

**Witness Statement submitted by Deborah DeBare,  
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**Organizational Background/History**

The Rhode Island Coalition Against Domestic Violence (RICADV) was incorporated in 1979 to assist and support Rhode Island's six shelters for battered women in statewide planning and development. The RICADV and our member agencies have been providing services to victims of domestic violence for the last 24 years, consistently expanding services in an attempt to provide the comprehensive support battered women need. The RICADV serves as a resource for our member organizations, providing training, technical assistance, statewide planning, needs assessment, community education, and gathering and disseminating resources and information critical to our work. Our member organizations and the areas they cover are:

- Sojourner House - (Northern Rhode Island and Providence)
- Women's Center of RI - (Providence/East Providence)
- Elizabeth Buffum Chace Center - (Central Rhode Island)
- Domestic Violence Resource Center of South County - (Washington County)
- Women's Resource Center - (Newport & Bristol Counties)
- The Blackstone Valley Advocacy Center - (Blackstone Valley)

The RICADV and its member agencies have a well-recognized track record of successfully administering and implementing effective programs for victims of domestic violence. We are currently involved in various statewide and national collaborations with law enforcement, prosecutors, and other community organizations, such as the Violence Against Women Act Planning Committee, the Attorney General's Task Force on Domestic Violence, the State Steering Committee for the Prevention of Domestic Violence, the VAWA Curriculum Committee, the National Network to End Domestic Violence's Public Policy Committee, and the Domestic Violence Awareness Advisory Group for the National Resource Center on Domestic Violence.

## Statement of Need

In the United States, the crisis of domestic violence has reached epidemic proportions. Families from all income brackets, educational levels, and racial and ethnic origins feel its effects. On average, more than three women a day are murdered by their husbands or boyfriends in the United States<sup>1</sup> and women experience two million injuries from intimate partner violence each year.<sup>2</sup>

Rhode Island is no exception to the national norm. In 2010, Rhode Island's six domestic violence agencies provided a comprehensive array of services to over 10,400 unduplicated victims of domestic violence, and responded to 15,000 crisis hotline calls.

The impact of domestic violence on children who are witnessing the abuse has only recently been recognized. Growing up in a violent home may be a terrifying and traumatic experience that can affect every aspect of a child's life, growth and development, and lead to higher risks of repeating the cycle of abuse as teens and young adults. In spite of this, we know that when properly identified and addressed, the effects of domestic violence on children can be greatly mitigated.

On a single day in 2010, 20,406 children nationwide were living in a domestic violence shelter or transitional housing facility.<sup>3</sup> Children who witness domestic violence are more likely to show anxiety, depression, traumatic symptoms and temperamental problems than other children.<sup>4</sup> Research studies show a high correlation between child abuse and domestic violence, juvenile delinquency and domestic violence, and animal abuse and domestic violence. Females who are exposed to their parents' domestic violence as adolescents are significantly more likely to become victims of dating

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<sup>1</sup> Intimate Partner Violence in the United States. 2006. U.S. Department of Justice, Bureau of Justice Statistics. Available at <http://www/ojp.usdoj.gov/bjs/intimate/ipv.htm>

<sup>2</sup> CDC. Adverse Health Conditions and Health Risk Behaviors Associated with Intimate partner Violence. 2008. Morbidity and Mortality Weekly Report, February 2008. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm>

<sup>3</sup> Domestic Violence Counts 08: A 24 Hour census of domestic violence shelters and services across the United States. 2009 National Network to End Domestic Violence. Available at [http://nnedv.org/docs/Census/DVCounts2008/DVCounts08\\_Report\\_Color.pdf](http://nnedv.org/docs/Census/DVCounts2008/DVCounts08_Report_Color.pdf)

<sup>4</sup> Edelson, Journal of Interpersonal Violence, #14, 1999

violence than daughters of nonviolent parents.<sup>5</sup> Clearly, intervention with the children who witness domestic violence is a critical strategy to help break the cycle of intergenerational violence.

The six member agencies of the RI Coalition Against Domestic Violence (RICADV) have a strong 35-year track record of providing safe shelter and supportive services to children who witness domestic violence. Over 50% of the clients served in the shelter programs are children. However, this is just the tip of the iceberg, as there are thousands of other families experiencing domestic violence in Rhode Island, most of whom do not seek shelter. Data from the RI Supreme Court's Domestic Violence Training and Monitoring Unit indicate that in 2010 there were 5,691 domestic violence arrests, and there were children witnessed the abuse in 28% of these cases.<sup>6</sup>

In 2010, even with reductions in state funding, the member agencies of the RICADV were able to provide services to a total of 452 children in 2010 (ages 0-4: 243, ages 5-9: 135, ages 10-14: 74) in addition to the 268 children who received shelter. Services provided include expressive therapy, art therapy, school supports, advocacy with medical issues, and individual counseling. The EBC Center provided counseling services in 2010 to 54 victims of childhood sexual abuse. The Blackstone Valley Advocacy Center served over 61 families with children in 2010 through the Safe Families program, a pilot program which formed the foundation of an expansion of the initiative. In addition to these direct intervention services, an additional 19,000 children and youth received educational and prevention programming through our member agencies last year.

All six of the RICADV's member agencies provide outreach, education and supportive services to schools to help communities address teen dating violence. Teen dating violence, as defined by the Centers for Disease Control and Prevention, is the verbal, physical, sexual or emotional violence within a dating relationship, and it is also more prevalent in the United States than most people realize. Approximately 1 in 3 adolescent girls in the United States is a victim of physical, emotional or verbal abuse

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<sup>5</sup> Nolan, VJ, Liller, KD, McDermott, RJ, Coulter, ML, and Seraphine, A.E. 2004. Is Adolescent Sibling Violence a Precursor to College Dating Violence? *American Journal of Health and Behavior*. 28: 813-823

<sup>6</sup> RI Kids Count Factbook. 2011

from a dating partner, a figure which far exceeds victimization rates for other types of violence affecting youth.<sup>7</sup>

In Rhode Island, an estimated 11% of high school students say that they have been hit, slapped, or otherwise hurt physically by a girlfriend or boyfriend on purpose.<sup>8</sup> Ten percent of Rhode Island high school students say that they have been forced to have sex when they did not want to, compared to eight percent nationally.<sup>9</sup> Teen dating violence pervades all communities, and has victims in every single city and town in Rhode Island. In fact, the proportion of RI high school students physically hurt by a girlfriend or boyfriend worsened between 2001 and 2007 (9% vs. 14% as did the proportion who reported being forced to have sexual intercourse (8 vs. 10%).<sup>10</sup>

What used to be considered a possible problem among older teens has now become an issue among all teenagers, and even among the middle school “tweens.” Only half of all tweens surveyed nationally (children aged 11 to 14) claim to know the warning signs of a bad or unhealthy relationship.<sup>11</sup> Unfortunately, we know that if teens are not able to recognize the warning signs, then they are more likely to end up in unhealthy or dangerous relationships. Teen victims of dating violence are also more likely than their non-abused peers to engage in other risky or unhealthy activities, such as smoking, using drugs, engaging in unhealthy diet behaviors, risky sexual behaviors and attempting or considering suicide.<sup>12</sup>

According to the data collected by the DELTA State Steering Committee (a committee made up of the Lindsay Ann Burke Memorial Fund, Day One, the RICADV’s six member agencies, and the Katie Brown Educational Program) the following have been accomplished to date:

- 22 middle schools have had staff training
- 20 high schools have had staff training

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<sup>7</sup> Davis, Antoinette. 2008. Interpersonal and Physical Dating Violence among Teens. The National Council on Crime and Delinquency Focus.

<sup>8</sup> RI Youth Risk Behavior Survey, 2009, RI Department of Health

<sup>9</sup> RI and National Youth Risk Behavior Surveys, 2007, Centers for Disease Control and Prevention

<sup>10</sup> RICADV State Prevention Plan, Addressing the Violence Before it Starts, as cited on p.2, 2011; from RI Youth Risk Behavior Survey 2007

<sup>11</sup> Teenage Research Unlimited and Liz Claiborne, Inc., 2008, Study on Teen Dating Abuse

<sup>12</sup> Silverman, 2001. Dating Violence Against Adolescent Girls and Associated Substance Abuse, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy and Suicidality. Journal of the American Medical Association

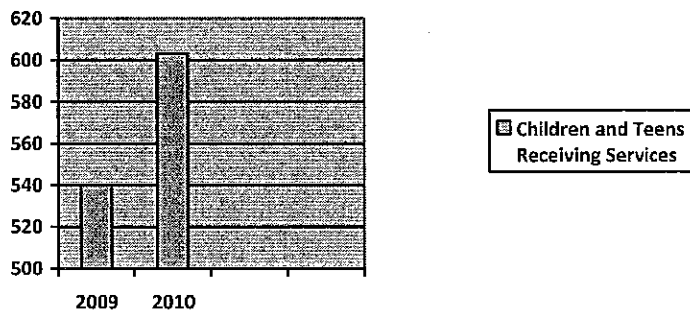
- 31 middle schools have had classroom sessions for youth
- 38 high schools have had classroom sessions for youth

Additionally, the RICADV's six member agencies reached 19,884 youth last year alone with violence prevention education in the elementary, middle, and high schools across the state.<sup>13</sup> Topics include bullying, conflict resolution, media literacy, communication, teen dating violence, and healthy relationships.

### Program Service Gaps in the Community

With recent state budget cuts, funding for children's services has been cut by 60%. According to the census data compiled by the National Network to End Domestic Violence, 83% of Rhode Island domestic violence agencies reported an increased need for such services, while 100% of the agencies reported a decrease in funding available to provide the services.<sup>14</sup> Furthermore, victims of domestic violence identified that they needed more services for their children in 85% of the survey responses received through the RICADV's 2010 Outcome Measures summary report.<sup>15</sup> General mental health or social service agencies have waiting lists for children's counseling services, and there are limitations to such programs' ability to effectively address the security and confidentiality needs of families dealing with domestic violence.

The following chart highlights the increased demand for services for children who witness domestic violence, and teens who experience dating violence in Rhode Island.

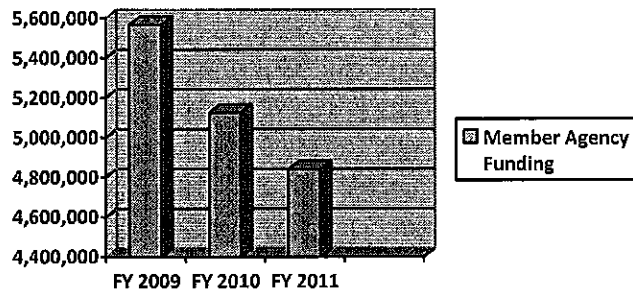


<sup>13</sup> RICADV Annual data 2010

<sup>14</sup> Domestic Violence Counts 2010, 2011 National Network to End Domestic Violence, available at [www.nnedv.org](http://www.nnedv.org)

<sup>15</sup> RICADV, 2010 Outcome Measures Report, RI Coalition Against Domestic Violence.

This dramatic increase in the need for services is juxtaposed against the cuts in funding that our member agencies have experienced in recent years.



## Prevention

Rhode Island has been a leader in the prevention of domestic violence and dating violence. We have put resources into working to change public attitudes about the issue for over ten years, with broad-based public awareness campaigns. Our first public awareness campaign ten years ago, titled "Domestic Violence: It is Your Business", focused on bystanders. The campaign urged Rhode Islanders to change their attitude about domestic violence from thinking about it as a "private matter" toward recognizing that they have a role to play in intervening and stopping domestic abuse. Since then, we have been fortunate to be one of 14 states funded through the Centers for Disease Control and Prevention's DELTA program, to develop a statewide Prevention Plan for domestic violence, and to launch local capacity-building initiatives to lay the foundation for broad based prevention work.

It is essential that Rhode Island prioritize primary prevention of domestic violence by allocating resources and building capacity to implement and evaluate prevention programs. For the past 30 years, Rhode Island has devoted millions of dollars to providing intervention services to victims and survivors of domestic violence and their families. The Violence Against Women movement has made huge strides throughout this time by passing legislation that holds batterers accountable and maintains victim safety by influencing systems and creating policies to minimize barriers for victims'

safety, by shifting victim blaming attitudes through social marketing and communications, by educating RI residents on issues related to domestic violence and by providing interventions like shelter, court advocacy, support groups, and children's services. However, despite these accomplishments, there is no clear evidence that the prevalence and incidence of domestic violence has decreased.

In order to achieve social change and create a world that is free from violence, we need to allocate resources to primary prevention work as well as intervention. Primary prevention provides the opportunity to examine what is at the root of the problem -- the underlying attitudes, beliefs, and norms that support IPV -- and implement prevention strategies that address those risk and protective factors. Primary prevention also provides the community with the opportunity to take ownership of the issue, because community mobilization is required to create the necessary social change. Primary prevention calls for collaboration across sectors of the community (domestic violence advocates, religious leaders, community based organizations, business owners, educators, state agencies, youth, parents, etc.) to collectively address IPV and shift norms so that communities will no longer tolerate domestic violence.

The domestic violence movement has spent the past 30 years building up its "defensive line" in the struggle to end Violence Against Women. We have scored a lot of points and won a lot of games through the passage of VAWA, mandatory arrest laws, and development of safe homes and support services. In order to win the championship game however, we need to build our offensive line as well. We need to engage communities across the states in the primary prevention of domestic violence in order to stop individuals from becoming victims or perpetrators of abuse. Rhode Island needs the synergy of both domestic violence intervention services and domestic violence primary prevention strategies in order to achieve the behavior and norms changes that we so urgently need.

Rhode Island became one of 14 states piloting the DELTA Project in the spring of 2003. Prior to the DELTA Project, there were 13 coordinated community response teams (CCRs) in Rhode Island, all of which were established in the rural parts of the state and which focused on bringing domestic violence intervention services into the community. CCRs comprise community leaders (faith, business, schools, etc.) and residents of the towns in which they were established, with support from the local domestic violence

and sexual assault organizations. With the DELTA Project, Rhode Island had the opportunity to create new CCRs in four cities: Cranston, Newport, Pawtucket, and Providence. All four focused on implementing domestic violence *prevention* strategies in their communities. The focus on prevention was groundbreaking. The RI Coalition Against Domestic Violence (RICADV) and its member agencies had always recognized that there was a need to do prevention work in RI; however, this was the first time that resources were designated specifically for prevention.

Rhode Island was selected as a pilot state for DELTA by the CDC because of the RICADV's strong history of multidisciplinary collaboration and leadership in the areas of policy, communications and training, as well as the state's readiness to implement the DELTA Project. During the first three years of DELTA, the funding supported local CCRs, to provide CCRs with training and technical assistance, and to monitor local CCRs' progress in implementing IPV primary prevention initiatives. On the community level, CCRs were tasked with developing local prevention plans and evaluating their community based prevention efforts with support from the Empowerment Evaluator.<sup>16</sup>

The primary prevention plan that has been developed by the RI State Steering Committee for the Prevention of Domestic and Dating Violence (SSC) is the first step in a long-term process to alter societal norms, attitudes, beliefs, and behaviors that support domestic violence. The Rhode Island SSC has identified evidence-informed prevention strategies targeting men and teens as priorities.

The State Plan has the following goals regarding capacity building:

- Expand the capacity of existing domestic violence prevention programs to engage in primary prevention through training and technical assistance
- Increase the number of evidence-informed domestic violence primary prevention programs in Rhode Island
- Facilitate coalition building among violence prevention practitioners and facilitate partnerships between evaluation researchers and local practitioners
- Improve state data collection systems' accessibility

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<sup>16</sup> Empowerment Evaluation is a type of evaluation in which the evaluator is not the traditional outside observer, but rather an active coach and teacher that helps to build participants' capacity to continually improve their initiatives through process and outcome evaluation.



The State Plan also has the following goals targeting adult men, and youth ages 12 – 18:

- Decrease the perception that masculinity includes violent behavior
- Encourage bystanders to intervene by promoting the use of evidence-informed strategies
- Cultivate male champions to publicly challenge traditional gender norms
- Increase the social competencies' of RI youth
- Promote the integration of dating violence primary prevention concepts in existing school-based strategies
- Disseminate education and training materials on promoting health relationships and on social norms change activities to RI youth groups, community organizations, after school programs and camps

The RICADV is spearheading the implementation of the State Plan, supporting the development of primary prevention guidelines, providing training and technical assistance, and conducting outreach to violence prevention practitioners in the state regarding training needs in the area of primary prevention and evaluation. We are committed to ensuring that evidence-informed programming and strong evaluation are key components of all the prevention work being conducted, as resources are scarce and we want to ensure that the funds are used to maximize the resources to have the greatest impact.

Specific strategies that the State Plan identifies for working with youth 12 and older include the following:

- Close to Home Social Norms Change Activities (participatory research)
- Safe Dates, a school based program that involves an evidence-based nine session curriculum, a play performed by students and a poster contest
- SADA (Students Against Domestic Abuse), a Newport primary prevention strategy incorporating positive youth development theory, prevention principles, youth leadership and activism
- Young Men's Work and Young Women's Lives, curricula developed by Paul Kivel to provide young men and women with communication, problem solving and health relationship skills while they examine gender norms, oppressions and the roots of male violence

## Looking to the Future: VAWA

What is clear with the recent research and focus on prevention is that we need to start working with youth as early as possible. Intervening when youth are forming, or about to form their first dating relationship is critical. Rhode Island needs to promote social competencies and positive identities for all Rhode Island youth. The acquisition of skills like decision-making and peaceful conflict resolution may serve as protective factors for domestic violence victimization and perpetration for youth.<sup>17</sup>

Through the Violence Against Women Act, funds that are dedicated to address the critical programs for children who witness domestic violence and youth at risk for dating violence are more important today than ever before. With the rising demand for services, and the increased factors putting children and youth at risk, the programs identified in the Violence Against Women Act need to be fully funded, not just for the citizens of Rhode Island, but for the citizens of the United States of America.

Due to the overwhelming success of VAWA funded programs, more and more victims are coming forward for help each year. For example, VAWA-trained police now give out domestic violence hotline numbers, which in turn encourages more victims to look for services. **This rising demand for services, without a concurrent increase in funding, means that many desperate victims are turned away from life-saving services.** In just one day nearly 9,000 requests for services went unmet across the country due to a lack of resources.<sup>18</sup>

With the upcoming VAWA reauthorization in 2011, Congress has an opportunity to strengthen the current successful grant programs and include programs to better ensure that victims and their families are safe. An additional focus for the VAWA 2011 reauthorization should be focusing on prevention of dating violence, domestic violence, sexual abuse and stalking.

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<sup>17</sup> Protective factors are associated with decreasing the likelihood of violence perpetration, RICADV State Prevention Plan, 2011

<sup>18</sup> VAWA Measuring Effectiveness Initiative, 2003 Edmund S. Muskie School of Public Service

## Conclusion

The Violence Against Women Act is effective. Service providers, law enforcement officers, prosecutors, judges, and others in the continuum of services are coordinating their efforts to ensure that victims and their families are independent and safe.

However, the job is not done. The cycle of abuse needs to be broken by incorporating a focus on prevention. In order to continue the progress that we've accomplished already, we must strengthen VAWA so that it can work for all victims of domestic violence, whether they live in rural or urban areas, whether they are children or elderly victims, whether they speak English or another language – every victim deserves the chance to escape from violence. Congress has a unique opportunity to make a difference in the lives of so many by reauthorizing the Violence Against Women Act with key and strategic improvements.