

## CHAPTER 13

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### *Shelters and Other Community-Based Services for Battered Women and Their Children*



*Cris M. Sullivan  
Tameka Gillum*

**A**lthough this is somewhat difficult to believe today, community-based services designed specifically to help women with abusive partners were virtually nonexistent before 1976. Prior to the 1960s, battered women found themselves in the same shelters as catastrophe victims, alcoholics, and all other homeless individuals, as their only options for shelter were the Salvation Army, church homes, and other homeless shelters. In addition, many times, these assistance centers were full and turned battered women and their children away. Most of these shelters were also insensitive to the needs of women with abusive partners, often blaming the women for their victimization (Schechter, 1982).

The first shelters for women with abusive partners developed out of the feminist movement of the 1970s, during which consciousness-raising groups led to women talking, often for the first time,

about the abuse they were experiencing in their homes. Feminists, community activists, and formerly battered women began organizing to develop new ways to meet the needs of battered women and to define the problem of what came to be called *domestic violence*. Early shelters often were no more than the private homes of women who opened their doors to battered women and their children, and none initially relied on governmental funding. Later, shelters often shared facilities with local YWCAs or used institutional settings such as motels or abandoned orphanages. Often, large old houses were set up to shelter women and children. Shelter staff did their best to make these settings feel like home for these women and children. Women in the shelter worked together, sharing household duties such as cooking and cleaning. Most often, women and children shared rooms in these shelters due to limited space. The

allowable stay ranged from a few days to a few months.

Within the past 25 years, however, the battered women's shelter movement has been successful in educating the public and demanding an increase in services for women with abusive partners. Today, there are over 2,000 domestic violence programs across the United States (National Research Council, 1998). Most of these programs provide emergency shelter, 24-hour crisis lines, and numerous support services. Unfortunately, the number of programs available is still much lower than the need. Shelters are less likely to be available to women in rural areas, and most struggle continually for enough money to stay open. The National Coalition Against Domestic Violence estimates that for every woman who receives shelter, three are turned away for lack of space (R. Smith, personal communication, 1999).

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### **The Shelter Experience**

Although domestic violence shelter programs are not all alike, most share certain commonalities. Most shelter stays begin with a telephone call from a woman who has either just been assaulted or who knows she is in imminent danger of being assaulted.<sup>1</sup> The staff person or volunteer who answers the call is trained to assess the immediacy of the situation, to provide emotional support and understanding, and to arrange for the woman to come directly to the shelter, to receive medical attention at a local hospital, or to go to the home of a friend or relative.

If the shelter volunteer determines with the woman that the best option is for the survivor to enter the shelter, arrangements are made for her to get there safely. Most shelters have a policy that they will not

pick women up from their homes, as doing so could result in danger to the woman and/or shelter volunteer if the perpetrator is still present. Not picking women up at their homes also minimizes the risk of perpetrators following the car to the shelter, which is generally in a confidential location. Some shelters allow their volunteers to pick women up from hospitals, hotels, or other locations deemed safe to both the volunteer and the family. Some women can arrange their own transportation to the shelter, either driving their own cars or taking public transportation.

It is important to understand that most women choose to enter shelter programs only as a last resort. The woman has likely just experienced a traumatic event, she is in both physical and emotional pain, and, if she has children, she is trying to comfort them and think of their needs as well. Entering a brand new environment that involves living collectively with many other women and children, having little to no privacy, and abiding by numerous rules that come with such a living situation is not something most women look forward to doing. If they can stay with friends or relatives, if they can secure their homes to feel safe living there, or if they can afford to move either temporarily or permanently, these choices are generally deemed more desirable and less traumatic for women and their children. Unfortunately, many women lack the social and economic resources to choose any of these options, and for them, a shelter is the best alternative.

### ***Policies Regarding Children***

Shelter programs differ in their policies regarding allowing women's adolescent children to stay as residents as well. Al-

though most shelters allow all children under either age 12 or 14 to stay with their mothers, some ask that women find other accommodations for their male adolescents. This regulation was created for a number of reasons. First, some boys have already grown quite tall and muscular by early to middle adolescence, and they look more like men than children. This can alarm other women and children staying in the shelter, who do not expect to see men walking the hallways. Another reason this rule exists in some shelters is that some male adolescents have become violent toward their own mothers or other residents and have been difficult to restrain. Rules regarding the older male children of residents have been difficult to create and to implement because shelters do not want to discriminate against women or their children, nor do they want to overgeneralize the problematic behaviors of some adolescents. However, they also need to ensure the safety and comfort of all residents in the shelter. Many shelters balance this dilemma by dealing with situations on a case-by-case basis. Many teenagers—both male and female—do not want to reside in the shelter anyway, and they are happy to stay with friends or relatives as an alternative. In other cases, shelters have admitted male teenagers when the woman will simply not come otherwise. Creating rules that respect the diverse needs of many adults and children living together communally is far from simple or straightforward.

### ***Other Shelter Rules***

The typical domestic violence shelter resident is under 35 years of age, with two children, little income, and few options. When she arrives at the shelter, she is likely to be assigned to a room with at

least one other woman and her children. Bathrooms are shared, and residents are expected to complete household chores to keep the shelter running smoothly. These chores might include cooking the evening meal, vacuuming, dusting, or helping with child care. Women are responsible for the whereabouts of their children at all times, with some shelters providing more respite from constant child care than others. Children have bed times, and adults must be in the shelter by a certain time at night unless they call and notify the staff. This way, staff knows if beds are available as new women call needing help.

### ***Assistance Received***

The typical maximum stay at a domestic violence shelter is 30 days, although most programs offer extensions as needed. During their stay, women are provided with much more than beds, meals, and laundry facilities. Counselor advocates work individually with women to identify the family's unmet needs and help women and their children in any way possible. Women are always informed about their legal rights and are assisted in obtaining personal protection orders, if they desire. Safety plans are discussed with women, and opportunities to talk with other women both formally and informally are provided. Counselor advocates help women with other needs they may have, such as finding housing, seeking employment, or obtaining health care.

Domestic violence shelter programs have been found to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (Bowker & Maurer, 1985; Sedlak, 1988; Straus, Gelles, & Steinmetz, 1980; Tutty, Weaver, & Rothery, 1999). Most programs provide

all services free of charge, and they were created to empower and respect women (Ridington, 1977-1978; Schechter, 1982). Berk, Newton, and Berk (1986) reported that, for women who were actively attempting other strategies at the same time, a shelter stay dramatically reduced the likelihood of further violence. More and more communities are recognizing the importance of domestic violence shelter programs and are either establishing or expanding such services in their communities.

Although shelters receive high effectiveness ratings in general from their residents, not all women feel that shelters are options for them, and some are distrustful of the experiences they might have there. Lesbian women, for example, are much more likely to have negative shelter experiences and/or to believe that shelters are for heterosexual women only (Irvine, 1990; Renzetti, 1992). This is due to a number of factors. Some lesbians perceive they will be discriminated against in shelters, whereas others fear shelters would be unsafe because their abusers, also being women, could gain entry more easily than male batterers could. Some lesbians are even battered by women who work within the shelter movement or who know women who work within the shelter. Many shelters are beginning to deal with these issues of safety and discrimination, but the complexity of the problem makes it difficult to guarantee safety for lesbian women at this time.

Another group of people underserved by shelters are those women under 20 or over 60 years old (see, e.g., Berk et al., 1986; Gondolf, 1988; Hilbert & Hilbert, 1984; Okun, 1986; Schutte, Malouff, & Doyle, 1988; Sullivan, Tan, Basta, Rumpitz, & Davidson, 1992). A study of

all Florida shelters found that, although 27% of all Florida residents are senior citizens, less than 1% of shelter residents were over 60 (Vinton, 1992).

The multitude of reasons that adult teens being abused in dating relationships do not access shelter services include their lack of identification as being battered or abused, their access to protection from their families if they still live at home, their assumption that shelters are for married or cohabiting women only, and the belief that their abuse will not be taken as seriously as abuse against older women. Abused teens under the age of 18 are prohibited from most shelters unless they are legally emancipated. This rule, unfortunately, means teens have even fewer options than adults who experience violence in their relationships.

Older women share some of the same reasons for not accessing shelter services (lack of identification as battered, an assumption they are in the wrong age group and do not qualify for services), but they also have reasons distinct to their age. Some older women may be less aware of services available because services were nonexistent when they were younger. Some may feel more embarrassment or shame about discussing their abuse because of their membership in a generation that did not talk about such things as freely. Still others might have special health or physical ability needs that they believe may not be adequately addressed by shelter staff.

Some women of color, regardless of age and sexual orientation, also hesitate to use shelters for various reasons. Many shelters are staffed primarily by white women, who may be insensitive to needs and issues within cultures other than their own. For instance, some African Ameri-

can women are more hesitant to call the police because they fear their assailants will receive racist treatment from the criminal justice system (Williams, 1981). Language barriers prevent some women from seeking shelter, as do shelter policies that are more comfortable among those from the majority culture (i.e., chores needing to be done at specific times, corporal punishment of children is banned). Migrant women are often working far from their homes and face multiple language, cultural, and structural barriers preventing their use of shelter programs (Rodriguez, 1998). Immigrant women face language, cultural, and sometimes legal barriers to accessing services (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Dasgupta, 1998). Many women of color have reported that when resources were not respectful of their ethnic group, they either did not use the services or used them for only a brief period of time (Sorenson, 1996). Because of this, many domestic violence programs report underrepresentation, lack of participation, and/or low completion rates by minorities (Williams, 1992). It is important to understand the context of experiences of partner abuse by varying cultures, particularly in the area of service delivery (Williams, 1993). In addition, Anglo women need to educate themselves about the different needs of all shelter residents, and shelter staff need to reflect the population whom they are serving.

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### **Domestic Violence Programs Within Communities of Color**

In response to the need for culturally specific services for survivors of domestic violence, an increasing number of domestic

violence shelter programs are being designed specifically by and for women from their own communities. One example is the Asian Women's Shelter in San Francisco, California. The first domestic violence center to specifically serve the Asian and Asian American community, the shelter offers, among other things, a multilingual access model, which addresses the issue of language barriers that many Asian women face in seeking services from other shelters. Shelter services also are respectful of the values and traditions held by many Asian and Asian American women. For some Asian women, leaving an abusive man means leaving her children, family, and entire social network, as the act of leaving may not be respected by her larger community. To best help and assist women faced with difficult life choices, it is important to understand the cultural barriers, as well as the cultural strengths and supports, that are important components of women's experiences.

Another example of a culturally specific family violence intervention program is Asha Family Services, Inc., in Milwaukee, Wisconsin. Many programs developed and staffed by Anglo women specifically exclude any programs directed toward male perpetrators. Some in the African American community, however, believe it important to employ a holistic family approach, meaning that services are available for the batterer, the survivor, and the children and services are designed to promote the healing of mind, body, and spirit. Founded in 1989 to meet this need of the African American community, Asha Family Services is a non-profit, spiritually based family violence intervention and prevention agency. The program strives to provide effective and

comprehensive family violence intervention and prevention services. The agency also holds a state license as an outpatient mental health and substance abuse treatment facility.

Programs have also been designed to meet the needs of the Latina community more adequately. One such program, the Latina Domestic Violence Program of Congreso de Latinos Unidos, Inc., located in Philadelphia, Pennsylvania, is a community-based program offering services to Latina survivors of domestic violence. The program's services include court accompaniment and translation and expertise in international and territorial legal issues. It is important to note that interventions designed to target the Latino/a community should also have services available for Latino perpetrators, in addition to services for women and children. This is important because the Latino/a community, in general, is family oriented. Respect for and loyalty to the family, as well as family unity, are strong values in the Latino/a community. Traditionally, if a woman is to comply with treatment, a male figure in the home must be involved (Torres, 1998). In the case of survivors, this is the male partner. Hence, programs serving this community must recognize and be respectful of these values and provide services that are inclusive of the male perpetrators for those Latinas who need or want their partners to be involved.

One program that provides support services specifically to Native American battered women and their children is the Lac du Flambeau Domestic Abuse Program of Lac du Flambeau, Wisconsin. This program offers emergency transportation to and shelter at the statewide Native American shelter, support groups, individual counseling, advocacy, a 24-hour crisis line, restraining order assistance, domes-

tic abuse education, follow-up planning, community education, a Children's Services project, and transitional living. All services are provided by Native Americans, honoring the traditions and strengths of the Native community.

Another group of women excluded from most mainstream domestic violence programs in the United States is migrant farm workers. Migrant women, by necessity, are transient, unable to stay in one location for an extended period of time without losing their livelihood. Their children often work alongside them and may be prevented from fleeing with the women by their abusive partners. In 1995, the Lideres Campesinas Domestic Violence Outreach and Education Project was developed to meet the specific needs of migrant women being abused by partners and ex-partners. Through the collaborative efforts of the Centers for Disease Control, Lideres Campesinas, and the Migrant Clinicians' Network, this project was designed to assist migrant farm worker women to share information and resources. A select number of migrant farm worker women receive extensive training in domestic violence issues, legal options, and available services, and they then pass that information along to others through a variety of creative means. For example, information is shared at bus stops, in beauty shops, in the fields, and in stores. In the first year of the project, 17,000 migrant workers in California received information and assistance. The program's efforts continue to grow, and partnerships with service providers ensure that migrant farm worker women receive the attention, knowledge, and services they need in a culturally competent way (Rodriguez, 1998).

These projects are just a sampling of the culturally specific domestic violence

service programs across the United States. As both funding and cultural awareness increase, such programs are expected to expand in number and in scope.

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### **Expansion of Services Within Domestic Violence Shelter Programs**

The general public is often still under the misconception that the majority of domestic violence programs offer only crisis lines and residential (shelter) services. Although this may have been true when programs were beginning, today, most domestic violence programs offer an array of services for women with abusive partners. These services include but are not limited to support groups for women who are not residing at the shelter, advocacy services, individual and group counseling, programs geared specifically toward children, referrals to other community-based services, and financial assistance.

Rainbow House (Chicago, Illinois) is just one example of a shelter program offering an array of services to both residents and nonresidents. In addition to residential services, Rainbow House offers intervention services to abused pregnant teens and their children; a comprehensive program of age-appropriate activities for preschool children; services to meet the educational needs and goals of teenage residents; health advocacy services; legal advocacy services; housing advocacy services; bilingual English/Spanish services; individual, family, and group counseling; employment assistance; children's services; and substance abuse prevention and education.

Domestic violence service programs have continually expanded their services over the years to better meet the diverse and complex needs of women escaping abusive partners. One innovation that is gaining popularity in many communities is transitional housing options. Lack of decent, affordable housing continues to be a problem for many women using domestic violence residential services (Correia, 1999; Sullivan et al., 1992), due in part to insufficient housing in many communities but also due to the fact that most shelters expect residents to leave within 30 days. This need has led more and more programs to create transitional housing alternatives in their communities. Transitional housing programs are designed to help survivors and their children as they make the transition from a domestic violence shelter to a more permanent residence. Such housing often is provided in apartment units where women can live for a set period of time or until they can obtain permanent housing. Women who live in these facilities pay only a small percentage of their income for rent. Some programs only allow women to stay 2 months, but it is more typical that women and their children can stay 18 to 24 months. Many transitional housing programs include other support services such as counseling, housing assistance, and employment assistance.

One model transitional housing program is Middle Way House, Inc., in Bloomington, Indiana. In 1998, Middle Way House opened a 28-unit facility for low-income battered women and their children. Each family that enters the program is assigned a case manager to work with throughout the stay. Additional services offered through this program include support groups, 24-hour child care, legal advocacy, parenting workshops, em-

ployment assistance, and community activities. Families can stay up to 2 years, and rent is determined by family income.

Another innovative program that some domestic violence agencies are now providing is the visitation center. Many batterers are able to maintain contact with women—and continue their abuse after a relationship has ended—through access to the children they have in common. Abusive men are often legally entitled to visit with their children, and they can use those visits to harass and harm their ex-partners. In response to this, a number of domestic violence programs have opened visitation centers where contact between the parents is minimized and the children are protected. These centers are designed in such a way that women do not have to have contact with their abusive ex-partners. Often, the women enter through one entrance of the building whereas the fathers enter through another. A neutral mediator (usually a center worker) takes the children to the visitation area and later returns them to their mother. All exchange between the two parties takes place through the center workers (McMahon & Pence, 1995)

The Duluth Visitation Center, a model program that opened in 1989, is located in a YWCA building and includes family rooms, play areas, and a gym. In cases where abusive men have been granted unsupervised visitation by the courts, the visitation center can serve as a dropoff/pick-up site for parents. Women can bring their children in one door, whereas men use a separate door in a different section of the building. Staff oversees the exchange of the children and can ensure that perpetrators and victims do not have contact. In cases where batterers have been granted supervised visitation by the courts, staff remain in the same room with

fathers and their children and are available to intervene if necessary to keep children safe (McMahon & Pence, 1995).

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### **Expanding Services to Children of Women With Abusive Partners**

As mentioned earlier, the majority of women using domestic violence shelter program services have children accompanying them (Jaffe, Wolfe, & Wilson, 1990). Until recent years, however, many programs had no services available specifically targeted toward children's needs. Lack of funding and human resources forced many domestic violence programs to focus exclusively on the women using their services. Today, many domestic violence agencies have comprehensive children's programs, including support groups, counseling, play rooms, and educational resources. The Women's Center and Shelter of Greater Pittsburgh is one example of a program that offers an extensive array of services to children. Their children's program provides services to children of both shelter residents and non-residents. These services include child care offered 9 a.m. to 8:30 p.m. Monday through Friday, age-appropriate structured activities for children in groups; school enrollment assistance, information and referrals to other agencies, weekly concurrent support groups for mothers and children, medical and dental screenings through the Healthy Tomorrows program; afterschool and summer recreation programs; and individual and systems advocacy.

A common intervention program for children exposed to domestic violence is the domestic violence support and education group. Groups generally run 10 to 12



weeks, and the curriculum is age-appropriate. Sessions include serious topics as well as fun activities and snacks, and children learn about labeling feelings, dealing with anger, and honing their safety skills. One evaluation of such a program revealed that children learned strategies for protection in times of emergency and regarded their parents in a more positive light. Mothers also reported a positive change in their children's behavioral adjustment (Jaffe, Wilson, & Wolfe, 1989). Gruszinski, Brink, and Edleson (1988) conducted a similar study, based on 371 children who attended a program over a 4-year period. They found that children improved their self-concepts, understood that violence in the home was not their fault, became more aware of protection planning, and learned new ways of resolving conflict without resorting to violence. Although the majority of support and education groups for children are currently being operated within domestic violence programs, most are open to children regardless of whether they are staying at the shelter.

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### **Non-Shelter Based Community Services for Battered Women and Their Children**

Many services for battered women and their children are being offered not just within domestic violence programs but within a variety of systems throughout communities. Programs are growing in health care settings, in police stations and prosecutors' offices, in family service organizations, and on college campuses, just to name a few.

### ***Programs in Health Care Settings***

About 1.5 million women seek medical treatment for injuries sustained from abusive partners each year (Straus, 1986). Unfortunately, physicians and nurses have traditionally received inadequate training to identify and assist victims of domestic violence appropriately (Stark & Flitcraft, 1988; Warshaw, 1993). Some hospitals and clinics have begun to address intimate male violence against women as a health issue and have initiated special training, protocols, and programs to respond to survivors of domestic abuse effectively.

AWAKE (Advocacy for Women and Kids in Emergencies) was the first program within a pediatric setting to link assistance for battered women with clinical services for their children. The program has its own satellite office in the Family Development Clinic at Children's Hospital in Boston, Massachusetts. Through this program, battered women and their children are paired with an advocate who assists them with everything from legal issues to safety planning. In 1994, the program expanded its services to include bilingual/bicultural advocates, who provide services at a health center located in a Jamaica Plains public housing development. The program also provides training to medical staff at Children's Hospital and the Martha Eliot Health Center, as well as across the state and the nation.

Another early domestic violence program in a public hospital was the Hospital Crisis Intervention Project founded at Chicago's Cook County Hospital in 1992. Staff and volunteers offer immediate assistance to battered women in the hospital and also train hospital staff to properly identify and treat domestic violence victims. In response to the cultural diversity

of the patient population in Chicago, a multicultural staff is available to provide services in seven languages.

The Medical Advocacy Project at Mercy Hospital in Pittsburgh is unique in that the hospital offers an apartment on hospital grounds for survivors when local shelters are at capacity. In addition, all women who come through the emergency room are screened for domestic violence, and a full-time advocate is on staff to assist survivors.

### ***Programs Located Within the Criminal Justice System***

As laws and policies pertaining to domestic violence have improved, more women have contacted the criminal justice system for help in protecting themselves and their children. In response to this, some communities have implemented programs within police stations, prosecutors' offices, or legal offices to reach women in need of legal assistance, legal advocacy, and/or direct assistance.

One such response is a first-response team, which can but does not necessarily need to be housed within the criminal justice system. One first-response team, the Capital Area Response Effort (CARE), has been operating in mid-Michigan since 1995. When arrests are made in cases of domestic violence, the police call CARE, and two volunteers go to the home of the victim to offer immediate support and assistance. Depending on the need, volunteers can refer women to local shelter programs, inform them about the legal process that has begun, offer referrals, or simply provide immediate emotional support. As needed, CARE volunteers also provide advocacy and accompaniment

through the legal process. CARE is housed within a police department but staffed by domestic violence advocates. The staff is overseen by an advisory board comprising police, prosecutors, service providers, and others from the community.

Although a first-response team can provide immeasurable assistance to women after the police have been called, such help is limited if the police, prosecutors, judges, and probation officers are not cooperative in holding perpetrators accountable for their behavior. In response to this, an increasing number of communities have designed what the Minneapolis Domestic Abuse Project first termed community intervention projects (CIPs). Under many different names across the country, these projects involve coordinating criminal justice system and community efforts to respond more effectively to domestic violence. The police agree to contact the CIP after responding to a domestic violence call, and perpetrators are held in jail for a set period of time (usually at least overnight). The CIP then sends female volunteers to the survivor's home and sends male volunteers to visit the perpetrator in jail. Survivors are given information, referrals, and transportation to a shelter, if needed, and perpetrators are encouraged to accept responsibility for their actions and to attend a batterer intervention program. Prosecutors agree to pursue domestic violence charges aggressively, and judges agree to order pre-sentence investigations and to mandate jail time and/or batterer intervention. Probation officers also play an important role in this coordination. They agree to incorporate the perpetrator's violent history and the survivor's wishes in the pre-sentence investigation, and they hold perpetrators

accountable if they do not attend their mandatory batterer intervention meetings.

There is some evidence that CIPs result in increased safety for survivors of domestic violence. One study found that CIPs resulted in increased arrests, increased successful prosecutions, and a larger number of perpetrators being mandated to attend batterer intervention programs (Gamache, Edleson, & Schock, 1988). Another study found that when police action was coordinated with other systems—a critical component of coordinated community intervention—perpetrators were significantly less likely to reoffend (Steinman, 1990). Equally important, when police action was *not* coordinated with other components of the system, perpetrators actually seemed to increase their use of violence against women.

Not all CIPs are identical, and some are much more comprehensive than others. Not all communities have gained the cooperation of all necessary players (police, prosecutors, judges, probation officers, and advocates), but thousands of communities have adapted components of this model, with varying degrees of success.

### ***Programs Developed Through Family or Social Service Agencies***

As more community members learn that domestic violence is a social problem requiring a comprehensive community response, programs are developing through a wider network of social service agencies. In 1980, for example, Dove, Inc. (Decatur, Illinois), a nonprofit social services agency organized by area churches as a cooperative community ministry, began its own domestic violence program.

This program has developed an array of projects and services for battered women and their children, including support groups at schools for teenage survivors, art therapy, support groups for lesbian and gay survivors, and HIV/AIDS education and support.

Other programs have been developed with the goal of preventing children of battered women from being placed in foster care, thus keeping battered women and their children together. One such program is Families First, located in and funded by the state of Michigan. Families eligible for the services are those with children at risk of homelessness or harm because of domestic violence but not yet at imminent risk of removal from the home because of abuse or neglect. Services of this program include assistance with relocation to safe housing; legal and medical advocacy; employment assistance; help developing safety plans; provision of transportation, clothing, and other concrete services; up to \$300 to each family to aid with tangible needs; and facilitation of other ongoing social services to the families after Families First services have ended.

### ***Programs Developed Through Universities***

In 1994, Michigan State University became the first university to establish and fund its own on-campus domestic violence shelter and education program. One of the largest campuses in the country, Michigan State recognized that universities are communities unto themselves and, as such, experience the same social problems that other communities face. Their program, which includes shelter services, advocacy, counseling, support

groups, and community education, serves as a prototype for other academic settings.

Michigan State University also houses a community advocacy program for battered women and their children. With funding from the National Institute of Mental Health as well as local support, female undergraduate students are trained through the community psychology program to work as community advocates for battered women and their children. This project, started in 1986, involves a collaborative relationship between the university and community-based organizations. Students earn college credits for participating, and battered women and their children receive free advocacy and support services. Students work in the community and are trained to provide advocacy across a variety of areas, including but not limited to housing, employment, education, transportation, child care, health care, legal assistance, and social support. An experimental longitudinal evaluation of the project has verified that women who worked with advocates reported higher quality of life, greater social support, and decreased difficulty obtaining community resources over time. Perhaps most important, they also experienced less violence over time than the women who did not work with advocates (Sullivan, 2000; Sullivan & Bybee, 1999).

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### Summary

Community-based services for battered women and their children have expanded exponentially in the last 25 years. As our knowledge about this complex issue has grown, as funding has increased, and as more community members are accepting responsibility for ending intimate male violence against women and children,

community-based services have developed that reflect this growth. Today, most communities have at least some programs available for battered women and their children. Nonprofit domestic violence service programs offer an array of services to women and children, whether or not the family needs residential services. Many communities also have services provided through health care systems, the criminal justice system, and/or social service systems. Efforts have improved to ensure that services are culturally appropriate and respectful of the complex obstacles facing women with abusive partners. However, no community can be said to be doing enough. Too many survivors still receive insufficient help, and too many communities provide uncoordinated or inadequate assistance.

We have clearly come a long way, but our journey is far from over. Domestic violence victim support services will continue to develop and expand to meet the changing needs of women and children. At the same time, advocates nationwide eagerly anticipate the day when such support services for battered women and their children are no longer necessary.

### Note

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1. If the number for the local program is not known, the toll-free domestic violence hot line can patch callers through to a program near them.

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