

**State of Delaware
Domestic Violence Advocate Pilot Project
2002-2004:
An Overview and Evaluation**



**The Department of
Services for
Children, Youth and
Their Families**

in collaboration with



and



Conducted and Written by Sandra T. Winter, MSW Graduate Student
Department of Social Work
Delaware State University

Published by the Department of Services for Children, Youth and Their Families
May 2004

Think of the Child First!

Table of Contents

	<u>Page</u>
I. Acknowledgements	4
II. Executive Summary	5
III. Introduction	11
A. Overview of the Problem of Domestic Violence and Child Abuse and Neglect in Delaware	11
B. Development of Project	11
IV. Project Implementation Overview	13
A. Project Staffing	13
B. Referral Process	14
C. DFS vs. Domestic Violence Advocate Safety Plans	15
D. Variations in Project Implementation	15
V. Methodology	16
VI. Data Collection	17
A. DFS Staff Survey	17
B. Interviews with Advocates and Supervisors	17
C. Focus Groups	17
VII. Data Analysis	18
A. DFS Staff Survey	21
B. Interviews with Advocates and Supervisors	23
C. Focus Groups	23
VIII. Issues and Recommendations	24
A. Communication	24
B. Referral Process	25
C. Services/ Needs	25
D. Advocate Training/ Certification	26
E. Ancillary Issue	26
IX. Conclusion	26
X. Project Update	29
XI. Appendices	
A. Delaware Law Enforcement Domestic Incident Report	31
B. DFS Worker Survey	35
C. Domestic Violence Agency Interview Questions	38
D. Focus Group Questions	40

E. Advocate Data Collection Forms	42
F. Domestic Violence Advocate Pilot Project Participants	49
XII. References	50
XIII. List of Charts	
A. Chart 1	12
B. Chart 2	19
C. Chart 3	19
D. Chart 4	20
E. Chart 5	20
F. Chart 6	21
G. Chart 7	21
XIV. List of Diagrams	
A. Diagram 1	15

Acknowledgements

The State of Delaware Domestic Violence Advocate Pilot Project 2002-2004: An Overview and Evaluation could not have been conducted and written without the cooperation of many individuals and the support of their respective agencies. We particularly wish to express our gratitude to the Criminal Justice Council along with the following persons whose assistance was critical in creating this report:

Carla Bloss for providing statistical information from the Division of Family Services (DFS);

John Spina for his help in setting up the advocate database for tracking client information and providing valuable Excel training;

Debbie Flad for setting up the DFS worker and supervisor survey;

Debbie Reed for providing statistical information from the State Bureau of Identification on domestic incidents within the State of Delaware;

DFS investigation and treatment workers and supervisors for their excellent feedback and insight into client and agency needs, and all the administrators at DFS for their feedback and support during this evaluation;

The domestic violence advocates for providing insight into the issue of domestic violence as well as the services they provide and all their hard work in setting up the client database and focus groups;

The domestic violence agencies, Child, Inc. and FIT for granting us access to all the information necessary to complete this evaluation and for taking the time to review and critique the final draft document;

Robin Williams, People's Place II intern, for her tireless efforts in entering client information into the database and assisting in the creation of new forms;

And a special thanks to Scott Rosas, Ph.D for his invaluable research expertise in reviewing and making recommendations for the final report.

Cari DeSantis, Cabinet Secretary
The Children's Department

Joseph M. Dell'Olio, Executive Vice President
Child, Inc.

Michael Kerstetter, Director
People's Place II

State of Delaware
Domestic Violence Advocate Pilot Project
2002 – 2004: An Overview and Evaluation

Executive Summary

Introduction

A process evaluation of Delaware's Domestic Violence Advocate Pilot Project was conducted during 2003 - 2004. The evaluation was intended as an opportunity to describe the service population, determine the perceived value of this service from its users, and explore avenues for improvement. The final report provides information obtained during the course of the evaluation as well as recommended changes. The recommendations are the author's interpretation of the collective feedback of the participants. The report may also be used by the community and other agencies to begin a dialogue regarding both domestic violence issues and collaborative efforts to meet the needs of victims and their children.

Background

In 2000 Delaware's Division of Family Services (DFS) developed and presented a concept paper to the Domestic Violence Coordinating Council and the Children and Domestic Violence Work Group advocating for the co-location of domestic violence advocates (liaisons) within the child welfare system. Both groups sanctioned the concept and one organization present, Families in Transition (FIT - a program of Peoples Place II), decided to implement the project utilizing money previously allocated from their Family Violence Prevention and Services funds. The pilot project began in Sussex County in January 2002. Currently, both Families in Transition and Child, Inc. administer the project. Child, Inc. began the project in New Castle County in October 2002 and Families in Transition expanded the project to Kent County in October 2003. Funding for the advocates in all three counties has been made possible through grant funds administered by the Criminal Justice Council and approved by the Victims Advisory Committee.

Purpose

The Domestic Violence Advocate Pilot Project was developed to address several needs within DFS and the community as well. The community expressed concerns that DFS workers were not properly trained to address domestic violence issues and not able to handle the complexity of these cases due to time constraints (Linda Shannon, personal communication, October 13, 2003). One facet of this concern was that DFS involvement resulting in removal of children from the home could be seen as a re-victimization of adult clients already devastated by the effects of domestic violence. In addition, from the DFS perspective there was a desire to reduce risk within cases in order to safely gain case closure and allow families to remain intact (JoAnn Bruch, personal communication, October 7, 2003). Many cases were remaining open due to an elevated level of risk resulting from domestic violence within the family home. Another defined need was to assist caseworkers in reducing the amount of time required to

complete a case. Although Delaware has established caseload standards, individual caseworkers may still occasionally have a caseload near or exceeding the maximum and, therefore, may not have adequate time to assist clients in addressing the complex issue of domestic violence on a one-to-one basis. A final area of concern addressed by the project is the need for on-going training of DFS workers by incorporating periodic trainings by domestic violence advocates. The on-going training from the advocates is intended to supplement workers' current training and expand their knowledge base, keeping workers abreast of the latest information regarding domestic violence.

The overarching goal of the Domestic Violence Advocate Pilot Project is to improve the quality of services provided to families involved with DFS where domestic violence has been identified as a risk factor. The Domestic Violence Advocate Pilot Project is a multi-disciplinary team approach to providing services. The team consists of domestic violence advocates and DFS workers in investigation and treatment units.

Project Implementation

Domestic violence advocates have expertise in the area of domestic violence, which allows them to provide more specialized services, utilizing the most up-to-date techniques and information. Domestic violence advocates are housed with DFS staff to facilitate collaboration and create a more convenient process for utilizing the advocate services. Advocates still maintain offices at their respective agencies as well. Advocates are directly supervised about domestic violence issues by the domestic violence prevention agencies that employ them; however, they are also assigned to individual DFS supervisors who can represent the DFS perspective and offer support to advocates in navigating the DFS system.

The project is managed overall through quarterly domestic violence work group meetings held in the Kent County DFS office. These meetings are alternately co-chaired by the DFS investigation and treatment program managers. Meeting attendees include the domestic violence advocates with their respective supervisors, as well as the DFS supervisors in whose units the advocates are located.

DFS cases are screened at various points within the DFS case process to determine, whether or not domestic violence is a risk factor. Initially, workers at the 24-hour child abuse and neglect hotline screen cases. Once cases have been opened for investigation, workers complete a risk assessment where domestic violence is once again evaluated as a potential risk. If a case is substantiated for abuse or neglect it may then be opened within a treatment unit. Treatment workers are trained to also monitor family risk factors such as domestic violence. All of these workers are asked to notify the appropriate domestic violence advocate should the risk present itself in a case. Workers notify advocates informally (i.e. verbally, through e-mail, or in writing) and a collaborative effort is begun. Advocates make contact with clients either during a joint DFS home visit or by contacting clients and setting up meetings separate from those of DFS workers. Advocates offer many services to clients including, but not limited to assessment, referrals for counseling and shelters, assistance in developing safety plans, support during court proceedings, and assistance in filing petitions for protection from abuse orders. Cases can remain open with domestic violence advocates after DFS has closed their case.

Project Evaluation

A process evaluation was conducted. To guide the evaluation, several evaluation objectives were established with a goal of improving the quality of services provided to families involved with DFS where domestic violence has been identified as a risk factor. The objectives, covering three main categories of the evaluation, assessed the value of the program as it relates to DFS workers, domestic violence advocates, and clients.

The Domestic Violence Advocate Pilot Project served 289 clients as of March 2004. Of all the victims seen by advocates during intake, 15 were residents of Kent County, 187 were from Sussex County, and 87 were from New Castle County. Clients ranged from 16 to 53 years of age. The average age of clients served by this project was 31. All victims except two were female and all perpetrators except two were male. On average the victims had two children.

DFS Staff Survey

The responses included 40 workers and 13 supervisors (a response rate of 34 percent for the total population surveyed). The responses tallied showed that a large percentage of respondents (65%) had utilized the advocates for assistance with a specific case. The project evaluator attempted to gain a greater understanding the cooperation between the domestic violence agencies and DFS. Varying responses were given, but the majority revealed that advocates were seen as a welcome addition and were included in developing plans to assist families. Advocates were also said to have been helpful in providing DFS workers with specific information as to the presence and degree of domestic violence in homes.

Interviews with Advocates and Supervisors

Domestic violence advocates were given the opportunity to discuss the project. Advocates were asked how the project had impacted their agency's relationship with DFS. Each of the advocates stated that the relationship was positive, although the degree of acceptance by DFS workers was perceived differently across the counties. Advocates reported that having the opportunity to attend DFS new worker training was beneficial and gave them greater insight into how cases are conducted. One advocate also said that the trainings helped her to begin building relationships with workers. The only areas of concern noted by advocates were in regards to current relationships with law enforcement and limited resources available to meet client needs within the community.

Client Focus Groups

The focus groups consisted of a total of six women who had utilized the domestic violence advocates after having been referred by a DFS caseworker. The women were at various stages in their cases with DFS; however, all of them had been working with their domestic violence advocate for at least three months. Information obtained from client focus groups offered a qualitative review of the services provided through the personal accounts of clients. Clients unanimously reported that the advocate's services were helpful, both in increasing their

individual safety and that of their children. All clients reiterated the importance of continued support and guidance at a higher level than typically provided by DFS caseworkers. Clients reported that they needed the advocate to guide them through the legal process of separating from their abuser, to be available to attend court hearings, assist in safety planning, filling out forms, and advocate on their behalf with law enforcement and the courts. Finally, a majority of the clients interviewed stated that the advocate involvement helped them improve their relationship with and responsiveness to DFS involvement.

Issues and Recommendations

Although results from this study were generally positive, several suggestions for program improvement were noted. The main areas for improvement were with procedural processes, communication between advocates, DFS and other agencies, the referral process, gaps in services both internally and externally, and advocate certification.

Conclusion

The results of the evaluation were examined in five key areas, based on the goals originally established for the project. The first two goals were partially met.

Goal 1: DFS and domestic violence advocates will report an increased understanding of the roles each play in the community. Advocates indicated an increased understanding of the DFS role. Advocates stated that this understanding occurred as a result of attending DFS core training for new workers. However, according to DFS staff surveyed there was some lack of understanding regarding the roles and abilities of advocates.

Goal 2: The perceived relationships between DFS and the domestic violence agencies will be positively impacted. In general, communication was good between advocates and DFS workers (according to clients, DFS staff, and advocates).

Goals three through five were also being met according to clients, workers, and advocates; however, some recommendations for program improvement were made which included the creation of a telephone network composed of client support group members during non-business hours and having adequate staff with bilingual capability.

Goal 3: The perception of the victim's immediate safety will be increased. The victims that participated in the focus groups indicated that advocates were beneficial in helping them to develop safety plans and secure their immediate safety. Victims reported that the primary reason for this was the intense support that advocates provided. In addition, long term safety of victims was also indicated in that many reported they had been safe for several months and felt that further acts of domestic violence had been prevented.

Goal 4: Clients will report they receive services they feel they need. Clients participating in the focus groups unanimously reported that advocates provided services they needed. Clients felt that advocates provided intense support services that were crucial to their

success. Clients felt that one advocate per county was not sufficient and may result in advocate burnout due to the intensity of services provided.

Goal 5: Services to families with domestic violence will be strengthened by utilizing the domestic violence advocate. Through the focus groups, victims indicated that they saw a noticeable improvement in DFS services when the advocates were involved. One victim stated that she had a previous case with DFS not involving the advocate and had returned to her abuser following the closure of the DFS case. In the subsequent case where the advocate was present the same client reported she had left her abuser and remained safe for a year. This difference was attributed to the advocate's ability to focus a greater amount of time and support on assisting the victim dealing with domestic violence.

Finally, although information gathered was limited in some areas, it was evident through the accounts of clients, workers, and advocates that the project has had a positive impact in many ways. By addressing some of the recommendations and maintaining the many strengths of the project, it will provide support for domestic violence victims to make choices as they work toward establishing safety and stability for themselves and their children.

Sandra T. Winter, MSW Graduate Student
Department of Social Work
Delaware State University
May 2004

Report

Introduction

The following report was written after the completion of a process evaluation of the State of Delaware Domestic Violence Advocate Pilot Project. The evaluation was intended as an opportunity to describe the service population, determine the perceived value of this service from its users, and explore avenues for improvement. This final report provides information obtained during the course of the evaluation as well as recommended changes. The recommendations are the author's interpretation of the collective feedback of the participants. This report may also be used by the community and other agencies to begin a dialogue regarding both domestic violence issues and collaborative efforts to meet the needs of victims and their children.

Overview of the Problem of Domestic Violence and Child Abuse and Neglect in Delaware

The problem of the co-occurrence of domestic violence and child abuse and neglect is a growing concern across the nation (Jaffee, 2002). Delaware is not immune to this issue, as shown by the statistics from the State of Delaware Bureau of Identification. According to these figures, the number of domestic incidents, both criminal and non-criminal increased by 5.1 percent between 1998 and 2002. In 2002 the Bureau of Identification reported that of the more than 28,000 domestic incident reports filed by law enforcement officers across the state, more than 18 percent were found to have had children present at the time they occurred.

The Delaware Division of Family Services receives on average approximately 8,000 reports of abuse and neglect to its hotline each year. The finding of severe emotional neglect is used when a child is found to have witnessed an incident of domestic violence. In general, the number of substantiated emotional neglect cases in the State of Delaware has decreased in recent years. The cause of this decrease cannot be traced to one specific factor, but may be related to the decrease in reports where domestic violence is alleged at intake. The decrease is concerning given the large number of domestic incident reports filed by law enforcement in the State of Delaware. Finding the cause of this decrease is beyond the scope of this evaluation, however, it is an area which warrants further exploration.

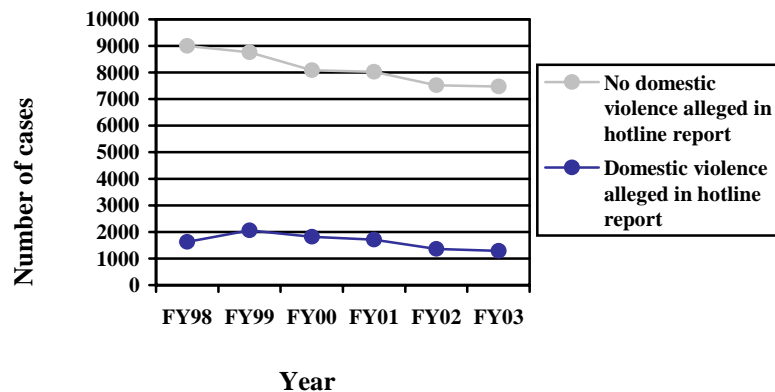
Development of Project

In 2000 Delaware's Division of Family Services (DFS) developed and presented a concept paper to the Domestic Violence Coordinating Council and the Children and Domestic Violence Work Group advocating for the co-location of domestic violence advocates (liaisons) within the child welfare system. Both groups sanctioned the concept and one organization present, Families in Transition (FIT - a program of Peoples Place II), decided to implement the project utilizing money previously allocated from their Family Violence Prevention and Services funds. The pilot project then began in January 2002. Currently, both Families in Transition and Child, Inc., administer the project. Child, Inc. began the project in New Castle County in October 2002.

The initiation of this project was in response to several concerns and events. On July 13, 1998, Section 1102 (4) of Title 11 of the Delaware Code became effective. Due to this statute, law enforcement officers are now required to notify DFS when a child is present during an incident of domestic violence. As a result, DFS included children witnessing domestic violence as grounds for substantiation of emotional neglect. During the first fiscal year after the passage of this law (FY99) there was a 26% increase in the number of DFS cases where domestic violence was alleged as a risk factor at intake (see Chart 1 on page 12), but in the years since

there has been a decline in the number of reports where domestic violence is alleged as a factor at intake. Sgt. Mike Kelly (personal communication, October 1, 2003) with the domestic violence unit of the New Castle County Police Department reported that officers there received in-service training to make them aware of the new law. According to this officer, the agency found the new law beneficial in providing officers with additional resources to address the complex issue of domestic violence. Other law enforcement agencies in Delaware have followed similar procedures for enforcing the new law (Lt. Mark Daniels of the Delaware State Police, personal communication, October 1, 2003). All law enforcement agencies in the State of Delaware utilize a single report form for documenting responses to domestic violence calls (see Appendix A). This form includes an indicator for current DFS involvement (section 143), notes whether or not a child is present during the incident (section 34) and if DFS was notified about the incident (section 135).

Chart 1: Delaware Division of Family Services: Total Hotline Reports Alleging Child Abuse/ Neglect Separated by Presence of Domestic Violence at Intake



The Domestic Violence Advocate Pilot Project was developed to address several needs within DFS and the community as well. The community expressed concerns that DFS workers were not properly trained to address domestic violence issues and not able to handle the complexity of these cases due to time constraints (Linda Shannon, personal communication, October 13, 2003). One facet of this concern was that DFS involvement resulting in removal of children from the home could be seen as a re-victimization of clients already devastated by the effects of domestic violence. In addition, from the DFS perspective there was a desire to reduce risk within cases in order to safely gain case closure and allow families to remain intact (JoAnn Bruch, personal communication, October 7, 2003). Many cases were remaining open due to an elevated level of risk resulting from domestic violence within the family home. Another defined need was to assist caseworkers in reducing the amount of time required to complete a case. Although Delaware has established caseload standards, individual caseworkers may still occasionally have a caseload near or exceeding the maximum and, therefore, may not have adequate time to assist clients in addressing the complex issue of domestic violence on a one-to-one basis. A final area of concern addressed by the project is the need for on-going training of DFS workers by incorporating periodic trainings by domestic violence advocates. All new DFS workers receive core training on domestic violence as a part of their required training and are

offered one additional advanced training as well. The on-going training from the advocates is intended to supplement workers' current training and expand their knowledge base keeping workers abreast of the latest information regarding domestic violence.

Project Implementation Overview

The overarching goal of the Domestic Violence Advocate Pilot Project is to improve the quality of services provided to families involved with DFS where domestic violence has been identified as a risk factor. The Domestic Violence Advocate Pilot Project is a multi-disciplinary team approach to providing services. The team consists of domestic violence advocates and DFS workers in investigation and treatment units. The project is managed through quarterly domestic violence work group meetings held in the Kent County DFS office. These meetings are alternately co-chaired by the investigation and treatment program managers. Meeting attendees include the domestic violence advocates with their respective supervisors, as well as the DFS supervisors in whose units the advocates are located.

Project Staffing

DFS is divided into four regions including Kent, Sussex, and two regions in New Castle County (Elwyn and University Plaza). There are several offices within the Sussex region unlike Kent which contains one office in Dover. Domestic violence advocates are housed with DFS staff to facilitate collaboration and create a more convenient process for utilizing the advocate services. The project has been in place in Sussex County since January of 2002 and a part-time bilingual (Spanish and English) advocate was hired in Sussex County in August 2002. The project expanded to New Castle in November 2002 and Kent County in October 2003. The Sussex advocate is located at the Georgetown office and the New Castle County advocate is located at the University Plaza office. Despite the fact that the advocates maintain offices within DFS they still maintain offices at their respective agencies as well. Their time is split between DFS and their own agency which reduces their accessibility to DFS workers. Advocate time spent within the DFS offices varies among the advocates and can vary daily for each of them depending on their schedules which may include court accompaniments or home visits.

Advocates are directly supervised by the domestic violence intervention agencies that employ them; however, they are also assigned to individual DFS supervisors who can represent the DFS perspective and offer support to advocates in navigating the DFS system. The DFS supervisors utilized in New Castle and Sussex Counties are investigation supervisors, and the supervisor in Kent County oversees a treatment unit. The reason for this difference was simply to ascertain how advocates could be most effectively utilized and to see if placing them with a particular unit would impact the source of their referrals. The DFS supervisors in New Castle and Sussex are female and the DFS supervisor in Kent County is male.

The advocates have expertise in the area of domestic violence, which allows them to provide more specialized services, utilizing the most up-to-date techniques and information. Despite their specialized training in the area of domestic violence, none of the advocates have domestic violence certifications. Each of the advocates brings different levels of expertise through formal educational training and personal experience with domestic violence to their position. The advocate in Sussex County has worked in the field in the area of domestic violence for 3 years and is currently pursuing an associate's degree in criminal justice. The part-

time bilingual advocate in Sussex County has 21 months experience in assisting clients dealing with domestic violence and has obtained her bachelor's degree in business. The Kent County advocate has a bachelor's degree in criminal justice and is taking the necessary courses to become certified in domestic violence. Finally, the New Castle County advocate has bachelor's degrees in Biology and Women's Studies and completed an 85 hour domestic violence training program.

In addition to their training on domestic violence issues, all advocates have completed DFS core training. This training is a requirement for all new DFS caseworkers. The training requirement for advocates was intended to increase their understanding of the agency and their knowledge of child abuse and neglect while helping them to gain a greater appreciation for the role of DFS caseworkers.

The project has experienced several staffing changes since its inception.

New Castle County - The first advocate hired for the project in New Castle County began in October 2002, but resigned her position effective September 2003. The current advocate for New Castle County has been in place since that time.

Kent County – The advocate for Kent County previously worked as the part-time bilingual advocate in Sussex County. During the month of March, this advocate resigned her position as the Kent County advocate. Currently, Kent County is seeking an individual to fill this position.

Sussex County – The departure of the part-time bilingual advocate has left this position open, but it is expected to be filled in the future.

Families in Transition (FIT) employs the domestic violence advocates in both Sussex and Kent Counties. Funding for the advocates at this agency comes from a grant from the Criminal Justice Council under the Victims of Crime Act (VOCA) and a grant from the Department of Health and Human Services, Administration for Children and Families. FIT offers a variety of domestic violence services to Delaware residents including community outreach, support groups, and shelter services in addition to the Domestic Violence Advocate Pilot Project. The advocate in New Castle County is employed by Child, Inc. and she was also hired under a grant from the VOCA. Child, Inc. was first incorporated in 1963 and since that time has expanded its services to include a wide range of domestic violence resources to Delaware residents. Among the direct services Child, Inc. provides are programs such as shelters, domestic violence treatment programs, specialized foster care, prevention programs, and community advocacy as well as the Domestic Violence Advocate Pilot Project (Child, Inc., 2003).

Referral Process

DFS cases are screened at various points within the DFS case process to determine, whether or not domestic violence is a risk factor. Initially, workers at the 24-hour child abuse and neglect hotline screen cases. Once cases have been opened for investigation, workers complete a risk assessment where domestic violence is once again evaluated as a potential risk. If a case is substantiated for abuse or neglect it may then be opened within a treatment unit. Treatment workers are trained to also monitor family risk factors such as domestic violence. All of these workers are asked to notify the appropriate domestic violence advocate should the risk present itself in a case. Workers notify advocates informally (i.e. verbally, through e-mail, or in writing) and a collaborative effort is begun. Advocates make contact with clients either during a joint DFS home visit or by contacting clients and setting up meetings separate from those of DFS workers. Advocates offer many services to clients including, but not limited to assessment, referrals for counseling and shelters, assistance in developing safety plans, support during court

proceedings, and assistance in filing petitions for protection from abuse orders. Cases can remain open with domestic violence advocates after DFS has closed their case, however, having domestic violence advocate services in place should not be considered the sole basis of a DFS safety plan for closing a case.

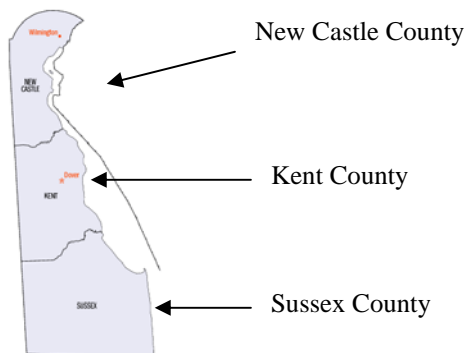
DFS vs. Domestic Violence Advocate Safety Plans

One important distinction that should be made at this point is that there is a difference between a DFS safety plan versus a domestic violence advocate safety plan. Safety plans established by domestic violence advocates focus on the personal safety of adult victims and assist them in identifying appropriate steps to be taken if or when they decide to leave an abuser. These safety plans include contingency plans and pre-planning activities such as setting aside money and important documents in a secret location in the event that a victim must quickly leave home. In contrast, the safety plans developed by DFS caseworkers address immediate and present danger to children in a home after a safety assessment is completed. Unlike safety plans created by advocates, DFS safety plans are required any time a safety factor is indicated and caretakers, workers and anyone else included in the plan must sign that they agree to it. While safety planning differs greatly between domestic violence advocates and DFS workers another variation in case handling is also significant to note at this point. Family support from the domestic violence advocate is often on-going and may be utilized as needed by clients, therefore, cases take on an inactive status as opposed to formally closing. DFS cases differ in that cases are more structured and case closure must follow specific guidelines.

Variations in Project Implementation

Several variations in the project implementation exist between the three Delaware counties. Geographically each county is unique. New Castle County, for example, is in the northernmost section of Delaware and consists of primarily urban and suburban communities (see Diagram 1). Kent County, encompassing the mid-section of the state, is a combination of urban, suburban, and rural communities. In southernmost Delaware, Sussex County maintains predominantly rural communities. These variations along with variations in resident race, ethnicity, and age provide varying client populations within this small state.

Diagram 1: State of Delaware Map with County Outlines



Both Child, Inc. and FIT are offering case management, referrals, and support services including assistance in obtaining protection from abuse orders (PFAs) to their clients. These agencies have also included in their grant objectives a training component. This training piece is geared toward further educating DFS staff on identifying and addressing issues of domestic violence. According to one agency director, this training will support agency clients long term by improving DFS responses to their needs and insuring that even if program funding for the domestic violence advocate project is ended the positive impact of the advocates' work will remain (Cindy Mercer, personal communication, October 21, 2003). Despite these similarities, some variations in the program implementation also exist due to differences between the implementing domestic violence agencies and grants as well as the populations served. One of the main variances between the counties appeared in services to Spanish speaking clients. While all workers have access to interpreters, only FIT hired a bilingual (Spanish and English) domestic violence advocate. According to the Census Bureau, the number of Hispanic residents in Delaware increased by 136 percent between 1990 and 2000 (as cited in Chalmers, March 15, 2001). The biggest increase was noted in Sussex County where the Hispanic population grew by 369 percent during this same time period. Due to the growing number of Hispanic residents in these communities a need for this more specialized service was identified and incorporated into the program design. This facet of the program falls in line with recommendations made by the Delaware Coalition Against Domestic Violence in its July 2003 report on domestic violence and immigrant communities in Delaware (Delaware Coalition Against Domestic Violence [DCADV], 2003).

Methodology

To guide the process evaluation, several evaluation objectives were established with a goal of improving the quality of services provided to families involved with DFS where domestic violence has been identified as a risk factor. The objectives, covering three main categories of the evaluation, assessed the value of the program as it relates to DFS workers, domestic violence advocates, and clients. The objectives were:

1. DFS and domestic violence advocates will report an increased understanding of the roles each play in the community;
2. The perceived relationships between DFS and the domestic violence agencies will be positively impacted;
3. The perception of the victim's immediate safety will be increased;
4. Clients will report they receive services they feel they need; and
5. Services to families with domestic violence will be strengthened by utilizing the domestic violence advocate.

In addition, this evaluation examined the demographic make-up of clients utilizing the pilot project.

This evaluation involved a multi-method approach to describe the service population, determine the perceived value of this service from its users, and explore avenues for improvement. Data was gathered through an anonymous internet based survey of all DFS investigation and treatment workers and supervisors (see Appendix B), one-on-one interviews with each domestic violence advocate and each domestic violence agency supervisor (see Appendix C), as well as client interviews conducted in all three counties (see Appendix D).

Data Collection

In order to analyze the domestic violence advocate's case information a uniform process for collection and storage had to be created. The establishment of consistent intake forms for each county was deemed necessary for continuity of services and creating a more effective means of comparing program results between counties. In addition, it was determined that a central database for tracking client information would be beneficial. These issues were addressed during the course of this evaluation and several changes occurred. The domestic violence work group came to a consensus on and then implemented the use of several forms for obtaining client information. These forms included an initial intake, a risk assessment, and a three-month follow-up (see Appendix E). After creating these forms a corresponding Microsoft Excel database was created to capture vital case information that can be used to evaluate the project. The database was set-up in a folder on a shared DFS network drive that is accessible from any DFS site. Accessibility was limited to the advocates, the project evaluator, and the DFS program administrators responsible for monitoring the project. Information collected by advocates during cases was entered into the database and analyzed as well to determine demographic and historical characteristics of project clients.

DFS Staff Survey

Several steps were taken to encourage participation in the DFS worker survey. The researcher notified agency supervisors and administrators two weeks prior to disseminating the survey that it would be sent to them via e-mail. The respondents were given four weeks to respond to the anonymous internet-based survey (November 12, 2003- December 10, 2003). The survey, constructed by DFS computer support services, was kept anonymous by removing all identifying information from the internet response, and then compiling the aggregate data into a database prior to being sent to the project evaluator. Ten days prior to the deadline for submission a second e-mail was sent to the staff in order to encourage completion of the survey. The survey assessed worker utilization of and satisfaction with the advocate project. The survey also asked workers to identify strengths and weaknesses of the advocate services.

Interviews with Advocates and Supervisors

Interviews with advocates and domestic violence agency supervisors were conducted between September 2003 and March 2004. Interviews lasted approximately two hours each, but additional information and clarification of information was provided as needed through phone calls and e-mails as well as at quarterly domestic violence work group meetings. The interviews were conducted to gain general information about the agencies and project implementation. The interviews also provided advocates and their agency supervisors with an opportunity to identify strengths and weaknesses of the project as well as domestic violence services to the community in general.

Focus Groups

The focus groups consisted of a total of six women who had utilized the domestic violence advocates after having been referred by a DFS caseworker. The women were at various stages in their cases with DFS; however, all of them had been working with their domestic violence advocate for at least three months. Advocates assisted in obtaining focus group participants. The advocates then explained the proposed focus group and invited clients to

attend. Clients were provided transportation if needed as well as childcare to remove possible barriers to attending. Dinner was provided to participants and their children as an additional incentive to attend. Each focus group met for approximately 90 minutes to two hours. The focus groups were tape recorded with the permission of the participants. The Sussex County focus group (n=3) was held on February 2, 2004, the one interview in Kent County (n=1) was conducted on February 9, 2004, and the third and final focus group in New Castle County (n=2) was held on February 21, 2004.

After each focus group, the audiotapes were transcribed. The data was then read and analyzed by the project evaluator in an effort to discover underlying themes within the discussion.

Data Analysis

The following demographic information was gathered from the database created during this project. Due to the fact that consistent forms were not previously being used across all counties some information is limited. It has been noted where only limited information was available. Due to the transition to consistent case forms and uniform data tracking procedures more thorough information should be revealed in the coming months and years. Overall, the Domestic Violence Advocate Pilot Project served 289 clients as of March 2004. Of all the victims seen by advocates during intake, 15 were residents of Kent County, 187 were from Sussex County, and 87 were from New Castle County (see Chart 2 on page 19). Age, gender, and county of residence were available for all clients seen to date. Clients ranged from 16 to 53 years of age. The average age of clients served by this project was 31. All victims except two were female and all perpetrators except two were male. On average the victims had two children. Data on specific forms of domestic violence was limited, however, all types including physical, psychological, and sexual were noted by at least one victim.

The racial and ethnic breakdown for the total client population served is displayed in Chart 3 on page 19. It is important to note that of the 202 clients served in Kent and Sussex Counties 9% were Hispanic. When compared with New Castle County, which identified 6.8% of its client population as Hispanic, it is apparent that a larger proportion of Kent and Sussex County clients are Hispanic. Of the total client population served 67% were Caucasian, 21% African American and 8% Hispanic.

Domestic violence may occur across generations and become a pattern of dysfunction learned from parent to child (Heyman & Slep, 2002). This cycle was noted among project clients. According to information from the database, 67% of victims reported a history of domestic violence and 34% of those identified a history of witnessing domestic violence among their caregivers as children. In addition, 25% of the victims who reported a history of domestic violence reported being abused as children as well.

In examining the information available on abusers, the number of individuals who had a history of domestic violence was 64%, and of those 35% had a history of exposure to domestic violence in childhood. Out of both the victims and abusers who provided information, 55% reported that at some point they had police or court involvement as a result of a domestic violence incident.

Chart 2: Total Number of Clients Served by County

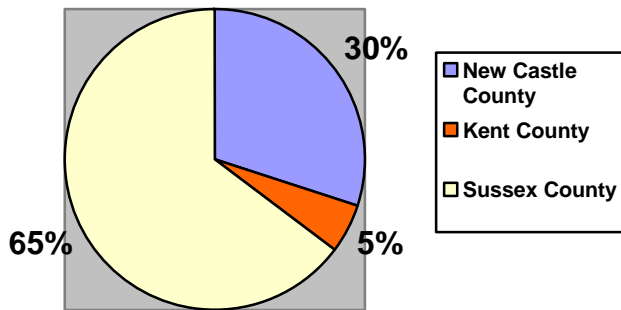
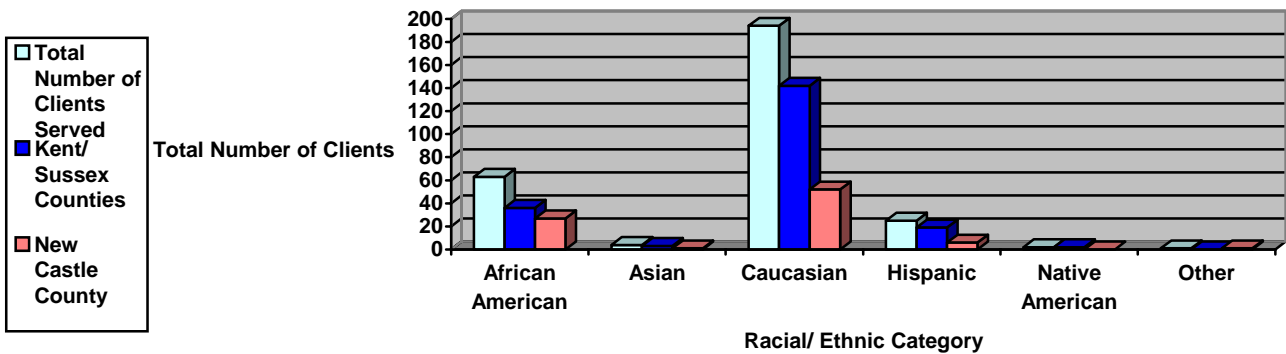


Chart 3: Racial and Ethnic Information for Total Client Population Served



In examining the information available on abusers, the number of individuals who had a history of domestic violence was 64%, and of those 35% had a history of exposure to domestic violence in childhood. Out of both the victims and abusers who provided information, 55% reported that at some point they had police or court involvement as a result of a domestic violence incident.

Due to the frequent association between substance abuse and domestic violence, it was determined to be important to examine these factors within the project population (Dalton, 2001). According to data collected from clients in this project, there was a high incidence of substance abuse among abusers in domestic violence situations. All information was reported by victims which may account for higher rates among abusers and lower rates among victims. One advocate reported that she found victims to sometimes be reluctant to reveal substance abuse history. Chart 4 on page 20 displays the reported rates of substance abuse for victims and Chart 5 on page 20 shows the corresponding reported rates for abusers.

Of the total client population, 30% reported that they received some type of government financial assistance. This information led to the desire to better understand the financial constraints faced by victims of abuse; therefore, education as it corresponds to employment was analyzed. Chart 6 on page 21 displays information on the victim population where it was provided to the advocates and shows the distribution of client education by employment status.

Chart 4: Substance Abuse Data for the Total Victim Population Served

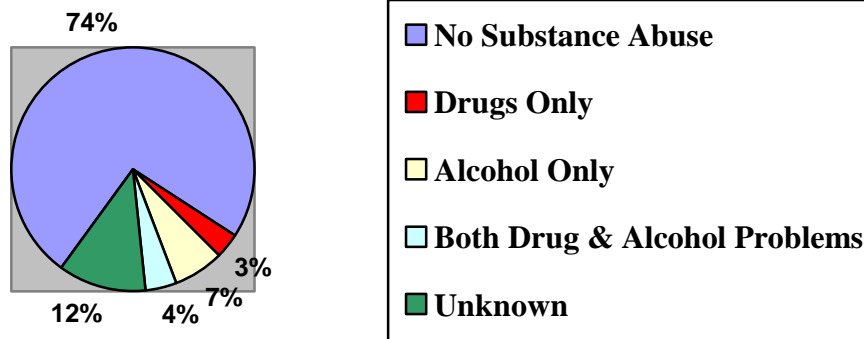
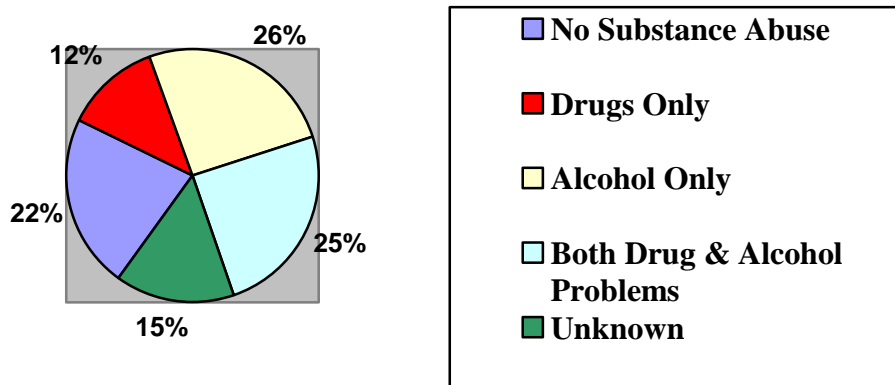


Chart 5: Substance Abuse Data for the Total Abuser Population Served

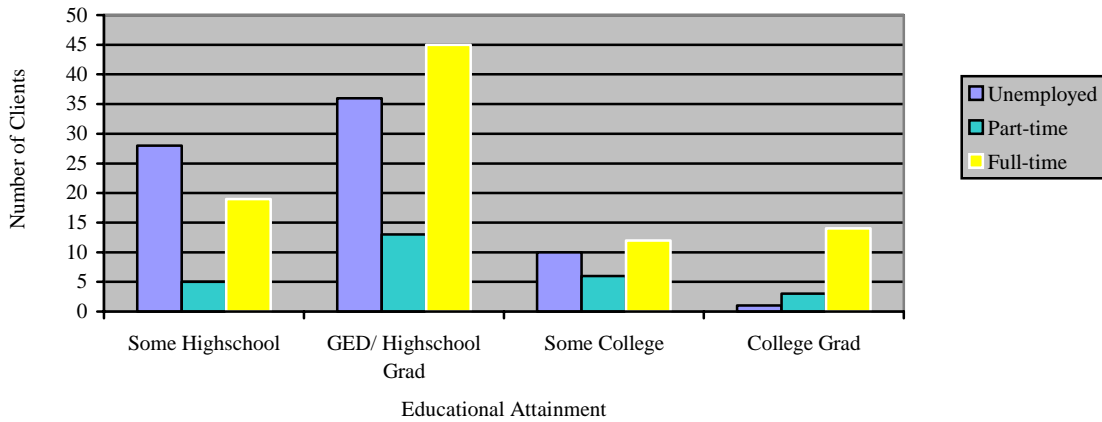


According to this information, individuals with a high school degree or equivalent diploma were 2.4 times more likely to be employed full-time than individuals who had only partially completed high school. Also, it was noted that of the clients where information was available, only 47% were employed full-time. This reveals the struggle that more than half the victims faced in obtaining sufficient resources to leave their abuser.

The majority of clients in New Castle County (52%) were served from the regional office in which the advocate has been housed, University Plaza. The disproportionate number of cases referred from the University Plaza region may demonstrate a need for a second advocate within the Elwyn office in order to more effectively reach clients there as well.

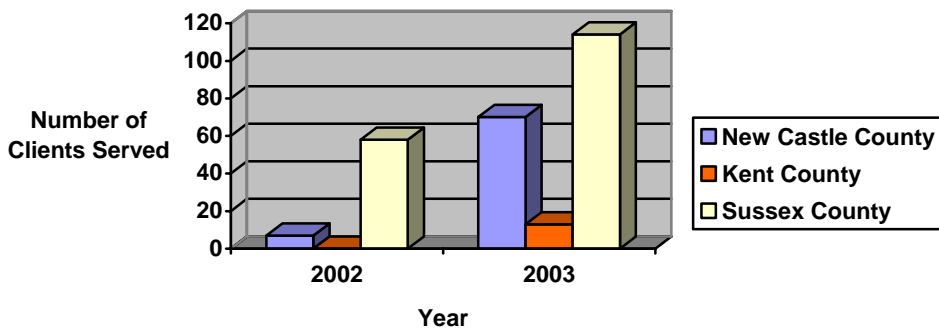
In Kent County, it is important to note the referral sources for a different reason. As stated previously, the advocate who first worked in this county was placed under the supervision of a treatment unit supervisor whereas the other two advocates work with investigation supervisors. Clients within Kent County were referred evenly from both investigation and treatment units. In contrast, the majority of cases (87%) referred to the New Castle County advocate came from investigation workers. In Sussex County 65% of cases were referred from investigation units. However, given the small number of clients referred for services in Kent County comparisons should be approached with caution.

Chart 6: Distribution of Client Education by Employment Status



In general, the number of clients served by this project has increased each year since its inception. Between the first and second year there was a 203% increase in the number of individuals served (see Chart 7 below). It is expected that as the project expands it will continue to grow leading to a greater demand for advocate services.

Chart 7: Clients Served within each County by Year



DFS Staff Survey

Delaware’s Division of Family Services employed 59 investigation caseworkers, 75 treatment caseworkers, 11 investigation supervisors, and 13 treatment supervisors at the time of the staff survey. After removing duplicate surveys, 53 responses to the survey were calculated. This revealed a response rate of 34 percent for the total population surveyed. The responses included 40 workers and 13 supervisors. The sample that responded presented a broad spectrum of experience with workers having less than two years experience to some with over eleven years at DFS. The respondents also included individuals from all regions of the state (New Castle County= 33.9%, Kent County= 24.5%, and Sussex County= 41.5%). In addition, the sample

was fairly evenly split between those identifying with investigation units (54.7%) and those identifying with treatment units (45.3%).

Several interesting facts were revealed through the employee survey. The responses tallied showed that a large percentage of respondents (65%) had utilized the advocates for assistance with a specific case and of these DFS employees; a quarter had referred more than ten cases to the advocates.

In surveying these workers, the project evaluator attempted to gain a greater understanding about the cooperation between the domestic violence agencies and DFS. Varying responses were given, but the majority revealed that advocates were seen as a welcome addition and were included in developing plans to assist families 72% of the time. Eighty-four percent of the respondents reported they were told the specific types of services that the advocates provided to clients. Advocates were also said to have been helpful in providing DFS workers with specific information as to the presence and degree of domestic violence in homes.

Eighty-three percent of the respondents reported that they felt the advocate services were beneficial to DFS clients and their families and of the workers that had already made referrals to the advocates, 100% stated they would do so again. Due to the positive response from these workers it begged the question, "Why had other workers not utilized the advocates as well?" Survey answers to this were limited and varied and included individuals who were not aware the service existed (3.8%), those who at the time were aware of the service, but did not have an advocate currently available in their region (1.9%), and those who offered the service to clients, but clients refused (3.8%). The rest of the respondents to this question cited "other" reasons for not involving advocates in cases (15.1%) or reported that they felt they did not need the assistance of the advocates (9.4%). This last response, chosen by the largest percentage of those specific options given, reveals the possibility that advocates would benefit from greater outreach and publicity within DFS in order to educate workers and supervisors about their role and abilities. It should be noted that because of the limited number of respondents out of the total number surveyed, it is difficult to account for why other workers had not utilized the services. It is highly likely that those that did not utilize the service did not respond to the survey.

In addition, the survey revealed that many workers did not feel their personal knowledge of domestic violence had improved because of the presence of the advocates. This may be due in part to the fact that only three trainings, serving a total of approximately 25 DFS employees, had been conducted at the time of this survey and that advocates had only been in place for a short time in New Castle and Kent Counties.

Although survey results were generally positive some possible improvements were noted by the respondents. One DFS employee stated that cases should begin to be referred "directly from the hotline since it is apparent that not all units are referring the cases where domestic violence is identified." Another comment stated difficulty in getting feedback from advocates regarding their services and suggested advocates e-mail updates to workers.

Finally, it is important to note that several respondents in the comments section took the opportunity to state that the advocates were very helpful, but that due to case load sizes were unavailable to respond to every case with the depth that workers felt was necessary. As many stated, domestic violence is a complex issue and cannot always be resolved quickly or easily. This complexity was duly noted and addressed in both the interviews with domestic violence advocates and focus groups as well in order to gain client feedback.

Interviews with Advocates and Supervisors

Domestic violence advocates were given the opportunity to discuss the project. In interviews with advocates, several key questions were posed. First, advocates were asked how the project had impacted their agency's relationship with DFS. Each of the advocates stated that the relationship was positive, although the degree of acceptance by DFS workers was perceived differently across the counties. Advocates reported that having the opportunity to attend DFS new worker training was beneficial and gave them greater insight into how cases are conducted. One advocate also said that the trainings helped her to begin building relationships with workers. The benefit of this training and integration into the DFS system was noted and the decision was made to put all new advocates through the complete DFS training in the future. Currently, all advocates have attended DFS new worker training.

The only areas of concern noted by advocates were in regards to current relationships with law enforcement and limited resources available to meet client needs within the community.

Focus Groups

Information obtained from the focus groups offered a qualitative review of the services provided through the personal accounts of clients. During the focus groups several themes emerged. Participants in all three focus groups unanimously reported that the advocate's services were helpful, both in increasing their individual safety and that of their children. Participants within the Sussex County group felt that the advocate and their DFS worker communicated well and always seemed to be aware of what the other was doing in regards to the client's case.

The clients' accounts of their history with both DFS and domestic violence services revealed the true positive impact of the domestic violence advocate project. For example, one client stated she had been involved in an abusive relationship for over ten years and was only in the last year beginning to break the cycle of violence. This woman stated that at one point the police responded to her home due to a domestic incident and brought DFS with them. The client stated that the DFS worker transported the client and her children to a shelter, but the case was closed and no further assistance was provided. The woman stated without any follow-up support she returned to her abuser after one month and remained there until DFS was again notified of the situation. During the second case that this client had with DFS, the advocate was in place and the client was offered her services. This client felt that without the intense services provided by the advocate she would not have had the strength to leave her abuser and remain away from him for the past several months. All participants in the focus groups reiterated the importance of continued support and guidance at a higher level than typically provided by DFS caseworkers. The Sussex focus group participants as well as the individual interviewed in Kent County, also felt that the advocate (seen as an ally) was able to help them better understand the role of DFS and to help them work more effectively with DFS in order to protect their children. All of the women felt the key to effective services was the follow-up and on-going support from the advocate. One client said that after going through the trauma of domestic violence she was only a "shadow of who [she] used to be," and that without the advocate's help she would not have had the strength to start her life over. Another client felt similarly and stated that her advocate was her "strong back bone when she didn't have [one] of her own." Clients reported that they needed the advocate to guide them through the legal process of separating from their abuser, to be available to attend court hearings, assist in safety planning, filling out forms, and advocate on their behalf with law enforcement and the courts. Another comment made by two thirds of the

focus group participants was that advocate involvement helped clients to improve their relationship and responsiveness to DFS involvement.

In addition to these positive aspects of the program, the participants felt that DFS could have intervened earlier and more thoroughly assessed their situation in relation to the issue of domestic violence. Areas of concern reported by clients also included communication between DFS and the advocates. The individual interviewed in Kent County and those interviewed in New Castle County reported that there was not enough communication between DFS and their advocates and that this should be improved. One participant stated that often she was the first to make the advocate aware of court hearings and other important case events, instead of information coming from her DFS worker directly to the advocate.

Because intense support was seen as the key to victims' success in ending the cycle of violence, participants suggested several positive ways to increase support for victims by supplementing existing services. Some clients indicated after hours support for emergencies and other supports would be beneficial. Clients were aware that they could contact the domestic violence hotline or 911 as needed for support; however, many felt that the hotline was not something they would access because they did not already have a relationship with the hotline worker. Clients within the focus groups instead felt that setting up a telephone network, made up of support group members, could be useful in getting support during non-business hours to alleviate the strain of having one advocate on-call. This system would also allow clients to speak with individuals that they had already met and felt safe speaking with.

Other areas of dissatisfaction with domestic violence services appeared to rest with external, as opposed to internal, facets of the advocate project. All focus group participants reported negative experiences with law enforcement and felt that attitudes among representatives of these agencies tended to re-victimize the women.

Issues and Recommendations

Although results from this study were generally positive, several suggestions for improvement were noted. The main areas for improvement were with procedural processes, communication between advocates, DFS and other agencies, the referral process, gaps in services both internally and externally, and advocate certification.

Communication

- Increased communication was a key area in which concerns arose. In general, communication was reportedly good between advocates and DFS workers (according to clients, DFS staff, and advocates); however, room for growth was noted by some individuals. The groundwork for an increase in communication was laid during the domestic violence work group meetings. It was recommended that advocates contact each other regularly to discuss issues and improve consistency of services throughout the state. In addition, plans have been made to continue domestic violence trainings with DFS staff in order to increase advocate exposure. It is important that through these trainings as well as through case assistance that advocates begin building stronger relationships with DFS staff.
- DFS currently has collaborative relationships, like those with the advocates with other professionals such as substance abuse counselors also known as alcohol and other drug counselors (AOD counselors). These AOD counselors are also co-located in DFS offices

and have been working with the division for approximately thirteen years. Their experience reveals the success of a multidisciplinary team approach. Research notes there is a high correlation between substance abuse and domestic violence (DCADV, 2003). Because of this correlation it would be beneficial for the advocates to draw on the support and expertise of the AOD counselors in addressing client issues. By expanding the multidisciplinary team to include not only DFS and the advocates, but also the AOD counselors, client services can become more individualized and effective. It is recommended that advocates be included in case plan reviews, where appropriate, with the DFS worker, supervisor, and AOD counselor, as well as the Departmental integrated service plan.

- DFS workers in the Elwyn office are not able to access the advocate as easily as workers at the University Plaza site. It is recommended that services be expanded to include a second advocate at the Elwyn office in the future.

Referral Process

- It is important to ensure that all appropriate cases are referred to the advocates and that these cases are given proper follow-up. This could be improved in several ways:
 1. To improve the referral process as well as advocate/ DFS communication, the process could be made more formal by having workers e-mail referrals to the advocate and the designated DFS supervisor at the same time. The DFS supervisor would then be able to maintain a list of referrals.
 2. Another way to ensure that all cases where domestic violence is identified are referred to the advocates is to give advocates access to the hotline database where this is tracked. Advocates could then notify the appropriate DFS supervisor of the cases needing action and then begin to work with the DFS worker assigned to the case on possible collaborative efforts.
 3. Periodic meetings could be held between the advocates, DFS caseworker, and the DFS supervisor to discuss what follow-up if any has been made on each case. This supervision would function as means for more effective case planning, as opposed to clinical supervision regarding domestic violence issues. The appropriate domestic violence agency supervisor would address concerns about the advocate's performance and provide any necessary clinical supervision.

Services/ Needs

- Focus group participants suggested several positive ways to increase support for victims by supplementing existing services. For example, participants felt that setting up a telephone network, made up of support group members, could be useful in getting support during non-business hours to alleviate the strain of having one advocate on-call. Previously, the advocate in Sussex County had been available by cell phone and pager at anytime of the day, however, due to caseload sizes and potential advocate burnout this had to be modified. At this time women are encouraged to call the domestic violence hotline, however, most women reported a reluctance to do this, due to the fact that they had not established a sense of trust or rapport with the individuals responsible for hotline calls.
- Further recommendations include the need to fill the vacant part-time advocate position in Sussex County as well as the vacant full-time position in Kent County. In addition to

filling the vacant positions, the evaluation revealed a need for more advocates per county in order to reduce advocate caseloads and increase the opportunity for off-hour assistance through possible implementation of an on-call rotation.

- Current vacancies have left a major void in services, especially to the Hispanic community in Sussex County. As stated previously, the Hispanic population is growing rapidly in Sussex County and therefore should be a focus for services in this area. Future advocates hired for the part-time Sussex position would preferably continue to be bilingual, although recruiting for these types of positions has been difficult historically.

Advocate Training/ Certification

- It is unclear why some DFS survey respondents did not think they needed the services of the advocates. Hopefully, increased outreach to DFS workers and exposure through DFS training sessions will reinforce the value of advocacy services. It is also possible that some DFS staff have not perceived that the advocates have distinct training or experiential qualifications with this population. Therefore, certification of the advocates is yet another recommendation for project improvement. The domestic violence certification credential would strengthen the advocates' roles within DFS of having special expertise in the provision of domestic violence services. Basic certification requires individuals obtain a specific number of training hours; field time spent addressing domestic violence, and supervision from an already certified domestic violence specialist. It is recommended that all new advocates hired for the program be required to have this certification or to be able to obtain it within a reasonable amount of time.

Ancillary Issue

- Communication between domestic violence agencies and DFS were not the only areas where improvements were suggested. During this evaluation, advocates and clients reported a need for increased communication and collaboration with law enforcement. Advocates and clients noted that in some cases law enforcement continue to have difficulty in empathizing with victims of domestic violence. In addition, it was noted that while the number of domestic incidents in the state has increased, the number of reports alleging domestic violence at intake has decreased, indicating a possible gap in communication between law enforcement and DFS. Training of law enforcement may be needed regarding domestic violence in general and specifically about reporting to DFS as it pertains to children witnessing domestic violence. It is recommended that this issue be brought to the attention of the Domestic Violence Coordinating Council for further dialogue.

Conclusion

In conclusion, the results of this evaluation will be examined in five key areas, based on the goals originally established for this project. The first two goals were partially met.

Goal 1: DFS and domestic violence advocates will report an increased understanding of the roles each play in the community. Advocates indicated an increased understanding of the DFS role. Advocates stated that this understanding occurred as a result of attending DFS core training for new workers. However, according to DFS staff surveyed there was some lack of understanding regarding the roles and abilities of advocates. Advocates might benefit from greater outreach and publicity within DFS in order to educate workers and supervisors about their role and abilities. To accomplish this, plans have been made to continue domestic violence trainings with DFS staff in order to increase advocate exposure.

Goal 2: The perceived relationships between DFS and the domestic violence agencies will be positively impacted. In general, communication was good between advocates and DFS workers (according to clients, DFS staff, and advocates). Through trainings provided to DFS by advocates, as well as through case assistance, advocates can continue to build strong relationships with DFS staff.

Goals three through five were also being met according to clients, workers, and advocates; however, some recommendations for program improvement were made.

Goal 3: The perception of the victim's immediate safety will be increased. The victims that participated in the focus groups indicated that advocates were beneficial in helping them to develop safety plans and secure their immediate safety. Victims reported that the primary reason for this was the intense support that advocates provided. In addition, long term safety of victims was also indicated in that many reported they had been safe for several months and felt that further acts of domestic violence had been prevented.

Goal 4: Clients will report they receive services they feel they need. Clients participating in the focus groups unanimously reported that advocates provided services they needed. Clients felt that advocates provided intense support services that were crucial to their success. Clients felt that one advocate per county was not sufficient and may result in advocate burnout due to the intensity of services provided.

Goal 5: Services to families with domestic violence will be strengthened by utilizing the domestic violence advocate. Through the focus groups, victims indicated that they saw a noticeable improvement in DFS services when the advocates were involved. One victim stated that she had a previous case with DFS not involving the advocate and had returned to her abuser following the closure of the DFS case. In the subsequent case where the advocate was present the same client reported she had left her abuser and remained safe for a year. This difference was attributed to the advocate's ability to focus a greater amount of time and support on assisting the victim dealing with domestic violence.

Because intense support was seen as the key to victims' success in ending the cycle of violence, participants suggested several positive ways to increase support for victims by supplementing existing services. Some clients indicated after hours support for emergencies and support would be beneficial. Clients were aware that they could contact the domestic violence hotline or 911 as needed for support; however, many felt that the hotline was not something they would access because they did not already have a relationship with the hotline worker. Clients within the focus groups instead felt that setting up a telephone network, made up of support group members, could be useful in getting support during non-business hours to alleviate the strain of having one advocate on-call. This system would also allow clients to speak with individuals that they had already met and felt safe speaking with.

Finally, although information gathered was limited in some areas, it was evident through the accounts of clients, workers, and advocates that the project has had a positive impact in many ways. By addressing some of the recommendations and maintaining the many strengths of the project, it will provide support for domestic violence victims to make choices as they work toward establishing safety and stability for themselves and their children.

Project Update

Project Update – October 2004

A final draft of Delaware's Domestic Violence Advocate Pilot Project 2002-2004: An Overview and Evaluation report was distributed to the Children and Domestic Violence Subcommittee of the Domestic Violence Coordinating Council on September 16, 2004. As a result of that meeting, members were requested to review the draft report and provide feedback. The feedback included the following points and recommendation:

- Since the evaluation was completed, the part-time bilingual position in Sussex County was filled in March 2004 and the advocate position in Kent County was filled in June 2004.
- Funding was obtained through VOCA to hire an advocate for the Elwyn regional office in New Castle County effective October 1, 2004.

Recommendation: An independent evaluation of the project should be conducted that includes an examination of the:

- communication process and confidentiality issues between the advocates and DFS staff;
- relationship between the advocates, the Courts, and the Attorney General's Office;
- variables in the current report to measure and reassess their effectiveness, as well as to identify future needs, with a particular focus on greater client participation;
- referral process to the advocates;
- advocates' perspective about whether they think they have access to more client information and if it makes a difference in their case planning and service delivery; and
- existing project limitations.

Appendix A

DOMESTIC INCIDENT REPORT

1 <input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> RP		2 NO. VICTS		3 REPORT DATE		4 DEPARTMENT		5 PAGE OF		6 COMPLAINT NO.	
7 NAME (LAST, FIRST, MIDDLE)						8 RACE, SEX, E.O., AGE		9 D.O.B.		10 RESID PHONE	
12 ADDRESS						13 RESIDENT <input type="checkbox"/> FUL <input type="checkbox"/> NON <input type="checkbox"/> UNK		14 EMPLOYER/SCHOOL		148 ALT PHO	
LOCATION OF INCIDENT						16 GRID		17 SECT	18 CTY	19 NO PREMISE	20 TYPE PREMISE
22 REPORTED DAY DATE TIME				23 OCCURRED DAY DATE TIME				24 INVOLVEMENT <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> CC			
25 CRIME OR INCIDENT TITLE SECTION SUBSECTION TYPE CLASS						26 UCR CLASS		27 SUP CODE		28 CRIM ACTIVITY	
135 WAS DFS NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		136 DFS PERSON CONTACTED		31 POINT OF ENTRY		32 NATURE OF INJURIES		33 WEAPONS MEANS/AT			
INDICATE RELATIONSHIP TO INVESTIGATION W1 - WITNESS NI - NOT INTERVIEWED RP - REPORTING PERSON P - PARENT C - CHILD PRESENT CN - CHILD NO											
LIST NAME, DOB, AND ADDRESS OF ANY CHILD PRESENT DURING INCIDENT AND ANY OTHER CHILD(REN) LIVING IN THE HOME 137 <input type="checkbox"/> NONE											
CODE	34 NAME (L, F, M)	RACE	SEX	D.O.B.	ADDRESS			PHONE			
35 EVID <input type="checkbox"/> YES <input type="checkbox"/> NO		PERFORMED BY		PHOTOS TAKEN OF INJURY/SCENE				OTHER EVIDENCE WORK DONE - TYPE			
36 METHOD OF OPERATION											
MO. CLASS											
138 DUAL ARREST MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES JUSTIFY		139 <input type="checkbox"/> ARREST MADE <input type="checkbox"/> NO ARREST MADE		<input type="checkbox"/> SUSPECT GOA <input type="checkbox"/> WARRANT PENDING		<input type="checkbox"/> NO CRIME <input type="checkbox"/> OTHER		140 RISK ASSESSMENT DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
37-1 <input type="checkbox"/> SUSPECT <input type="checkbox"/> DEFENDANT (L, F, M)		37-2 TYPE OF ARREST <input type="checkbox"/> ON VIEW <input type="checkbox"/> SUMMOND <input type="checkbox"/> WARRANT		37-3 V.O.		37-4 RACE, SEX, E.O., AGE		37-5 D.O.B.		37-6 RESIDE <input type="checkbox"/> FUL <input type="checkbox"/> NO	
37-7 ADDRESS						37-8 DESCRIPTION		37-10 PHONE		37-9 ARMED V	
SUSP VEH REG # STATE		YEAR	MAKE	MODEL	BODY	COLOR(S)	IDENTIFYING CHARACTERISTICS				
141 <input type="checkbox"/> PROPERTY DISPUTE <input type="checkbox"/> CUSTODY DISPUTE <input type="checkbox"/> SERVE PFA ORDER						147 WAS A VIOLENT ACT THREATENED OR COMMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
142 ARE THERE ANY ACTIVE COURT ORDERS? <input type="checkbox"/> CUSTODY <input type="checkbox"/> PFA <input type="checkbox"/> NO CONTACT <input type="checkbox"/> PROBATION <input type="checkbox"/> OTHER											
143 IS THIS FAMILY ACTIVE WITH THE DIVISION OF FAMILY SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO CASE WORKER											
144 HAS EITHER PARTY REPORTED AN INCIDENT WITH EACH OTHER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO LAST CONTACT											
145 IS EITHER PARTY A VICTIM/COMPLAINANT IN ANY OTHER RECENT/RELEVANT POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY											
CODE	PROPERTY TYPE	STOLEN-S	DAMAGED-D	RECOVERED-R	SEIZED-T	TYPE		ID NUMBER		VALUE	
	40-1										
	40-2										
	40-3										
41 DRUG TYPE		42 DRUG QUANTITY		43 DRUG MEASURE		44 DATE RECOVER'D		45 VALUE DAMG		46 VALUE REC	
146 ON SCENE COMMENTS: (11 DEL SEC 3507) VICTIM (V) SUSPECT (S) WITNESS (W) CHILD (C)											
CODE	48 CONTINUATION OF ABOVE ITEMS										
134 DOES VICT REQUEST NOTICE OF FUTURE PROCEEDINGS UPON ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO		133 SUSPECTED BIAS/HATE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		49 DET NOTIFIED		50 REFERRED TO		51 SUPERVISOR APPROVAL			
52 REPORTING OFFICER NO. DIV.				53 STATUS <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARREST - JUV <input type="checkbox"/> PENDING - ACTIVE <input type="checkbox"/> PEND - INACTIVE <input type="checkbox"/> ARREST - ADULT <input type="checkbox"/> SERVICE CLEAR				54 EXCEPTIONAL CLEAR <input type="checkbox"/> DEATH SUSPECT <input type="checkbox"/> NO V COOPER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> JUV NO CUST <input type="checkbox"/> EXTRADITION DECLINED <input type="checkbox"/> ADMIN SANC			
55 REPORTING PERSON'S SIGNATURE X											

Delaware State Police Domestic Incident Checklist
(Check with a X all blocks that apply; enter N/A if it does not apply)

Officer: _____ Complaint #: _____ URGENT - REQUEST DVU FOLLOW-UP
This checklist is provided to the DVunit with the criminal investigation report copy and not retained as a permanent record.

- | | | |
|------------|------------|--|
| <u>Inv</u> | <u>Sgt</u> | |
| ___ | ___ | This is a PENDING ACTIVE case for timely follow-up. The DV unit was notified according to CIU protocol. |
| ___ | ___ | Attached is the DELJIS Domestic Incident inquiry printouts for the primary suspect and victim involved in verbal disputes(S1,S2) and crimes with or without an arrest. |
| ___ | ___ | Sus/def/S2 has criminal arrest record. SBI# _____ Date of last arrest _____ 29N / 29P |
| ___ | ___ | Sus/def/S2 has prior history / conviction (circle one or both) for domestic related crime / violent crimes (circle one or both). |
| ___ | ___ | Sus/def/S2 recently arrested for a domestic related crime. Date _____ complaint# _____ |
| ___ | ___ | Vic/S1 has criminal arrest record. SBI# _____ Date of last arrest _____ 29N / 29P |
| ___ | ___ | Vic/S1 has prior history/ conviction (circle one or both) for domestic related crime/ violent crime (circle one or both). |
| ___ | ___ | Vic/S1 recently was arrested for a domestic related crime. Date _____ complaint# _____ |
| ___ | ___ | Weapon(s) was used/ threatened in the commission of this crime; weapon seized YES / NO _____ |
| ___ | ___ | NCIC check of weapon(s) ___ negative or ___ positive |
| ___ | ___ | ATF weapons trace form completed |
| ___ | ___ | **Request DV unit to check to see if suspect is a person prohibited. |
| ___ | ___ | S1/ S2 /defendant/victim is on probation/parole |
| ___ | ___ | Probation & parole notified - OR - |
| ___ | ___ | **Request the DV unit to follow-up with Probation and Parole |
| ___ | ___ | Felony / Misdemeanor warrant pending |
| ___ | ___ | Pending active case log (MCI) entry made |
| ___ | ___ | Follow-up being conducted by the initial officer |
| ___ | ___ | Suspect entered as wanted. (Pass on to the oncoming shift/ Sergeant for continued attempts.) |
| ___ | ___ | With the warrant, a copy of the full report placed in the file for interview of the suspect and bail recommendations. |
| ___ | ___ | Listed in the report the suspect's employer, work address, work and home phone numbers, if obtainable. |
| ___ | ___ | Location, date/time, officer(s) name of warrant attempt(s) was provided to the DV Unit for follow-up. |
| ___ | ___ | **Request DV unit to follow-up on this investigation to locate suspect. |
| ___ | ___ | Interviewed child(ren) present for possible injury and/or witness statement |
| ___ | ___ | DFS hotline (1-800-292-9582) notified timely if a child was injured during the incident. |
| ___ | ___ | DFS hotline notified during the investigation if a child witnessed a felony level domestic violence crime. |
| ___ | ___ | DFS hotline notified because child(ren) are repeatedly present at a domestic incident (chronic problem). |
| ___ | ___ | DFS hotline notified because they have an active case. |
| ___ | ___ | **Request DV unit to make referral to DFS. |
| ___ | ___ | Adult Protective Services (1-800-223-9074) contacted, if applicable. |
| ___ | ___ | Witness(es) interviewed in this investigation. |
| ___ | ___ | Suspect/defendant interviewed in this investigation. Statement obtained/attempted. |
| ___ | ___ | Risk assessment completed for criminal offenses of offensive touching or greater as applicable. |
| ___ | ___ | Photographs of the victim(s), victim(s)'s injuries, child's demeanor, the scene, the suspect, if possible. |
| ___ | ___ | Taped statement obtained/attempted of the victim and/or suspect, if possible. |
| ___ | ___ | Reviewed / Requested a copy of the 911 tape in a significant case. |
| ___ | ___ | The arraigning magistrate/judge was advised of critical concerns in the investigation for bail recommendations. |
| ___ | ___ | Victim given the victim copy of the report with incident information, the officer's name/IBM and complaint number. |
| ___ | ___ | Notification of the arrest and/or conditions of bail was provided to the victim directly or indirectly. |
| ___ | ___ | Phone number and information of another person to reach the victim. |
| ___ | ___ | The DSP Victim Services (VS) hotline (1-800 VICTIM1) was called during this investigation; spoke to _____ |
| ___ | ___ | A VS Advocate was called out to assist during this investigation. Advocate's name- _____ |

Select **ONLY ONE** of the following options for follow-up referral to the Victim Services Unit. Note the referral in block 48.

- ___ 1) Request **DIRECT** (in person or by phone) contact by VS to: (victim name) _____
(Send a copy of the report and the checklist to the VS advocate.) -**OR**-
 - ___ 2) Request VS to send a DV **INFORMATION LETTER** to: (name) _____
(Send a copy of page one of the report and the checklist to "HQ Victim Services"). - **OR** -
 - ___ 3) No Victim Service direct contact or informational letter requested.
- Do NOT request both 1) and 2) above.

Comment: _____

Reviewing Sergeant/officer name _____ IBM _____ date _____ FORM# 308 12/1998

Appendix B

DFS Worker Survey

1. How long have you been an employee at DFS? (Required field)

0-2 years 3-5 years 6-10 years 11 or more years

2. What program do you work for? (Required Field)

Investigation Treatment

3. What region do you work in? (Required Field)

University Plaza Elwyn Kent Sussex

4. Are you a worker or a supervisor? (Supervisors please skip to question #14) (Required Field)

Worker Supervisor

5. Have you ever utilized one of the domestic violence advocates in regards to a specific case?

Yes No (if No, skip to question # 13)

6. How many cases have you referred to the domestic violence advocates?

1-5 cases 6-10 cases over 10 cases

7. Did you include the advocate in developing plans for the family?

Yes No

8. Did the advocate's intervention(s) assist in reducing risk factors within the family?

Yes No

9. Were you told what specific type(s) of assistance the advocate provided to the family?

Yes No

10. Did you find the advocate to be informative or helpful in providing information to you as to the presence/ degree of domestic violence in the home?

Yes No

11. Would you utilize the advocates again?

Yes No

12. How would you rate your overall satisfaction with their services? (After completing, skip to question #14)

Very satisfied Satisfied A little satisfied Not at all satisfied

13. If you have never utilized the advocates, why not? (check all that apply)

Not aware of service Aware of service, but no liaison in my county

Felt I did not need their assistance Client refused service Other

14. Have you utilized the advocates to obtain resource information on domestic violence issues?

Yes No

15. In general, do you feel advocate services are beneficial to DFS families?

Yes No

16. Do you feel that your relationship with agencies that address domestic violence has improved due to the advocates' presence within the DFS offices?

Yes No, it has not changed No, relationship has gotten worse

17. Do you feel your knowledge of domestic violence issues has increased due to the services and/or trainings provided by domestic violence advocates within DFS offices?

Yes No

18. In what ways do you think the advocates could be more beneficial when addressing issues related to domestic violence in DFS cases? Please include any other relevant information and/or concerns in this section.

Appendix C

Domestic Violence Agency Interview Questions:

1. Please provide the following information:
 - a. Agency Brochure
 - b. Grant
 - c. Funding information for domestic violence project
 - d. Forms used in assisting clients (safety plans, referral lists, brochures on domestic violence, intake/ assessment form, satisfaction survey, confidentiality agreements, releases of information, etc.)
 - e. Current client tracking forms or database
2. What items would you like to see included in a database for tracking cases?
3. What records are currently available for input into a database when one is created?
4. Do you have specific numbers available as to the number of clients served by this program and the services they received?
5. What is the typical course for cases handled by you/ your workers from start to end?
6. What suggestions do you have regarding conducting a focus group of clients on the impact of this program?
7. Do you feel the project has had an impact on the relationship between DFS and your agency? If so, how?
8. Do you feel that DFS core training was beneficial to you/ your workers? If so, how? If not, how could training be modified to make it more beneficial?
9. Have you/ your workers assisted in training any DFS workers on domestic violence issues? If so, what type of response did you/ your workers get?
10. What obstacles or barriers do you feel should be addressed in order to make the program more effective?

In your opinion, are there currently any gaps in services in regards to domestic violence issues? If so, what are they?

Appendix D

Focus Group Questions:

1. What services did the advocate provide to you?
2. Did you feel you received the services you needed?
3. Did your advocate assist you and your children in increasing your safety? How?
4. Have any of you had previous cases with DFS prior to the start of the domestic violence advocate program?

If so, how do you feel the services offered to your family were different than the case in which the advocate was involved?

5. What were the most helpful parts of our program? What were the least helpful?
6. What are some things that you would like to see added or removed from the program in order to improve it?

Appendix E

Initial Intake

PID # _____

Date _____ Referral Source _____

Victim _____ Age _____ DOB _____

Ethnicity: Asian Black Hispanic Native American White Other: Specify _____ Gender: M F

Address _____ City _____ Zip code _____

County: NC K S SS# ____-____-____ Phone (hm) _____ (cell) _____ (wk) _____

Income _____ TANF/AFDC Food Stamps SSDI Child Support \$ _____/_____

Employment: Full-time Part-time Unemployed

Education(Highest Grade Completed): 0 1 2 3 4 5 6 7 8 9 10 11 12 GED Some College College Graduate

Major/ Interest _____

Number of Children _____ Ages of children _____

Alcohol abuse: Yes No Past: Yes No Drug abuse: Yes No Past: Yes No

History of domestic violence: Yes No Types of Abuse: Physical Psychological Sexual

Domestic Violence within childhood: Yes No Abuse in Childhood: Yes No

Prior DV shelter: Yes No Prior DV counseling: Yes No

Prior Emergency Medical Intervention: Yes No

Comments:

PID # _____

Abuser _____ Age _____ DOB _____

Ethnicity: Asian Black Hispanic Native American White Other: Specify _____ Gender: M F

Address _____ City _____ Zip code _____

County: NC K S Employment: Full-time Part-time Unemployed

Height _____ Weight _____ Hair _____ Eyes _____ Scars, Marks, Tattoos _____

Alcohol abuse: Yes No Past: Yes No Drug abuse: Yes No Past: Yes No

If yes, what drugs? Marijuana___ Cocaine___ Crack___ Heroine___ Other_____

History of domestic violence: Yes No **Domestic Violence within childhood:** Yes No

Prior DV Counseling: Yes No **Prior Emergency Medical Intervention:** Yes No

Abuse in Childhood Yes No

Comments:

Check List

Services Provided:

Risk Assessment: Score _____

Safety Planning

Crisis Counseling

Referrals Provided:

PFA/ Custody/ Court Brochure

Counseling/ Women's Support Group

Counseling for Children

Shelter

"Into the Light" Book/ Handouts

Violent Crimes Compensation Board

Prior Police or Court Involvement (Are there current criminal charges against abuser)?

No Yes, Explain:

Other Resources/ Suggestions for Client:

Her Additional Comments:

His Additional Comments:

DFS Information

DFS Worker/ **Region** _____ / _____ Investigation Treatment Other

Child Abuse/ Neglect Allegations _____ / **# of Children Abused/Neglected** _____

Additional Information _____

Risk Assessment

Name: _____ PID# _____

Answer the following questions yes or no:

THIS INDIVIDUAL:

- | | | |
|-----------------------------|----------------------------|---|
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 1. Is threatening or has threatened suicide or homicide |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 2. Has made previous suicide attempts |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 3. Has injured victim in the past |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 4. Has used a weapon to assault or threaten victim (past or present) |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 5. Has killed or injured pets |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 6. Has imprisoned victim or held victim hostage (past or present) |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 7. Has destroyed victim's personal property, especially items of sentimental value |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 8. Has an acknowledged or reported history of using crack, amphetamines, pcp, or cocaine |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 9. Has a history of use of alcohol or other drugs |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 10. Has been arrested previously for domestic violence or other crime(s) |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 11. Has engaged in previous physical or sexual abuse of the victim, which has not been reported |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 12. Is excessively jealous of and/or blaming the victim |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 13. Is actively hostile, angry or out of control and not fearful of consequences |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 14. Is obsessed with the victim |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 15. Is controlling and resents outside interference |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 16. Has access to weapons or previous experience with weapons (including fire) |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 17. Has access to victim |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 18. Is faced with the threat of final separation or divorce |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 19. Has engaged in unusual or bizarre behavior (not necessarily violent) |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 20. Is engaged in an escalating pattern of domestic violence incidents |
| <input type="checkbox"/> Y* | <input type="checkbox"/> N | 21. Has assaulted victim during a time when victim was pregnant (including current incident) |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 22. Other (describe) _____ |

Comments _____

Score _____ (Y responses equal 1 point, except for Y* items which equal 2 points)

Risk _____ (12=Average, 19=Above Average, 26=High, 33=Extreme)

Three Month Follow-up

Client Name: _____ PID # _____ Form Completion Date: _____

Has there been an address change? Yes No

New Address: _____

New Phone: _____

Are you Currently Employed? Yes No Where? _____

In School or Job Training? Yes No
Where? _____

Are you receiving counseling? Yes No Where? _____

If no, would you like resources? Yes No

Note referrals: _____

Are your children receiving counseling? Yes No

If no, would you like resources? Yes No

Note referrals: _____

Are you safe? Yes No

Further Abuse? Yes No

Still with previous abuser? Yes No

What two goals do you feel you've met in the last 3 months?

- A. Gained better understanding of domestic violence cycle
- B. Knowledge of warning signs for future potential abusers
- C. Improved decision-making skills
- D. Improved self-esteem
- E. Obtained housing
- F. Gained employment
- G. Began financial planning
- H. Received counseling
- I. Increased emotional stability

- J. Increased feeling of strength & empowerment
- K. Improved parenting skills
- L. Gained life skills
- M. Enrolled in or completed education/ job training
- N. Increased ability to utilize transportation options
- O. Increased awareness of additional resources
- P. Able to keep children

Is there anything you still need help with? Yes No

List: _____

Note referrals: _____

Were you satisfied with the Domestic Violence Advocate services?

very unsatisfied unsatisfied somewhat satisfied satisfied very satisfied

Please explain your answer, including any improvements the DFS Advocate can make _____

Is there anything else you would like us to know? Yes No

What? _____

1st Attempt Date: _____ 2nd Attempt Date: _____

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPENDIX F

Domestic Violence Advocate Pilot Project Participants

Child, Inc.

Cindy Mercer, Director of Domestic Violence Services (302)762-6111
Bincy John, Advocate, New Castle County

People's Place II, Inc. - Families in Transition Center

Cindy Boehmer, Program Director (302)422-8058
Stephanie Manzi, Advocate, Kent County
Kristi Nickerson, Advocate, Sussex County
Elana Vanderbyl, Part-time Bilingual Advocate, Sussex County

State of Delaware – Division of Family Services

JoAnn Bruch, Program Manager – Treatment (302)633-2690
Linda M. Shannon, Program Manager – Intake & Investigation (302)633-2663
Margaret Anderson, Assistant Regional Administrator, Sussex County
Michael Langrell, Supervisor – Treatment, Kent County
Brenda Roslyn, Supervisor – Investigation, New Castle

References

- Chalmer, M. (March 15, 2001). Hispanics finding a home here: Strong economy, plentiful job encourage immigration and growth. *The News Journal*. Retrieved November 3, 2003 from www.delawareonline.com
- Child, Inc. Agency web site. Retrieved November 19, 2003 from <http://www.childinc.com>
- Dalton, B. (2001). Batterer characteristics and treatment completion. *Journal of Interpersonal Violence* 16(12).
- Delaware Coalition Against Domestic Violence. (July 2003). *Domestic Violence and Immigrant Communities in Delaware: Results of a Focus Group Project*.
- Heyman, R.E., & Slep, A.M.S. (2002). Do child abuse and interparental violence lead to adulthood family violence. *Journal of Marriage and Family* 64(4).
- Jaffee, S.R. (2002). Influence of adult domestic violence on children's internalizing and externalizing problems: an environmentally informative twin study. *Journal of the American Academy of Child and Adolescent Psychiatry*. Retrieved November 19, 2003 from http://www.findarticles.com/cf_0/m2250/9_41/91423119/print.jhtml