; Friedman & Shulman, 1990).

Training of criminal justice personnel not involved in specialized units has also been a focus of these initiatives (e.g., prevalence of domestic abuse, dynamics of violence among intimates, local policies such as mandatory arrest, and local resources available for victims). In addition, community groups and probation departments have initiated treatment programs for batterers. In fact, the popularity of sentencing batterers to treatment has grown across the country because the focus is on modifying the inappropriate behavior of the offender (Buzawa & Buzawa, 1990; Chalk & King, 1998).

Some jurisdictions have implemented system-wide approaches to the problem of domestic violence, utilizing victim support systems as well as legal sanctions. These coordinated community efforts include collaboration between social service agencies and the criminal justice system, victim advocacy services, and aggressive apprehension and sanctioning of batterers (Chalk & King, 1998; Hochstein & Thurman, 1998). More recent efforts have included volunteer programs in which trained crisis interventionists accompany police officers during domestic violence calls to provide domestic violence advocacy and support for victims at the scene (Kehoe, 1995).

EVALUATIONS OF CRIMINAL JUSTICE INTERVENTIONS

Rigorous evaluation of criminal justice innovations related to domestic violence is limited. However, the impact of intervention by law enforcement in family violence has been assessed extensively, particularly with respect to the impact of mandatory arrest, through the Minneapolis

experiment and replication studies. Results are inconclusive (Buzawa & Buzawa, 1990; Chalk & King, 1998; Crowell & Burgess, 1996; Gelles & Cornell, 1990). Several reasons have been suggested regarding the inability of the replication studies to produce the same result as the Minneapolis experiment. The lack of handcuff usage, short incarceration time, and lack of prosecution could explain variations in results. The impact of arrest could also be a function of offender characteristics (e.g., employed versus unemployed suspects) (Chalk & King). Further, it is unclear that domestic abuse, an impulsive and explosive act, can be deterred through arrest or any other means. Rehabilitative efforts may be more effective with this type of behavior (Buzawa & Buzawa). The impact of mandatory arrest on the behavior of victims is also open to debate. Some studies indicate that women are more likely to call the police now than prior to mandatory arrest practices (Bachman & Coker, 1995 cited in Crowell & Burgess; Buzawa & Buzawa; Jaffe, Hastings, Reitzel, & Austin, 1999 cited in Crowell & Burgess). Similar debates also surround other interventions by the criminal justice system (i.e., no-drop policies of prosecutors) (Buzawa & Buzawa).

Examination of other criminal justice initiatives targeting domestic abuse have been limited in methodology, with inconclusive results about the impact on victim safety, recidivism, and deterrence (Chalk & King, 1998). Despite these inconclusive findings, the impact of law enforcement actions on domestic violence victims should continue to be examined. Police are often the first on the scene in domestic abuse incidents and are repeatedly involved with the same households. They have the power both to protect the victim and provide the critical link to services (e.g., shelters) (Gelles & Cornell, 1990). Evaluations of the impact of these interactions and others within the criminal justice system are critical to develop the most effective methods for addressing the needs of victims and combating domestic violence. For example, Davis and Taylor (1997) conducted a randomized experiment of a joint police and social service project involving follow-up visits conducted by a law enforcement officer and social worker after the initial police response, as well as public education efforts. The results indicated that these efforts produced a greater likelihood of reporting of domestic abuse cases.

This study does not attempt to evaluate the impact of criminal justice initiatives related to abuse among intimates. Rather, the data include information regarding police accounts of their response to domestic violence incidents, the extent of documentation provided by officers, and criminal justice outcome. Law enforcement officers have been considered the "gatekeepers to the criminal justice system" (Goolkasain, 1986 cited in Friedman & Shulman, 1990). One survey of battered women indicated that the police were solicited for assistance more than any other group (National Clearinghouse for the Defense of Battered Women, 1994).

HISTORY AND ROLE OF SHELTERS

Shelters for battered women were established through the women's movement. In fact, feminist groups across the nation have been credited with providing alternatives for women in violent relationships (Barnett et al., 1985; Gelles & Cornell, 1990; LaBell, 1979). Since the criminal justice system had failed to effectively protect victims and arrest suspects (Gelles & Cornell; Jolin & Moose, 1996), domestic violence intervention programs have traditionally focused on locating victims a safe haven unknown to the batterer and providing access to legal assistance. The primary concerns of victim advocates were initially related to safety and emotional support. However, a large variety of social services have since evolved beyond refuge and legal assis-

tance, including 24-hour hotlines, counseling, job training, assistance in finding a job, medical assistance, referrals to substance abuse treatment, restoration of self-esteem, and crisis intervention (Chalk & King, 1998; Gelles & Cornell; Roberts, 1990). Crisis intervention programs offer abused women skills and services necessary for ending the violence. Services range from police-based crisis teams who provide assistance following law enforcement intervention to those provided by crisis hotlines and battered women's shelters (Roberts).

In surveys of battered women, 1,482 utilizing shelters and 650 using non-residential shelter-based programs, an average of 3.3 services were utilized. Counseling, transportation, and referrals were the services listed most often by respondents. Furthermore, these women anticipated continuing to use services after leaving the shelter, particularly the crisis hotline (70%), counseling (61%), and referrals (52%) (Crowell & Burgess, 1996; Gondolf, Fisher, & McFerron, 1990).

Initially, shelters were developed through the efforts of volunteers and donations. Staff time was volunteered and furniture donated (Gelles & Cornell, 1990). During the late 1970s, emergency shelters and crisis intervention programs received funding from the Comprehensive Employment and Training Administration (CETA), community development and ACTION grants, and state human service block grants. As a result, since the mid-1970s, the number of programs designed to address the needs of women escaping violent relationships has increased dramatically. Nationwide, in 1974, only seven emergency shelters and four police-based crisis intervention programs had been established for battered women nationwide. By 1987, the number of services for battered women and their children expanded to more than 1,250 (Gelles & Cornell; National Clearinghouse for the Defense of Battered Women, 1994; Roberts, 1990). However, fiscal cuts during the Reagan administration significantly reduced the funds available for these programs. State grants filled some of the funding gap during the 1980s. As of 1989, domestic violence intervention programs were funded in 48 states (Roberts). Today, religious groups, women's organizations, hospitals, social workers, psychologists, clinics, and other community programs provide services to domestic violence victims (Chalk & King, 1998).

The ability of shelters to meet the needs of the high numbers of domestic violence victims remains a struggle. Resources seem to be inadequate to meet the need based upon state-level data regarding shelter waiting lists (Chalk & King, 1998; National Clearinghouse for the Defense of Battered Women, 1994). For example, about 300 women and children in New York City each week during March 1995 were denied emergency shelter due to lack of space (O'Sullivan, Wise, & Douglass, 1995 cited in Crowell & Burgess, 1996). The following comments of Senator Joseph Biden during the U.S. Senate Committee on the Judiciary, Violence Against Women, further illustrate the problem.

Nationally, 50 percent of all homeless women and children are on the streets because of violence in the home. And there exist in the United States nearly three times as many animal shelters as domestic violence shelters (Senate Judiciary Hearing, 1990).

In 1995, there were approximately 1,800 programs nationwide targeting battered women. About two-thirds of these programs were shelters. Hotlines, temporary shelters, group and individual counseling, social service referrals, domestic violence advocacy, services for children, transitional housing, child care, and job training are examples of the services available to battered

women across the country. Therapy and counseling services are also provided to domestic violence victims through private social workers and psychologists, as well as through clinics, though the extent of service utilization is unknown. Service providers often also seek change in public attitudes and societal norms through public education efforts (National Clearinghouse for the Defense of Battered Women, 1994; Plichta, 1995 cited in Chalk & King, 1998 and Crowell & Burgess, 1996).

Some women leave the batterers while others do not. Decisions to stay or leave are complex and difficult to generalize. Economic, psychological, relational, cultural, and social barriers often limit victims' ability to leave abusive relationships (Gelles & Cornell, 1990; Hart, 1990; National Clearinghouse for the Defense of Battered Women, 1994; Sotello, 1998; Walker-Hooper, 1981). Economic hardships include the lack of a relatively high paying job due to low educational attainment and occupational skills, children needing the father's financial support, and child care issues. Additionally, fear of retaliation keeps victims with the batterer (Hart; Barnett, et al). Cultural and social stigma regarding domestic battery and divorce further constrain victims.

The availability of shelter can influence a victim's decision and ability to leave. Women often have nowhere to go, particularly when they have children and minimal family support. The results of the existing studies suggest that shelters facilitate the ability of domestic violence victims to seek appropriate services (Crowell & Burgess, 1996; Gondolf, Fisher, & McFerron, 1990; Tutty, 1995 cited in Chalk and King, 1998). Less violence and fewer injuries have also been observed following shelter services (Berk, Newton, & Berk, 1986; Crowell & Burgess; Gelles & Cornell, 1990; Sullivan & Davidson, 1991; Sullivan, Campbell, Angelique, Eby, & Davidson II, 1994; Sullivan, Basta, Tan, & Davidson, 1992).

Lower levels of depression, fear, anxiety, and emotional attachment to the batterer have been found among women receiving shelter services. Increased levels of personal control, higher quality of life, and greater satisfaction with social supports have also been noted (Crowell & Burgess, 1996; Sullivan, et al., 1994; Sullivan et al., 1992; Sullivan & Davidson, 1991). Follow-up services have been cited as contributing to increased self-esteem following shelter involvement or receipt of domestic violence advocacy services (Crowell & Burgess; Tutty, 1995 cited in Chalk & King, 1998).

Anecdotal evidence suggests that the ability to live independently is achieved in phases. First, emergency shelter removes the victim from the immediate risks of violence. Following the short shelter stay, a transitional program is needed to focus on furthering the development of the skills and resources necessary for independence through extended advocacy and counseling within safe and low-cost housing (Chalk & King, 1998).

CURRENT SHELTER RESEARCH

Evaluations of services for victims of domestic violence are rare and primarily descriptive (Chalk & King, 1998; Crowell & Burgess, 1996). Pre-post comparisons have been conducted to examine the impact of shelter experiences (Cannon & Sparks, 1989 cited in Crowell & Burgess). Convenience samples of shelter clients have been compared to domestic violence victims utilizing other services (Berk et al., 1986), since true experimental designs do not exist in the shelter literature (Chalk & King; Crowell & Burgess). This gap in the literature is not surprising

given that even the most basic information needed to describe the shelter population is not systematically collected (e.g., the number of women and children served, type of services received) (Chalk & King; Crowell & Burgess).

This study does not evaluate the impact of shelter services, but attempts to supplement information about the shelter population. Chapter Three describes the emergency shelters in San Diego based on interviews with shelter staff. Additional research on shelters is incorporated in Chapter Four with the results of interviews with San Diego shelter clients.

SHELTERS IN SAN DIEGO COUNTY

INTRODUCTION

Site Description and Domestic Violence Reports

San Diego County is in the extreme southwest corner of the United States, bordering on Mexico to the south and the Pacific Ocean to the west. San Diego regional population, based upon January 1996 estimates, was 2,690,255. There are eighteen incorporated cities served by ten municipal law enforcement agencies. In 1986, California mandated the reporting by police of incidents of domestic violence. From 1991 to 1995, countywide domestic violence reports to police rose 23 percent, from 22,092 in 1991 to 28,518. In 1995, a total of 2,077 clients were admitted to shelters in San Diego County. The total number of shelter beds at that time was 206, and the average length of stay was 130 days, including transitional shelters.

Shelters

There are six emergency shelters serving battered women in San Diego County, two transitional shelters for longer stays, and two long-term (up to one year) residential centers. Participation in the current study was limited to the emergency shelters only. These shelters are located throughout the 4,000-plus square miles of San Diego County and constituted bed space numbering 246 in 1998. Most of the shelters are incorporated within larger, parent agencies that provide a wide array of community-based services to women, children, and families. A brief description of each shelter is illustrated in Table 3.1.

Research staff conducted interviews with a total of twelve individuals, including shelter program managers and shelter administrators. This chapter presents a general picture of shelters in San Diego and describes budgetary information, staffing levels, service delivery, and shelter policies and procedures.

Roberts (1990) has noted that "the availability and the nature of services provided to victims are impacted by organizational stability (e.g., the commitment and support of the parent agency), growth (e.g., funding levels and sources), and staffing (e.g. number and skill level of staff). Information regarding budgetary patterns, funding sources, staffing patterns, volunteer utilization, educational background of staff and volunteers, primary referral sources, and volume of victims served is required to completely understand the organization and management of domestic violence shelters". The following section provides this information.

Table 3.1
DOMESTIC VIOLENCE SHELTER DESCRIPTIONS
San Diego County, 1998

Shelters & Parent Agencies	Capacity	Children	Teenage Clients	Length of Stay ¹	Hotline	Transitional Housing	Services ²				
							Case Management	Counseling	Parenting	Referrals ³	Other ⁴
Alternatives to Abuse (Women's Resource Center)	26	M & F <18	Yes ⁵	30	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Casa de Paz (YWCA)	30	M & F	Yes	30	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Casa Segura (South Bay Community Services)	23	M & F	Yes ⁶	60-90	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hidden Valley House (EYE)	30	M & F	Yes ⁵	45	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Libre (Community Resource Center)	10	M & F < 11	Yes	45	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Project Safehouse (Center for Community Solutions)	15	M < 12 & F	Yes	28	Yes	No	Yes	Yes	Yes	Yes	Yes

¹ In days.

² Other services provided by some shelters include domestic violence education, co-dependency counseling, transportation, life skills, legal services, and on-site school.

³ Referrals include access to medical, financial, INS, and legal services.

⁴ Includes court accompaniment and children's programs.

⁵ If married or emancipated.

⁶ If a parent.

SHELTER OVERVIEW

History and Funding Sources

The first emergency domestic violence shelter opened in San Diego in 1978, and five more opened in the 1980s. On average, the shelters have provided 12 years of service to the community. The primary sources of funding for the shelters are the County and the State, with two shelters also receiving federal funds. Each of the shelters is involved in fund-raising activities such as soliciting donations and private contributions. The annual costs of operating the shelters range from \$136,000 to \$450,000, with an average of \$200,000 per year.

Board of Directors

Four of the shelters have a board of directors. Board members are recruited from the community and represent business, law enforcement, other non-profit agencies, professional women, community leaders, and former consumers. Their duties and responsibilities are typical of California corporations, including fiduciary, legal, administrative, and fund raising matters.

Staffing

The shelters operate with a mixture of full-time, part-time, and volunteer staff. A typical shelter staffing pay structure includes a director, supervisor, case manager, and counselors. Additionally, shelters may employ any number of part-time house managers or shift workers, and a hotline specialist. The number of full-time staff among shelters ranges from three to 12, with an average of 5.5 per shelter. These positions require college degrees with one-half of the positions filled with individuals with Masters' Degrees or those working toward a degree. Two of the shelters have formal, written job descriptions for each position. All shelters have staff who speak Spanish; five have Spanish-speaking staff on-site, and one has on-call availability of a Spanish speaker. Typical duties attached to staff positions are as follows.

Director. Program management, grant monitoring and report writing, community and other agency relations, personnel management, and development of policies and procedures.

Supervisor. Staff supervision, quality assurance, facility management, collection of statistics, and casework.

Case Manager. Management of individual, group and family services, crisis intervention, advocacy, case plan development, casework, and participation in community events.

Counselor. Individual, group, and family counseling.

All shelters rely upon volunteers in various positions of administration, advocacy, intake, and staffing the hotline. There are no educational requirements for volunteers, but many have college degrees and previous experience with the shelter population. In-service training is provided. Volunteers are recruited through colleges and universities, the media, community events, and by word-of-mouth. Many former clients also volunteer. Typical duties of volunteers include:

- support services for clients
- hotline counseling
- fundraising
- shopping
- data entry and clerical tasks
- house and yard maintenance
- speakers bureau
- facilitator for support groups
- child care
- tutoring.

Turnover in staff, whether paid or volunteer, presents a challenge to the continuity of shelter services. Estimates from a California study suggest that there is a 50 percent turnover of shelter staff annually (Domestic Violence Advisory Council, 1998). In the San Diego shelters, up to 60 percent of the paid staff and most volunteers leave during an average year. Three of the four agencies with director positions have been in place for less than one year. However, one director has held that position for 19 years and other directors moved to the shelter from other positions within the parent agency. Of the six staff members interviewed, length of employment ranged from six months to three years, with an average of one year.

Services

An integral service of all shelters is a 24-hour hotline. The hotline is answered directly at four of the shelters while the hotline is operated out of the parent agency in the other two. Three have a direct line and three have a direct line and an answering service. Overall, the shelters report a total of 1,200 to 4,000 hotline calls per year, with an average of ten per day. Hotline services include providing information about all shelters, crisis counseling, emotional support, and service information and referral. Hotline numbers are advertised on billboards, brochures, television, radio, print media, web pages, and business cards.

Since most shelters operate within larger agencies that provide an array of services, the shelters also provide a myriad of services, both in-house and through referrals either to the parent agency or other agencies. Other than the direct assistance of protective shelter, food, and clothing, the shelters also provide counseling, both individual and group, in addition to parenting and life skills classes. Legal advocacy and accompaniment are also available from most of the shelters. For example, shelter staff will assist the client in obtaining a restraining order. All shelters develop a client safety plan with the client. Transportation assistance is available primarily through vouchers for public transit. Other needs of clients are, for the most part, met by referring clients to agencies that specialize in particular issues, including financial assistance, medical services, mental health problems, drug treatment, help with immigration, retrieving belongings, employment, and child care. The shelter staff will assist the client in connecting with the referral source by a telephone call, an introductory letter, or helping the client complete a form. Types of agencies to which clients are most frequently referred include other shelters, Children's Services Bureau, Health and Human Resources Agency (financial), mental health, public health clinics, Headstart (child care), and the District Attorney. One-half of the shelters follow up on the referrals they provide to clients, but it is not a formalized procedure.

Interviews with shelter staff suggest that the services that clients are the most in need of when they come to shelter are the same services they need when they leave the shelter: housing and financial assistance. That is, at the outset, clients frequently have no money and need a safe place to stay. When they leave, they often need assistance in finding more permanent housing and employment. Another service needed both at entry and exit is counseling. When asked which of the shelter services is most beneficial to their clients, the staff had mixed responses, including housing, case management, education about domestic violence, and counseling. However, each staff person interviewed made a similar statement in response to the question regarding which services are most beneficial. Statements reflected opinions that the shelter stay was just a brief opportunity to inform and educate clients about the resources that are available to them. No staff person felt that the time in the shelter would dramatically change a woman's life.

Rather, the general view was that it was an important step in showing her some alternatives and planting a seed that the abuse cycle can eventually be broken. The shelter stay was also perceived as a place where clients learn that abusive situations are not acceptable for them or their children.

When asked what changes they would make to their shelters if they had the resources, the most frequently mentioned response was renovation of the facility (5), followed by having a larger facility (3), increasing staff (3), providing better training for staff (2), and hiring more qualified staff (1). Others expressed a need for ongoing maintenance of the grounds and the need to provide children's programs.

DAY-TO-DAY SHELTER OPERATIONS

Criteria for Admission

Shelters have few criteria that prohibit a client from being admitted, but there are some factors considered by all shelters. For instance, if a client lives too close to the shelter, that may preclude entry since the proximity may lead to knowledge by others of the shelter location. Most shelters also do not allow adult males, but some will provide vouchers for a motel stay. Most have restrictions on male children over a certain age. An obvious current substance abuse problem will also raise questions for shelter entry, although clients who report being clean for a specific time may be considered for admittance. A severe mental health condition might also preclude a shelter stay unless the client is stabilized with medication. Finally, if there is an early indication that the client will not comply with the rules and regulations of the shelter, she may be denied entry. Overall, each shelter in San Diego County turns away less than five clients per month for lack of bed space.

Screening of Clients

Most shelter clients are screened by phone at a location different from the shelter. Four shelters conduct a secondary screening at the shelter with increased emphasis on specific issues, such as mental health and substance abuse.

Client Return Policy

Five of the six shelter staff indicated that they have a policy regarding the return of clients. In general, clients can return if they previously left in "good standing;" that is, complied with the rules of the shelter, did not violate the confidentiality of the shelter, and were able to adjust to group living. In one shelter, eligibility to return is determined at time of exit. The funding source for one shelter does not allow clients to return within the same 12-month period. One shelter does not allow clients to return under any conditions.

Security of Shelters

All shelters maintain locations that are not known to the general public. One-half have an electronic security system. Other safety precautions include: having a 24-hour 800 number, on-site staff wear pagers, intercoms in client rooms, cameras in hallways, and cell phones available to staff. One shelter ensures that clients and children stay in the backyard when outside of the shelter. Some clients do not have keys. Most shelters require residents to be inside at a certain time.

House Rules

All shelters have rules and regulations to which clients must adhere. They are similar for all shelters and include the following.

- No abusive or violent behavior.
- Supervise children.
- No disclosure of shelter location.
- No discrimination of any kind.
- No visitors.
- Sleep in shelter every night.
- Maintain curfew hours.
- Clean and cook as required.
- No alcohol or drug use in shelter.

Four of the six shelters have the clients sign a contract stating that they will abide by the regulations of the shelter. Four shelters require clients to attend therapy or group sessions. Some require a client to save 75 percent of her income if she is employed. Rules are enforced similarly by the shelters with a series of warnings, either oral or written reprimands. After a certain number of these, a client could be asked to leave the shelter. Other types of rule enforcement include loss of privileges at the shelter.

Client Follow-up

One of the gaps in the research on women who stay in shelters is the lack of information about what happens after they leave. Few shelters have the staff or the resources to conduct follow-up with women after their shelter stay. Often shelters have a policy that precludes follow-up because of safety reasons. Also, even with adequate resources, it is difficult to locate clients at a later time unless locator information was collected during the shelter stay that would aid in finding the clients. Only three shelters in San Diego conduct follow-up and it is not standardized or compiled in an aggregate manner. One shelter sends out a letter asking the client to respond back at six and 12-month intervals. The response rate is poor, according to the staff person. Another shelter calls the clients' phone number once after six months. One shelter calls clients who have left the batterer and provides a number to reach the shelter. One shelter is working toward the development of a formal mechanism for contacting clients to determine the safety of the victim and the need for additional services.

Perceptions of Success

Shelter staff were asked to describe a "successful" stay at the shelter and also to identify factors that might constitute "failure." The responses provided reflect a realistic and knowledgeable perspective regarding the cycle of abuse. A client who completed "her program" or case plan was deemed successful. Case plans identify efforts the woman will take to secure her safety and well being and to become more self sufficient, as well as her participation in groups or individual counseling. Other factors related to success included an increase in awareness and knowledge about abusive behavior, a recognition of the need to be safe and abuse-free, and signs of independence, such as finding housing and securing some level of financial independence.

When asked about the features that might describe "failure," the unanimous response by all staff was that there is no such thing, given the nature of abuse. The social and psychological needs of the clients are many and complex and require a process, not just a brief stay in a shelter. One staff person said, "There are no failures. They just need more work. Even if they go back to their situation, they know that support is out there."

Staff Experience and Motivation

Shelter staff were asked how long they had been with the shelter, the number of hours they work in a month, and what attracted them to the field of domestic violence. Four of those interviewed had been at the shelter for one year, or slightly more, and one had tenure of three years. The remaining staff person had been working about six months. In some cases, staff held different positions than when they first started. Two individuals work well beyond the typical 40-hour work week. Others work only part-time in the shelter but do other work for the larger agency. Most staff had education and/or experience in "helping" professions prior to coming to the shelter and see the shelter as a means to offer assistance to those in need. One feels a personal satisfaction in knowing that she has something to offer and is doing what she can to make life better for others.

SUMMARY

Findings from the California Domestic Violence Advisory Council (1998) noted that "Shelters support a wide range of programs and services for victims and their children well beyond the traditional, singular provision of beds." San Diego shelters are no exception and provide a myriad of services, either in-house or through referral, either to the parent agency or other agencies. Shelter staff must develop extensive collaborative contacts with other systems and agencies to provide the extensive services needed by women seeking protection. Services/needs identified in the domestic violence literature, as well as in San Diego County, include: telephone hotline, counseling, parenting and life-skills classes, legal advocacy and court accompaniment, assistance with obtaining restraining orders, medical services, mental health services, help with immigration, and employment and job training.

Clients are in need of the same services when they come to the shelter as when they leave: permanent housing and financial assistance.

All shelters have admission criteria, house rules, policies regarding client returns, security provisions within the shelters, and no standardized means or procedures for following up with clients after they leave the shelter. Staff presented a realistic picture of the value of the services to the client, beyond protection and shelter from the batterer. There was consensus that the shelter stay offered a brief opportunity to inform and educate clients about resources and the fact that any violence is not acceptable. Staff reported that a stay in the shelter was one step toward offering some alternatives and planting a seed that the abuse cycle can eventually be broken.

Changes that San Diego shelter staff would like to see for their facilities include the following: renovation of the facility, a larger facility, more staff, more staff training, and resources for children's programs.

When asked to define "success" for a client, shelter staff responses were also realistic: client awareness and knowledge about abusive behavior; a recognition and appreciation of the need to be safe, free of abuse; and signs of independence, such as having found housing and securing some level of independence.

The interviews conducted with the shelter staff provided useful information about the history and daily operation of the shelters. Additional information in this section was compiled from written materials provided by the shelters. The next chapter presents the results of intake interviews with almost 600 women who sought protection in the San Diego emergency shelters.

CHAPTER 4

SHELTER CLIENT INTERVIEW RESULTS

SHELTER CLIENT INTERVIEW RESULTS

INTRODUCTION

San Diego County has a history of collaboration among different agencies and disciplines. In 1989, the San Diego Domestic Violence Council was founded by a few committed individuals concerned about violence against women. Since then, it has grown to include a membership of over 600, with a Board of Directors of approximately 25 individuals. Board members represent various government agencies, including prosecutors, the judiciary, law enforcement, defense bar, and private agencies such as hospitals and community-based agencies, including shelters, victim advocacy groups, and batterer treatment providers. The Council's work is conducted by sub-committees that mirror the membership: treatment, law enforcement, medical, etc. The Council supports prevention, education, and legislative efforts to address violence against women. When this proposed research was presented to the Council, it was greeted with enthusiasm and appreciation for the fact that little aggregate information was available about the nature and scope of violence against women in San Diego County.

METHODS

Obtaining information about clients who seek protection at shelters was made possible with the help and cooperation of shelter staff. When the idea was first proposed to the San Diego Domestic Violence Council, the shelter staff expressed interest in having a common intake interview form. SANDAG staff reviewed all of their current instruments and developed a single instrument to be used by all shelters. This proved to be an arduous task because the shelters have multiple funding sources, with as many reporting requirements. SANDAG convened an Advisory Group that included shelter staff, and an instrument called CORE, or **Compilation Of Research and Evaluation**, evolved over several months. Shelter staff agreed to use the instrument as a primary intake form with clients and give the completed forms to the SANDAG Criminal Justice Research Division staff. It was agreed that unique identifiers would be used and that no identifying information, such as names, would be provided to SANDAG. The SANDAG research staff and the shelter staff discussed the logistics of completing the form and submitting it to SANDAG for data entry. SANDAG staff began attending the monthly meetings of the shelter sub-committee of the Domestic Violence Council.

The CORE interview was initiated in March of 1997. This study includes data compiled over a 22-month period, through December 1998, for 599 clients. The data contained in the CORE form reflect the interests of the researchers and the shelter staff and include characteristics of victims, batterers, and incidents, as well as data about clients' substance use and mental health status. (The 74-item interview form is included in Appendix A). Shelters were mailed a discrete number of forms and provided mail back envelopes to expedite return to SANDAG. Upon

review and editing, the researchers follow-up with shelter staff about forms that are incomplete or contain perceived inconsistent information.

All shelters complete the CORE form within 72 hours of client admittance, although two conduct the interview within 24 hours. Prior to the first interview being conducted, shelter staff were trained by the researchers with respect to appropriate interview techniques, such as probing. During the course of the project, training was repeated if new staff were hired to conduct the interviews.

Instances in which a CORE form was not completed include situations when clients stayed only a few hours in the shelter or when new staff were unfamiliar with the interview. The sample described in this study was not random, but a fair representation of clients who seek protection at shelters. No data are available for those who were admitted to the shelter but did not participate in the CORE interview. In this report, the data are presented in the aggregate, representing all San Diego emergency shelters.

Limitations of Study

The data presented here represent only female victims seeking protection from abusive relationships in San Diego County in a given time frame. Thus, the results can be generalized only to this specific area of the country. In all cases, the victim was female and the abuser male. The authors acknowledge that violence occurs between partners of the same gender, but such cases were excluded from the analysis. Also, while females perpetrate violence on males, men are not admitted to the shelters. If such calls are received, vouchers are provided to local motels.

Further, this sample of women seeking protection clearly is not representative of all women in abusive relationships, but only those who choose to go to a shelter. Women who seek other alternatives may reflect different characteristics as well as circumstances of abuse (e.g., frequency, severity).

Finally, the information provided about the abuser is secondhand, in that it is reported by the client victim. Therefore, in some cases, the information may be incomplete. The accuracy of the information may be questionable as well.

STUDY RESULTS

The following section provides descriptive and inferential information about shelter clients in San Diego County and relates these findings to other relevant research. The data are based upon CORE interviews conducted with 599 clients.

Previous Shelter Stays

Previous research has shown that victims of domestic violence tend to seek shelter and other services repeatedly, particularly when the abuse is frequent (LPC Consulting Associates, 1997; National Clearinghouse for the Defense of Battered Women, 1994; Office of Criminal Justice Planning 1997). In the San Diego sample, the majority of the women (93%) stated that, within the past 12 months, they had *not* been to the specific shelter in which the interview took place. However, 24 percent reported having gone to some battered women's shelter within the past 12

months *prior* to the most recent incident. In addition, 46 of the women said they had gone to another type of shelter within the last year, the most typical being a homeless shelter.

Lodging Prior to Shelter

More than one-half of the women had come to the shelter from a place *other* than their own residence, suggesting that "home" was not a safe place. Just over one-quarter (27%) had been staying with a friend or relative, and nine percent had been in a motel or hotel. A total of 17 percent reported having been in another shelter. Less than two percent reported that they had been in a hospital, a mental health facility, or on the streets. Forty-five percent (45%) reported being in their own residence prior to coming to the shelter.

Type of Residence

Over one-half (55%) of the clients in the emergency shelters reported their residence as an apartment or condominium, and 33 percent indicated that they lived in a house or mobile home. Only five percent mentioned public housing, and two percent had no stable residence. The remainder had been in jail or in a drug treatment facility.

Children

According to Greenfeld, Rand, Craven, Klaus, Perkins, Ringel, Warchol, Maston, & Fox (1998), more than one-half of domestic violence victims have children living in their household. In the current study, 86 percent of the clients reported they had children under the age of 18, and 74 percent came to the shelter with their children, with a total of 936 children, or an average of 2.1 per client. This figure highlights the reality that shelters not only serve adult women, but also must be prepared to care for children. Seven percent of the children admitted were under one year of age, further suggesting the need for child-focused services. The average age of the children over age one who accompanied their mothers was 5.9 years old.

Of the 156 women who had children under the age of 18 who did not accompany their mother to the shelter, 42 percent reported they were with other relatives and 11 percent remained with the batterer. Approximately one-quarter (26%) were with another parent (who was not the batterer), and an additional 12 percent were under the supervision of Children's Services Bureau, either in the Polinsky Center (a facility for youth whose parents are unable to care for them) or in foster home care. The remaining children were on their own, at another shelter, with friends, or a babysitter.

Involvement with Children's Services Bureau

Shelter clients with children were asked if they had ever had an open case with Children's Services Bureau. Over one-third (38%) responded affirmatively, and 17 percent indicated that they currently had an open case with that agency.

Relationship to Batterer

Almost one-half of the clients reported being married to the batterer (48%) and 43 percent were either cohabiting or dating. The remainder (9%) were either former spouses or had dated

previously. Previous research has suggested that shelter clients are more likely to still be in an abusive relationship when they seek services, compared to individuals receiving general counseling services. About four out of ten clients (42%) seeking counseling were either separated or divorced. Shelter residents seemed to be seeking physical safety from a currently violent partner, while counseling center clients were seeking emotional support (LPC Consulting Associates, 1997; Office of Criminal Justice Planning, 1997).

Socio-Demographic Information for Clients and Batterers

Ethnicity

In San Diego County, 61 percent of the general population is Caucasian according to population estimates from the 1990 census (San Diego Association of Governments, 1997). Hispanics represent 24 percent and African Americans six percent. Asian and other ethnicities (Pacific Islander, Filipino, Native American, etc.) comprise nine percent.

For the current San Diego shelter sample, 40 percent of the clients were Hispanic, as were 39 percent of the batterers, and 33 percent of the clients were Caucasian, compared to 30 percent of the batterers (Table 4.1). African Americans comprised 19 percent of the clients and 23 percent of the batterers. Hispanics and African Americans were overrepresented in the shelter population compared to their proportions in the San Diego general population. White clients were clearly under-represented when compared to their proportion in the general population. This finding may be at least partly related to socio-economic status.

The research cited below suggests that racial background of shelter clients is associated with geographic location. Although women of color are over-represented in San Diego shelter clients, the reader should be mindful that this finding does not imply that minority women are more likely abused than non-minority women. Conversations with members of the medical community, victim advocates, and others in San Diego, suggest that abused white women are more likely to seek other sources of protection and assistance, such as friends.

In the literature, the racial and ethnic differences in the shelter population seem to be due to a number of factors, including regional variation (Chalk & King, 1998). Shelters in the Southwest seem to serve more Caucasian women (Barnett, Lopez-Real, Carter, Hedayat, 1985; Crowell & Burgess, 1996). For example, 57 percent of the women seeking shelter in a Texas study were Caucasian (Gondolf, Fisher, & McFerron, 1990). Further, data from a study of shelters in the deep South indicated that only 13 percent of the shelters surveyed (2 shelters) targeted minority women (Donnelly & Cook, 1995 cited in Crowell & Burgess). Large Eastern cities seem to serve more people of color. For example, in New York City, 52 percent of the shelter clients were African American, 39 percent Hispanic, and nine percent Caucasian or some other ethnic background (O'Sullivan, et al., 1995 cited in Crowell & Burgess). Both Caucasians (45%) and African Americans (43%) were well-represented in Midwestern states (Sullivan, Campbell, Angeliq, Eby, Davidson, 1994).

Ethnic variation is also seen in shelter utilization between homeless shelters and shelters targeting abused women. For example, according to a New Jersey study, more African American victims of domestic abuse were located in homeless shelters than in domestic violence shelters (Joseph, 1995 cited in Crowell & Burgess, 1996).

Ethnic and cultural differences among shelter clients have implications for service delivery because the needs of clients vary along ethnic lines (Crowell & Burgess, 1996). For example, Hispanic women, compared to African American and Caucasian women, tend to have longer marriages, have lower education, be unemployed or have lower paying jobs, and report the longest duration of abuse (Crowell & Burgess; Gondolf, Fisher, & McFerron, 1990). The lengthy dependence of these women on the batterer requires extensive services in order to surmount these barriers. Guidance in how to successfully serve these women is needed. However, programs successfully serving minority communities are rarely discussed in the literature (Norton & Manson, 1997 cited in Crowell & Burgess).

Age

The age range of clients varied from 16 to 68, with an average age of 31.5. Hispanic women had a slightly lower average age of 29.3. This finding is consistent with Gelles and Cornell (1990), who reported the average age of women seeking shelter for abuse to be around age 30 or slightly younger. Similarly, in the current study, the age of batterers ranged from 17 to 65, with an average age of 34.6.

Table 4.1
CLIENT AND BATTERER CHARACTERISTICS
San Diego County Domestic Violence Shelters
San Diego County, 1997-1998

	Client	Batterer
Ethnicity		
Hispanic	40%	39%
Caucasian	33%	30%
African American	19%	23%
Asian	3%	3%
Bi/Multi-Racial	3%	3%
Native American	3%	2%
TOTAL	595	592
Educational Attainment		
Less than 12 years	34%	35%
High school graduate/GED	25%	37%
College classes/vocational training	41%	27%
Foreign education	1%	1%
TOTAL	599	535
Income Sources¹		
Spouse/partner	38%	8%
Welfare/SSI/AFDC	35%	13%
Work full-time	24%	56%
Other sources ²	10%	10%
Work part-time/odd jobs	17%	16%
Unknown sources	0%	6%
TOTAL	599	599
Annual Income		
Under \$11,000	56%	35%
\$11,000 to \$20,999	17%	28%
\$21,000 and over	7%	33%
No income	19%	3%
TOTAL	554	437

NOTE: Percentages may not equal 100 due to rounding.

¹ Percentages based upon multiple responses.

² Other sources include borrowed money, inheritance, relatives, friends, illegal activity, and other legal activity, such as college loans.

According to the National Crime Victimization Survey (NCVS), females between the ages of 16 and 24 had the highest rates of domestic violence (Greenfeld et al., 1998). Data from the National Incident-Based Reporting System (NIBRS) indicate that women ages 20 to 39 are disproportionately represented among victims of intimate abuse (75%). Variations in age may reflect both information sources and behaviors of victims. Younger females may be less likely to seek shelter because they are not living with the batterer or married to him. In the case of NIBRS information, the data are based upon incidents reported to the police.

Primary Language Spoken

One-quarter of the CORE interviews (25%) were conducted in Spanish. A slightly higher percentage of clients (29%) indicated that their primary language as well as the batterer's was Spanish. Two percent reported an Asian dialect as the primary language, with the majority (69%) stating English as primary. This information is consistent with the ethnic background of the clients, as well as the finding that approximately one in five (21%) reported themselves as undocumented immigrants and ten percent had a green card (papers from the Immigration and Naturalization Services (INS) approving their stay in the United States) or a temporary visa. Most of the shelter clients (69%) stated that they were United States citizens.

Educational Attainment

As Table 4.1 shows, about one-third of both the shelter clients (34%) and batterers (35%) had less than a high school education. Twenty-five percent (25%) of the clients and 37 percent of the batterers had graduated from high school or had completed graduation requirements (GED). Just over 40 percent of the women had had some college or vocational training compared to approximately one-quarter of the batterers. These figures are much higher than those reported by others who have stated that low educational attainment is associated with utilization of shelter services (Barnett, Lopez-Real, Carter and Hedayat, 1985; Crowell & Burgess, 1996; Gondolf, Fisher, and McFerron, 1990). In a Texas study, for example, about one-half of the women had not completed high school (Gondolf et al.); as did 45 percent in a New York study (O'Sullivan et al., 1995 cited in Crowell and Burgess), and approximately two-thirds in a Florida study (LaBell, 1979).

Socio-Economic Status

Shelter clients tend to have lower levels of socio-economic status (Chalk & King, 1998; Crowell & Burgess, 1996; Gondolf, Fisher, & McFerron, 1990; LPC Consulting Associates, 1997). For example, 76 percent of the sample in one study were on public assistance and one percent had no income (O'Sullivan, Wise, & Douglass, 1995 cited in Crowell & Burgess). Similarly, Sullivan et al. (1994) found that 81 percent of shelter clients were receiving some type of government assistance, and 60 percent lived below the poverty line. Other studies have found that a substantial proportion of the women seeking shelter assistance lives in poverty (Crowell & Burgess; Gondolf et al.). Not only do these women often have no personal income of their own (over one-half of the sample), but a majority of their husbands also had low incomes (i.e., less than \$15,000 per year). LaBell's (1979) study of battered women seeking shelter in Florida found that of the cases with employment information, 17 percent held skilled jobs and 39 percent held unskilled jobs, and more than one-half (57%) of the incomes reported were below \$10,000 annually.

In contrast, battered women exclusively utilizing non-residential services (e.g., counseling) tended to be from higher socio-economic groups (Crowell & Burgess; Gondolf, Fisher, & McFerron; LPC Consulting Associates). The low socio-economic status of shelter clients has been explained as resulting from limited resources. That is, women with more economic resources are able to pay for temporary shelter (e.g., hotels), as well as private counseling services for other needs (Chalk & King; Crowell & Burgess).

As Table 4.1 shows, about four out of ten of the San Diego shelter clients stated that they worked either full-time (24%) or part-time (17%). Comparable numbers for their partners were 56 percent (full-time) and 16 percent (part-time). Over one-third of the women (35%) reported receiving welfare or SSI, and 13 percent reported the same income source for the batterer. Other sources of income included other family members, relatives or friends, school loans, and child support.

Fifty-six percent (56%) of the San Diego clients reported an annual income under \$11,000, and 17 percent reported income ranging from \$11,000 up to \$21,000 (Table 4.1). In addition, almost one in five (19%) said that they had no individual income. When the income question was posed about the batterer, the relative percentages were slightly higher. Annual income of less than \$11,000 was reported for 35 percent of the batterers and just over one-quarter (28%) were reported to have income ranging from \$11,000 up to \$21,000. Thirty-three percent (33%) of the partners had incomes exceeding \$21,000, according to the clients interviewed, and only three percent of the batterers had no income.

Alcohol and Other Drug Use

Respondents were asked about the use of alcohol and illegal substances during the most recent incident. Clients were less likely to report their own use (only 7%) than use on the part of the batterer (57%). This may be a conservative estimate of use since women may have been reluctant to report use if they thought it might affect entry to the shelter. Of the 40 clients who said that they themselves had been under the influence, 88 percent stated alcohol as the drug of use, 15 percent stated having used methamphetamine, and 13 percent admitted to using marijuana. According to the clients, for the 340 batterers for whom substance use was noted, the primary substance used was alcohol (81%). Illegal substances mentioned were marijuana (23%), methamphetamine (20%), cocaine or crack (15%), and heroin (3%).

Although LaBell's (1979) study addressed substance abuse in a different way, the findings were strikingly similar. That is, 7.8 percent of the clients reported a drinking problem, but 72 percent stated that their partners had a drinking problem.

For the San Diego clients, the victims who reported that their partner had consumed either alcohol or drugs on the day of the most recent incident were significantly more likely to report being physically abused (79%) compared to those victims who indicated no substance use (66%) by their partners. In addition, they were also more likely to report verbal abuse (90%) and sexual abuse (18%), compared to clients' reports of batterers who were not under the influence (82% and 8%, respectively). There was no significant difference between the two groups in reporting of mental or emotional abuse. Clients who reported that the batterer had consumed alcohol and/or other drugs during the most recent incident were also significantly more likely to also report that domestic violence charges had been previously filed against the batterer (61%), compared to victims who reported the batterer had not consumed such substances (47%).

When alcohol/drug use in the past 30 days was inquired about, the percentages increased slightly with 12 percent of the clients stating that they themselves had used and that 72 percent of the batterers had used. Again, alcohol was the primary drug mentioned by 91 percent of the 68 clients and reported for 87 percent of the 366 batterers. Fifteen percent (15%) of the women

admitted using marijuana in the month before the interview and 27 percent reported that their partners had used. For methamphetamine, the percentages were nine percent and 20 percent, respectively. In addition, 17 percent of the women reported the partners' use of cocaine or crack in the past month. It should be noted that the frequency and intensity of substance use was not addressed, only whether any use had occurred within specific time periods.

According to the National Crime Victimization Survey (NCVS), two-thirds of women nationwide reporting intimate victimization indicate that the offender was under the influence of alcohol or other drugs. This proportion is about one-half for domestic violence incidents reported by law enforcement through the National Incident-Based Reporting System (NIBRS) (Greenfeld et al., 1998). Data from surveys of prison and jail inmates serving time for domestic violence support this finding. More than one-half of the inmates convicted of domestic abuse (55%) had been using alcohol or other drugs at the time of the incident. Of those drinking alcohol, about one-half had been drinking for at least six hours prior to the incident, consuming an average of ten drinks, based upon the median (Greenfeld et al., 1998). Other studies support the link between violence and the use of alcohol or other drugs (Barnett et al., 1985; Bushman, 1993; Collins & Schlenger, 1988; Gelles & Cornell, 1990; Johnson, Websdale, & Li, 1997; Pennell & Caldwell, 1996). Alcohol use has also been linked to higher levels of violence as measured by degree of injury (Storer & Flores, 1994). However, these findings should not be used to support the conclusion that alcohol and other drug use causes domestic violence. The link between violence and substance use is due to individual, situational, and social factors (Gelles & Cornell).

Use of Medications

Four out of every ten (40%) women reported having taken legal medications in the previous month. When asked what drugs they had taken, the most frequently mentioned were over-the-counter painkillers (38%), followed by medications for chronic conditions (18%), antibiotics (17%), prescription pain-killers (15%), and anti-depressants (12%). Additional types of medications mentioned by less than ten percent each included anti-anxiety medication, birth control pills, cold medicines, hormone replacement, and mood stabilizers.

Approximately one in five (22%) of the clients reported that the batterer had used some type of medication in the previous month. Of these 85, one-third was for a chronic condition (33%), followed by over-the-counter painkillers (24%), and anti-depressants (16%). Other legal medications reportedly used by batterers were similar to those used by the shelter clients. A small proportion of clients noted that they, the clients, as well as the batterers, had some physical or mental limitations that may account for use of some types of medications.

Military Service

Only 18, or three percent, of the clients had served in the military and only two were on active duty at the time of the interview. Nearly one-quarter (23%) of the batterers had military status, with 69 percent having been discharged and 16 percent still active. The remainder were either retired (7%) or in the reserves (9%). Only six percent of the clients reported that their children were military dependents.

Abuse Patterns

Shelter clients were asked a number of questions about the type of abuse experienced, the frequency, use of weapons, degree of injury, and whether or not they sought medical treatment.

Type of Abuse

When asked about the type of abuse they had *ever* experienced, 97 percent reported having been verbally abused, 95 percent physically abused, 93 percent mentally or emotionally abused, and 50 percent sexually abused.

The majority of clients seeking shelter reported being victims of multiple types of abuse during the most recent incident. Specifically, 86 percent said the incident involved verbal abuse, 81 percent that it involved mental or emotional abuse, 74 percent physical abuse, and 14 percent sexual abuse.

In addition to whether or not the batterer used alcohol or other drugs on the day of the incident, three factors were significantly related to the type of abuse that was inflicted during the most recent incident.

- Victims abused by a batterer who had previously been charged for domestic violence were significantly more likely to be physically abused during the most recent incident (79%), compared to those abused by a batterer with no previously filed charges (70%).
- Sexual abuse was more likely reported by women in households where the police had been previously called to the residence (16%), compared to when they had not been called (9%).
- Sexual abuse was also related to the victim having a restraining order. Those having one were more likely to report being sexually abused (17%), compared to those who did not have (11%).

Timing and Frequency of Abuse

According to 23 percent of the clients, the most recent incident took place within three days of seeking shelter. An additional one-third (35%) said the incident occurred within four to seven days. Other time frames since the abuse occurred included from eight to 14 days (13%), from 15 to 30 days (13%), and more than one month (16%). Four factors were predictive of whether the most recent incident occurred within one week, or if it occurred after more than a week had passed.

- **Batterer use of alcohol or some other drug:** If alcohol or drug use had occurred, almost two-thirds (65%) of victims reported that they sought shelter within the week. In comparison, only around one-half (53%) of victims who reported no substance use said they sought shelter within one week.
- **Restraining order:** Victims with a restraining order were significantly more likely to seek shelter within one week of the incident (61%), compared to those without one (53%).
- **Victim injury:** Victims who were injured in the most recent incident were significantly more likely to seek shelter in less than one week (66%), compared to those who were not injured (54%).

- **Type of abuse:** Victims who reported being physically abused were significantly less likely to seek shelter within one week (55%), compared to those who said they had not been physically abused during the most recent incident (67%).

As Table 4.2 shows, there was wide variability in the frequency of the different types of abuse. More than one-half of the clients reported that they were verbally abused on a daily basis (62%), and 61 percent reported being emotionally abused. In comparison, clients who were physically abused were most likely to report that it occurred once a week or less (45%). An additional 15 percent said that it occurred just a few times during the course of the relationship, 14 percent stated they experienced it about six or less times over a year, and nine percent said it occurred a couple of times a month or less. Daily sexual abuse was reported by 15 percent of the clients, and sexual abuse two or three times a week was mentioned by 23 percent. Another 16 percent stated the frequency of sexual abuse was once a week. Nearly one-half gave other measures of lesser frequency, including "a few times ever" (18%), six or less times per year (12%), once a month (7%), sporadic (6%), or two or three times per month (3%).

Table 4.2
FREQUENCY OF ABUSE
San Diego County Domestic Violence Shelters
San Diego County, 1997-1998

	Type of Abuse			
	Physical	Mental	Verbal	Sexual
Daily	7%	61%	62%	15%
Several times a week	20%	18%	20%	23%
Once a week	18%	8%	6%	16%
Several times a month	9%	3%	3%	3%
Once a month	9%	2%	2%	7%
Every few months	14%	2%	2%	12%
Few times ever	15%	2%	2%	18%
Varies/sporadic	9%	3%	3%	6%
TOTAL	515	527	547	146

NOTE: Percentages may not equal 100 due to rounding.

Further analyses revealed that several factors were related to the frequency of physical, mental, and verbal abuse (no factors were significant predictors of the frequency of sexual abuse).

- **Physical abuse:** If the victim reported that the batterer had consumed alcohol or other drugs in the most recent incident, they were significantly less likely to report that they were physically abused on a weekly or more frequent basis (39%), compared to those who reported no use (49%). Additionally, if previous charges had been filed against the batterer, the victim

was significantly more likely to report abuse that occurred weekly or more frequently (51%), compared to victims who said no charges had been filed (37%).

- **Mental abuse:** Daily mental abuse was significantly more likely, compared to abuse that occurred less frequently, when the batterer had previously witnessed abuse (64% versus 49%), when domestic violence charges had previously been filed against the batterer (66% versus 57%), and when the victim had a restraining order (68% versus 56%).
- **Verbal abuse:** Victims were also significantly more likely to report daily verbal abuse when they had a restraining order against the batterer (71%), compared to victims who didn't have one (57%).

Weapon Use

Seventy-nine percent (79%) of the clients reported that some type of weapon, body part, or object was used against them in the most recent incident.

- Fourteen percent (14%) reported that a weapon had been involved. When these 82 clients described the weapon type, 78 percent described it as a sharp object, 37 percent a gun, and five percent a blunt object.
- Sixty-nine percent (69%) said that the batterer had used his or her body in the most recent incident, including hands (93%) and feet or legs (20%).
- Twenty-two percent (22%) said that the batterer used objects, including household items such as furniture (65%), clothing (16%), outside items such as firewood (16%), and cigarettes (5%).

Analyses revealed that two factors in particular were associated with the use of a weapon and/or an item during the most recent incident. First, perhaps counter intuitive, victims who reported that the batterer had *not* consumed alcohol or other drugs during the most recent incident were significantly more likely to report that a weapon (18%) or an item (26%) was used, compared to clients who said the batterer was not under the influence of some substance (7% and 16%, respectively). Second, batterers who had previously been charged with domestic violence were significantly more likely to use a weapon (17%) or an item (28%), compared to those without the same history (9% and 16%, respectively).

According to a survey conducted by the Bureau of Justice Statistics (BJS), over one-quarter (29%) of the prison inmates convicted of domestic violence were armed with a firearm at the time of the violence. Females responding to the National Crime Victimization Survey (NCVS) were less likely to indicate the use of a weapon (17%). A single type of weapon was not favored, according to victims. Firearms, knives, and other objects were equally likely to be mentioned as the weapon used (Greenfeld, et al, 1998).

Injury

Sixty-six percent (66%) of the clients reported that they sustained some type of injury in the most recent incident. As Table 4.3 shows, the most frequent injury included bruises, aches and pains, sprain or swelling, and scratches. Other types of injuries included coma, burns, nose bleeds, and

loss of consciousness. Victims who reported that the batterer had previously had domestic charges filed against him/her were significantly more likely to report an injury (37%), compared to those who said the batterer had never been charged (29%).

Table 4.3
INJURY TYPES FROM THE MOST RECENT INCIDENT AND EVER
San Diego County Domestic Violence Shelters
San Diego County, 1997-1998

	Most Recent Incident	Ever
Bruises	70%	85%
Aches/pains	68%	78%
Sprain/swelling	34%	49%
Scratches	24%	43%
Laceration	15%	29%
Choking/strangulation	11%	29%
Sexual assault	11%	28%
Fracture/broken bones	6%	23%
Internal injuries	6%	13%
Concussion/broken teeth	5%	16%
Other	5%	9%
Stab wound	2%	6%
Gunshot wound	1%	2%
TOTAL	397	567

NOTE: Percentages based upon multiple responses.

With respect to abuse history, only five percent of the clients stated that they had never experienced any physical injuries as a result of abuse. For the 95 percent who had *ever* been abused, the percentages were higher for several types of abuse compared to the types indicated in the most recent incident. For example, 85 percent had sustained bruises and 78 percent noted aches and pains. About one-half (49%) have had sprains or swelling due to abuse, and 43 percent stated that they had scratches. Over one-quarter (28%) of the clients had *ever* been sexually abused, nearly three times the percentage indicated in the most recent incident. Also, 23 percent had experienced fractures or broken bones compared to only six percent stating these injuries most recently. The differences between lifetime abuse and recent abuse suggest that these clients have experienced serious and frequent physical abuse during their lifetimes.

Medical Treatment

The history of repeated abuse is further illustrated when treatment for the *most recent* incident is compared to treatment for all *previous* incidents in victims' lifetimes. For the most recent incident, about one in six clients (16%) reported having received treatment. Of these, almost three-quarters (72%) went to the hospital, 22 percent were treated by their own doctor, and nine percent were attended to by a paramedic on-the-scene. In contrast, 42 percent of the clients had received medical treatment in their lifetime, 70 percent of whom had gone to the hospital.

Analyses revealed that victims with partners who previously had criminal complaints filed were significantly more likely to receive medical treatment for the most recent incident (22%), compared to those with batterers who did not have prior complaints filed (8%). In addition, victims with restraining orders against the batterer were significantly more likely to receive treatment (21%), compared to those who didn't have a restraining order (12%).

In the Greenfeld, et al. study (1998), physical injuries were reported by about one-half of domestic violence victims, and about 20 percent of these women sought medical treatment. According to data from hospital emergency rooms, treatment for bruises and similar trauma to the head and face comprise about one-half of the domestic violence cases treated in hospital emergency rooms. About one-quarter of the victims were treated for internal injuries, stab wounds, or cuts (Greenfeld et al.).

Two related questions suggested by shelter staff were added some months after the interviews began. The State of California requires medical authorities to report instances of domestic abuse when they are treated in medical settings. Reports are to be sent to local law enforcement agencies. Some domestic violence advocates believe that knowledge of this mandate may preclude a woman from seeking medical services because she fears retaliation from the batterer when law enforcement is informed. In this data set, 34 percent of the clients responded to the following question: "Have you ever needed medical treatment because of abuse and did not seek treatment because you were afraid the abuse would be reported to the police?"

Forty-percent (40%) of the clients responded affirmatively. A follow-up question asked: "When you received medical treatment, was the abuse reported to the police?" For the 82 respondents who responded affirmatively, approximately one-half (49%) indicated that it had been reported. The impact of the medical reporting mandate on the likelihood of seeking treatment will be further examined when additional data are compiled.

An additional set of questions addressed the extent to which women are fearful to come to shelters because they fear that the batterer will take revenge on their pet. Clients were asked if they had ever owned a pet (60% of 126 respondents had), if the batterer had ever threatened to hurt this animal (31% of 75 respondents responded affirmatively), if the animal had ever actually been hurt (27% of 74 respondents said yes), and if this animal abuse had ever kept them from leaving the batterer (7% of 74 respondents said yes).

HISTORY OF VIOLENCE

Buzawa and Buzawa (1990) summarize several theoretical frameworks advanced (by others) to explain the causes of domestic violence. The authors acknowledge that the intense controversy surrounding the differing perspectives may be associated with diverse assumptions regarding the societal roles of men and women (Buzawa and Buzawa). Briefly, one theory discussed includes the individual-centered focus that attributes abuse to unique traits of the offender as well as the victim. Another explanation proposed by Farrington (1980) and Strous and Hotaling (1980) (in Buzawa and Buzawa) focuses on the family structure as a determinant, particularly in families who are socially isolated. Additionally, the authors cite Hotaling and Sugarman (1986, 1990) by stating that witnessing parental violence in childhood is a strong predictor of adult violence.

The third approach mentioned by the Buzawas is that of the feminist perspective which notes that "violence against women has been socially sanctioned since biblical times" thereby affirming a patriarchal ideology. While there is considerable evidence to support the idea that violence is learned behavior, the conclusion that "violence begets violence" is not inevitable. Study results must be interpreted with caution, taking into account what constitutes exposure to violence. In Crowell and Burgess (1996), the authors note that assertions of inter-generational partner violence are based on cross-sectional studies, and the findings are open to multiple explanations, including biases inherent in the self-report data. Finally, as LaBell asserts, upon describing the results of three studies, that, consequences of exposure to violence may differ for males and females.

About one-half of the clients (47%) had witnessed abuse in their childhood and 82 percent noted that their partners had also witnessed abuse while growing up.

Over one-third (37%) of the San Diego clients stated that they had been in an abusive relationship prior to the current relationship. Nearly twice the percentage (75%) also reported that the batterer had also been in a prior abusive relationship. Ninety-eight percent (98%) of clients reported having been abused by the same partner in the past. A 1994 study of domestic violence incidents reported to the San Diego Sheriff's Department in one city found that 63 percent of the couples involved in the incident had experienced violence in their relationship more than once in the past, and 15 percent reported one prior incident. Further, the rate of injury was higher for those with a prior violent history (Storer & Flores, 1994).

Several factors were significantly related to being in a previous abusive relationship.

- Hispanic clients were significantly less likely to say that they had been in a prior abusive relationship (23%), compared to Caucasian (51%) and African American victims (40%), and victims of other ethnicities (45%).
- Forty-six percent (46%) of batterers who had been in an abusive relationship were abusing a partner who had also been in an abusive relationship. In comparison, 26 percent of the batterers who had not been in a prior abusive relationship were abusing a victim who had been previously abused.
- Victims who had witnessed abuse in their childhood were significantly more likely to report having been in a prior abusive relationship (48%), compared to 27 percent who had not witnessed abuse.

In this study, about two-thirds of the women stated that they had left the current relationship before (65%), with a range from one to 50 times. This figure is slightly lower than LaBell's sample in which 74% had left their mate at least once (LaBell, 1979). The median number of times having left was 2.0. Victims who had previously left an abusive relationship were significantly more likely to report that children were around during the most recent incident (69% versus 59%), that the police had been called previously (68% versus 55%), that domestic violence charges had been filed (74% versus 57%), and that they had a restraining order (76% versus 58%). These findings suggest that as violence continues, victims are more likely to take legal action.

Children as Witnesses

According to 62 percent of the clients interviewed, children were around during the most recent abuse incident. Of these, 94 percent were able to see or hear the abuse. When asked if children had *ever* seen or heard abuse between the partners, 78 percent responded affirmatively. In contrast, an evaluation of a domestic violence response team found that children were present in 34 percent of the cases (Kamilar, 1998). This difference illustrates the fact that different data sources often result in variations when measuring the similar factors.

Abuse During Pregnancy

In this study, over one-half of the women (55%) reported having been abused while they were pregnant, with 81 percent stating that it was physical abuse, 78 percent verbal abuse, 75 percent mental abuse, and 13 percent reporting sexual abuse.

Only ten percent of the women reported being pregnant at the time of the interview. It has been estimated that between one and 17 percent of prenatal patients experience violence during pregnancy. In a study of over 2,000 prenatal patients in North Carolina, 550 women reported domestic violence victimization some time in their lives, and three percent (64) experienced the violence during pregnancy (Martin, English, Clark, Cilenti, & Kupper, 1996).

Clients' Abusive Behavior

According to Greenfeld et al. (1998), most women attempt to defend themselves during a domestic violence incident, and many try to escape, call the police or others for help, or use other non-confrontational means of self-defense. Others struggle, shout, chase, or use other means without weapons, and a small proportion use weapons to defend themselves. One study found that hitting back is the least effective method for curtailing the violence (Gelles & Cornell, 1990).

About one-third of the clients (30%) in San Diego admitted that they had, in their lifetime, been so angry that they physically hurt someone. The CORE questions did not ask if and when the response was defensive. Of the 182 respondents, 62 percent said that the recipient of the abuse was their partner, with other partners including other relatives (8%), children (7%), strangers (7%), and friends (5%).

Consistent with the despair and depression many battered women experience, 30 percent said that the person that they physically hurt was themselves. When asked if they had ever attempted suicide, one in five (20%) of all clients stated that they had. Of the 121 clients who admitted suicide attempts, the range of attempts was from one to twenty, with a median of one attempt. Seventy-nine percent (79%) of the attempts had occurred more than a year ago according to the respondents, with 12 percent reporting having attempted suicide within one to six months, and seven percent indicated that attempts had taken place within the last month of coming to the shelter. The fact that eight women tried to kill themselves just prior to the shelter stay underscores the range and types of needs shelter clients have when they seek protection at the shelter. When asked the method used during suicide attempts, the most frequent response was pills (67%), followed by slitting of wrists (12%), and a weapon (11%). As shelter staff develop case plans at time of admission, clients are asked if they currently have suicidal feelings. Three

percent responded in the affirmative. One of these 18 clients stated that she has a suicide plan, meaning that if she felt too overwhelmed, she has an idea of how she would kill herself.

Involvement with Legal System

Intimate violence is not always reported to authorities (Barnett et al., 1985; Gelles & Cornell, 1990; Greenfeld et al., 1998). About one-half of domestic violence experienced by women is reported to law enforcement. This proportion has remained relatively stable from 1993 through 1996. Reasons given for not contacting the police included the view that the matter is private, fear of retaliation, and the opinion that the police cannot help (Barnett et al.; Greenfeld et al.).

Shelters have long been the only safe haven for women and children in crisis. However, as the data show, a significant proportion of the women who sought shelter have also been in circumstances in which the police were called. Specifically, 73 percent of the San Diego clients reported having had the police come to their household as a result of domestic violence. Nearly one-half (47%) said police had been called from one to three times in the past, and over one-quarter (27%) stated that police had come more than four times. These findings are consistent with Greenfeld, et al. (1998), in which 38 percent of inmates jailed for a related offense had some type of criminal justice status at the time of the incident, either on probation or parole or under a restraining order. Further analyses revealed that clients with children were significantly more likely to report having called the police (31%), compared to those without children (24%).

When asked if anyone had been arrested as a result of this police response, 57 percent of the 440 San Diego clients said that an arrest had been made at least once. Batterers were the most likely to be arrested and for violent offenses (91%), followed by drug or alcohol violations (16%), property damage or theft offenses (10%), or "other" offenses (8%). Clients reported themselves being arrested as well, with six percent charged with violent crimes and two percent with drug or alcohol violations.

Of all charges filed with the prosecutor, five percent of the clients admitted having *themselves* been charged with domestic violence offenses and 55 percent reported that batterers had been charged. One-third, or seven of the clients, reported having been convicted and 68 percent indicated that their partners had sustained convictions.

Factors positively associated with batterers having had charges filed included: being a U.S. citizen, having had an open case with the Children's Services Bureau (CSB), and consumption of alcohol or other drugs by the batterer.

Restraining Orders

Forty percent (40%) of the clients reported having obtained restraining orders against their current partner, either ever, or at the time of the interview. The most common type of order was a temporary restraining order (65%), but 31 percent of the clients either previously had, or currently had, permanent restraining orders. Nineteen percent (19%) indicated having had emergency protection orders. The primary difference in these orders is the interval of time covered; e.g., emergency protection orders are generally issued for seven days. According to 63 percent of the clients with restraining orders (208), the offender had not complied with the conditions of the order, while 37 percent noted compliance. Behaviors mentioned as violations

of orders included going to the client's residence (73%), calling the client on the phone (56%), going to the client's place of employment or school (27%), and other violations such as verbal threats, stalking, or written contact (31%).

Most of the clients (60%) indicated that they currently did not have restraining orders and were asked why they did not. The most frequently mentioned response was that they did not want one (32%). Other reasons included the following.

- Those who said they were considering getting one (21%).
- Those wanting one who have not done anything about it (19%).
- Those who don't think it will do any good (13%).
- Those who "couldn't get one" (6%) because they don't know how, they have to live with him, or can't afford it.

The following factors were significantly associated with having a restraining order.

- Clients who reported that children were present during the most recent incident were more likely to have a restraining order than those who said children were not present (44% versus 34%).
- Victims who had called the police in the past were also more likely to report having a restraining order compared to those who did not call the police previously (49% versus 18%).
- Clients with partners who had had charges filed were more likely to have restraining orders than clients with partners who had not been charged (58% versus 23%).
- Clients who had had an open case with CSB were also more likely to have restraining orders (55%) than clients without CSB involvement (40%).

Prior Receipt of Services

Clients were asked if they had received any public or private services to prevent domestic abuse prior to their coming to the shelter. Thirty-nine percent (39%) said that they had. When asked what types of services they had received, the most frequent responses were counseling (62%) and shelter (39%).

Having received services previously was significantly related to a number of factors, including the following.

- U.S. citizens were significantly more likely than non-U.S. citizens to have received services (42% versus 33%).
- Clients who had witnessed abuse as children were more likely to have received services (45% versus 35%).
- Clients who had been battered previously were significantly more likely to have received services (48% versus 34%).

- Clients who had had a case filed with the Children's Services Bureau were more likely to have received services (52% versus 33%).

Referral Sources

A variety of resources were mentioned when clients were asked how they found out about the shelter in which they were housed. The most frequent response was the hotline (24%), followed by another shelter (21%), law enforcement (12%), and community agencies (11%). Other resources noted in descending order of frequency were the following: social services agency, friend/neighbor, relative, medical provider, phone book, mental health, prior shelter client, and others including school, court, church, attorney, employer, and the military.

Social Support

The research literature suggests that methods used by shelter clients to stop intimate violence in general include personal strategies (e.g., talking, promising, threatening, hiding, passive defense, aggressive defense, and avoidance), use of informal support systems (e.g., family, in-laws, neighbors, friends, and shelters), and formal sources (e.g., police, social service agencies, lawyers, and district attorneys) (Gelles & Cornell, 1990).

Thirteen percent (13%) of the San Diego clients felt that there was no one they could perceive as part of a support system. Of the women who noted that they have a support system, the groups they identified were the following:

- family member (57%)
- friends (35%)
- professional counselor/therapist (26%)
- clergy/church (16%)
- "others" (18%), including shelter staff, other victims, drug counselors, law enforcement, child protective service staff, and themselves (clients).

Evoking similar responses as the previous question, clients were asked who they had told about the most recent abuse. Only seven percent had told no one. Individuals and groups who had been told included family members (73%), friends (56%), professional counselor/therapist (28%), clergy (12%), medical professionals (11%), co-workers (10%), and others (e.g., school staff, police, employer, attorney, etc.). The statistics are similar to findings presented by LaBell, and demonstrate, that contrary to popular perception, battered women do reach out and try to change their circumstances (LaBell, 1976).

Safety Plans

One of the objectives of a shelter stay, from the point of view of the shelter staff, is to assist clients in developing a plan to be safe with their children and protect themselves from future

violence. An open-ended question asked the clients to state their plans to keep them and their children safe. Responses fell into the following categories and reflect a variety of responses:

- stay away from the batterer (36%)
- relocate (23%)
- find a new residence (23%)
- become financially independent (18%)
- get a restraining order (16%)
- stay in shelter (12%)
- get counseling (8%)
- utilize educational resources (5%)
- pursue legal prosecution (5%).

Additional responses included getting a new identity, regaining custody of children, getting a divorce, and learning English.

Services Needed

A 1978 national study of 89 programs for battered women and their children found that the following services or needs were the most frequently cited by shelter staff: activities for the children, emergency funds for new housing, 24-hour staffing, and follow-up with clients. In addition, the following services were cited as necessary: legal services, general counseling, family counseling, vocational training, 24-hour hotline service, greater length of stay, assertiveness training workshops, more nutritional food, scholarships, and medical services (Roberts, 1981). These needs by battered women have been confirmed in other research. A survey of victims reporting domestic violence to law enforcement officers in San Diego County found that the following needs remained unmet within one month following the incident.

- case information counseling
- financial assistance
- assistance with court proceedings
- explanations of police procedures
- education
- advocacy with outside agencies
- psychiatric services
- transportation
- basic necessities
- assistance with claim forms
- health care
- explanations of medical assistance
- hotline information
- interpreter services (Rienick & Pennell, 1996).

Table 4.4 presents the types of needs that were frequently noted by clients and counselors at the time of intake. Clients were most likely to express the need for permanent housing (48%), counseling (41%), and food (33%). Counselors also felt that these were important needs, but

expressed a greater appreciation for the value of counseling, transitional housing, and safety plans. The reporting of the most basic needs for food, housing, and safety demonstrate the dire circumstances faced by abused women. There is a need to build the capacity of shelter services as well as other community resources to assist the survivors to be safe and self-sufficient. Other needs that were cited by less than ten percent of respondents included assistance with retrieving belongings, retrieving or replacing legal documents, divorce, obtaining victim/witness funds or mental health services, help with Children's Services Bureau, and with immigration, and obtaining drug treatment.

Estimates indicate that victim service agencies annually provide assistance to approximately 160,800 victims of domestic abuse, or one in six of all victims. One-half of these services are provided through governmental programs and one-half are received from private sources. These estimates are probably low because questions on the National Crime Victimization Survey (NCVS) focus on a brief period following the incident (Greenfeld, Rand, Craven, Klaus, Perkins, Ringel, Warchol, Maston, & Fox, 1998).

Table 4.4
PERCEIVED CLIENT NEEDS
San Diego County Domestic Violence Shelters
San Diego County, 1997-1998

	Clients' Perception	Counselors' Perception
Permanent housing	48% ¹	42% ²
Counseling	41% ²	62% ¹
Food	33% ³	25% ⁶
Employment	27% ⁴	28% ⁵
Safety plan	25% ⁵	32% ⁴
Clothing	25% ⁵	19%
Financial assistance	23% ⁶	21%
Transitional housing	22% ⁷	35% ³
Transportation	18%	16%
Temporary restraining order	15%	22%
Department of Social Services	14%	21%
Legal advocacy	14%	19%
Education	11%	12%
Medical services	10%	10%
Child care	10%	9%
TOTAL	597	590

NOTE: Percentages based upon multiple responses.

Client Discharge Data

Discharge forms were completed for 485 shelter clients who had also participated in the CORE form interview. These forms provide information about what types of services clients either received while staying at the shelter, or to what types of services they were referred. As Table 4.5 shows, all of the clients (100%) received food during their stay. Other common services included: counseling (90%), clothing (69%), transportation (61%), temporary housing (60%), employment (58%), DSS services, such as AFDC and SSI (57%), and developing a safety plan (52%). The average length of stay at the shelter for these clients was 21.9 days. In LaBell's shelter study in Florida, women stayed, on average, 16.9 days (LaBell, 1979).

Table 4.5
SERVICES RECEIVED OR REFERRED
Domestic Violence Shelter Study, 1999

Food	100%
Counseling	90%
Clothing	69%
Transportation	61%
Temporary Housing	60%
Employment	58%
AFDC/SSI/GR	57%
Safety Plan	52%
Temporary Restraining Order	41%
Medical Care	33%
Legal Advocacy	25%
Child Care	22%
Education	18%
Financial Assistance	18%
Permanent Housing	16%
Children's Services Bureau	15%
Mental Health Services	14%
Assistance Retrieving Personal Belongings	9%
Assistance with Immigration	9%
Assistance Retrieving Legal Documents	8%
Other	8%
Law Enforcement	7%
Drug Treatment	5%
Divorce	4%
Victim/Witness Funds	2%
TOTAL	485

NOTE: Percentages based upon multiple responses.

VOICES OF VICTIMS

The following quotes are from clients who sought protection from shelters. They were extracted from responses to the following question:

"I know this is a long interview and we've been through this before, but I'd like to know in your own words what exactly caused you to seek shelter now?"

"He is stalking me. I'm just afraid and he'll never find me here."

"He was going to kill me now. The other times he was just angry and wasn't tripped out like this. He had never abused me sexually before."

"...feeling that if I don't get out now I could get killed. I do not want my kids to go through this-to see me go through this-for my son or daughter to think this is the normal or o.k."

"...decided I have had enough abuse. I am going to get on my feet and get out for good. I am going to a place where he has no access to me."

"I overheard him talking about guns and killing animals and it scared me to death."

"I've been asking him to get help and leave me alone. I hated my life. I would have started using drugs again if I didn't leave."

"As I was looking at myself I saw that things were not getting better. I got tired of threats."

"I can handle it no more. No respect-does not care about my feelings. I want to live on my own and take care of my children."

"Abuse kept getting worse and I have a baby. I don't want the baby to be around that environment."

"I could not bear him, tired of fighting everyday, cannot let him do what he liked. If I lived in those circumstances any longer I would have killed myself or maybe he'd kill me."

"I felt alone and desperate and I did not have anywhere to go."

"I do not want my children to see the abuse and I was tired of the abuse. I want a better life for me and my kids."

"I was tired of emotional, verbal, physical abuse. I was done being considerate of his feelings."

"During the last abusive episode I ended up with a broken lip."

"I did not have a home. I had no where to go for myself and my daughter."

"I finally left because I don't want my son or daughter seeing me get hit."

"When I wake up everyday I don't feel good about myself, can't take it anymore. I am scared of him."

"I looked for shelter because my daughter was taken away and I want her back."

"Recently, he started grabbing me, putting fingernails in me and getting worse to me-choking, hitting with a closed fist to the point that he could kill me. I could not breathe or talk."

"I was able to get away with the baby so I did."

"He will find me at any known places and I need help with how to handle this and legal matters."

I met a nurse that talked to me about DV and about having choices."

"...afraid he will hurt me now that I had him put in jail-had no where else to go. I wanted to disappear for a while."

"I am alone and helpless, after talking to the sheriff I concluded I need help to give my daughters a better future."

"I realized I wasn't going to take it anymore-felt like I can do better by myself."

"Because he hit me, I am afraid and I do not want to go back this time."

"...to be some place where he can't get us, to be safe because he is angry."

"I wanted to come since last year but he did not bother me for nine months. Everytime I left I went to live with my relatives and he would find me and convince me to return. I feel safer here now."

"I am afraid for my life-ended up in a hospital from being assaulted. I want to be in a safe place, and start a new life. I can't believe this happened to me."

"My husband was indicted and jumped bail. He came over to tell me 'I will kill you before I go to prison'."

"I was afraid, he had threatened me, he promised to kill me and kidnap the child, I want my daughter to have peace from now on."

"Because of his stalking behavior I lost my job and I lost my home."

"...want to start over again. I believe in myself again-want to get strength back."

"I left because I am afraid of him. I do not want to be with him."

"I'm tired of him abusing me, need time to think."

"I needed help. I couldn't cope with the situation. I needed to learn how to deal with my problem."

"One time he hit me with a water hose and my son saw it happen."

"After this last incident I got real tired of it. I know if I stayed it would keep happening."

"I know if he finds me he will kill me. My neighbors told me he has a bat and I knew he would hit my head. I had visions of what he would do to my head."

"...the sexual abuse mainly. I don't want to have to do that again; or feel that again."

"After the last incident I was taken to the hospital and had my baby early. The hospital gave me the # to the shelter because I do not want to be abused anymore. He is very dangerous, and if I didn't have the baby (if I weren't pregnant) he told me he would have killed me."

"At the end of my rape - my parents persuaded me to seek shelter. I needed to find a safe place for my cat too."

"...just to be safe. I need to be safe and need a place where I can get some help for myself."

"I wanted to be free of him and get safe. I also want my children back and know that if I am going to keep them safe and in a better environment I can't be with him."

"Boyfriend threw things at me, ordering me to leave-backed me in a corner-threatened me. I'm tired of living that way."

"Abuse has gone on long enough. Now is the best time for help. I am ready for help."

"...better future for my kids. I want to have self respect."

"On Saturday morning the baby's father showed up where I was staying wanting to make up. When I turned him away he waited until later and attacked me."

"It has escalated and I needed to make the change to find safety for myself and my kids. I have to make it stop because he won't."

"...because my husband keeps emotionally abusing me and I can't take it anymore. It is hurting me and my children. He just keeps sending threats to me."

"I moved from San Bernardino to San Diego because my husband tried to shoot and kill me. He always finds out where I am at so I had to move out of there."

"I was scared. The police came but they said they couldn't do anything because there was no physical evidence. Now my husband thinks he can get away with anything."

"I need to be safe where he can't find me, I want to be able to start over again."

"I am afraid he will kill me like he said he would. I wish police would find him and take him back to jail. I'm afraid it's a matter of time before he finds me and kills me."

"I needed a place to stay. I needed help for my kids. I wanted to get out of my situation."

"I have a good job. I'm sick of putting up with him and my children don't want to be part of his life."

"I could no longer continue exposing myself and granddaughter to verbal/emotional abuse."

"I can't live with husband anymore because he is always abusing me, and calling me names like prostitute and lesbian."

"I was told by a judge that I would not get my baby back until I was situated in a safehouse."

"I do not like the way he treats us. I don't think it is right. Like yesterday, he started yelling because he did not like our daughters shoes."

"...tired of living. I was living the verbal abuse; it was affecting the children. They were speaking foul language. I wanted a better life for the children."

"He threatened that he would hurt me when he got home. I want to be independent-finish school and be happy."

"...tired of it-afraid he would hit one of my children if I didn't stop. Burning me with cigarette was too much."

"I am afraid he might kill us. He has hurt my sister with a blade-he cut her on the head."

"Figured I could handle everything, but it seemed things were getting more and more out of hand. It was scaring me."

"...can't live with the insanity anymore when he hit me Friday night, it was for the last time."

"My husband tried to suffocate me with a pillow in front of my two girls."

"Because I escaped from my house and went to my son's school, there I called police and came into the shelter. I hadn't called police before because I knew he would kill me."

"I had nowhere to go with my daughter. I felt I need counseling and help to get out of those type of relationships."

"I was scared for me and my children's lives. I've never been hit before and was scared for me and my children and my daughter seeing the violence."

"For one thing I've never been through this, I only saw it on T.V. When I first came here, I couldn't remember what had happened. But he thought he had killed me, because when he choked me and I passed out he left me for dead."

"Because I'm really tired of it, sometimes I think its my fault because I've been through it before. He scares me."

"The safety of my children and the fact that I was getting no help (back home), police were on his side."

"I got tired of the verbal, mental and physical abuse, I got tired of him having that other girl in the house. I know if I didn't leave, one of us was going to get seriously hurt."

SUMMARY

Clients in shelters in San Diego County are primarily women of color and living in poverty. More than one-half of the shelter clients had come to the shelter from someplace other than their own residence, and nearly one-quarter had been to some shelter prior to the most recent incident, suggesting that abuse had been occurring prior to the incident that led them to the shelter.

Children

A total of 936 children came to the shelter with their mothers. About 75 percent of the clients brought children. The average age of children was 5.9 years old. This is similar to LaBell's study in which 682 children accompanied 512 mothers to shelters (LaBell, 1979). These results point to the total clientele served by shelters and the need to provide family-focused services. Coupled with the findings that 38 percent of the clients had had a case with Children's Services Bureau and the fact that 78 percent of the clients reported that their children had ever witnessed abusive behavior suggests that at-risk families are seeking support from shelters.

Substance Abuse

Clients' reports of 7 percent of them being under the influence of alcohol or drugs at the time of the most recent incident may be conservative. When drug use in the past 30 days was asked, the client percentage rose to 12 percent. The substance most likely used was alcohol, with smaller percentages reporting methamphetamine and marijuana use.

In contrast, substance abuse was more likely reported on the part of the batterers, according to 57 percent of the clients. Again, alcohol was most likely used, followed by marijuana, methamphetamine, cocaine, and heroin (in descending order of frequency). Consistent with the previous finding, substance use by batterers was more likely reported in the past 30 days (72%).

Clients who reported substance abuse on the part of their partner were significantly more likely to report that the batterer previously had violence charges filed than clients who did not report partner use of substances.

Type of Abuse

When asked about the type of abuse they had *ever* experienced, 97 percent reported being verbally abused previously, 95 percent physically abused, 93 percent mentally or emotionally abused, and 50 percent sexually abused.

In addition to whether or not the batterer used alcohol or other drugs on the day of the incident, three factors were significantly related to the type of abuse that was inflicted during the most recent incident.

- Victims abused by a batterer who had previously been charged for domestic violence were significantly more likely to be physically abused during the most recent incident (79%), compared to those abused by a batterer with no previously filed charges (70%).

- Sexual abuse was more likely when the police had been previously called to the residence (16%), compared to when they had not been called (9%).
- Sexual abuse was also related to the victim having a restraining order, with those having one more likely to report it (17%), compared to those who didn't (11%).

Timing and Frequency of Abuse

Four factors were predictive of whether the most recent incident occurred within one week of shelter admission, or if it occurred after more than one week had passed.

- **Batterer use of alcohol or some other drug during the most recent incident:** If alcohol/drug use had occurred, almost two-thirds (65%) of victims reported that they sought shelter within the week. In comparison, only around one-half (53%) of the victims who reported no substance use said they sought shelter within one week.
- **Restraining order:** Victims with a restraining order were significantly more likely to seek shelter within one week of the incident (61%), compared to those without one (53%).
- **Victim injury:** Victims who were injured in the most recent incident were significantly more likely to seek shelter in less than one week (66%), compared to those who were not injured (54%).

Injury

Sixty-six percent (66%) of the clients reported that they sustained some type of injury in the most recent incident. The most frequent types included: bruises, aches and pains, sprains or swelling, and scratches. Victims who reported that the batterer had previously had domestic charges filed against him/her were significantly more likely to report an injury (37%), compared to those who said the batterer had never been charged (29%).

With respect to abuse history, only five percent of the clients stated that they had never experienced any physical injuries as a result of abuse.

Medical Treatment

Forty-two percent (42%) of the clients, in their lifetime, had received medical treatment, 70 percent of whom had gone to the hospital. Analyses revealed that victims with partners who previously had criminal complaints filed were significantly more likely to receive medical treatment for the most recent incident (22%), compared to those with batterers who did not have prior complaints files (8%). In addition, victims with restraining orders against the batterer were significantly more likely to receive treatment (21%), compared to those who didn't have a restraining order (12%).

Cycle of Violence

About one-half of the clients (47%) had witnessed abuse in their childhood and 82 percent noted that their partners had also witnessed abuse while growing up. Exposure to intimate violence as a child increases the risk that a man will grow up to abuse his partner and females will be abused

as adults. However, this finding from the research should not be interpreted as inevitable. Many individuals exposed to domestic violence as children do not repeat the cycle as adults (Gelles & Cornell, 1990).

Over one-third (37%) of the clients stated that they had been in an abusive relationship prior to the current relationship. Nearly twice the percentage (75%) also reported that the batterer had also been in a prior abusive relationship. Ninety-eight percent (98%) of clients reported having been abused by the same partner in the past.

Several factors were significantly related to being in a previous abusive relationship.

- Hispanic clients were significantly less likely to say that they had been in a prior abusive relationship (23%) compared to Caucasian (51%) and African-American (40%) victims, and victims of other ethnicities (45%).
- Forty-six percent (46%) of batterers who had been in an abusive relationship were abusing a partner who had also been in an abusive relationship. In comparison, 26 percent of the batterers who had not been in a prior abusive relationship were abusing a victim who had been previously abused.
- Victims who had witnessed abuse in their childhood were significantly more likely to report having been in a prior abusive relationship (48%), compared to 27 percent who had not witnessed abuse.

Involvement With Legal System

Seventy-three percent of the San Diego clients reported having had the police come to their household as a result of domestic violence. Nearly one-half (47%) said police had been called from one to three times in the past and over one-quarter (27%) stated that police had come more than four times. Further analyses revealed that clients with children were significantly more likely to report having called the police (31%), compared to those without children (24%).

Restraining Orders

Forty percent (40%) of the clients reported having had restraining orders against their current partner, either ever, or at the time of the interview. The most common type of order was a temporary restraining order (65%), but 31 percent of the clients either previously had, or currently had, permanent restraining orders. Nineteen percent (19%) indicated having had emergency protection orders. According to 63 percent of the clients, the offender had not complied with the conditions of the order.

Services Needed

Interviews with shelter staff as well as client interviews suggest that abused women are in need of many and varied services, beyond the most basic needs of food and temporary shelter. Both clients and counselors reported the need for counseling, permanent or transitional housing, employment, safety plans, and financial assistance. The extent and scope of services needed demonstrate the need to build the capacity of shelter and referral services.

CHAPTER 5

DOMESTIC VIOLENCE INCIDENTS REPORTED TO LAW ENFORCEMENT

DOMESTIC VIOLENCE INCIDENTS REPORTED TO LAW ENFORCEMENT

INTRODUCTION

This chapter examines another data set involving domestic violence reports to law enforcement. Although it may be tempting to compare the victims, suspects, and incidents in these data with the data reported in the previous chapter on shelter clients, readers should resist this comparison. The information was gathered from different sources and in different time periods. The intent of this section is to provide another dimension for understanding the nature of domestic violence and the system response to the incidents.

The California Penal Code defines domestic violence as abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or a person with whom the suspect has had a child or has had a dating or engagement relationship.

As of January 1, 1986, every law enforcement agency in California was directed by penal code 13701 to develop, adopt, and implement written policies and standards for officers' responses to domestic violence calls. These policies presume that domestic violence is alleged criminal conduct and that a request for assistance in a situation involving domestic violence is the same as any other request for assistance where violence has occurred. In addition, within the same time frame, each agency was tasked with developing a system for recording all domestic violence-related calls for assistance. Agencies were expected to develop a written incident report that includes information about the use of alcohol or controlled substances by the suspect and whether any law enforcement agency has responded to a previous incident (13730 p.c.).

By July 1, 1996, agencies were also required to develop, adopt, and implement policies that encourage the arrest of domestic violence offenders if there is probable cause that an offense has been committed, and discourage dual arrests (13701 p.c.). In 1998, the standard domestic violence protocol was revisited, revised, and accepted by all law enforcement agencies in San Diego County to standardize policies and practices for handling an incident of domestic violence from the initial call through prosecution. It is important to note that the data presented here were collected *prior* to the development of the regional protocol.

To supplement the information compiled from battered women's shelters, local officials requested that SANDAG also examine domestic violence incidents reported to law enforcement. The purposes of this effort were to characterize the victims, suspects, and incidents as well as describe the response by law enforcement and the prosecution. The statistics gathered for this project have the potential to serve as a useful baseline for determining what effects the newly revised protocol have on future agency response to domestic violence incidents and case outcomes.

METHODS

In San Diego County all law enforcement agencies use the same crime incident report form. Crime and arrest data are entered into a regional computer system known as ARJIS (Automated Regional Justice Information System). In 1996, 26,327 domestic violence incidents were reported countywide to nine municipal police agencies and the Sheriff's Department. This number represented a seven percent decrease from 1992 (from 28,433 incidents) and an eight percent decrease from the previous year (28,518 incidents). For the current study, 3,996 domestic violence incidents reported in 1996 were randomly selected from the Automated Regional Justice Information System (ARJIS). With a listing of case numbers, researchers compiled data from manual files in each agency. Data included socio-demographic information about the victim and the suspect, the penal code section, presence of children, use of weapons, injury to the parties, medical treatment, if substance use was noted, if an arrest took place, evidence collected, whether charges were filed, and final disposition of the cases. The large sample size was purposeful. Researchers did not know how many incidents would be classified as crimes and what proportion would be "call for service" only, with no criminal acts involved. Also, it was presumed that the percentage of arrests might be small and sufficient numbers were needed to track cases through to final disposition.

The literature has revealed several problems with using data collected from police reports. For example, it has been asserted that police reports are a reflection of action already taken. That is, police decisions influence what is reported, rather than the characteristics of the incident reflected in the police report directing police action. Thus, research findings resulting from the examination of police reports should be interpreted with caution (Berk & Loseke, 1981).

Of the almost 4,000 reports reviewed, 69 percent (2,756) represented cases (incidents with a criminal offense) and 31 percent (1,240) were calls for service (reports that did not include criminal offenses). Whenever it was possible to determine that a suspect or victim appeared more than once in the sample, only the earliest incident was tracked. However, a given individual could be included in two incidents if s/he was the victim in one, and the suspect in the other.

STUDY RESULTS

Initially, the analysis compared calls and cases on all variables. It was apparent that, for the most part, calls involved verbal arguments only and no action was taken by the police. "Cases" were likely to involve injury, medical treatment, and arrest, etc. As a result, the following analyses apply primarily to the 2,756 criminal incidents of domestic violence and describe the characteristics of the victim, suspect, incident, field officer response, and the case outcome for this sample.

Victim and Suspect Characteristics

As Table 5.1 shows, the average age of victims and suspects was similar, approximately 32 years of age. Females were victims in 82 percent of the cases and suspects in 18 percent. One-half or more of both victims and suspects were White, and over one-quarter were Hispanic.

Table 5.1
VICTIM AND SUSPECT CHARACTERISTICS
San Diego County Law Enforcement Agencies
San Diego County, 1996

	Victims	Suspects
Average Age	32.2	32.8
Gender		
Female	82%	18%
Male	18%	82%
Ethnicity		
Caucasian	55%	50%
Hispanic	27%	30%
Black	12%	15%
Asian	3%	3%
Other	2%	2%
TOTAL	2,734-2,756	2,677-2,755

NOTE: Percentages may not equal 100 due to rounding. Cases with missing data not included.

Presence of Weapons

According to protocols that were in effect during 1996, for all incidents, officers were instructed to specify in their reports the types of weapons that were involved.

Broadly defined, some type of weapon was used in 98 percent of the cases. The most frequently used weapons were the hands of the suspects (88%). In addition, property items (7%), threats (6%), verbal abuse (5%), telephones (5%), other items (4%), knives (2%), and firearms (1%) were used by offenders. The use of a telephone could mean that the unit was disconnected by the suspect, that the victim was called on the phone (violating a Temporary Restraining Order), or that the phone was used to strike the victim.

Victim and Suspect Injury

Fifty percent (50%) of the victims and ten percent of the suspects in the domestic violence cases were injured during the incident. Of the 1,379 injured victims, a field officer observed the injury for 78 percent and 14 percent of those received immediate medical treatment. For the 270 suspects, an officer or deputy noted an injury for 80 percent.

Further analyses of the data were conducted to determine what factors were associated with victim injury. These efforts revealed that victims were *more* likely to be injured in the following situations.

- S/he was currently involved with the suspect (46%), compared to those who were not involved with the suspect (33%).
- S/he did not have a TRO against the suspect (47%), compared to those who did have a TRO (23%).
- A history of domestic violence had been documented by the responding officer (49%), compared to cases in which no history was documented (41%).

Victim and Suspect Consumption of Alcohol and Other Drugs

Recorded information pertaining to substance use/abuse by the victim and the suspect was the exception, rather than the rule. In other words, incident reports were not likely to mention whether or not substance abuse was apparent. The information presented reflects only those reports for which substance abuse data were included. The actual percentage of incidents that involve substance use by one of the involved parties may be higher than these figures suggest.

Information regarding substance use was available for 37 percent of the victims (1,302 cases) and 42 percent of the suspects (1,496 cases). As Table 5.2 shows, alcohol use was documented by field officers for 22 percent of the victims and 41 percent of the suspects, and drug use was documented for one percent of victims and three percent of suspects. The drug testing program that SANDAG conducts called ADAM (Arrestee Drug Abuse Monitoring) shows that about 70 percent of all arrestees booked into jail have evidence of recent drug use. When the data are examined by arrest charge, about one-half of those charged with domestic violence show positive results for some illegal drug. This suggests that current documentation regarding suspect substance use may be underreported.

Table 5.2
VICTIM AND SUSPECT ALCOHOL AND OTHER DRUG USE
San Diego County Law Enforcement Agencies
San Diego County, 1996

	Victims	Suspects
No substance use	78%	56%
Alcohol use	22%	41%
Drug use	1%	3%
Signs of some substance use	<1%	<1%
TOTAL	1,302	1,496

NOTE: Percentages based upon multiple responses. Cases with missing data not included.

Mutually Combative Situations

According to penal code 13701, as of 1986, dual arrests are discouraged, and responding officers should attempt to determine who is the primary aggressor during the preliminary investigation. The primary aggressor is defined as the person who is the most significant, rather than the first aggressor. For seven percent of the cases, the deputy or officer was unable to determine who this individual would be and the situation was classified as mutually combative.

Additionally, further analyses revealed that incidents were more likely to be categorized as mutually combative when the following circumstances occurred.

- The victim did *not* have a TRO (14%), compared to when s/he did have a TRO (2%).
- No history of domestic violence had been documented (18%), compared to when a history had been noted (8%).
- The victim and suspect were currently involved (12%), compared to cases in which they were not involved (3%).

Children

Information on children was available for 1,761 cases (64%). Of these, 86 percent involved children. Information regarding the presence of children during the current incident was available for 1,546 cases (56%), and 58 percent of those mentioned child witnesses. Information regarding whether the victim was pregnant was available for 140 cases, and 86 women were pregnant.

Relationship History: Type and Length of Relationship

As Table 5.3 shows, spouses and significant others comprised the majority of incidents. Twenty-three (23) incidents involved individuals of the same gender (not shown).

Table 5.3
VICTIM-SUSPECT RELATIONSHIP TYPE
San Diego County Law Enforcement Agencies
San Diego County, 1996

Spouse	43%
Significant other	42%
Former dating partner	11%
Former spouse	4%
TOTAL	2,631

NOTE: Cases with missing information not included.

Compared to the type of relationship, the length of time the victim and suspect had been involved was coded less reliably by the field officer. Specifically, this information was available for 66 percent of the cases. As Table 5.4 shows, over one-half of the individuals were together from one to five years.

Table 5.4
LENGTH OF VICTIM-SUSPECT RELATIONSHIP
San Diego County Law Enforcement Agencies
San Diego County, 1996

Less than one year	18%
One to five years	51%
Six to ten years	16%
Over ten years	14%
TOTAL	1,816

NOTE: Cases with missing information not included.

Restraining Order

There was no mention of the existence of any type of restraining order in 45 percent of the 2,756 cases with this information. In nearly one-quarter (24%) of the reports, it was noted that the victim did not have one, and in 17 percent of the cases victims were advised to get one. Five percent of the victims communicated to the officer that they intended to get one.

Suspect Criminal History

With approval by the law enforcement agencies, the criminal history of the suspect was examined by researchers. Findings showed that 39 percent of the suspects had been arrested previously, with an average number of 3.2 arrests; and 16 percent of those previous arrests involved domestic violence. Over one-third (37%) of the suspects had prior convictions, with an average of 2.6 convictions. A smaller percentage of suspects (8%) had been previously convicted for domestic violence.

Law Enforcement Investigation of Prior Abuse

According to the protocol of several departments, officers and deputies are to consider whether the suspect in an incident has a prior history of violence or arrests or citations for domestic violence. For this sample of incidents, information regarding a prior history of domestic violence was documented in 80 percent of 1,857 cases. A comparison between this documentation and the results of the criminal history search by SANDAG showed that, for these incidents, the researchers found suspects with a history of prior abuse *not* documented by the officer. This finding is not surprising since the researchers viewed only the initial incident report taken by the responding officer. Quite possibly, prior abuse *was* noted if a follow-up investigation took place by detectives. Specifically, in the 467 incidents in which the officer or deputy reported there was no history of domestic violence, 28 of the suspects *had* been previously arrested for domestic violence, and 15 had been previously convicted of domestic violence.

Domestic Violence Supplemental

Though not required in 1996, officers and deputies were encouraged to complete a domestic violence supplemental form regarding the incident to collect additional information important to domestic violence investigations. The form is basically a "check-off" of items such as whether children were present, if alcohol or drugs were evident, if injury was noted, etc. For the entire sample, the supplemental was completed for 42 percent of the cases (1,156).

Suspect Arrest

For this sample of 2,756 cases, 31 percent of the suspects were arrested at the scene of the crime. An additional 24 suspects were arrested within 24 hours of the incident.

Seventy-seven percent (77%) of these 905 arrests were for felony charges, 22 percent for misdemeanor charges, and less than one percent for probation violations. As Table 5.5 shows, the most common highest arrest charge for these suspects was for penal code 273.5, inflicting corporal injury on a spouse or cohabitant (53%). Other individuals were arrested for one of the other 43 sections of the penal code designated in the 1998 domestic violence protocol as potential domestic violence charges.

Table 5.5
HIGHEST CHARGE AT ARREST
San Diego County Law Enforcement Agencies
San Diego County, 1996

Inflict corporal injury on a spouse/cohabitant	53%
Battery	14%
Other domestic violence related charges	10%
Battery with serious bodily injury	8%
Non-domestic violence related charges	7%
Assault with a deadly weapon	4%
Terrorist threats	3%
Malicious destruction of a telephone	2%
TOTAL	905

NOTE: Percentages do not equal 100 due to rounding.

Additional analyses were done to determine the relationship between victim injury (visible or claimed) and suspect arrest at the scene. As previously stated, 31 percent of the suspects were arrested at the time of the incident. For those incidents in which the victim was injured, 44 percent involved an arrest, and for those in which the victim was not injured, ten percent involved an arrest, suggesting that arrests are more likely when a victim is injured (not shown).

In a 1994 study of domestic violence incidents within the San Diego County Sheriff's jurisdiction, Storer & Flores found the following factors were associated with an arrest following a report of domestic violence:

- visible injury to the victim
- use of alcohol by the suspect
- history of previous violence between the couple.

The response of arrest follows a larger continuum of responses by law enforcement. In one study, when the police were called, an officer responded in most cases (88%). The response time was usually within ten minutes of the call (60%). According to victims, the officer took an official report in 70 percent of the cases, questioned a witness and/or suspect 29 percent of the time, and arrested the suspect at the scene in about 20 percent of the incidents reported to law enforcement. Evidence collection and promises for further investigation were rare (6% and 4%, respectively) (Greenfeld et al., 1998).

In an attempt to understand why a suspect was not arrested in the incidents, the officers' narratives were read and recorded. As Table 5.6 shows, the primary reasons that an arrest was not made in calls for service were that the abuse was only verbal (56%), or the situation was mutually combative (34%). Technically, an arrest should *not* take place because incidents coded as calls are not crimes. For the cases with *no* arrest, the primary reasons recorded by police were that the suspect had fled the scene (46%) or that an arrest would have gone against the victim's wishes (21%).

Table 5.6
REASON FOR NOT ARRESTING A SUSPECT
San Diego County Law Enforcement Agencies
San Diego County, 1996

	Calls	Cases	Total
Suspect not present	7%	46%	30%
Verbal abuse only	56%	2%	23%
Victim wishes	1%	21%	13%
Mutually combative	34%	8%	18%
No visible injury	2%	18%	11%
Officer discretion	1%	3%	2%
Other reason	<1%	2%	1%
TOTAL	1,234	1,849	3,083

NOTE: Percentages may not equal 100 due to rounding. Incidents with missing information not included.

Evidence Collection

Overall, evidence was collected in 44 percent of the cases. As Table 5.7 shows, the most common evidence collection technique in 72 percent involved taking photographs, 16 percent involved taking a victim-witness statement, and 16 percent involved other steps, including taking fingerprints, hair, stain, and blood samples. Whether or not evidence was collected was a strong predictor of whether an arrest was made. Specifically, an arrest was made in 48 percent of the cases with evidence. In cases with no evidence collected, an arrest took place in nine percent.

Table 5.7
EVIDENCE COLLECTION
San Diego County Law Enforcement Agencies
San Diego County, 1996

Photographs	72%
Victim-witness statement	16%
Other steps	16%
Confiscate tools	11%
Domestic violence paperwork	11%
Assess property damage	5%
TOTAL	1,208

NOTE: Percentages based upon multiple responses. Cases with missing data not included.

Providing Information to the Victim

Use of referrals to other agencies by law enforcement in domestic violence cases has historically been rare and inadequate. In one study of a special mental health team available on weekends, police indicated that the group was a valuable resource, but only made referrals to the group in two out of 69 cases. Another study found that police offered victims referrals in less than four percent of domestic calls involving police response, though 90 percent of the officers surveyed indicated that they know about the agencies, and 50 percent believed that they used these referrals regularly. Further, misleading information regarding legal options has been distributed to victims. For example, stating nonexistent legal hurdles or advising the victim that "this is really a civil matter" despite probable cause to the contrary (Buzawa & Buzawa, 1990).

According to local domestic violence protocol, responding officers are directed to provide all victims or alleged victims with the following written information: phone number of a shelter or community service agency, statements explaining procedures for criminal prosecution, how to file for a restraining order, and how to file a civil suit.

For this sample of incidents, in 95 percent of the cases, it was documented that some sort of information was provided to the victim. As Table 5.8 shows, the most common assistance provided to victims included the provision of the domestic violence brochure listing services and shelters (88%) and receiving crime case information (37%). An additional 29 percent received information about emergency assistance such as hotline numbers, protection orders, and shelters.

Table 5.8
TYPE OF INFORMATION PROVIDED BY THE OFFICER
San Diego County Law Enforcement Agencies
San Diego County, 1996

Domestic violence information sheet	88%
Crime case information	37%
Emergency assistance	29%
Explanation of domestic violence laws	20%
Other information	9%
TOTAL	1,905

*NOTE: Percentages based upon multiple responses.
Cases with missing information not included.*

Case Outcome

Of the original 3,996 incidents, 23 calls and 1,014 cases were referred to the District Attorney or to the City Attorney. Of these 1,037 incidents, 52 percent were filed, 36 percent were rejected, and 12 percent were not filed. The primary reason for rejection was evidentiary (67%), with the rest rejected for discretionary reasons (22%), because of victim/witness consideration (10%), or for other reasons (3%). The single predictor of whether the District or City Attorney filed an incident was whether or not evidence was collected, with 55 percent of incidents with evidence being filed, compared to 44 percent of incidents without evidence. Additionally, of those cases that were rejected by the District or City Attorney, some type of evidence had been collected for 69 percent, and no evidence had been collected for 31 percent. This suggests that, of those incidents being referred to the District or City Attorney, it is not simply that the evidence collected is insufficient, but rather, that the quality of the evidence is less than satisfactory.

Of the incidents that were filed, 72 percent were filed as felonies, and 28 percent as misdemeanors. As Table 5.9 shows, the most common filing charge was inflicting corporal injury upon a spouse or cohabitant (48%), with the remaining representing other domestic violence-related or unrelated charges. It should be noted that, for these incidents that were tracked through the system, consolidated cases or filings on revocations were not recorded, so actual filings for individuals may have been higher. Case consolidation refers to circumstances in which the defendant may have other charges pending and this most recent incident gets folded in with the other charges. When parole or probation revocations occur, the new charge frequently is not filed on. Rather, the current parole or probation status is revoked and the individual is sent to jail or prison for violating certain conditions.

The majority of filed incidents resulted in either a guilty plea or a conviction (91%). The rest of the filings resulted in dismissal (7%), the suspect failing to appear (2%), diversion (1%), other outcomes (1%), or finding the suspect not guilty (less than 1%). For the 477 suspects who pled guilty or were convicted, the highest conviction charge was a felony for 55 percent and a misdemeanor for 45 percent (not shown). Compared to the distribution of highest filing charges, a greater percentage of individuals were convicted of battery and a smaller percentage were convicted of 273.5 p.c. (aggravated assault against an intimate).

Table 5.9
HIGHEST FILING AND CONVICTION CHARGES
San Diego County Law Enforcement Agencies
San Diego County, 1996

	Filing	Conviction
Inflicting corporal injury on a spouse/cohabitant	48%	34%
Battery	14%	27%
Battery with serious bodily injury	8%	10%
Other domestic violence related charges	8%	8%
Non-domestic violence related charges	7%	10%
Assault with a deadly weapon	3%	4%
Terrorist threats	3%	2%
Vandalism	2%	2%
Resisting arrest	2%	2%
Burglary	1%	<1%
Under the influence	1%	<1%
Malicious destruction of a telephone	1%	1%
Child abuse	1%	<1%
TOTAL	536	477

NOTE: Percentages may not equal 100 due to rounding.

Table 5.10 presents the different types of sentences that were imposed on the guilty individuals. The most common sentence was jail time and then being placed on probation (66%), and paying a fine (64%). In addition, others were sentenced to attend a batterer treatment program, were put on probation, served jail time without probation conditions, were sent to prison, or were ordered to pay restitution. The average time offenders were sentenced to jail was 2.8 months, and for prison it was 4.6 years. The average fine amount offenders were ordered to pay was \$316, and the average restitution amount was \$1,891. It should be noted that this sentence information reflects what was ordered, and not necessarily what was completed, served, or paid.

Table 5.10
OFFENDER SENTENCES
San Diego County Law Enforcement Agencies
San Diego County, 1996

Jail and probation	66%
Fine	64%
Domestic violence program	23%
Probation	21%
Jail	6%
Prison	4%
Restitution	2%
TOTAL	476

NOTE: Percentages based upon multiple responses.

Missing Information

As previously noted, there was a great deal of variability regarding how different types of information were recorded in the files. Table 5.11 presents the percentage of calls and cases that had no information by type of data. Information regarding the victim's pregnancy status, alcohol and other drug use, the presence of children during the incident, the existence of children in the household, relationship length, and a history of violence between the two individuals were among the variables least likely to be recorded by officers.

Table 5.11
MISSING INFORMATION
San Diego County Law Enforcement Agencies
San Diego County, 1996

Variable	Calls	Cases	Total
Victim Pregnant ¹	98%	94%	95%
Victim Alcohol/Drug Use	87%	53%	63%
Suspect Alcohol/Drug Use	84%	46%	58%
Presence of Children	86%	44%	57%
Length of Relationship	84%	34%	49%
Existence of Children	85%	36%	51%
History of Violence	76%	33%	46%
Officer Provided Information	35%	27%	30%
Type of Relationship	64%	5%	23%
Why Suspect Not Arrested ²	<1%	2%	2%
Suspect Actions	17%	3%	7%
Suspect Age	3%	3%	3%
Victim Age	3%	1%	1%
Use of a Weapon	1%	1%	1%
Suspect Injury	<1%	2%	2%
Suspect Ethnicity	1%	1%	1%
TOTAL	1,240	2,756	3,996

¹ Based upon the number of female victims (961 calls and 2,255 cases).

² Based upon the number of suspects who were not arrested at the scene (1,240 calls and 1,896 cases).

While the missing information in these domestic violence reports is noteworthy, it may be typical of law enforcement reports throughout the country. Also, the apparent lack of specific types of information may not be unique to domestic violence reports. The significance of this data set is that it provides one dimension for examining the nature and scope for domestic violence as reported in one region's police reports. Locally, with a revised protocol implemented in June of 1998, a future study of the same kind may find very different results, not only in the response by police and prosecutors, but also in the type and scope of information included in the reports.

SUMMARY

This study selected a random sample from just over 26,000 reports of domestic violence in San Diego County in 1996. The resulting sample size was 3,996, purposefully large so that the proportion of those involving arrests could be followed through the justice system.

The sample revealed that 69 percent, or 2,756 incidents, were actual crime cases, while the remainder were calls-for-service only in which no crime occurred. Primarily, the analysis rested with the crime cases since the other calls generally did not result in action taken by law enforcement.

The following section highlights the findings.

- Victims and suspects were similar in age, around age 32.
- In 82 percent of the cases, the victims were female.
- One-half or more of both victims and suspects were Caucasian, followed by Hispanic. Fifteen percent (15%) or less were African-American.
- The most frequently mentioned weapon that was used was the hands of the suspect (88%). Knives and firearms were noted in less than three percent.
- One-half of the victims and ten percent of the suspects were injured. Injury was more likely when a history of abuse was noted.
- Recorded information about use of alcohol and drugs on the part of the participants was the exception rather than the rule.
- Just over one-half of the cases had information regarding the presence of children at the time of the incident. Of these, 58 percent of the cases reported children witnessing the abuse.
- The majority of cases (85%) involved participants who were married or in relationships with significant others.
- Almost one-half (45%) of the cases included no mention of the existence of a restraining order. About one-quarter noted that the victim did not have one and in 17 percent of the cases, victims were advised to get one.
- Prior history of abuse was documented in 80 percent of 1,857 cases.
- Almost four in ten suspects had been arrested previously, with an average of 3.2 arrests.
- In the sample of 2,756 cases, 31 percent of the suspects were arrested at the scene and an additional 24 individuals were arrested within 24 hours of the reported incident.
- Crime report narratives revealed the primary reasons that an arrest did not take place were the following: the suspect was not present, due to victim wishes, and no visible injury.
- Evidence was collected in 44 percent of the cases. The most common type of evidence was photographs.

- Over one-half of the cases were referred to the prosecutor, and 52 percent of those were filed and 36 percent were rejected. An additional 12 percent were not filed. The majority of cases filed resulted in a guilty plea or conviction, with 55 percent convicted of felony charges. The most common sentence imposed was probation with some amount of jail time. Four percent of the 476 convictions resulted in state prison sentences.

Perhaps the most remarkable finding of the law enforcement tracking study was the substantial lack of information documented on crime reports. Specifically, over 40 percent of the reports did not include information about victim pregnancy, substance abuse of either party, or presence of children. One-third or more of the cases did not document if there was a history of violence, the length of the relationship, or the existence of children within the relationship. These indicators could have implications for future prosecution or re-offending.

Since these data were collected in 1996 and a revised protocol was developed and signed by all law enforcement administrators in 1998, the recording of information as well as the practices for handling domestic violence cases may have changed. The protocol requires the use of a domestic violence supplement that incorporates many of the items not thoroughly documented previously.

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APPENDIX A

CORE INTAKE FORM
San Diego County Shelters

Interviewer Initials: _____ Client's Zip Code _____
Agency File Number: _____ SANDAG Number: _____

ADMISSION INFORMATION

Admit Date: _____ - _____ - _____ MM/DD/YY Conducted in (specify language) _____
Date of Interview: _____ - _____ - _____ MM/DD/YY
Time of Interview: _____

1. Have you been to this shelter within the last 12 months? (CIRCLE ONE)
1 = Yes
2 = No
2. Before you came to the shelter, where were you staying? (CIRCLE ONE)
1 = Client's home
2 = Friend's home
3 = Relative's home
4 = Motel/Hotel
5 = Shelter (specify name) _____
88 = Other _____
3. What kind of place do you live in? (CIRCLE ONE)
1 = Public housing
2 = Private apartment/condo/hotel
3 = House/mobile home
4 = No fixed residence/street
88 = Other _____
4. Who was admitted to the shelter along with you? (CIRCLE ALL THAT APPLY)
1 = Client only
2 = Children
3 = Parent of client
4 = Other relative
88 = Other _____

INFORMATION ON CHILDREN

5. Do you have children under age 18? (CIRCLE ONE)
1 = Yes (GO TO GRID)
2 = No (SKIP TO 9)

Please provide information on client's children, in the grid below. Fill in the number that corresponds with the answer provided by the client.

CHILDREN	AGE	SEX	ETHNICITY	ADMITTED TO SHELTER	WHAT ARE THE CURRENT CUSTODY ARRANGEMENTS ?
		1 = Male 2 = Female	1 = White 2 = Black 3 = Hispanic 4 = Asian 5 = Native American 6 = Biracial 88 = Other _____	1 = Yes 2 = No	1 = Joint legal/physical 2 = Sole legal/physical 3 = Pending 4 = No current cust. orders 88 = Other 99 = Unknown
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					

Only ask if there are kids listed in grid with "No" specified for "Admitted to Shelter."

6. If you have children under age 18 who were not admitted today, where are they? (CIRCLE ALL THAT APPLY)
- 1 = Children's Services Bureau (CSB/CPS/Polinsky Center)
 - 2 = Other relatives
 - 3 = Other parent, NOT batterer
 - 4 = With batterer
 - 5 = On own
 - 6 = With neighbor
 - 7 = At school
 - 8 = Foster care
 - 88 = Other _____
 - 99 = Unknown
7. Have you ever had a case filed with Children's Services Bureau (CSB/CPS)?
- 1 = Yes
 - 2 = No
 - 99 = Unknown
8. Do you have an open case with Children's Services Bureau (CSB/CPS)?
- 1 = Yes
 - 2 = No
 - 99 = Unknown

CLIENT/BATTERER INFORMATION

Please ASK the client, even if their ethnicity seems apparent. Circle the number that corresponds to the appropriate race listed.

9. What is your ethnicity?
(CIRCLE ONE)

Client	
1	White
2	Black
3	Hispanic
4	Asian
5	Native American
6	Biracial
88	Other _____
99	Unknown

10. And the batterer's?
(CIRCLE ONE)

Batterer
1
2
3
4
5
6
88
99

11. The gender of the client

2

1 = Male
2 = Female

12. What is the gender of the batterer?

If unknown, code as 99.

13. How old are you? _____

14. How old is the batterer? _____

15. What is your primary language? (CIRCLE ONE)

- | | |
|----|--------------|
| 1 | English |
| 2 | Spanish |
| 3 | French |
| 4 | Indo-Chinese |
| 88 | Other _____ |

16. How about the batterer? (CIRCLE ONE)

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 88 |

17. What is the highest grade you completed in school? (CIRCLE ONE)

- | | |
|----|--------------------------|
| 1 | Less than high school |
| 2 | Some high school |
| 3 | High school graduate/GED |
| 4 | Some college |
| 5 | College graduate |
| 6 | Post grad |
| 7 | Vocational training |
| 88 | Other _____ |
| 99 | Unknown |

18. What is the highest grade the batterer completed in school? (CIRCLE ONE)

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 88 |
| 99 |

Circle All sources of income that the client and the batterer receive to support themselves.

19. Prior to shelter admission, how did you support yourself? (CIRCLE ALL THAT APPLY)

- | | |
|----|---------------------------------|
| 1 | Spouse/Partner |
| 2 | Borrows money |
| 3 | Inheritance |
| 4 | Welfare, SSI, AFDC |
| 5 | Working full-time |
| 6 | Working part-time or odd jobs |
| 7 | Other family member or relative |
| 8 | Friend |
| 9 | Illegal activity |
| 88 | Other legal _____ |
| 99 | Unknown |

20. How did/does the batterer support him/herself? (CIRCLE ALL THAT APPLY)

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 88 |
| 99 |

21. On average, what is your annual income? (CIRCLE ONE)

- | | |
|----|---------------|
| 1 | Under \$5,000 |
| 2 | \$5-10,999 |
| 3 | \$11-20,999 |
| 4 | \$21-30,999 |
| 8 | \$31-40,999 |
| 5 | \$41-50,999 |
| 6 | \$51,000+ |
| 7 | No income |
| 99 | Unknown |

22. On average, what is the batterer's annual income? (CIRCLE ONE)

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 8 |
| 5 |
| 6 |
| 7 |
| 99 |

DRUG USE

23. During the most recent incident, what substances were used by the client, batterer, or by any children?

(READ AND CIRCLE ALL THAT APPLY)	CLIENT	BATTERER	CHILDREN
Alcohol	1 = Yes	1 = Yes	1 = Yes
Marijuana	1 = Yes	1 = Yes	1 = Yes
Crack/powder cocaine	1 = Yes	1 = Yes	1 = Yes
Heroin	1 = Yes	1 = Yes	1 = Yes
PCP	1 = Yes	1 = Yes	1 = Yes
LSD	1 = Yes	1 = Yes	1 = Yes
Methadone	1 = Yes	1 = Yes	1 = Yes
Crystal Meth.	1 = Yes	1 = Yes	1 = Yes
Prescribed meds.	1 = Yes	1 = Yes	1 = Yes
Other _____	1 = Yes	1 = Yes	1 = Yes
None (DO NOT READ)	1 = Yes	1 = Yes	1 = Yes

24. Have you used illegal drugs or alcohol in the last 30 days?

- 1 = Yes (GO TO 24a)
- 2 = No (SKIP TO 25)
- 99 = Unknown

24a. In the last 30 days, which drugs have you used? (READ & CIRCLE ALL THAT APPLY)

Client	
1	Alcohol
2	Marijuana
3	Crack/Cocaine
4	Heroin
5	PCP
6	LSD
7	Methadone
8	Crystal Meth.
88 _____	Other?

25. Has the batterer used illegal drugs or alcohol in the last 30 days?

- 1 = Yes (GO TO 25a)
- 2 = No (SKIP TO 26)
- 99 = Unknown

25a. In the last 30 days, which drugs has he/she used? (READ & CIRCLE ALL THAT APPLY)

Batterer	
1	Alcohol
2	Marijuana
3	Crack/Cocaine
4	Heroin
5	PCP
6	LSD
7	Methadone
8	Crystal Meth.
88 _____	Other?

26. Have you taken any medications in the last 30 days?

- 1 = Yes (GO TO 26a)
- 2 = No (SKIP TO 27)
- 99 = Unknown

26a. Which medications have you taken in the last 30 days and for what did you take them?

27. Has the batterer taken any medications in the last 30 days?

- 1 = Yes (GO TO 27a)
- 2 = No (SKIP TO 28)
- 99 = Unknown

27a. Which medications has the batterer taken in the last 30 days and for what did he/she take them?

RELATIONSHIP

8. What is the relationship between you and the batterer? (CIRCLE ONE)

- 1 = Spouse (married)
- 2 = Former spouse (divorced/separated)
- 3 = Significant other (cohabitants/dating)
- 4 = Former dating
- 88 = Other _____
- 99 = Unknown

29. How long have you been together?

____ (Months)

____ (Years)

MILITARY INFORMATION

Active duty refers to currently serving in the military on a full-time basis. A reservist is someone who serves in the military on a part-time basis. Retired refers to a person who has stayed in the maximum time allowed. Discharged refers to someone who at one time was in the military and did not stay in the maximum time allowed.

30. Are you now or have you ever been in the military?

- 1 = Yes → What is/was her/his status:
- 1 = Active
 - 2 = Reserve
 - 3 = Retired
 - 4 = Discharged
- 2 = No

31. Is the batterer now or has he/she ever been in the military?

- 1 = Yes → What is/was her/his status:
- 1 = Active
 - 2 = Reserve
 - 3 = Retired
 - 4 = Discharged
- 2 = No
- 99 = Unknown

32. Are you or any of your children military dependents?

- 1 = Yes
- 2 = No
- 99 = Unknown

CLIENT CITIZENSHIP INFORMATION (CIRCLE ONLY ONE)

33. Are you a United States citizen?

- 1 = Yes
- 2 = No
- 3 = Other _____
(specify, green card, temporary visa, etc.)

PHYSICAL/MENTAL LIMITATIONS

34. Do you, your children or the batterer have any **physical** limitations or challenges?

- 1 = Yes (FILL OUT GRID BELOW AND THEN ASK 35)
- 2 = No
- 3 = Unknown

35. Do you, your children or the batterer have any **mental** limitations or challenges?

- 1 = Yes (FILL OUT GRID BELOW)
- 2 = No (SKIP TO 37)
- 3 = Unknown (SKIP TO 37)

36.	What are the physical limitations?	What are the mental limitations?	Were the conditions worsened by the abuse?	
			<u>Physical</u>	<u>Mental</u>
Client			Y N	Y N
Child			Y N	Y N
Batterer				

CLIENT ABUSE CHARACTERISTICS

37. Which type(s) of abuse did you experience during the most recent incident which led to your coming here? (CIRCLE ALL THAT APPLY)

- 1 = Physical
- 2 = Mental/emotional(includes stalking)
- 3 = Verbal
- 4 = Sexual
- 88 = Other _____

37a. How long ago was that?

- 1 = Today
- 2 = 1-3 days ago
- 3 = 4-7 days ago
- 88 = Other (specify) _____

38. Which type(s) of abuse have you ever experienced in your lifetime? (CIRCLE ALL THAT APPLY)

- 1 = Physical
- 2 = Mental/emotional(includes stalking)
- 3 = Verbal
- 4 = Sexual
- 88 = Other (specify) _____

39. What objects were involved in the most recent incident (body included)? (CIRCLE NUMBER AND SPECIFY OBJECTS INVOLVED)

- 1 = Weapons (specify) _____
- 2 = Body (specify) _____
- 3 = Items (specify) _____

40. Were children around during the most recent incident?

- 1 = Yes (GO TO 40a and 40b)
- 2 = No (SKIP TO 40b)

40a. Could they have seen or heard the abuse?

- 1 = Yes
- 2 = No

40b. Have children ever seen or heard abuse?

- 1 = Yes
- 2 = No

41. What physical injuries did you sustain during the most recent incident? (CHECK ALL THAT APPLY)

42. What physical injuries have you ever sustained as a result of abuse? (CHECK ALL THAT APPLY)

	Most Recent	Ever
None	_____	_____
Aches and pains	_____	_____
Broken teeth	_____	_____
Bruises	_____	_____
Concussion	_____	_____
Fractures/broken bones	_____	_____
Gunshot wound	_____	_____
Internal injuries	_____	_____
Laceration	_____	_____
Scratches	_____	_____
Sexual assault	_____	_____
Sprain/swelling	_____	_____
Stab wound	_____	_____
Choking/strangulation	_____	_____
Other_____	_____	_____
_____	_____	_____

CLIENT MEDICAL TREATMENT HISTORY

43. Did you receive medical treatment after the most recent incident?

- 1 = Yes (GO TO 43a)
- 2 = No (SKIP TO 44)

43a. What type of treatment?

- 1 = Onsite by paramedics
- 2 = Went to own doctor
- 3 = Went to hospital
- 88 = Other

44. Have you ever received medical treatment for abuse?

- 1 = Yes (GO TO 44a)
- 2 = No (SKIP TO 45)

44a. What type of treatment?

- 1 = Onsite by paramedics
- 2 = Went to own doctor
- 3 = Went to hospital
- 88 = Other

45. Have you ever been abused while you were pregnant?
(CIRCLE ALL THAT APPLY)

- 1 = Yes (GO TO 45a)
- 2 = No (SKIP TO 46)

45a. What type?

- 1 = Physical
- 2 = Mental/emotional (includes stalking)
- 3 = Verbal
- 4 = Sexual
- 88 = Other _____

46. Are you pregnant now?

- 1 = Yes
- 2 = No
- 99 = Don't know

47. Have you ever been abused by this partner before?

- 1 = Yes (GO TO 47a)
- 2 = No (SKIP TO 48)

47a. What types of abuse and about how often does it occur?

	Physical	Mental/Emotional	Verbal	Sexual
Daily	_____	_____	_____	_____
2-3 times a week	_____	_____	_____	_____
Once a week	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

(narrative for clarification)

48. Did you witness abuse while growing up?

- 1 = Yes
- 2 = No
- 99 = Unknown

49. Did the batterer witness abuse while growing up?

- 1 = Yes
- 2 = No
- 99 = Unknown

50. Before this relationship, had you been involved in an abusive relationship?

- 1 = Yes
- 2 = No

51. Has the batterer been involved in other abusive relationships?

- 1 = Yes
- 2 = No
- 99 = Unknown

52. Have you ever been so angry that you physically hurt someone (including yourself)?

1 = Yes (GO TO 52a)

2 = No (SKIP TO 53)

52a. Who was hurt? (CIRCLE ALL THAT APPLY)

1 = Batterer

2 = Children

3 = Friend

4 = Self

5 = Other relative

6 = Stranger

88 = Other _____

Explain the situation in the space provided

53. Have you ever attempted suicide?

1 = Yes (GO TO 53a, 53b AND 53c)

2 = No (SKIP TO 54)

53a. How many times _____

53a. When was the last time you attempted suicide? (CIRCLE ONE)

1 = Within the past month

2 = 1-6 months ago

3 = 7-12 months ago

4 = more than 12 months ago

88 = Other _____

99 = Unknown

53b. How did you make the attempt?

1 = Weapon

2 = Pills

3 = Carbon monoxide

4 = Jump off building/bridge

88 = Other _____

54. Do you currently have suicidal thoughts?

1 = Yes

2 = No (SKIP TO 56)

55. Do you currently have a suicide plan?

1 = Yes

2 = No

If yes, describe

56. Before coming to this shelter, have you ever received any public or private services to prevent domestic abuse?

- 1 = Yes (GO TO 56a and 56b)
- 2 = No (SKIP TO 58)

56a. What kind of services?

56b. Who referred you? _____

57. Did you use the services

- 1 = Yes (specify which ones were used) _____
- 2 = No

LEGAL INFORMATION

58. About how many times have the police been called to your household as a result of domestic violence?

- 1 = None (SKIP TO 60)
- 2 = 1-3 times
- 3 = 4 or more

59. Has anyone in the household been arrested as a result of any of those calls

- 1 = Yes (GO TO GRID; CHECK ALL THAT APPLY)
- 2 = No

Who was arrested and for what type of charge?	Violent Offenses	Property Damage or Theft Offenses	Drug/Alcohol Offenses	Other
Batterer				
Client				
Children				
Other				

60. Have domestic violence charges ever been filed against you?

- 1 = Yes (GO TO 60a)
- 2 = No (SKIP TO 61)
- 99 = Unknown

60a. Have you ever been convicted of abuse?

- 1 = Yes → How many times? _____
- 2 = No
- 99 = Unknown

61. Have domestic violence charges ever been filed against the batterer?

- 1 = Yes (GO TO 61a)
- 2 = No (SKIP TO 62)
- 99 = Unknown

61a. Has the batterer ever been convicted of abuse?

- 1 = Yes → How many times? _____
- 2 = No
- 99 = Unknown

RESTRAINING ORDER

62. Have you ever had a restraining order against the batterer? (CIRCLE ONE)

- 1 = Yes (GO TO 62a)
- 2 = No (SKIP TO 62b)

62a. What type? (SKIP TO 63)

- 1 = Emergency
- 2 = Temporary
- 3 = Permanent

62b. If no, why not? (SKIP TO 64)

- 1 = wants one but hasn't done anything yet
- 2 = does not want one
- 3 = considering
- 4 = don't think it will do any good
- 5 = can't get one (reason) _____

63. Has the batterer complied with the conditions of the restraining order?

- 1 = Yes (SKIP TO 64)
- 2 = No (GO TO 63a)
- 99 = Unknown

63a. How were the conditions violated? (CIRCLE ALL THAT APPLY)

- 1 = Came to residence
- 2 = Called on the phone
- 3 = Came to place of employment/school
- 88 = Other _____
- 99 = Unknown

SHELTER INFORMATION

64. I know this is a long interview and we've been through this before, but I'd like to know in your own words what exactly caused you to seek shelter now?

If client speaks Spanish, please translate into English. Use space provided to record answers. Please write responses verbatim.

65. Have you ever left the relationship before?

- 1 = Yes → How many times? _____
- 2 = No

66. How did you find out about this shelter? (CIRCLE ALL THAT APPLY)

- 1 = Law enforcement (police)
- 2 = Hotline
- 3 = Relative told
- 4 = Friend/Neighbor told
- 5 = Medical provider/Hospital
- 6 = Phone book
- 7 = Community agency
- 8 = Social service
- 9 = Mental health
- 10 = District attorney
- 11 = Victim/witness program
- 12 = Prior client
- 13 = Other shelter
- 88 = Other _____

67. What are your plans to keep you and your family safe?
Explain (USE SPACE PROVIDED TO RECORD ANSWERS)

68. In your lifetime, how many times have you been admitted to a domestic violence shelter (including this time)?

69. Within the last year, how many times have you been admitted to a domestic violence shelter (including this time)?

If client has been admitted to other DV shelters in the last year, please note which shelters, in the space provided.

70. Within the last year, how many times have you been admitted to any shelter for reasons other than abuse?

If admitted for anything other than abuse, ask:

70a. What were the reasons?

71. Who do you see as your support system? (CIRCLE ALL THAT APPLY)

- 1 = Family member
- 2 = Friends
- 3 = Co-workers
- 4 = Clergy/church
- 5 = Professional counselor/therapist
- 6 = Medical professional/doctor/nurse
- 7 = No one
- 88 = Other (specify) _____

72. Who have you told about the abuse?

- 1 = Family member
- 2 = Friends
- 3 = Co-workers
- 4 = Clergy/church
- 5 = Professional counselor/therapist
- 6 = Medical professional/doctor/nurse
- 7 = No one
- 88 = Other (specify) _____

CLIENT'S ASSESSMENT OF THEIR NEEDS AT THE TIME OF ADMITTANCE

Check if the client says the item is a current need for them. Do not read the list.

73. Before you got to the shelter what were you in need of? (PLEASE MARK THE THREE NEEDS THE CLIENT FEELS ARE THE MOST IMPORTANT)

Food		Legal advocacy (attorney)	
Clothing		Divorce	
Permanent housing		Child Care	
Transitional housing		Counseling (group, individual)	
Financial assistance		Transportation (auto, bus, tokens, gas)	
Employment		Safety plan	
Education		Victim/witness funds	
Medical		Mental Health Services	
Assistance with retrieving/belongings		Department of Social Services (AFDC, SSI, GR)	
Assistance with retrieving/replacing legal documents		Children's Services Bureau	
Law enforcement		Help with immigration	
Temporary Restraining Order (TRO)		Drug treatment	
Other (specify)			

PLEASE FILL THE REMAINDER OF THE FORM OUT WITHOUT CLIENT PRESENT.

INTERVIEWER/ COUNSELOR'S ASSESSMENT OF CLIENT'S NEEDS AT TIME OF ADMITTANCE
 (PLEASE MARK THE THREE NEEDS YOU SEE AS MOST IMPORTANT)

Food		Legal advocacy (attorney)	
Clothing		Divorce	
Permanent housing		Child Care	
Transitional housing		Counseling (group, individual)	
Financial assistance		Transportation (auto, bus, tokens, gas)	
Employment		Safety plan	
Education		Victim/witness funds	
Medical		Mental Health Services	
Assistance with retrieving/belongings		Department of Social Services (AFDC, SSI, GR)	
Assistance with retrieving/replacing legal documents		Children's Services Bureau	
Law enforcement		Help with immigration	
Temporary Restraining Order (TRO)		Drug treatment	
Other (specify)			

Interviewer: Please rate your opinion of the validity of client's answers. Circle one.

1 = very valid 2 = valid 3 = somewhat valid 4 = not valid