

Domestic **V**iolence in Charlotte-Mecklenburg

An Overview and Assessment of Our Community Response

FULL REPORT

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For the Mecklenburg County Manager's Office

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*Many thanks
to those who gave their valuable time, data and perspectives
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EXECUTIVE SUMMARY

Domestic violence (DV) is clearly on the rise in Mecklenburg County, with 78 deaths resulting from it over the last five years. Abuse between intimate partners is prevalent throughout the entire community, not just in areas where the police or other service providers get the most number of calls for help. Many victims do not report their abuse or seek assistance, thus the full extent of the problem is much greater and broader than the local statistics reveal.

The services and support available to victims of domestic violence and the criminal justice processes in place to hold batterers accountable are overwhelmed and challenged to keep up with the rising demands on them. As the county population grows over the next five to ten years, and if the incidence of domestic violence is not curbed, the community's systems of response will find it increasingly more difficult to respond. Consequently, victims of abuse will be more at risk, and the costs to the community will rise.

This assessment, commissioned by the Mecklenburg County Manager's Office, provides key information about this growing community problem and a comprehensive overview of the community's response to it. While the current community response to domestic violence is much more extensive and better coordinated than in previous years, improvements are needed to create **a more integrated, effective and predictable community response** in the future. An assessment of the current response reveals numerous needs, gaps and challenges that should be considered. Most critical, there is a need for:

- **GREATER FOCUS ON PREVENTION AND EARLY INTERVENTION.** Unless greater attention is devoted to primary and secondary prevention, particularly with children and young adults, domestic violence will be more of an issue in Charlotte-Mecklenburg ten years from now than it is today. The overall domestic violence response system will continue to be managing the problem instead of reducing it, as the next generation of victims and batterers will be in full force.
- **MORE SHELTER BEDS AND TRANSITIONAL HOUSING FOR VICTIMS:** Clearly, the 29 beds at the Shelter for Battered Women are not adequate to provide a good front-line crisis response for victims. Compared to 122 DV emergency shelter beds in Austin, 120 beds in Indianapolis, 95 beds in Jacksonville and 74 in Louisville, Mecklenburg County has far fewer shelter beds for victims than most communities of similar size. The lack of transitional housing options for those who leave the shelter is equally distressing. If plans are not put into place soon to establish a new larger shelter or several shelters to augment the current facility, including the addition of transitional beds, the shelter crisis will become much greater and more victims will be vulnerable without a safe haven to provide refuge them from continued abuse
- **INCREASED BATTERER ACCOUNTABILITY:** Too many batterers are not being held accountable for their crimes of domestic abuse. A high percentage of DV-related cases are being dismissed in the courts, and too few perpetrators are being convicted of domestic violence related crimes. Without a more predictable criminal justice system in place, victims are not as likely to report their crimes and carry through with their cases, and batterers will believe they can continue their abuse without suffering consequences. This is a multi-faceted, multi-agency challenge that will require considerable collaboration, resources and time to address.
- **MORE CULTURALLY COMPETENT OUTREACH AND RESOURCES:** The number of immigrant victims of domestic violence is significant and growing each year. The agencies and organizations that provide victim services and those that deal with batterer accountability are challenged to adequately respond to this growing population with the limited bilingual and bicultural resources currently available to them. As the community increasingly diversifies over

the next five to ten years, the pressure on the response system to provide more culturally competent outreach and resources for domestic violence will become greater.

- **INCREASED DV TRAINING FOR MULTI-DISCIPLINARY PROVIDERS:** Currently such training efforts are fragmented and do not penetrate deeply enough into the various service systems that have potential overlaps with domestic violence, such as mental health, substance abuse treatment, foster care and healthcare. By broadening the range of providers who have basic knowledge and skills related to domestic violence, the safety net for victims in Charlotte-Mecklenburg would be strengthened.
- **HEIGHTENED PUBLIC AWARENESS AND INTOLERANCE FOR DOMESTIC VIOLENCE:** The community, as a whole, has not taken a strong and consistent stand against, or a “zero tolerance” approach to, domestic violence. In addition to more visible public leadership around issues of domestic violence, greater involvement of area employers is needed through the implementation of DV workforce protocols and policies. Houses of faith could also be playing a more pro-active role in addressing the problem than they currently are.

Creating a More Integrated, Effective and Predictable Community Response to Domestic Violence in Mecklenburg County

As requested by the County Manager’s Office, this assessment provides a handful of strategic and tactical suggestions that respond to the needs, gaps and challenges identified through the assessment process. The strategic suggestions focus on defining the work that needs to be done, and the tactical suggestions focus on organizing to do the work. Not a strategic plan per se, these suggestions are offered to help provide focus and begin the change process. Ultimately, elected officials and other key stakeholders must decide next steps for action.

Defining the Work

SUGGESTIONS:

1. **Agree on a shared vision and guiding principles** for a more integrated, effective and predictable community response to domestic violence. This critical foundational piece for system building currently does not exist within the domestic violence community. Without it, agencies, providers and other community stakeholders may be working under different assumptions and at cross purposes.
2. **Agree on a handful of critical priorities** to aggressively pursue over the next three to five years. Numerous needs and gaps have been identified in this assessment. Realistically, all these needs and gaps can not be addressed immediately. Therefore, it is essential for the community stakeholders to decide on short and longer-term priorities. The needs/gaps listed above appear to be the most critical; however, community stakeholders must set the priorities to ensure buy-in and foster collective action.
3. **Identify small shifts or changes within all services or programs** that collectively could have a big impact. Providers in all the DV-related agencies and organizations could be asked to recommend at least one specific and achievable suggestion for improving the efficiency and effectiveness of the overall community response to domestic violence--whether a change in a form or a change in protocol. No one knows the response system better than those working in the field every day.

4. **Establish Memoranda of Understanding (MOU) between agencies and organizations** to clarify relationships and responsibilities. Preparing MOUs creates opportunities for organizations to articulate their protocols and procedures and to collaborate with others. They also help ensure greater consistency and reliability in processes. Only a few such MOUs currently exist within the DV community.
5. **Develop a process for annually collecting and reporting on basic, system-wide domestic violence related data** that will provide valuable and ongoing insight into changes, needs and challenges with the community response and a greater level of accountability. Currently, there is no plan or mechanism in place to collect such data.

Organizing to do the Work

SUGGESTIONS:

1. **Establish a DV Community Response Coordinator position.** Someone, or some entity, needs to be charged with and held accountable for planning and coordinating the overall community response to domestic violence. Ideally, such a position would be jointly funded by the County, City and United Family Services (UFS): these are the key local stakeholders in the domestic violence service delivery and response system. A leadership team comprised of top leaders in the major DV-related organizations could provide guidance and support to the coordinator. Currently, top leaders from the different organizations rarely come together to discuss mutual interests and needs. In-kind support from organizations could also help support the coordinator and his/her work.
2. **Create task teams to focus on priorities.** Specific teams could be formed to focus on:
1) Shelter and Housing; 2) Batterer Accountability; 3) Child/Teen Prevention and Intervention;
4) Culturally Competent Outreach and Resources; 5) Training; and 6) Community Outreach and Education. Some existing DVAC subcommittees could be expanded to serve as a task team. Bringing community representatives to the table is suggested to relieve some of the burden on service providers and provide fresh, outside perspectives and expertise.
3. **Develop strategic partnerships in the community to help address and advocate on behalf of priority issues.** With their limited resources, the DV-focused agencies and organizations cannot turn the tide on domestic violence on their own. Leveraging resources in the community will be essential. Possible partners are identified in the assessment.
4. **Explore the possibility of creating a domestic violence or family violence resource center in Charlotte-Mecklenburg.** Such comprehensive centers exist in other communities including San Diego, Minneapolis, Jacksonville and Baltimore. Combining services under one roof could result in greater efficiencies in serving victims, as well as creating greater synergy and collaboration among service providing agencies. Instead of a new location for establishing such a center, the Children and Family Services Center, which currently houses several key DV providers, could serve as a resource center.
5. **Seek technical and research support from graduate programs at UNC Charlotte, Johnson C. Smith University and Queens University.** These are valuable and largely untapped community resources for domestic violence. Each of the task teams could be asked to identify possible projects that could involve resources and expertise from these institutions.

The Role of Mecklenburg County

Financial Commitment

Mecklenburg County is a key player in the community's domestic violence response. In its FY06 Balanced Scorecard process, the Board of County Commission ranked domestic violence as a #3 priority, elevating it from a #5 priority in FY05 (on a scale of 1 to 7.) A review of County funding indicates that a total of **\$2.1 million** was budgeted for DV specific services and programs in FY06. This includes funding for Women's Commission services for adult victims, child observers and teens (38.3%); residential services at the UFS Shelter for Battered Women (10.6%); DV Services at DSS (4.9%); law enforcement provided by the Sheriff's Office DV Unit (26.1%); and the NOVA batterer intervention program (19.9%). Funding for other County programs that overlap with domestic violence is also provided, but is not specifically categorized as DV.

All of the DV services funded by the County are essential for the overall community response to domestic violence to function well. From all signs, the demand for DV services will continue to rise over the next several years, all the more reason for the continued involvement of the County. Concerns have been expressed about potential duplication of Women's Commission services with those of UFS Shelter for Battered Women. While there may be slight overlap in service, there is much more demand than either agency can absorb. The agencies complement one another, as UFS primarily focuses on crisis intervention, and the Women's Commission focuses on longer-term counseling and support to help victims and their children break the cycle of domestic violence.

Role/Structure of the Women's Commission

The County Manager requested that the future role and structure of the Women's Commission be considered as part of this assessment. Several options are provided including:

- A. **Keep the Women's Commission as is**, but quickly fill the vacant director or manager position to provide strong leadership and stability to the organization, which has suffered leadership and resource losses in recent years.
- B. **Merge the agency into a newly created "County Office of Community-Based Services"** that also includes Homeless Support Services, Fighting Back and the Veterans Office. These separate entities would not have to be located in the same office or building, but could connect at an administrative and support level through the County Manager's Office.
- C. **Contract with United Family Services to operate the Women's Commission DV services.** Recent collaboration between the leaders and staff of both organizations begins to lay the foundation for a potential merger that could result in a continuum of services being provided under single management. There are a number of potential consequences outlined in the assessment that would need to be thoroughly considered before committing to such action.

Other Ideas and Strategies for the County to Consider

Other ideas and strategies the County could pursue to strengthen the overall community response to domestic violence might include:

- Take a leadership role in bringing leaders from local and state agencies and organizations together to discuss the findings of this assessment and possible next steps.
- Take a leadership role in promoting a “Zero Tolerance” campaign for domestic violence in the community.
- Proactively encourage area employers to establish DV workplace policies and protocols.
- Provide facilitation and planning resources to the Domestic Violence Advocacy Council.
- Convene County Department heads to identify opportunities for integrating DV training, screening and other prevention and intervention tools into existing County programs and services—e.g. health, mental health, substance abuse, foster care and Parks and Recreation.
- Continue to press for more State resources for the District Attorney’s Office and other court services.
- Take the initiative to develop MOUs between County services that overlap with other agencies.
- Consider waiving the \$24,000 rental fee to the Shelter for Battered Women to increase their funding for client services.

Conclusion

Domestic violence is a complex social issue affecting the lives of thousands of individuals and families in Mecklenburg County each year. Much has been done in the last several decades to increase awareness and address the consequences of the violence that takes place between intimate partners in our community. However, the current system is hard pressed to provide a promise of safety for victims in need of help and to hold batterers more accountable.

Looking ahead at domestic violence and its future impact and challenges, community stakeholders have several choices to consider with regard to the community response to domestic violence:

1. **Maintain the status quo and continue to get similar results:** *Do nothing in response to this assessment.*
2. **Patch holes in the current community response to enable more victims and more batterers to be served by the system:** *Attempt to continue to manage the problem by adding capacity within existing structures.*
3. **Be bold and strategic by identifying and focusing resources on key leverage points that will produce significant systemic shifts and result in major impacts on the long-term incidence of domestic violence in Mecklenburg County:** *Commit to a more focused and powerful course of action to stop the cycle of domestic violence.*

Introduction

Seventy eight people have died in domestic violence related deaths in Mecklenburg County since 2000, fifteen of those in 2005. This was the highest number of DV related deaths in North Carolina. Of the deaths in 2005, 11 were homicides, three were suicides and one was a homicide committed by a teenage boy trying to protect his mother.

Domestic violence (DV) is clearly on the rise in Charlotte-Mecklenburg, or at least the reporting of it is. The Charlotte-Mecklenburg Police Department is overwhelmed with 911 domestic disturbance calls and investigations for DV related cases, averaging 764 such calls a week in 2005. Our district and criminal domestic violence courts are backlogged, despite the fact they operate five days a week. Our only shelter for battered women regularly turns women and children away because it has reached its 29-bed capacity. **Compared to 122 domestic violence emergency shelter beds in Austin, 120 beds in Indianapolis, 95 beds in Jacksonville and 74 in Louisville, Mecklenburg County has far fewer shelter beds for victims than most communities of similar size.** Even Cabarrus and Union Counties have more domestic violence shelter beds than does Mecklenburg. In addition, the counselors, attorneys, court advocates and others who work with domestic violence victims, and the many children who witness and are affected by the violence, are hard pressed to keep up with the demand for help. Unfortunately, long waits exist for many of these services, particularly for the increasing number of immigrant victims of abuse.

The community's response to domestic violence is, indeed, overwhelmed. However, there may be a silver lining within this rising demand for help. It may mean that more victims are telling their painful secrets about abuse and taking action to protect themselves and their children. Research shows that far more victims never call the police or let anyone know about the abuse they endure. The overburdened system may also signify that efforts to educate people about domestic violence and create options for victims may be working.

Great strides have been taken over the last 25 years to better understand and address the issues and impacts of domestic violence in Mecklenburg County. Coordination among law enforcement agencies, social service providers and the court system is much more extensive than it was even a decade ago. No doubt, lives have been saved and/or greatly improved as a result of these efforts. Still, more work must be done to address domestic violence. The statistics tell us that victims continue to be battered every day by their intimate partners. **Recent reports of extreme violence against intimate partners include a man brutally beating his girlfriend with a baseball bat in Mint Hill. In another tragedy, a man set his partner on fire and yet, in another case, a woman lost her eyesight as a result of her boyfriend attacking her with a crowbar.** Such incidents are seldom reported in the local news. Regrettably the only time some citizens may be aware that domestic violence is an issue in the community is when someone dies. While these women did not die, their stories are grim reminders of the reality some women face in Charlotte-Mecklenburg, along with the reality of the invisible victims of domestic violence---the many children and teenagers who witness such abuse, try to make sense of it and often end up learning it and repeating the cycle as teens and adults.

This assessment attempts to tell the "story" of domestic violence in Mecklenburg County. It provides an overview of this complex societal problem and tells how the community is currently responding to it. The assessment also identifies key needs, gaps and challenges with the current response and suggests some big picture next steps the community might consider to create a more integrated and consistent response in the future. As a wrap up, the assessment includes some ideas and practices being used in other communities.

This research and assessment was commissioned by the Mecklenburg County Manager's Office in late July 2005. Since many of the domestic violence related services in the community are managed and funded by the County, the Manager's Office has a vested interest in examining this topic. However, because domestic violence issues and services extend beyond the scope of county government, the Manager's Office requested that the assessment focus on the larger community and how the City, County, State and others are coordinating efforts to provide a community-wide response.

As part of the four-month assessment process, well over 65 individuals and organizations were interviewed to gather information and perspectives. In addition, a number of national studies were reviewed, and research was conducted on other communities' responses to domestic violence. The relatively short time frame for completing this work did not allow for a detailed audit of services, policies and protocols---a level of examination that some communities have undertaken to improve their responses to domestic violence. Nonetheless, this assessment provides a broad base of information that can help the community better understand the issues and dynamics associated with domestic violence and collectively move forward to create a more integrated and consistent community response in the future.

I. Domestic Violence: An Overview

What Does Domestic Violence Really Mean?

In the broadest sense, domestic violence can mean any type of abuse or violence perpetrated against another person within a family or household. However, to help focus the community on the most pervasive and often most dangerous relationship involved in domestic violence, local advocates and service providers have narrowed the definition to focus on abuse perpetrated on **intimate partners**. This locally agreed upon definition reads as follows:

*“Domestic violence is the ongoing, pervasive use of threat, intimidation, coercion, emotional abuse, isolation, minimizing, denying, blaming, economic abuse, privilege and violence in order to maintain **power and control** over and instill fear in the partner in an intimate relationship.”*

The above definition notes that domestic violence can encompass a wide range of abuse, some may be criminal offenses, some may allow the victim to take civil action and some may not. Domestic violence can also be termed domestic abuse, intimate partner violence or battering.

Power and Control: The Pattern of Domestic Violence

Power and control are key words used in the above definition of domestic violence. Across the country, domestic violence advocates have endorsed a model of domestic violence developed by the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota. This model advances the idea that **power and control are generally at the root of domestic violence perpetrated against women**. It was conceived after the project researchers interviewed hundreds of women who attended their educational sessions for victims of domestic violence. As a result of this research, the DAIP concluded that a number of abusive tactics are constant forces in the relationships of victims with their batterers. These tactics include:

- emotional abuse
- isolation and intimidation
- using children
- minimizing and denying that abuse is taking place
- sexual abuse
- using male privilege
- using economic control and abuse
- coercion and threats

The Power and Control Wheel illustrated on the following page was developed by the DAIP to depict these women's experiences more accurately. It is commonly used to help advocates and counselors explain the pattern of domestic violence to victims and others. Each spoke of the Wheel represents a particular tactic. The outer circle identifies different types of physical abuse that often occurs.



Local and national DV experts and advocates state that domestic abuse often escalates from threats and verbal abuse to physical violence. A common pattern of abuse is that the perpetrator alternates between violent, abusive behavior and apologetic behavior with apparently heartfelt promises to change. The abuser may be very pleasant most of the time. This pattern, in combination with a true or perceived lack of options, keeps many victims trapped in these abusive relationships.

Factors That Can Contribute to or Perpetuate Domestic Violence

No one factor accounts for abuse in intimate partner relationships. Research has shown that there are a number of complex and inter-connected cultural, economic, legal and political factors that keep women particularly vulnerable to violence, all of which can be rooted in unequal power relations between men and women. Some of the key factors that have been identified by experts in the field of study are:

**FACTORS THAT CAN CONTRIBUTE TO
OR PERPETUATE DOMESTIC VIOLENCE**

Cultural

- Gender-specific socialization
- Cultural definitions of appropriate sex roles
- Expectations of roles within relationships
- Belief in the inherent superiority of males
- Values that give men proprietary rights over women and girls
- Notion of the family as the private sphere and under male control
- Customs of marriage
- Acceptance of violence as a means to resolve conflict

Economic

- Women's economic dependence on men
- Limited access to cash and credit
- Limited access to employment in formal and informal settings
- Limited access to education and training

Legal

- Laws regarding divorce and child custody
- Legal definitions of rape and domestic violence
- Low levels of legal literacy
- Lack of access to legal services

Political

- Domestic violence not taken seriously
- Notion of family being private and beyond control of the state
- Risk of challenge to status quo/religious laws

Source: Heise, 1994

Women Who Are Most At-Risk of Being Victimized

The Center for Disease Control and Prevention (CDC) and other research entities have identified a number of individual factors that may elevate the risk of a woman being victimized by her intimate partner. These include women who:

- Are living in a violent, dangerous neighborhood;
- Have lower incomes and/or low job skills and education, hence greater economic dependence on her partner;
- Are young, pregnant and poor;
- Are married or in relationship with a partner whose educational or occupational level is lower than the woman's;
- Heavily use alcohol and/or other substances;

- Are responsible for children under five years of age;
- Are immigrants and who speak little or no English; and/or
- Have disabling or chronic illness, mental illness or retardation.

Why Victims Stay In an Abusive Relationship

A common question asked about victims of domestic violence is *why would they stay in an abusive relationship?* People often assume that a person in a violent, abusive relationship is either masochistic or could easily leave if she/he chose to. However, the reasons for remaining in a violent relationship are complex and often involve both emotional and financial issues, as well as serious safety issues. Often victims' lives are chaotic. They may feel confused, frightened and socially isolated. In addition, they may feel ashamed and uncomfortable reaching out for the support they need, and may fear that people will judge them or consider them responsible for their abuse. According to advocates, some of the common reasons victims don't leave are:

- Fear of retaliation against the victim, children, friends and/or family members;
- The partner may threaten to kill her or other family members if she leaves, or to kill himself;
- Fear of losing children or placing children in danger, either in a custody battle or because of threats;
- Fear of inadequate or harmful response by the criminal justice system;
- Fear that no one will believe her, as batterers are often respected members of the community who keep their violent behavior a secret;
- Fear of being deported if undocumented;
- Fear of losing her support system, as she may have to leave her community to escape the abuse
- She is isolated, as some batterers prohibit the victim from using the phone, reading her mail or seeing her family and friends;
- She is hopeful he will change;
- She lacks job skills or formal education to get a living wage job;
- Housing is too expensive for her to afford, and she can't pay a security deposit;
- She may have difficulty getting child support;
- She may fear losing her job because of the work missed and disruptions caused by leaving or going to court;
- She may be pressured to keep the family together;
- She may not know about available resources and believes she is alone;
- She may face a lack of available shelter or housing;
- She may have lack of access to legal counsel; and/or
- She still loves her partner and doesn't want to leave; she just wants the abuse to stop.

How North Carolina Law Defines and Treats Domestic Violence

Until the late 1970s, domestic violence was generally viewed as a "family matter" and held little, if any legal consequence. Advocates for domestic violence and others rallied across the country during the 1970s and 80s to bring about legislative reform that would cause communities to take domestic violence more seriously and view it as a crime. **In 1979 North Carolina enacted the state's first Domestic Violence Act that provided civil relief to victims in the form of protective or restraining orders.** This civil relief is the **50B Statute**, which generally defines domestic violence as physical abuse perpetrated between: 1) current and former spouses; 2) persons of the opposite sex who live together or have lived together; 3) persons related as parents and children or as grandparents and children; 4) persons who have a child in common; 5) current or former household members; or 6) persons of the opposite sex who are in or have been in a dating relationship.

The type of violence for which a protective order can be obtained includes such aggression as slapping, punching, beating, kicking, using a weapon, throwing a person down or throwing something at a person. A more recent update to the 50B statute prohibits the abuser from having possession of any weapons. In addition, with the relatively new 50C statute, the legal definition of domestic violence relating to civil charges was expanded to include forcing a person to have sex, stalking, communicating threats of physical violence or violence against children.

Protective orders can give a range of protective relief to victims such as requiring the batterer to have no contact with the victim, giving temporary custody of children or giving exclusive use of the residence to the victim. Protective orders, which are issued by a judge presiding over the county's domestic violence civil court, last up to a year; however, the order can be extended by a judge prior to the order expiring. For immediate protection following a domestic violence incident, and before a court hearing for a "50B" can take place, a local magistrate or judge can issue an **exparte or emergency order** to protect a victim and her children from her abuser for up to ten days.

In addition to the civil remedies that come with the 50B Statute, **criminal charges can also be pressed against the perpetrator.** North Carolina General Statute 15A- 534.1 defines crimes of domestic violence as: "*cases in which the defendant is charged with assault on, communicating a threat to or committing a felony upon a spouse or former spouse or a person with whom the defendant lives or has lived as if married, with domestic criminal trespass or with a violation of an order entered pursuant to Chapter 50B.*"

There is no chargeable crime known as domestic violence. Rather, the crimes of domestic violence include such charges as **assault on a female, simple assault, assault inflicting serious injury or assault with a deadly weapon.** All of these crimes are **considered misdemeanors** in North Carolina **and carry a maximum punishment of between 60 and 150 days in jail**, based upon North Carolina's Structured Sentencing requirements. Through this action, the abuser is placed on probation and, as a mandatory stipulation of probation, the batterer must participate in and complete the local batterers' intervention program or serve his/her jail time.

Domestic violence crimes are considered felonies in North Carolina when there is an assault with a deadly weapon with intent to kill, when a deadly weapon is used and the victim suffers serious injury or for rape, strangulation or murder. In 2004, the North Carolina General Assembly approved House Bill 1534, which added strangulation to the list of Class H felony crimes; such felonies are subject to greater punishment; however strangulation cases are hard to prove. In addition, House Bill 1354 stipulated that when defendants have two or more prior convictions for misdemeanor or felony assaults, they can be charged with a felony if they commit another assault crime. Five previous convictions were required for the habitual misdemeanor charge to kick in prior to the passing of this bill. The vast majority of domestic violence related crimes are charged as misdemeanors in Mecklenburg County.

Prevalence of Domestic Violence in Mecklenburg County

It is impossible to quantify the prevalence of domestic violence in Mecklenburg County, as many victims do not report the crime or seek help in the community. Experts in the field contend that more cases likely go unreported than not. The National Institute of Justice estimates that 73% of domestic violence assaults go unreported. A number of national surveys have been conducted that have attempted to capture the extent of domestic violence across the country, but there is no agreement among them on the precise magnitude of the problem. Estimates among the studies range from three to six million DV related violent crimes a year.

A survey conducted by the National Institute of Justice and Center for Disease Control and Prevention in 2000 revealed that 25% of the 8,000 women randomly surveyed said they had been raped or physically assaulted by a former spouse, cohabitating partner or date at some point in their lifetimes. This compared to 7.5% of men of the 8,000 men surveyed. And the Bureau of Justice reported in its recently released Family Violence Statistics Study (June, 2005) that in 2002, the rate of family violence was 2.1% per 1,000 residents age 12 or older, and that family violence accounted for 11% of all reported and unreported violence between 1998 and 2002, or 3.5 million violent crimes. Furthermore, the study indicated that 40% of these 3.5 million crimes resulted in injuries to the victims. Needless to say, the research clearly shows that the prevalence of domestic violence is significant. But because there are differing definitions of domestic violence and methodologies used in the studies, it would be difficult to state as fact how these numbers might translate at the local level.

The only way to get a sense of magnitude for Mecklenburg County is to look at statistics around **known or reported cases** of domestic violence in the community. Still, this data does not reflect the many cases that are not reported based on the fears of the victims and unpredictability in the system to respond. Sources of these statistics include police records, the number of restraining orders issued, DV court cases processed and other data from service providers. Because individuals may be included multiple times in these records, an unduplicated count is not available. Obtaining such a count would require extensive data search beyond the scope of this assessment, or an integrated data management system that currently does not exist.

Domestic Violence Related Statistics in Mecklenburg County For 2004

Number of DV-related deaths	9
Number of DV-related 911 Cases*	35,981
Number of DV cases investigated by CMPD*	7,672
Number of protective orders issued for the Sheriff's Office to serve	2,140
Number of Defendant Charged in DV Criminal Court	4,104
Number of adult female victims staying at the Shelter for Battered Women	299
Number of children of mothers staying at the Shelter for Battered Women	298
Number of non-residents participating in DV support groups at the Shelter	657
Number of UFS Victim Assistance DV related cases	3,219
Number of new adult DV victims cases at the Women's Commission	820
Number of new child DV-related cases at the Women's Commission	378
Number of abusers screened for the batterers intervention program (NOVA)	652

**Note: CMPD uses a broader definition of domestic violence when reporting on DV calls and cases. These calls and cases extend beyond intimate partners by including domestic disturbance and abuse in a variety of family and other relationships within a household. An estimated 83% of all cases involve spouses, ex spouses, common law spouses, boyfriend/girlfriend or ex-boyfriend/girlfriend.*

Who Are the Victims?

Gender

As evidenced in the number of protective orders issued, domestic violence criminal court cases prosecuted and requests for support and counseling each year, **the vast majority of reported victims of domestic violence are female.** National and local advocates estimate that 90-95% of all victims are women. Males who are battered by females are not as likely to report their crimes or seek help as often as women. Consequently, an accurate assessment of the number of cases where females abuse men is not known. But then again, there is significant under-reporting with females as well. When asked about males being battered, local advocates indicated that females often assault their partners in self-defense and that the type of violence perpetrated is different.

According to local police statistics for the last five years, approximately two thirds of the victims in cases involving the CMPD were female and one third were male. It is important to note, however, that the CMPD statistics include all domestic cases, including male on male crime in a household, for example between brothers or roommates. The majority of cases involve current and ex spouses and current and ex-girlfriends/boyfriends. CMPD records indicate that in 2005, approximately 76% of all victims were female. With a few exceptions, the clients seeking help at local domestic violence support programs are women, and the majority of protective orders are filed against men.

Race/Ethnicity

Domestic violence cuts across all races and ethnic groups. However, **of the DV victims who report crimes and/or seek legal or other assistance in Mecklenburg County, the majority are African Americans, followed by Whites, then Hispanics/Latinos.**

**Racial and Ethnic Breakdown of Domestic Violence Victims
By Program Area FY2005**

Race/Ethnicity	Charlotte-Mecklenburg Police Cases	Women's Commission DV Programs	United Family Services DV Programs
African American	69%	53%	59%
White	29%*	31%	29%
Hispanic/Latino	NA	10%	9%
Asian	1%	.5	1%
Other	1%	6%	2%

**Percentages are rounded up so may not add up precisely to 100%*

*** Hispanics are considered an ethnic group, not a race; therefore, they are classified as "white" by the CMPD. A breakdown of ethnic groups is not available.*

System-wide, local providers have witnessed a dramatic increase over the last several years in the number of victims and perpetrators who are immigrants, particularly Hispanics/Latinos. For example, **Hispanics/Latinos comprised only 3% of all of all United Family Services DV related clients in 2001, but in 2004 the percentage had risen to 9% of all clients.** While the greatest increase is with Hispanics/Latinos, other ethnic groups are represented among this growing immigrant group---Russians, Asians and Middle Easterners, to name a few.

The handful of bilingual service providers working with domestic violence related cases and issues in Mecklenburg County have more work than they can handle. For example, at Legal Aid of North Carolina, the one attorney who handles non-Hispanic immigrant cases currently has a four-month backlog. Her counterpart at Legal Services of Southern Piedmont (LSSP), who handles cases with Spanish speaking clients, is similarly weighted down. In addition, the one bilingual/bicultural counselor at the Women's Commission has had to stop accepting new cases. In her first year at the

Women's Commission (1999-2000), she served 141 clients. In 2003-2004, she served 316 clients, a tremendous case load for one person. Stories from these and other overworked bilingual service providers drive home the point that the population of women being abused in **Charlotte-Mecklenburg is rapidly becoming more ethnically diverse and that the local response system cannot adequately respond to the demand.**

The increasing number of reported cases involving immigrant victims of domestic violence may only be the tip of the iceberg. Local and national advocates who work with immigrant populations attest that **cultural and religious traditions and stigmas often prevent a female victim from reporting a domestic violence crime or seeking any type of assistance.** This is particularly true with Hispanic/Latin and Asian-American cultures where women traditionally have been subservient to men and where leaving a marriage or relationship, particularly when children are involved, may be a social taboo. Domestic violence is often viewed as a "private matter" in their countries of origin, and women may feel shame for taking action and/or fear being ostracized by their communities. There is a good chance they may not be aware that domestic violence is a crime in this country and that they have rights to seek legal action.

Compounding the issue, many immigrant women come to this country totally dependent upon their husbands or partners. They may lack a clear functioning knowledge of the English language and have no means of becoming self-sufficient. Many have left their families and friends behind, and consequently, they may feel isolated among a land of strangers. Threats of having their children taken away or their being deported can be one of the primary reasons many immigrant victims choose to remain silent. If these hurdles were not enough to overcome, the lack of bilingual and bicultural support in the social services and criminal justice systems can create an even greater impediment to immigrant victims reporting domestic violence or otherwise seeking help. The criminal justice system can be confusing enough for people who speak the language and have lived in this country all their lives.

Age

According to a 2000 study published by the Bureau of Justice on intimate partner violence, women ages 16 to 24 experience the highest per capita rate of intimate violence, or nearly 20 women per 1,000. Locally, CMPD and other service providers indicate that the largest percentage of victims of domestic violence is between 20 and 29 years of age, with the next highest percentage in the 30-45 age range. Local police and DV advocates indicate they are seeing an increasing number of young adults (17-20) being abused, but it is difficult to identify minors, because most teens do not report DV crimes or get involved in the system of response.

Relationship Types

Domestic violence is perpetrated in relationships in which partners are currently married or have been previously married to one another or are girlfriends/boyfriends or ex girlfriends/boyfriends. It not only occurs in heterosexual relationships, but in same sex relationships as well. However, for a variety of reasons, domestic violence perpetrated in lesbian, gay, bi-sexual and transgender (LGBT) relationships is not reported as often. Reasons can include:

- Laws relating to protective orders that don't apply to same sex couples who do not live together;
- A dearth of resources, services and education on LGBT domestic violence issues;
- A fear of being "outed," or experiencing public disclosure of one's sexual orientation;
- Belief in the myth that same-sex relationships cannot be abusive and therefore not recognizing abuse when it happens;
- Fear of homophobic reactions by service-providers, police and others;
- Greater risk of losing children to a third party than opposite-sex relationships; and/or
- Fear of having to cut ties to what may be a relatively small LGBT community.

Socio-Economic Factors

Domestic violence occurs among all sectors of society---poor, rich, educated and not educated. However, researchers and service providers indicate that economic and social factors can have a significant impact on how people respond to violent incidents and the kind of help they seek. Middle and upper class women can often afford private help from doctors, lawyers and counselors, if in fact they choose to tell their secret. They may also have a better connected support network of family and friends to whom they can turn for help. People with fewer financial resources are more likely to seek assistance from shelters, hospital emergency rooms and public victim support programs. Therefore, the DV statistics are more heavily weighted toward lower income victims. Advocates point out that middle and upper class victims of violence may keep their abuse secret because they may have a great deal to lose by severing ties with their abusers, often including an expensive home in an exclusive neighborhood, their social standing in the community, their financial security and the lifestyle and education for their children.

Who are the Perpetrators?

Batterers come from all races, ethnic groups, income levels and parts of the community. While women are perpetrators of abuse, the largest number, by far, are men. Perpetrators can be doctors, lawyers, teachers, plumbers, policemen, janitors, store clerks or anyone among us. They come from all walks of life. Psychologists have identified some common characteristics among male abusers including having low self esteem and a sense of self and identity tied to their partners. If abusers feel they are somehow losing the victim, either through separation, divorce, emotional detachment, or pregnancy they are likely to be abusive. If victims "leave" their partners through any of the above, abusers feel they are losing power, control and their self-identity. This is why it is particularly dangerous for victims during periods of separation or divorce from their partner. Abusers will often do anything to maintain control and keep the victim under their control. This dynamic also makes escalating violence inevitable, as many victims must become emotionally unavailable, or must physically leave, in order to survive.

Many victims describe perpetrators in intimate relationships as having a "Jekyll and Hyde" personality. Abusers often experience dramatic mood swings. They may be loving one minute, and spiteful and cruel the next. Some abusers are frequently characterized by those outside the home as generous and caring, but their behavior is drastically different in their home environment. According to Edward Gondolf, a leading researcher and expert on batterers, there are basically three types of batterers:

1. The **typical batterer**, who has no diagnosable mental illness or personality disorder and whose likelihood of abusing alcohol or drugs would not be any greater than the average person;
2. The **sociopathic batterer**, who views violence as an acceptable way of dealing with problems and who may have a personality disorder and abuse alcohol and drugs. The sociopathic batterer is often more violent than the typical batterer; and
3. The **anti-social batterer**, who usually has a diagnosable mental illness or personality disorder and who likely abuses alcohol and drugs. Such a batterer usually perpetrates more frequent and severe violence.

A look at the demographics of offenders participating in NOVA, Mecklenburg County's batterer intervention program, reveals the following about the 2004 participants.

- 90% of participants were males;
- 67% were African Americans; 20% were White; 10.5% were Hispanic; 1% were Asian; and 1.5% were "other";
- 41% were ages 26-35; 35% were 36-50; and 24% were 18-25; and
- 60% had less than 12 years of high school; 24% were high school graduates; and 16% had post high school education.

For the most part, NOVA participants have been convicted of crimes of domestic violence and ordered to the program through the courts as part of their probation requirement. These offenders represent only a portion of those who are abusive in their relationships. There are many batterers who are never reported or who have their cases dismissed. Consequently, it would be erroneous to stigmatize all batterers in accordance with NOVA's demographic breakdown.

The Impact of Domestic Violence on Children

Children are present in almost half the homes where police are called for a domestic violence related response. Several national studies suggest that **between 3.3 and 10 million children witness domestic violence every year in the United States**. In FY 2005, **202 children** of mothers fleeing domestic violence stayed at the Shelter for Battered Women in Charlotte. In addition, **378 children and teens** participated in counseling and support programs offered by the Women's Commission for children who observe or are otherwise impacted by domestic violence. Child Protective Services (CPS), a division of the Department of Social Services (DSS) Youth and Family Services, indicates that approximately 65-80% of the child neglect and abuse cases they investigate involve domestic violence within the household. In the last several years, CPS has investigated approximately 5,000 cases annually.

These numbers tell only a small part of the story of children affected by domestic violence in Charlotte-Mecklenburg. They represent just some of the kids who have somehow connected with the local support system. Many other children are affected as well; however, it is difficult, if not impossible, to quantify the number since domestic violence often remains hidden and goes unreported. And unless an adult---a school counselor, doctor, teacher, etc.---knows how to screen for domestic violence and get kids to talk about it, children often keep it to themselves and no one knows. Experts believe this happens more often than not.

Well documented in the research, the emotional toll on children who witness domestic violence can be substantial. Studies show that **children exposed to domestic violence have an increased risk for emotional and behavioral problems**. The research indicates that very young children exposed to violence in their families may show excessive irritability, sleep disturbances and regressive behavior, and older children may show higher levels of anxiety, depression and decreased academic performance. According to some experts, the impact appears to be especially severe on adolescents, who often show higher levels of aggression. The National Institute of Justice (NIJ) indicates that kids exposed to domestic violence have a 50% higher risk of drug and alcohol abuse, are more likely to commit suicide, and are 24% more likely to commit assaults. Further, the NIJ reports that domestic violence is the number one reason children run away from home.

Numerous studies also reveal evidence that **boys who witness the abuse of their mothers are more likely to grow up to be abusive than boys who have not witnessed such violence**. Local counselors who work with adult victims and child observers say it is not uncommon for them to

work with or learn about boys who have begun to lose respect for their abused mothers and begin to side with the abuser, sometimes even hitting their mothers. They also agree that **girls who witness abuse may tolerate abuse as adults, more so than girls who do not**. Unfortunately, the cycle of violence tends to repeat across generations. **Children who deal with domestic violence can come to see it as normal and therefore, carry it into their own relationships as adults**. Long time employees of the Shelter for Battered Women sadly witness daughters of mothers who stayed at the shelter years ago seeking shelter for themselves and their children as adult victims.

In addition to potential emotional and psychological impacts, **children who live in homes where domestic violence exists may also be vulnerable to physical injury**. While not always the case, abusers who use violence against their spouse or partner may also be violent with their children. Studies vary on the prevalence of co-current child and intimate partner abuse, but a commonly cited statistic is that 30-60% of children who live in a household where domestic violence exists also experience child abuse. Sometimes injuries can occur unintentionally. For example, if objects are thrown or the victim is being pushed, a child might get in the way and be hurt. Police and counselors also report that older male children can be hurt when trying to intervene to protect their mothers from the perpetrator. North Carolina statistics for 2005 reveal that four adolescents (ages 14-16) shot their mother's abuser and three killed the perpetrator.

Children's dependence on their parents means that when one parent is the perpetrator and the other is the victim, the child's needs may suffer. The battered parent often cannot provide adequate emotional support for the child, and ongoing contact with the batterer---which often occurs---is stressful for the entire household. The batterer is also often not in a good position to provide good parenting. In many domestic violence cases in which children are in the household, Child Protective Services is called in to investigate the situation to ensure that children are not being abused and to identify possible actions to minimize emotional or physical harm to children.

"Not all children exposed to violence suffer significant harmful effects. Based on research...concerning children's resilience in the face of community violence and war, it is likely that the most critical protective factor for a child is the existence of a strong, positive relationship between the child and a competent and caring adult. Children exposed to violence need to be able to speak openly with a sympathetic adult about their fears and concerns, and also, ideally, have someone intervene to improve the situation. Most children rely on one or both parents to provide nurturing support in the face of crises and emotionally challenging situations, but ongoing exposure to violence can sometimes hamper the parents' abilities to meet these needs. Parents living with chronic violence may feel emotionally numb, depressed, irritable, or uncommunicative, and thus may be less emotionally available to their children."

Center for the Future of Children, The David and Lucile Packard Foundation, Domestic Violence and Children, *The Future of Children*, 9 (3) (Winter 1999).

Teen dating violence is also a problem that affects older children. Abuse in a dating relationship can be confusing and frightening at any age. But for teenagers, who are just beginning to date and develop romantic relationships, this abuse is especially difficult. Teen dating violence is similar to adult domestic violence in several ways:

- Both teen dating violence and adult domestic violence affect people from all socioeconomic, racial, and ethnic, and religious groups
- Both occur in heterosexual, gay, and lesbian relationships
- Both tend to show patterns of repeated violence, which escalate over time

- Both tend to display violent and abusive behavior interchanged with apologies and promises to change
- Both tend to show increased danger for the victim when she is trying to terminate the abusive relationship

Dating violence can be tough to talk about honestly. It can be uncomfortable to bring up and embarrassing to acknowledge. According to counselors who work with victims of teen dating violence, parents are often not aware of the abuse taking place.

Surveys show dating violence is not uncommon among teens. According to According to the National Domestic Violence Hotline:

- 40% of girls who are ages 14 to 17 report knowing someone their age who has been hit or beaten by a boyfriend;
- Approximately one of every ten teenagers reports being physically and/or sexually abused by a dating partner;
- 25% of pregnant teens experience physical violence in their relationships; and
- 40% to 60% of those pregnant teens reported that the battering had begun or escalated after their boyfriends became aware of the pregnancy.

While reliable statistics on dating violence in Mecklenburg County are hard to gather because the offense so often goes unreported, anecdotal evidence from advocates and counselors indicate that local numbers are consistent with the national statistics.

II. CHARLOTTE-MECKLENBURG'S RESPONSE TO DV

LOOKING BACK

Charlotte-Mecklenburg's current response to domestic violence has evolved since the mid to late 1970s when local advocates and activists joined with others around the country to draw attention to the realities and prevalence of domestic violence perpetrated against women. Up until that point in time, domestic violence was generally a secret that women carried around and was typically viewed as a family issue. Few, if any, local resources were available to battered women in those days. **The Commission on the Status of Women, later to be named the Women's Commission, was established in 1974 to address concerns of women;** however, in its early years, it did not have staff resources to provide direct services. Nonetheless, the Women's Commission provided a forum to begin a community conversation around domestic violence, along with the League of Women Voters.

Formal services for victims of domestic violence began being offered in Mecklenburg County in the late 1970s. Since then numerous programs and services have come on line (and gone off line due to loss of funding) to respond to domestic violence. Some of the key milestones in the evolution of the community's domestic violence response include:

- 1978:** Start-up of Victim Assistance Program at United Family Services (UFS) which **combined rape and domestic violence support**
- 1979:** Passage of state legislation that created the opportunity for victims of DV to obtain a protective order (Pro Se 50-B) against their perpetrators
- 1979:** Opening of the UFS Shelter for Battered Women to provide **refuge for battered women and their children**
- 1986:** Completion of a comprehensive **Domestic Violence Report** by the Charlotte-Mecklenburg Domestic Violence Task Force, the purpose of which was to investigate problems of domestic violence and recommend changes needed in the response system. This led to a number of changes and improvements.
- 1986:** Establishment of the Misdemeanor Unit of UFS Victim Services to provide **court support services** for victims.
- 1987:** Establishment of **domestic violence counseling services** at the Mecklenburg County Women's Commission
- 1991:** Start-up of **batterers' intervention program** (NOVA)
- 1994:** HERO Program counseling services for **child witnesses** and Teen Dating Violence services began being offered at Women's Commission and the UFS Heart to Heart Program had its premier performance
- 1995:** Creation of the Mecklenburg County **Domestic Violence District Courts** and Charlotte-Mecklenburg **Police Domestic Violence Unit**
- 1997:** Establishment of the Domestic Violence Program in the Mecklenburg County Sheriff's Office to provide domestic violence related **training/education for male and female inmates in the county jail**

- 1997:** DSS/DV Social Work position created in the DSS Child Protective Services Unit to provide **ongoing DV training and support for CPS workers** (position eliminated in 2005)
- 1998:** A STEP UP Program of Community Link established to offer **long-term case management services to victims** of DV (no longer available for DV victims)
- 1999:** Start-up of Program Confinanza for **bilingual victim counseling** and the **Hero Court Based services** at the Women's Commission (funding for Hero Court Based services cut in 2002)
- 2000:** DV WorkFirst Partnership established between the Women's Commission and DSS to **link DSS clients who are victims to DV services**
- 2000:** Mending Hearts **transitional housing program** opened on Park Road (and closed in 2002 due to lack of funding)
- 2000:** Start-up of Healthy Development Program at the Women's Commission for **child witnesses ages 2-4** (program funding lost in 2002)
- 2001:** Social worker liaison position established at Area Mental Health to provide DV **training and support for mental health practitioners** (position eliminated in 2002)
- 2002:** Establishment of the **DV Healthcare Project** at Carolinas Medical Center
- 2003:** Operation Youth Awareness Partnership established between the CMPD, Women's Commission, DSS and Sheriff's Office for DV **youth prevention**
- 2004:** Start-up of the **r e a c h** program at the Women's Commission to provide counseling for **teens demonstrating at risk DV behaviors**
- 2005:** UFS **Domestic Violence Latina Program** initiated with bilingual staff to provide services at all site,s as well as outreach in the Latino community

OUR CURRENT RESPONSE: AN OVERVIEW

With the addition of new programs, services and legislative mandates through the years, the current response to domestic violence in Charlotte-Mecklenburg is now multi-disciplined and multi-faceted. The State of North Carolina, Mecklenburg County government and the City of Charlotte are the key players in responding to domestic violence, along with several non-profit agencies, the most involved of which is United Family Services. The main agencies or organizations that deal with domestic violence on a regular basis are listed on the following page, along with the primary roles each plays with domestic violence.

**The Primary Role of Key Agencies/Organizations Involved in the
Charlotte-Mecklenburg Community Response to Domestic Violence**

Agency/Organization	Accountability	Primary Role with DV
Criminal Justice System Response		
<ul style="list-style-type: none"> • Charlotte-Mecklenburg Police (CMPD) 	City	Respond to domestic violence 911 calls, investigate DV cases and make arrests as appropriate
<ul style="list-style-type: none"> • Magistrates Office 	State	Issue warrants for arrest and emergency protective orders
<ul style="list-style-type: none"> • Sheriff's Office 	County	Serve protective orders upon batterers and provide DV inmate training
<ul style="list-style-type: none"> • District 26 Civil Court 	State	Hold hearings to grant and issue protective orders
<ul style="list-style-type: none"> • District 26 Criminal Court 	State	Prosecute DV related misdemeanors and felonies
<ul style="list-style-type: none"> • Department of Community Corrections Probation Office 	State	Supervise probation of convicted batterers
Social Services/Victim Support		
<ul style="list-style-type: none"> • United Family Services 	Non-Profit	Provide crisis intervention through shelter, hospital and court advocacy services
<ul style="list-style-type: none"> • Women's Commission 	County	Provide one-on-one and group counseling for adult victims and children affected by DV and operate the batterers intervention program (NOVA)
<ul style="list-style-type: none"> • Area Mental Health 	County	Coordinate with CMPD to provide trauma crisis intervention to children (CD-CP Program)
<ul style="list-style-type: none"> • Department of Social Services Child Protective Services 	County	Investigate and intervene as necessary for protection of children involved in DV cases
<ul style="list-style-type: none"> • Legal Services of Southern Piedmont 	Non-Profit	Provide free legal advise and support for low income Hispanic victims
<ul style="list-style-type: none"> • Legal Aid of North Carolina 	Non-Profit	Provide free legal advise and support to low income victims, including non-Hispanic immigrant victims

With its many players, layers and components, the domestic violence response “system” can be difficult to fully understand. However, when broken down into distinct, but inter-related programmatic components, the system becomes much easier to grasp. These components include:

- Crisis Intervention Safety Net for Adult Victims of Domestic Violence
- Breaking the Cycle of Domestic Violence
- Support and Intervention for Children Impacted by Domestic Violence
- Holding the Batterer Accountable
- Coordination of Response

The following overview tells the “story” of how the criminal justice and social/human services systems respond and intersect to provide Charlotte-Mecklenburg’s overall response to domestic violence. It also tells about the inner-workings of each of the responders and the levels of response each has been dealing with in recent years. Important to note, prevention of domestic violence is a dimension of many of the programs and services offered.

The story begins with the crisis intervention safety net.

OUR SAFETY NET FOR ADULT VICTIMS OF DOMESTIC VIOLENCE

Scenario: A woman has been physically abused by a partner and needs immediate help to ensure her safety and the safety of her children.

In Charlotte-Mecklenburg, a “**safety net**” of **crisis intervention and support** exists to assist victims of domestic violence. This safety net, illustrated in the diagram below, has various portals of entry for victims who choose to seek help. Some victims may only interface with one of the responders in this safety net, while others may connect with all of them in their efforts to deal with their crisis situations. Unfortunately, too many women do not connect at all, remaining silent and enduring the consequences.



CALLING 911

Calling 911 is often the first course of action a victim of domestic violence takes. When a victim calls 911 requesting assistance, police officers are immediately dispatched. For police safety, at least two officers are sent to respond to a DV call. When arriving at the scene, the responding officers will determine if medics are needed, look for witnesses and secure the scene. If both victim and suspect are at the scene, the officers will separate them to prevent additional violence.

The protocol is that the officers will interview both victim and suspect if the suspect is still there, gather any evidence, get statements, take photographs and seek out potential witnesses. Officers will provide information to victims about obtaining a protective order and services available to her/him in the community to help with safety planning and other crisis intervention support. If the officers witness the violence or view there is probable cause, they will arrest the suspect at the scene and take him/her to the Magistrate’s office, where a warrant for the arrest is issued.

If probable cause is not evident, the officers will inform the victim that she/he can go to the Magistrate’s office and seek an arrest warrant for the suspect on her/his own. It would then be up to the Magistrate to determine if issuing a warrant is appropriate based on the information the victim provides. If a warrant is issued through this citizen’s arrest process, the police will then

seek out and arrest the suspect. Once arrested, the suspect would typically have to post a bond to be released pending further court action. It could be only a matter of hours before the abuser is released once he has posted a bond.

As part of the response process, officers prepare and submit their police reports that detail the incident and the response. These reports can provide key information for victims who pursue court action. There are variances to the police response described above, for example when children are involved, protective orders have been violated or DV detectives are called to the scene for more complex or serious cases; however the above describes a typical case.

Responding to the Increasing Demand for Service

Domestic violence consumes a considerable amount of police time and resources. Over the last four years, CMPD responded to approximately 129,000 domestic disturbance/incidents 911 calls and has investigate more than 26,600 cases. The number of such calls and cases involving the police has steadily risen over the last decade. In 2005, CMPD officers responded to an average of 764 DV related 911 calls every week, which represents a 26% increase since 2001.

Number of DV Calls and CMPD DV Investigations

Year	DV Related 911 Calls to CMPD	CMPD DV Unit Investigations	District Level Investigations	Total CMPD DV Investigations
2001	27,152	556	4,666	5,221
2002	30,079	599	6,184	6,783
2003	35,913	656	6,337	6,993
2004	35,981	692	6,980	7,672
TOTAL	129,125	2,503	24,167	26,669

To proactively deal with this increasing demand and more effectively respond, the department has taken the following steps in recent years:

- **Created a Special DV Unit:** In 1995 a special Domestic Violence Unit was established within CMPD. This specialized unit was set up to provide focused investigation for more lethal misdemeanor and felony DV cases and to provide short-term crisis intervention counseling and support for victims. It currently consists of five detectives and four counselors/social workers who are either on the job or on-call 24 hours a day, seven days a week. Members of the CMPD DV Unit have been trained to deal with the complex issues of domestic violence and are often called to assist the responding patrol officers. Typically a DV detective is called to the scene when extreme force has been used, the case is difficult and/or repeat offenses are involved. Detectives investigate DV cases after the fact and gather evidence to help with prosecution.

The counselors are called to meet with victims and provide them with information about options for immediately protecting themselves and dealing with the situation at hand. The counselors generally provide referrals to resources such as emergency shelter and victim's assistance counseling. In some cases, the counselor may only meet once with the victim; however in other cases, the counselor may make a follow-up call or visit to provide additional support.

- **Designated DV Police District Liaisons:** A DV liaison officer has now been designated for each of the 12 police patrol districts in Charlotte-Mecklenburg. These officers have received training from the DV Unit and other DV specialists, and in turn, help train other officers in their districts to better respond to domestic violence calls. In effect, they have become the "go to" officers for questions and concerns about the law enforcement response to DV in their

districts. The liaison officers regularly meet with the DV Unit to coordinate efforts and discuss specific cases. They also have ongoing DV-related training and updates. As in any organization, some DV liaison officers are more interested and actively involved in this liaison role than others.

- **Require Department-Wide DV Training:** All recruits that join the Charlotte-Mecklenburg Police Department are now required to have a minimum of 12 hours of domestic violence training as part of their overall training as a new officer. In addition, the department provides DV training for experienced officers throughout the year. An emphasis is placed on training officers to better support evidence-based prosecution through precise reporting and evidence gathering when responding to DV calls. Officers are also educated on the dynamics of domestic violence and why victims will often recant or go back to the abuser.
- **Train and Use DV Volunteers:** The CMPD DV Unit seeks out and uses volunteers to augment the limited staff resources. Approximately 50 volunteers work with the DV Unit to help victims with such tasks as helping victims obtain protection orders, serving as listening posts for victims and obtaining police reports for victims to use when seeking a protective order or for other court action.
- **Implement Special Projects in Police Districts:** Several of the police districts have taken on special projects related to domestic violence, some focused on prevention. For example in the Baker I district, officers have joined with community leaders to conduct a door-to-door campaign in targeted neighborhoods to share information about domestic violence. In that same district, officers did an analysis of repeat DV cases to look at the correlation between DV and certain indicator crimes such as trespassing and stalking. As a result of this analysis, the district developed a tailored response plan. In the Westover District, police officers teamed with the Charlotte Housing Authority and the counselors from the Child-Development-Community Policing Program to provide training for residents, including parenting and healthy relationships. However, because of the demands at the district level, officers do not have as much time as some would like to pursue special projects in their districts.

GETTING MEDICAL ATTENTION

Domestic violence is a prominent public health issue and a frequent cause of serious injury to women. In many cases, victims of domestic violence require medical attention and go to one of the local emergency rooms (ER) for treatment, or they may be brought there by medics or police officers. Some of the common injuries associated with domestic violence include ruptured eardrums, abrasions, contusions, lacerations and fractures. Wounds from knives, guns and other weapons such as a baseball bat or other blunt object are not uncommon DV-related injuries seen in the ER.

Statistics that quantify the prevalence of all domestic violence victims that come to the local emergency rooms for treatment are not readily available. Victims often do not voluntarily disclose their source of injury and physicians may overlook it. However, nationwide, the CDC reports that **nearly two million injuries and 1,300 deaths related to intimate partner violence occur every year.**

Doctors and other medical practitioners in the emergency room and elsewhere in the hospital are in a unique position to help victims of abuse. Since the ER is often the first and only point of contact a victim of abuse makes with outsiders, the emergency room personnel are often the only ones to witness the effects of violence on their patient. However, unless they know how to detect domestic violence and provide victims with assessments, referrals and support, medical

responders may fail to see that their patient's injury is a result of domestic abuse and the victim will leave the hospital without any attempt by the hospital to intervene, or at least ask the question. In some instances, hospital staff may be cautious about getting involved or fear being brought in as a witness should the victim take legal action against the abuser.

For victims who want to take legal action to protect themselves and/or hold their batterers accountable, having a well-documented medical record can strengthen their case when brought to court. This third-party, factual evidence corroborates the victim's claim that abuse has occurred and may be useful in the courtroom. Too often, medical records are not sufficiently well-documented to provide adequate legal evidence of domestic violence.

Recognizing that hospital ER staff is not always prepared to deal with the non-medical issues a victim of domestic violence may have, local domestic violence advocates have worked with area hospitals over the past several years to enlist their active support and involvement with domestic violence victims. United Family Services collaborated with Carolinas Medical Center (CMC) to establish the Domestic Violence Healthcare Project (DVHP) in 2002. Presbyterian Hospital has also taken steps to address the needs of domestic violence victims as part of its sexual abuse trauma initiative. Both programs are reviewed below.

▪ **Domestic Violence Healthcare Project at Carolinas Medical Center (DVHP)**

The DVHP program was designed to provide **domestic violence training for doctors, nurses and other medical professionals at CMC** and to provide **24-hour victim support** at the hospital and follow-up support after victims are discharged. Three counselors/advocates work with the program. The support they provide victims includes safety and lethality assessment and planning, injury photo documentation for possible legal action, education, community resource referrals and victim support groups. As part of the DV training, the hospital medical personnel are educated about screening for DV, proper medical documentation of DV cases and ways to engage and support victims in accessing services and support to help them once they leave the hospital.

The hospital DV response process begins when the patient comes to the emergency room for assistance. Through DVHP, the ER nurse has been trained to automatically do a **universal screening for domestic violence** to detect if violence may be a factor. If domestic violence is evident or suspected, the ER nurse will inform the patient that trained DV advocates are available to talk with her if interested and offers to call the advocate in to meet with the patient. The DV Advocates and trained volunteers are on-site or on-call 24 hours a day, seven days a week.

Should the advocate be called in to meet with the patient, she will first do an assessment to evaluate the lethality of the situation and to help the patient plan for her safety when she leaves the hospital. The advocate will discuss options that are available to the victim, such as going to a shelter, making a police report or filing for a protective order. If the patient agrees, the advocate will photograph injuries to help document evidence that the victim may use later in taking legal action. The photographs are then filed in a secure location at the hospital and are available if, and when, a victim decides to take action.

Because many patients who have been victimized may be reluctant to talk with anyone about their situation, advocates may simply stop by to visit patients who hospital staff suspects may be a victim of violence. The advocate provides the patient with general information about the advocacy services and a general women's health brochure that includes information and referral numbers for a variety of needs, including domestic violence. At best, this visit may

open the door for the victim to talk about the abuse with the advocate, and at the very least, it provides the victim with the knowledge that help is available should she ever want it. After victims who have talked with an advocate have been released from the hospital, DVHP counselors or volunteers will generally follow up with patients two to three times for up to 12 weeks. They will check in with the victims to see how they are doing and to again offer help should they need it. As a result of these follow-up calls, many of the victims will schedule appointments with the counselor for one-on-one short-term counseling. DVHP counselors indicate that it often takes numerous contacts before a victim will trust the counselor enough to let down her guard and talk about her situation. Then again, many women remain silent and endure the abuse.

In 2004 DVHP counselors served 210 women, and between January and October 2005, 171 were served. Since the program started in 2002, **1,538 medical personnel in the ER and other departments at CMC have received DV training**. Plans are in the works to expand DVHP to other Carolinas Healthcare System (CHS) hospitals in the future and to also encourage/require universal domestic violence screening of women by medical personnel in all CHS affiliate medical offices and clinics. DVHP counselors have already begun training in some of the other CHS hospitals.

▪ **Presbyterian Hospital Family Domestic Violence and Sexual Assault Program**

In 2003 Presbyterian Hospital/Novant received a Duke Endowment Grant to help create a domestic violence and sexual assault program for adult victims at Presbyterian Hospital. **Through this program, victims are provided immediate treatment and counseling, and forensic evidence is preserved for prosecution.** As part of the program, a private emergency room specifically designed for victims of sexual assault and/or domestic violence was created. This special emergency room has a separate entrance and provides a level of privacy that a general emergency room may not. The hospital has established a Sexual Assault and Domestic Violence Assault Team comprised of nurses, law enforcement officers, district attorneys, rape counselors and social workers to jointly provide support to victims of sexual assault and DV.

Thirteen of Presbyterian's emergency room nurses are currently nationally certified in sexual abuse treatment and are part of the ER response team. Additional nurses are seeking their certification. A certified forensic nurse is either on duty or on-call 24 hours a day, seven days a week to serve victims of sexual assault. Hospital social workers are also on-call 24/7 to support sexual assault and domestic violence victims. In addition to providing medical response, the trained emergency room nurses take pictures and document other information that can help with prosecution. Once a victim's immediate medical needs are addressed, a hospital social worker will meet with the victim and help her develop a safety plan. If needed, the social worker will contact the Shelter for Battered Women to help arrange temporary shelter, provide cab fare to get to the shelter and offer a change of clothes. The social worker may also refer the victim to Victim Services to help get a restraining order and link to other services in the community.

The Presbyterian program differs from the DVHP program at CMC in that it does not include universal screening of domestic violence for all women who come to the ER, nor does it provide DV training for a wide range of medical personnel. The Presbyterian program has a stronger focus on sexual assault than on domestic violence.

To date, both the CMC and Presbyterian programs have been funded primarily through foundation grants, which have recently expired. CMC has already picked up the funding of one DVHP counselor and plans to pick up the funding for another. Presbyterian is looking at ways to continue funding its program as well.

SEEKING SAFETY WHEN IN CRISIS

When a victim of domestic violence is in immediate danger of continued battering from her abuser, the police, hospital and/or others will likely refer her to the local **DV Crisis Hotline** and/or the **Shelter for Battered Women** for help. Even though the Women's Commission staff can and does provide crisis support, **the Shelter is the primary responder for domestic violence crisis services in Charlotte-Mecklenburg**. The Shelter staff handles the crisis hotline, provides crisis counseling on the phone, makes referrals, meets one-on-one with women to assess their immediate needs and help them develop safety plans and provides emergency shelter when available. Four full-time counselors are employed at the Shelter, along with two part-time counselors and a few other support staff.

Calling for Help in a Crisis

The staff member on duty at the main desk at the Shelter for Battered Women generally answers all incoming calls, including calls from women who have called the crisis hotline. The same telephone number is used for the Shelter and the hotline. When a crisis call comes in, the person answering the phone will listen for relevant information about the nature of the crisis or the request for information. If the person calling wants general referral or other information that the staff member can give, she will handle the call. If, however, the woman is in crisis and needs intervention, the call will be forwarded to one of the professional counselors on duty or on call at the shelter. During the evening hours, only one staff person--the night manager-- is on duty. She fields all calls and, if needed, will contact one of the counselors on call to have that counselor immediately call the woman in crisis back.

In 2003, the Shelter received a total of 3,711 calls for which some type of direct service was provided, including crisis intervention. In 2004, there were 4,592 such calls. Because the same number is used for the crisis hotline and the Shelter, the Shelter staff is not able to track the number of calls that are specifically made to the hotline.

The word on the street within the Spanish speaking community has been that Hispanic/Latino victims should call the Women's Commission for crisis support because a bilingual/bicultural counselor is on staff there to work with Spanish speaking victims. The Latin American Coalition and other Hispanic/Latino service providers typically refer all Spanish-speaking victims to the Women's Commission because of its bilingual/bicultural counselor. However, the Shelter recently hired a bilingual/bicultural counselor, which will create more options for Spanish speaking victims in crisis. The Shelter also has the option of forwarding any calls from non-English speaking victims to the national DV hotline where translators are available to provide crisis intervention support and communicate back to the Shelter about the needs of the caller.

Seeking a Safe Haven

When a woman who is **in imminent danger of being physically abused** needs a temporary safe haven, the Shelter provides it when space is available. Children of victims can be accommodated at the Shelter as well. The Shelter for Battered Women is the **only shelter for victims of domestic violence in Mecklenburg County**. It has a total of **29 beds** (six bedrooms with four beds each and one suite with five beds). Only six beds have been added to the Shelter since it first opened in 1979, despite tremendous population growth and increase in demand.

Single women and/or mothers with children who are in **imminent danger** of being harmed are the top priority for residency at the shelter. Imminent danger means that harm is about to occur. Women who are homeless as a result of domestic violence or are planning an escape, but who are not

considered in immediate danger of being harmed, are typically not permitted to stay at the shelter unless space is available, which is rare. They are typically referred to the Salvation Army Center of Hope, which is a general homeless shelter for women and children. If a mother with an older teenage son is seeking refuge at the shelter, she may be turned away if a private unit is not available. The procedure for sheltering mothers with older teenage sons is to place the family in a private room (not shared with others and with a private bathroom) if such a room is available. If a private room is not available, arrangements may be made for alternative residential services, such as placement in a motel.

In 2004, 257 women and children were turned away from the Shelter for Battered Women.

According to the Shelter’s records:

- 152 women and children were turned away because they lived outside Mecklenburg County;
- 42 were turned away because they were homeless and no apparent imminent safety issue existed;
- 33 were turned away because there was no imminent safety issue; and
- 30 were turned away for other reasons.

Shelter staff reports that **the Shelter is at or near capacity most nights now, and the demand for emergency shelter has clearly been on the rise in the last several years.** Between January and July 2005, 179 women and children had been turned away from the Shelter, reflecting a significant increase over the same period in 2004. **The maximum length of stay at the Shelter for Battered Women has traditionally been 30 days;** however more recently, residents have been permitted to stay 45 to 60 days because of the limited availability and access to transitional or permanent housing in Mecklenburg County. **The average length of stay in 2004-2005 was 22 days.** And as shown on the table below, **the Shelter has provided a safe haven for over a thousand women and children in the past three years.** Shelter services are free to victims.

Number of Shelter Residents FY2003-2005

Fiscal Year	# of Single Women	# of Women With Children	# of Children	TOTAL
FY2003	99	92	204	395
FY2004	95	104	228	427
FY2005	118	111	202	431

Providing Other Crisis-Oriented Support and Services

In addition to providing a bed and meals, the Shelter for Battered Women also provides a number of crisis intervention support services for residents and non-residents in crisis. Some of the key services include:

- **Lethality assessment and safety planning**
- **Information and referrals** to other community services such as Victim’s Assistance, substance abuse and/or mental health support, financial planning counseling or job training
- One-on-one short-term **counseling**, case management and support groups, including a substance abuse support group
- **On-site childcare** to allow mothers staying at the shelter to work, pursue court action or handle other business
- Bi-monthly **legal clinics**

GETTING A PROTECTIVE ORDER TO KEEP THE ABUSER AWAY

In the event that a victim is in immediate danger of serious injury, she/he can seek an **emergency or ex parte protective order** that will immediately prohibit the abuser from coming near the victim. Such an order (Motion for Domestic Protective Violence Order) may be applied for at the **Clerk of Court** during normal business hours. The victim is required to appear before a judge to explain the need, and if the judge discerns that the victim and/or any children in the family are in imminent danger he/she will issue an emergency order that is good for ten days. At that time, a hearing date to obtain a longer term protective order will be scheduled within the next ten days. The abuser is required to be present for this later hearing.

If a victim is in need of an emergency order after normal business hours or on the weekend, she/he can apply for such an order through the Magistrate's Office. The Magistrate's Office, which is open 24 hours a day, seven days a week, has the authority to issue a ten-day emergency order after contacting the judge on call to get his/her approval. Should the judge on call not be available, the Magistrate can issue a 72 hour order without approval. However, typically, the ten-day order is issued, as it provides more time for the victim to get into a safer situation. There is no cost for filing a protective order in Mecklenburg County.

Through the process of filing for an ex parte order and getting a hearing date, the victim also fills out the paperwork for a **civil summons** that a deputy from the Mecklenburg County Sheriff's Office will serve upon the defendant. This summons lets the defendant know that a protective order has been filed and the court hearing is scheduled. If the abuser violates the ex parte order before the hearing, he/she can be arrested.

All hearings for the longer term 50B protective orders are held in Domestic Violence Court Room 203 in the Civil Courts Building. This state-funded court room has been established to only hear domestic violence civil cases. It operates five days a week. At these hearings, victims, or plaintiffs, are asked to tell their stories and why they are afraid of the abuser. They are encouraged, but not required, to offer any witnesses and evidence to support their claims---e.g. pictures, police reports, medical records, answering machine messages, etc. During this hearing the abuser also has a chance to tell his/her side of the story. Based on the information heard at the hearing, the judge will then make the decision as to whether to issue a final protective order or not.

In lieu of a full hearing, judges also have the option of signing a **consent order** prior to the full hearing in which an agreement is reached between the abuser and the victim that states that the abuser agrees to the conditions of the protective order. A consent order has the same effect as protective orders made after full hearings. As part of these court proceedings, the judge will require that the abuser surrender to the Sheriff's Office possession of all firearms, machine guns, ammunition, permits to purchase firearms, and permits to carry concealed firearms that are in the care, custody, possession, ownership, or control of the defendant. Once the protective order expires, the abuser can file a request to retrieve all confiscated weapons unless otherwise precluded by the courts from having them.

Extensions of protective orders beyond the one year period can be obtained if the abuser continues to be a threat to a victim's physical safety. The victim must apply for the extension through the Clerk of Court's Office before the original order expires and go before a judge in another hearing to explain the reasons the extension is needed.

Number of Victims Seeking Protective Orders

Local data is not available to show how many victims who have called the police or sought a warrant for the arrest of their abusers have also sought protective orders. However, police and DV advocates contend that far fewer than half of victims seek such legal protection, and many of those who start the process do not follow-through for a variety of reasons, the most common of which include:

- Fear of retaliation from the abuser;
- The abuse and/or threats have escalated since the ex parte order was granted and the victim fears this will continue if she proceeds;
- The abuser convinces the victim he will change....again;
- The victim is concerned about the potential impact the order may have on the well being and safety of their children; and/or
- The victim did not understand the court process or the process was too arduous.

Immigrant victims of domestic violence are not as likely to seek a protective order as other victims. In addition to not knowing how the system works and what their rights are, immigrant victims fear they may lose their children, be deported or otherwise get into trouble with immigration or local law enforcement should they call the police or pursue any legal action to protect themselves.

While it is not possible to determine the precise percentage of victims who seek protective orders, information on the total number of protective orders issued each year is available through the Sheriff's Office. **The Sheriff's Office is responsible for serving protective orders upon defendants.** A special unit of eight deputies has been assigned the sole task of serving all protective orders for domestic violence victims in Mecklenburg County. Deputies work in shifts around the clock to serve the orders. One deputy is in the DV court room to receive the orders each day. Deputies also regularly check with the Magistrate's Office after hours and on weekends to pick up any protective orders that may have been issued there.

The following table reflects the volume of orders received and served over the last five years in Mecklenburg County. **On average, 45 protective orders are received by the Sheriff's Office each week.** In some cases, the Sheriff's Deputies cannot locate the abuser to serve the order; some defendants flee and others hide out in the community. However, on average in the last five years, **93.1% of all orders have been served.**

Number of 50B Orders Served in Mecklenburg County 2000-2004

Year	# of Orders Received By Sheriff's Office	Average # Received Per Month	# of Orders Served By Sheriff's Office	Percent of success in Serving Defendants With Orders
2000	2,072	173	1,893	91.3%
2001	2,164	180	2,026	93.6%
2002	2,175	181	2,026	93.6%
2003	2,219	185	2,049	92.3%
2004	2,140	178	2020	94.3%

Source: Mecklenburg County Sheriff's Office

Helping Victims Navigate the Court System

The process for obtaining either an emergency or year-long protective order can be confusing and intimidating to victims. Confusion added on to the stress of the situation, is often a barrier that prevents women from seeking protective orders, thus leaving them vulnerable to continued abuse by their batterers. Support exists to help women understand and navigate the process for obtaining a 50B. United Family Services **Victim Assistance Unit** is the major source of such support in Mecklenburg County. This unit is comprised of five full-time counselors--two who are bilingual/bicultural-- and two court advocates. The office for Victim Assistance is located in the Mecklenburg County Courts Services Building.

Women who have been abused are generally referred to Victim Assistance from police officers, magistrates, the hospital, the Shelter for Battered Women, the Women's Commission, the DSS and others service providers in the community to get assistance with protective orders. Victim Assistance estimates that it handles 200 to 300 cases a month, the majority of which are related to protective orders. **In FY2004, Victim's Assistance accompanied 2,514 women to court for a protective order or other court action.**

When contacted, Victim Assistance counselors explain the protective order process to victims via phone or in person and help the victims with the paperwork required for filing for ex parte orders. A Victim Assistance counselor from the unit is also available at the Magistrates Office after business hours from 5:00-9:00 PM each weekday to provide support for women seeking orders after 5:00 PM. In addition to assistance with protective orders, counselors also work with victims to develop **safety plans** and make referrals to other support services in the community.

Once the victim has her ex parte order, Victim Assistance may connect her with either **Legal Aid of North Carolina or Legal Services of Southern Piedmont (LSSP)** to have them represent the client in getting a one-year protective order. Legal Aid has three attorneys who work on pro bono domestic violence related cases, including one attorney who only represents non-Hispanic immigrants. As a regional office, Legal Aid provides services beyond Mecklenburg County. Only one LSSP attorney is available to work on domestic violence cases at LSSP, and this attorney works only with Hispanic immigrant clients.

Because of the tremendous workload at both Legal Aid and LLSP, the attorneys are limited in the number of protective order cases they can accept. They also work on custody cases for DV victims, which can be very time consuming. **In 2004, Legal Aid provided legal services to 254 women seeking protective orders**, and between January and mid-August 2005, the agency had helped 290 women seek protective orders. **In FY2005, Legal Services of Southern Piedmont helped 87 Latino/Hispanic women seek protective orders.** A volunteer group of attorneys provides some legal support for domestic violence victims, but by and large, more women seek protective orders without legal assistance than do.

Absent legal assistance from Legal Aid, LSSP or other sources, victims may depend upon Victim Assistance to help them continue the process of obtaining a one-year protective order. Having an attorney is not necessary. Victim Assistance counselors will provide information, advice, encouragement and support for women awaiting their hearing day, and the two **Victim Assistance Court Advocates are available to accompany victims in court on the day of their hearings.** Volunteers working with, and trained by, Victim Assistance are also available to support victims either in court or in preparing for it. These advocates cannot, however, speak to the judge or truly advocate on behalf of the victim in the courtroom.

Granting Protective Orders

Records from the North Carolina Judicial Department indicate that in 2004-2005 all but 13 of the one-year protective orders filed in Mecklenburg County were for a victim who had gotten an ex parte order in advance of filing for the year long order. Furthermore, these State records report that:

- Only 43% of all protective orders requested in 2004-2005 were granted by the court;
- A little less than 1% were denied;
- 40% were involuntarily dismissed;
- 8% were voluntarily dismissed or settled; and
- 9% had an "other" result.

The main reasons that orders are involuntarily dismissed are because the judge has found that the petitioners' claims are insufficient or without merit or the petitioner has failed to attend a scheduled hearing. In addition, Victim Assistance reports that the majority of protective orders are dismissed in cases where the defendant has an attorney present and the victim or plaintiff does not. Victims without legal assistance often lack self confidence and are intimidated in the court setting; hence, they are unable to effectively represent themselves.

Advocates emphasize that the victim's perceived "lack of cooperation" in taking court action or showing up in court should not be taken as an indicator that the abuse did not happen. Instead, it points to the need for skillful intervention and more legal support. They impart that when victims encounter supportive, understanding professionals who are willing to take the time to listen to painful stories, they are much more likely to use the resources of the judicial system.

BREAKING THE CYCLE OF DOMESTIC VIOLENCE

Scenario: *A victim has gotten through the immediate crisis. She may have obtained a protective order and is trying to get on with her life; however, she is faced with a number of financial and emotional barriers, including the pull to go back with her husband or boyfriend, and perhaps father of her children. He once again promises he will change, or he continues to threaten her if she continues to take action. Or, a woman has been victimized for years and has not taken any action. She has reached a point where she knows she needs to do something but is afraid and doesn't know what to do.*

SEEKING GUIDANCE AND SUPPORT FROM TRAINED COUNSELORS

For many women who have been emotionally and physically abused by their intimate partners, the abuse has been going on for years. Research and anecdotal data underscore that through the abuser's attempts to isolate and control his partner, a victim's sense of self worth has most likely been eroded through the experience. With low self-esteem, feelings of shame and embarrassment and perhaps a belief that she deserves the abusive treatment, a victim of domestic violence most often feels trapped and without options. Through the isolating nature of domestic violence, she may have lost touch with her friends and family and may have also become financially dependent on the abuser and have little means to support herself and, in many cases, her children. It is also not uncommon for battered women to turn to alcohol and/or drugs to numb themselves. Victims are often coerced or forced by the batterer to use substances. The longer she stays, the more entrenched the abuse from her partner may become, and evidence shows, the violence may escalate and become more lethal over time.

Breaking this cycle of abuse is not easy, according to domestic violence advocates. It often takes skillful intervention and support to help victims understand the dynamics they are caught up in and figure out how they can end the cycle for good. Research shows that women may be most vulnerable to abuse when they attempt to leave their abuser. Consequently, having a well thought out plan of action and clear conviction are essential for victims to successfully move on in their lives.

In Mecklenburg County, the Women's Commission and the Shelter for Battered Women are the two agencies that work with victims to help them break the cycle of domestic violence in their lives. An overview of the services of each of these agencies follows.

Mecklenburg County Women's Commission

The Women's Commission, located at the Hal Marshall Center, is the **primary source of longer term, more in-depth counseling and support for victims of domestic violence.** When a victim calls the Women's Commission for help, either through referral or otherwise, she can schedule an appointment with one of five DV-trained counselors. The counselor will first do an assessment of her situation and then, based on that assessment, schedule one-on-one counseling sessions with the victim and/or have her participate in one of the support groups offered at the Commission. For one-on-one work with victims, counselors generally like to meet with their clients for three or four months, meeting weekly, or at least several times a month. The length of time is determined on a case-by-case basis. Counselors do not provide traditional therapy per se, but focus more on educating their clients about the pattern of domestic violence and its impacts on their self-esteem, helping them see options for more effectively dealing with their circumstances and developing

strategies to break the cycle of domestic violence. Counselors will also strongly encourage clients to involve their children in DV-related counseling and support services offered at the Commission. In many instances, these counselors will often serve as case managers for their clients, providing referrals and coordination with others who may also be working with the client, for example for substance abuse, mental health issues or DSS. Unfortunately, because of the tremendous and growing caseload of the counselors, **clients may have to wait four to six weeks to schedule an appointment.**

The Women's Commission also offers two types of support groups for female victims at various times throughout the year. One type focuses on the power and control model of domestic violence and the other on parenting. Both are 12-week groups that use curricula that build over the 12 weeks the group meets. Additionally, **legal clinics** conducted by a local group of volunteer attorneys, are held two evenings a month at the Commission for victims to obtain free legal advice, and financial education support is provided through Alliance Credit Counseling every Friday.

In response to the growing need for culturally sensitive counseling and support for Spanish speaking victims, the Women's Commission started **Programa Confianza** in 1999. Crisis counseling and intervention, individual counseling, support groups and domestic violence education are provided through this program. The Women's Commission currently has **one bilingual/bicultural counselor** who works with Spanish speaking victims in this program. She handles all one-on-one and support group counseling, as well as outreach to the Hispanic/Latino community. As more Hispanic/Latino women have found out about the availability of this service at the Commission, **the number of cases this one bilingual counselor handles has more than doubled since she first was hired in 1999.** In that first year, this counselor had 141 Hispanic/Latino clients in her caseload, and **in 2004, she had 316 clients.**

Because of the increasing demand for bilingual/bicultural services, this lone counselor has had a **three to four month waiting list to see Spanish speaking clients** for some time, except for crisis situations. In early 2006, this counselor will go on maternity leave. Her time off will create a significant void in services at the Commission. In anticipation of her leave, the counselor is no longer accepting clients. This absence will place a tremendous burden on the recently hired and only bilingual/bicultural counselor at the Shelter for Battered Women who, no doubt, will attempt to pick up the slack with support for Spanish speaking victims in the community.

Referrals are made to the Women's Commission from various agencies throughout the community. **Approximately half of the referrals come from the Department of Social Services through the DSS Domestic Violence Liaison counselor and/or Child Protective Services.** This liaison counselor works for the Women's Commission, but is out-posted at DSS four days a week in the Economic Services Division. The position is funded by the State. This funding stems from the federal Family Violence Option legislation enacted in 1998. Through this legislation, counties can waive—for up to six months—certain requirements for women who are recipients of the state's welfare program (TANF) and are also victims of domestic violence. **Studies have shown that up to 65% of women receiving welfare benefits have experienced physical abuse by an intimate partner.** The waiver of time allows women to work fewer hours so they can receive additional job training or family violence counseling. The State gives money to each County to ensure the waiver policy is enforced. Mecklenburg County decided to use its funding to create the DSS Liaison counselor position.

Number of Adult Victims in Women’s Commission Caseload FY2001-2005

Fiscal Year	New Cases	Open Cases Client Contacts*
FY2001	433	3,250
FY2002	307	3,258
FY2003	385	3,766
FY2004	608	4,147
FY2005	820	9,123

**Open cases client contacts include individual and/or group counseling, case management and client advocacy*

Shelter for Battered Women

In addition to providing shelter and support services for women in crisis who stay at the shelter, the Shelter for Battered Women also provides non-residential services for victims. These include many of the same services provided to residents of the shelter---short-term counseling, support groups, case management and information and referrals. **In 2004, the Shelter provided direct services to 657 women who did not live at the Shelter.** Some of these women may have been former residents who continued to seek assistance for their domestic violence issues. Others may have been referred by various agencies throughout the community.

While one-on-one short-term counseling is provided at the Shelter, most of the counseling and support occurs through a variety of **support groups**. Residents and non-residents can participate in these groups. Every Monday night, the Shelter facilitates an open support group for victims to talk about issues they are dealing with such as parenting, low self esteem or anger; there is no set curriculum. Another support group is for women who are victims of domestic violence and also have issues with substance abuse. **Legal clinics** conducted by a local group of volunteer attorneys are also held two evenings a month for victims to obtain free legal advice.

In addition to the above service offerings, the Shelter for Battered Women has a full-time **counselor out-posted in the Mecklenburg County Jail**. This counselor, funded by Mecklenburg County but contracted out to the Shelter, **provides domestic violence education and counseling to female inmates in the jail.** (A high percentage of incarcerated women have been victims of domestic violence, and some have been perpetrators. **It is estimated that 80-90% of female perpetrators have been victimized at some point in their lives.**) In addition to the classroom education, the counselor also schedules one-on-one counseling sessions with women who request it. She helps women develop safety plans and also attempts to connect them to community services when they complete their sentences. The counselor typically has around 220 female inmates on her counseling caseload at any one time. While this DV education and counseling is available to all incarcerated women, it currently is **only available in English**. Unless there is someone who can translate in the class, non or limited English speaking women do not have access to the material being taught, nor the counseling that is offered.

The Shelter also conducts a weekly domestic violence support group at Hope Haven, an aftercare transitional housing program and facility for homeless individuals (and their families) who have successfully completed substance abuse treatment.

ECONOMIC EMPOWERMENT

Lack of economic means is one of the main reasons women are forced to stay in an abusive relationship, particularly when children are involved. As is often the case in an abusive relationship, the husband does not want his wife or girlfriend to work and strips her of any financial means. There are only a few programs that provide economic services for victims of domestic violence. The Department of Social Services provides economic support for some women who are eligible to receive food stamps and other aid on a temporary basis. The **Displaced Homemaker Program**, operated by the Women's Commission, provides **employment counseling, skill-based classes and other employment resources**. Through this program, a clothing closet for women in need of suitable clothes to wear to work is also available. Thirty to forty percent of all the Displaced Homemaker Program (DHP) clients are domestic violence victims. In FY04, the DHP program served 324 women. The Women's Commission also offers weekly financial planning workshops for its clients.

United Family Services provides financial planning services through its **Economic Independence Program**. This includes assistance with debt management, mortgage delinquency, pre and post rental counseling and other support. Victims of domestic violence have access to these services, which are available for a more universal population. Certainly victims have access to the local JobLink Center services and other financial or employment focused programs. However, none of these are designed specifically to assist victims of domestic violence.

INTERVENTION AND SUPPORT FOR CHILDREN IMPACTED BY DV

Scenario: *A mother is being battered by her husband or boyfriend, and children are in the home. They either witness the abuse or hear it going on. An older child, typically a teenage son, tries to intervene to protect his mother. The children are afraid, angry and confused.*

When advocates were asked, as part of this assessment, what one thing they thought is most needed to reduce the prevalence of domestic violence in Mecklenburg County, an overwhelming majority identified the need for prevention and intervention with children--our community's future batterers and victims. Despite clear evidence showing that domestic violence can have a significant impact on children, there are limited resources in Mecklenburg County devoted to helping children deal with those impacts and that intervene to break the generational cycle that often occurs with family violence. The existing intervention/prevention programs focused on young people are hard pressed to keep up with the increasing demand.

TRAUMA CRISIS INTERVENTION FOR CHILDREN: THE CD-CP PROGRAM

Children exposed to violence are often traumatized by their experience, particularly when it involves extreme violence, happens in close proximity to them or involves loved ones. Recognizing this fact, the Charlotte-Mecklenburg Police Department partnered with Mecklenburg County Area Mental Health in 1996 to create the Charlotte-Mecklenburg Child Development-Community Policing (CD-CP) program. This program was designed to: 1) **provide acute trauma intervention to children** (ages 0-18) who have witnessed gunfights, beatings or other potentially traumatizing incidents and 2) **increase police officers' awareness about the needs of children** who have been exposed to violence, abuse, neglect and trauma.

The CD-CP program is viewed as a targeted prevention program to help prevent serious, long-term problems for the affected children. All CD-CP services are voluntary. The program is not considered a domestic violence program per se, as it addresses all types of trauma. However, approximately 50% of the children served through this program have observed or otherwise been exposed to domestic violence. **In FY2005, 1,321 families were served by CD-CP**, and between January and July 2005, 851 families had already been served, reflecting an approximate 20% increase since 2004. **On average, CD-CP clinicians have 125 families referred to them by police officers each month.**

The direct intervention component of the program functions as follows. If the responding police officer sees that a child has witnessed a violent act or other trauma and thinks that child may need to be seen by someone immediately about his or her experience, he or she will contact the staff at CD-CP to have one of its **four full-time or three part-time master level clinicians** come to the scene either at that time, or within the next 72 hours. Two of the current clinicians are Spanish speaking. **CD-CP clinicians are on-call 24 hours a day, seven days a week for consultation and intervention.**

When the clinician arrives, she or he will talk with the child (depending on age) to assess for immediate symptoms, and will also talk with the adult victim, family or guardians about what to potentially expect as the child deals with the trauma and how they can help the child cope. If the police officer or clinician suspects child neglect or abuse, he or she will make a referral to Child Protective Services (CPS). After this initial visit, the police officer and clinician follow-up several times over the next few days and weeks to help re-establish a sense of safety and security in the home and to make community referrals as needed. Short-term clinical interventions are applied to

help alleviate initial symptoms of distress. If longer term support is needed, the CD-CP clinicians refer children to the child counseling services available at the Women's Commission, as well as to mental health outpatient services, school-based counselors, the Family Center and others. When families of children can afford it, CD-CP counselors will also make referrals to private therapists for more specialized treatment. Often the choice of provider is determined by the family's insurance, including Medicaid.

The other part of the CD-CP program revolves around training police officers to be better equipped to assist children exposed to a violent situation. The training, which is based on a national model developed at Yale University, has police sergeants in districts teaming with mental health therapists and CPS workers in the classroom, as well as in the field. Clinicians and CPS workers go on police rides to learn about routine police operations and the neighborhoods served. Sergeants observe mental health and CPS operations, increasing their knowledge of abuse, neglect and treatment issues. With this cross training as the foundation, the team—sergeants, clinicians and CPS workers—will then jointly teach all officers in the district about the effects of violence on child development and when and how to make appropriate CD-CP and CPS referrals. The officers receive at least eight hours of training.

Due to funding constraints, the program is currently operating in only five police districts—Metro, North Tryon, Freedom, Steele Creek and Westover. Plans are underway to expand the program to the Eastway division in 2006. These are the districts that have the highest rate of violent crimes. Expansion to a new district requires approximately \$75,000 a year to cover the costs of an additional CD-CP clinician and training.

INVESTIGATION OF CHILD ABUSE AND NEGLECT: CHILD PROTECTIVE SERVICES (CPS)

Child Protective Services, operated by DSS through its Youth and Family Services (YFS) Division, is often called to investigate the possibility of child abuse or neglect in domestic violence cases. Anytime police officers, counselors, teachers or anyone in the community who works with or comes into contact with children have reason to believe a child may be subject to abuse, they are required to contact CPS. **According to CPS staff, 65-80% of all cases they investigate involve domestic violence and/or substance abuse.** In the past several years, CPS has investigated over 5,000 cases annually, from which only about 10% require any legal intervention by CPS.

Traditionally, tension has existed between domestic violence service providers and child protective services across the country. Domestic violence service providers often think child protection workers tend to erroneously blame the victims of violence and consequently, may take action to remove the custody of children from the victim. On the other hand, child protection workers often view domestic violence service providers and advocates as protecting mothers without regard to child safety. Acknowledging this tension, the Mecklenburg County CPS and domestic violence service providers have worked closely over the last several years to build understanding and develop a relatively good working relationship. They jointly developed and agreed upon the following domestic violence and child abuse philosophy:

Domestic Violence and Child Abuse Philosophy

As representatives of Child Welfare agencies and Domestic Violence organizations of Mecklenburg County, we believe both adults and children are victims of domestic violence. We acknowledge the frequent co-occurrence of the abuse of women and the abuse and neglect of children. We work for the immediate and long-term safety and well being of all victims within the family.

CPS's primary focus in investigating DV involved cases is to assess risk posed to children by the presence of domestic violence. **Its preferred way to protect children in most domestic violence cases is to assist battered mothers in pursuing safety for herself and her children while holding batterers accountable for their abusive behavior.** In so doing, CPS has worked collaboratively with DV service providers when intervening in these cases. As part of this effort, CPS established specific protocols to guide Youth and Family Services staff in managing child protection cases where domestic violence is present. Mecklenburg County was a forerunner in developing such protocols, which are now being used by others throughout the state and country. The protocol includes:

- Intake and investigation/assessment procedures;
- Procedures for interviewing mother, child, and batterer;
- Safety planning for mother, child, and the DV/CPS worker;
- Strategies for family interventions;
- Case planning and case closure activities, emphasizing the need to provide battered mother with assistance in accessing resources, but accepting the reality that she will make her own decisions;
- Guidelines for documentation and disclosure of domestic violence situations; and
- Appendices on domestic violence resources, the effects of domestic violence on children observers, characteristics of children exposed to domestic violence, safety plan examples, and a domestic violence protective order fact sheet.

In addition to the protocols, DSS hired a full time DV social worker in 1997 to train and help YFS staff work more effectively with families when domestic violence is involved. This DV liaison social worker conducted DV focused training with YFS staff, served as a consultant with YFS social workers who were investigating DV related cases and coordinated services between CPS staff and the domestic violence service providers. Creating a DV liaison position within CPS was identified by the State as a best practice that other communities should consider. However, due to other system priorities, DSS realigned that position in August 2005, which, in effect, removed the DV focused support and guidance from CPS.

When CPS investigates a case and determines that neglect exists in a family, the mother and/or father may be ordered to participate in domestic violence related services offered through the Women's Commission. These referrals to the Women's Commission happen in about 85% of the cases. The mother, even though she may have been a victim of violence, is referred to the parenting skills group facilitated at the Commission. If a father is involved, he may be referred to a special male batterers group at NOVA. This is a 32 week program that addresses parenting and family relationships as part of the batterer intervention curriculum. The 32 week NOVA program came into existence in 2005; therefore, it is too soon to tell whether it is having a positive impact on families and children, although anecdotally, program facilitators are seeing positive results.

Child Fatality Prevention and Protection Team

The State of North Carolina requires that all counties have a child protection team in place to promote a community-wide approach to the problem of child abuse, neglect and dependency. In addition, the State mandates that communities review all child fatality cases to look at system issues that may come into play in these cases. Because of the overlap and the involvement of some of the same agencies and service providers for each task, Mecklenburg County combined these efforts under the Child Fatality Prevention and Protection Team.

One of the first things the team did was to develop the joint domestic violence and child abuse philosophy statement on page 36. They also developed a menu of training on child protection and

family domestic violence issues and offer bi-annual training sessions for service providers in the community. A major success of this team has been its ability to build bridges and reduce tensions between Child Protection Services and domestic violence advocates. Not surprisingly, the team found in its review of child fatality cases that domestic violence was a consistent factor in the households of many of the children who had died.

HERO (Help Encouragement and Recognition of Observers of DV)

The HERO Program, run by the Women's Commission, **helps child witnesses develop resiliency and coping skills** to better manage their daily lives and to break free from the cycle of violence when they grow up. One-on-one individual and weekly small group counseling, case management and referral services are provided to child witnesses between the ages of five to eighteen. Women's Commission counselors meet one-on-one with child observers for up to 12 weeks, most often in the schools these children attend. Arrangements are made with school principals to allow the counselors to schedule weekly 30 to 45 minute appointments with students on their caseloads. In addition, age appropriate small groups are conducted year-round, with each accommodating eight children at a time. Because there are only two full-time and two part-time counselors who work with children in FY06, a waiting list exists for one-on-one counseling and the support groups most times. **In FY2005, 380 children were on the HERO caseload at the Women's Commission.**

The Department of Social Services, CMPD or other agencies refer children to the program, the mother or family may refer the child, or HERO counselors may identify child witnesses who need help through their outreach in schools and elsewhere. The two HERO counselors make presentations and do other outreach activities in the schools with the help of social work interns from area colleges.

TEEN DATING VIOLENCE PROGRAM

Also run by the Women's Commission, the Teen Dating Violence Program focuses on **helping adolescent victims (ages 13-18) break free from the cycle of violence and live happier, nonviolent lives.** The program revolves around one-on-one individual and a 12-week small counseling group. Case management and referral services are also provided through this program. The counseling services focus on self esteem building, safely skills, conflict management, handling anger and the cycle of violence. The Women's Commission's two full-time counselors who work with HERO run this program as well. Referrals to the program come from parents, school counselors and other agencies. The HERO program also identifies and refers a significant number of teens to the dating violence program when counselors realize that the teen is dealing with violence in her/his own relationship. As with the HERO program, a waiting list exists to get into Teen Dating Violence Program.

R e a c h (reaching to educate adolescents about choices and healthy relationships)

This is a psycho-educational program **for adolescent witnesses of domestic violence (ages 13 to 17) who demonstrate aggressive and other at-risk behaviors.** Its primary goal is to deter future abusive behavior. It requires participants to commit to 12 sessions, meeting weekly for one and a half hours. Teens who have been in the juvenile court system are prime candidates for the program, which is a collaborative effort between the NOVA and HERO programs. The program is relatively new, and despite requests for such a program from Juvenile Courts and other agencies, referrals to r e a c h from these agencies have been slow to come.

SHELTER-BASED SUPPORT FOR CHILDREN

The Shelter for Battered Women provides limited counseling for children who have accompanied their mothers to the Shelter and have witnessed or otherwise been affected by domestic violence. A part-time (15 hours per week) bilingual counselor is available to meet one-on-one with these children at the Shelter. Because of its limited capacity to provide counseling for kids, the Shelter typically refers children to the Women's Commission. However, because the Women's Commission programs often have children on waiting lists to participate in their programs, the Shelter may have no place to refer their young residents for immediate assistance.

HEART TO HEART THEATRE ENSEMBLE

The Shelter for Battered Women offers the **Heart to Heart Program** in 9th grade classrooms. Presented to all CMS 9th graders, this prevention program includes a professional play by the Heart-to-Heart Theatre Ensemble called *Twist & Shout*, produced in collaboration between the Shelter and the Children's Theater. The production addresses physical, emotional and sexual abuse among teenagers. Small group 90-minute workshops delivered by trained actors/facilitators follow these performances and are designed to create a non-threatening environment for young people to discuss and learn about resources to help and prevent these unhealthy behaviors. In 2004, 32 Heart to Heart performances and 250 follow-up workshops were held for 9,600 students in 17 schools.

OPERATION YOUTH AWARENESS (OYA)

In 2004 the Charlotte-Mecklenburg Police Department joined with the Women's Commission, DSS, domestic violence agencies, the Mecklenburg County Sheriff's Office, Office of Corrections and Charlotte-Mecklenburg Schools to initiate Operation Youth Awareness, a violence prevention program that targets middle school age children in the county. **The purpose of the program is to reduce future violence by promoting awareness on the effects and behaviors of domestic violence.** Operation Youth Awareness teams, consisting of DV detectives, probation officers and DV child service providers, conduct sessions with 7th and 8th grade boys and girls. They use handouts, visual aids, role playing and rap sessions to get kids talking about abusive behavior they may see at home or in their own relationships.

Each student involved in OYA is administered a child witness checklist to help the OYA team facilitators gauge the level of violence students are engaged in or exposed to at home or elsewhere. As designed, an OYA team will meet with the same students for about 45 minutes each week for up to five weeks. Because of limited OYA staff time, the program is currently only available in two middle schools a year. Organizers would like to see the program expand to other schools and to see some of the OYA education integrated into the CMS curriculum and/or Character Education Program.

HOLDING THE BATTERER ACCOUNTABLE

In many instances, domestic violence is considered a crime. Women who are physically abused consistently report that when batterers are not held accountable for their abuse, it is as if the batterers have permission to continue their violent behavior. Holding batterers accountable is important, not only for the safety of the victim, but for the safety of any children that might be in the household, as well as the safety of the community at large. Holding batterers accountable also conveys a message to the community and to offenders that domestic violence is not tolerated.

Accountability of batterers is only possible when swift, consistent and meaningful sanctions are imposed through the criminal justice system. There are four key ways in which batterers can be held accountable for their actions in Charlotte-Mecklenburg:

- Swift arrest of batterers who violate their probation or protective orders;
- Successful prosecution of domestic violence related misdemeanors and felonies;
- Judges following the intent of the law and sending batterers on probation to NOVA;
- Close supervision by probation officers; and
- Completion of the batterers' intervention program (NOVA).

A critical factor, the ability of the local community to deal with issues of batterer intervention and accountability is, to a great extent, dependent upon the laws and policies made at the state level. While improvements have been made in how our state laws and the criminal justice system respond to domestic violence, North Carolina lags behind many other states that take a harder line on domestic violence and impose greater sanctions on those convicted of domestic violence crimes.

RESPONDING TO VIOLATIONS OF PROTECTIVE ORDERS

Should an abuser violate a protective order that has been served against him or her, the victim can contact the Police or Sheriff's Office to have the abuser arrested, or the victim can file a warrant for arrest with the Magistrate's Office; it is within the Magistrate's discretion to issue or not issue a warrant. Violation of a protective order is now considered a misdemeanor, and if found guilty of a violation, the abuser can be jailed for up to 60 days. Another option for the victim is to file a **contempt motion** with the Clerk of Civil Court who will schedule a contempt hearing and issue an Order to Appear and Show Cause that the Sheriff's Office will serve upon the abuser. A full hearing with the judge will be held to decide if the defendant was in contempt. The penalty for contempt can jail be time for up to 30 days. Some judges will suspend the 30-day jail sentence and instead, place the defendant on supervised probation.

PROSECUTION OF DV RELATED MISDEMEANORS AND FELONIES

Most prosecutions of acts of domestic violence are prosecuted as Class A1 misdemeanors in Mecklenburg County. The District Attorney's Office estimates that in approximately **80% of the cases, the charge is "assault on a female"**. Three levels of sentencing exist within North Carolina's structured sentencing rules for misdemeanors: 1) Level I: with one prior offense, the maximum sentence is 60 days; Level II: with two to four prior offenses, the maximum sentence is 75 days; and Level III: with five or more prior offenses, the maximum sentence is 150 days.

In 1995 a special domestic violence court (Courtroom 2202) was established in the Criminal Courts Building to only hear misdemeanor cases related to domestic violence. The same judges are regularly assigned to this courtroom; however, other judges hear cases as well. In addition, a special DV prosecution unit has been established to focus on misdemeanor DV cases. The unit consists of three assistant district attorneys, an investigator and two support staff. The caseload for these attorneys is considerable. Between January 2002 and July 2005, over 13,000 defendants were charged with a DV-related misdemeanor and were part of this DV unit's caseload.

Domestic Violence Caseload for DV Prosecution Unit

Year	Number of Defendants Charged with DV Related Misdemeanor
2002	3,239
2003	4,064
2004	4,104
2005 (Jan-June)	2,028

How the Criminal Court Process Works

Defendants who have been arrested and charged with one of the domestic violence related offenses make their first court appearance at an arraignment where the judge will advise the defendant about the charges against him or her and explain the defendant's constitutional rights, including the right to a court appointed attorney if the defendant is indigent. The judge will also consider the bond set by the Magistrate and may decrease or increase it and may add other conditions. During this hearing the Assistant District Attorney and/or attorney for the defendant may negotiate a **plea agreement** with the judge that would allow the defendant to pursue **deferred prosecution** instead of proceeding to a trial. This occurs in cases where there have been no previous convictions.

For domestic violence cases, deferred prosecution requires that the defendant has no prior convictions, admit guilt and agree to participate in **NOVA, the 32 week batterer intervention program in Mecklenburg County**. As part of this deferred prosecution agreement, the defendant would be on probation for up to two years. If the defendant is willing to admit guilt and take the deferred prosecution route, he or she will immediately be referred to one of the NOVA case managers. These case managers have an office within the Criminal Courts Building. The case manager will assess the defendant to ensure he or she is appropriate for the program. If the defendant has been charged with domestic violence or other assault crimes, has already participated in the NOVA program, has a mental disorder or has other specified problems, the NOVA case manager may reject the offender as part of the program intake process. While judges typically support NOVA's decisions about entering the program, there are judges who will order the defendant to NOVA despite the case manager's recommendation. Apparently, it is not uncommon for judges to order the same person to the program three or four times.

If the case proceeds to trial, the judge will set a trial date at this first appearance arraignment. **Due to the volume of cases that come into the DA's office, there is usually at least a six-week period between the first appearance and the trial before the judge.** During this period, the Assistant DA assigned to the case will gather evidence including police reports, information on probation status or other crimes for which the victim has been charged, photographs and witness statements. In addition, any witnesses will be subpoenaed. The DA's office will contact the victim letting her/him know when the case will be heard and encourage the victim to provide any additional evidence or statements to help support the case. The office will also send victims a resource packet of information and a Victim Impact Statement requesting, on a volunteer basis, that they identify how the assault or other abuse charged may have impacted them. This information could be helpful in preparing the case. Over the last four years, however, only 14% of victims have chosen to complete the impact statement. They are mailed out in plain envelopes so as not to set off the abuser if he should go through the mail; therefore, some victims may not open or receive the impact statements, which may partially account for the low return. In most cases, the Assistant DA assigned to a case will meet the victim for the first time on the day of the trial and have only a short time to review the case prior to the trial beginning.

Unfortunately, **there are far too many cases that go to trial in which the victim recants or does not show up in court.** The same reasons that women may choose to abandon their pursuit of protective orders apply to criminal cases as well---fear of retaliation, promises from the abuser that he will cease the abuse, fear of loss of child support from the abuser, intimidation with the court system, etc. Much can happen within the span of time between the abuse and the trial date, particularly when cases are continued. In addition, some victims do not want their partner punished; they simply want the abuse to stop.

The District Attorney's Office indicates that the failure of victims to cooperate in their cases is one of their biggest challenges. If their case is good without the victim being present, for example when a police officer was an eye witness, forensic reports show the extent of abuse or when the abuse was particularly lethal, the Assistant District Attorneys will proceed with their prosecution. However, because of the number of cases on the DA's caseload, the Assistant DA may recommend dismissal on weak cases where the victim does not show and/or it is clear there is not enough evidence to get a conviction. Reducing the number of cases through such dismissals allows the Assistant DA's to spend their time on cases where convictions are more likely. The District Attorney's Office indicates that there are not a large number of such dismissals at the front-end of a case. Judges, however, regularly dismiss cases they do not consider meet the elements of proof.

The structured sentencing guidelines are imposed for those found guilty, with the majority of sentences ranging from 60 to 120 days. The level of punishment is generally influenced by the type of crime and the abuser's criminal record. Legislation passed in 2004 (House Bill 1354) requires that anyone convicted of a domestic violence crime who is put on probation in North Carolina must now attend the certified batterers intervention program (NOVA). Advocates report that instead of placing convicted offenders on supervised provision and ordering them to NOVA, some judges continue to sentence convicted batterers to unsupervised probation. In some cases, they simply order the offender to the United Family Services Anger Management Program, a six-hour program that is not designed to address issues of domestic violence, or to other non-certified programs or individual counselors.

House Bill 1354 also stipulates that if the defendant has been charged with two previous assaults or if strangulation of the victim is involved, the DA can now pursue heightened punishment with a felony prosecution, which would be in front of the grand jury. However, the DA's Office has not typically been pursuing habitual assault or strangulation cases as felonies. The DA's Office indicates that one of the reasons for not advancing misdemeanors to a felony level is that the conviction rate for domestic violence cases that are tried as felonies and go before a jury is low,

which indicates that considerable education on domestic violence is needed in the community. In addition, a tremendous backlog exists in the Superior Court where felony cases are tried. It can take from several months to a year before a case is heard. Consequently, abusers charged with felony assaults may go unpunished for a more egregious assault or the case could take so long to be heard that the victim may back down, or worse, be assaulted again during the long wait. The DA and judges in the district court often prefer to go with a lesser charge where at least some punishment may be imposed.

Convictions and Dismissals of Misdemeanor Cases

The District Attorney's Office does not have readily available data on the number of DV misdemeanor cases that are dismissed or those in which there are convictions. However, in a *Raleigh News and Observer* comparison of conviction and dismissal rates across the state, Mecklenburg County ranked 50th out of the state's 100 counties in conviction rates and 63rd out of 100 in dismissals on domestic violence cases between January 1997 and October 2002. According to these records, 21,035 total domestic violence misdemeanor charges were made in Mecklenburg County during this time, including charges for violations of protection orders. Of these, **33.6% of those charged were convicted and 57.5% were dismissed.**

In 2004, a research team from the UNC Charlotte Department of Criminal Justice conducted a **preliminary examination of the Mecklenburg County Domestic Violence Criminal Court.** This court watch was undertaken at the request of the Charlotte-Mecklenburg Domestic Violence Advocacy Council (DVAC) and the local League of Women Voters. Data for the report was collected over a three-month period by trained observers from UNC Charlotte and the League of Women Voters. During this time, data was gathered on 1,466 domestic violence cases, and a variety of legal, extralegal and procedural variables were considered. Some of the key findings from this research are:

- 63% of the cases were cases in which assault against a female was the primary charge
- Males accounted for the vast majority of defendants in cases (82%), and of those found guilty, 89% were male.
- The most common case outcome was a voluntary dismissal (40%), followed by guilty pleas (17%) and conviction at trial (15%).
- The most frequently occurring reason why a case was voluntarily dismissed was lack of a prosecuting witness (44%), followed by insufficient evidence (24%) and a recanting witness (10%).
- Officer testimony was the most frequent evidence submitted and was used in 33% of cases in which there was a guilty plea and in 40% of the cases resulting in a not guilty verdict.
- The victim testified against the defendant in approximately one quarter of the cases
- The majority of cases (66%) involved situations where the victim-offender relationship was reported as being present.
- Of those cases in which the victim and offender were reported as still being together, a greater percentage resulted in a not guilty disposition.
- Active incarceration time was provided in 126 cases that resulted in conviction, and, for those receiving active incarceration, the average time sentenced was 62 days.
- Suspended time was given in 231 cases, with an average of 76 days.
- For those on supervised probation, the period of such probation averaged 20 months and unsupervised probation 14 months.
- Completing NOVA was the most frequent offender condition of probation.

The UNC Charlotte court watch initiative provides important insights into the DV court and its outcomes during the three-month period. Unless more frequent court watches are attempted or better data is maintained by the court system, it is difficult to know if the findings from the three-month period are a good representation of how the court functions year-round.

NOVA: THE CERTIFIED BATTERER INTERVENTION PROGRAM

NOVA (New Options for Violent Action) is a Mecklenburg County-funded program that works with offenders of domestic violence. It is the only State-approved batterer intervention program in Mecklenburg County and is the largest such program in the Southeast. NOVA does not provide therapy for batterers. Rather, it is a psycho-educational program designed to give offenders information that will help change their beliefs about women and violence. The program spans 52 weeks and includes weekly and/or monthly group sessions that last two hours for the first 26 weeks and monthly meetings for the remaining six months of the program.

Batterers currently cannot volunteer to participate in NOVA. They must be ordered to the program through the courts or mandated through Youth and Family Services. As part of the order, they must admit guilt in being a perpetrator of abuse. The majority of batterers who participate in NOVA are ordered to the program by the DV Criminal Court through the deferred prosecution process or as a condition of supervised probation. A small percentage of participants (7-12%) are ordered from the DV Civil Court through conditions of a protective order only.

NOVA is a program within the Mecklenburg County Women's Commission. Its staff consists of a supervisor, three full-time case managers and two support staff. The case managers have office hours at the Criminal Courts Building, as well as in their home office on Latrobe Drive. At least one of the case managers is on duty at the Criminal Courts Building at all times while court is in session to respond to judges' requests for information on defendants and/or to screen defendants who have been ordered to the program.

Trained facilitators are hired on a contract basis to lead the weekly and monthly sessions. These facilitators include psychologists, social workers and other credentialed group leaders. Currently, NOVA is running 20 men's groups and one group for female batterers, with eight to 15 people in each. Groups are held three nights and one morning a week and on Saturdays, and the same curriculum is taught in all of them. Two of the groups are for Spanish speaking men only and are led by bilingual/bicultural facilitators. Participants in NOVA are required to pay the weekly \$16 program fee.

In addition to running the standard court-ordered program, NOVA has also recently begun running a 24 week batterer intervention program for fathers involved in Child Protective Services cases. This new initiative was a collaborative effort between CPS and NOVA. It is designed to help fathers understand the impact that domestic abuse can have on children and to help them change their beliefs about violence. Parenting skills are included as part of the curriculum. Men are ordered to this NOVA group by CPS as a stipulation for child visitation in cases where abuse or neglect has been substantiated.

How NOVA Works

After defendants in domestic violence cases have been ordered to NOVA, screened and accepted in the program, they must attend an orientation at the NOVA office on Latrobe Drive. At this orientation, they will be assigned to a group based upon the day and time that best fits their schedule, generally within a week of the orientation. If a person ordered to NOVA has issues with substance abuse dependency and is using, he or she will be sent to a substance abuse treatment program to deal with those issues before starting the NOVA group. This is usually determined as part of the upfront assessment of the defendant. Clients can't be in a substance abuse program and NOVA concurrently.

A case manager will be assigned to each new participant and will work with the facilitator leading that person's group to provide ongoing monitoring and support of the individual. These case managers will also coordinate with and provide updates to the probation officers assigned to the participants on progress being made and/or to identify any problems that have arisen. They may also provide periodic updates to judges when asked.

To remain in the program, participants are required to regularly attend the weekly and/or monthly sessions, be on time and pay their weekly fee. Anyone under the influence of alcohol or drugs will not be permitted to participate in a group session. Six emergency absences are allowed over the course of the year and all missed sessions must be made up. NOVA participants may be terminated from the program if they exceed the allotted absences, refuse to comply with other program rules or are convicted of new domestic violence related criminal charges. When clients are terminated, NOVA will contact the probation officer who supervises the client who, in turn, will either arrest the person or cite them back to court for a judge's determination of action to be taken.

Program Participation and Results

Between July 1999 and June 2005, NOVA screened a total of 3,650 offenders for the program, and 2,837 (78%) of those screened became active clients or an **average of 567 new clients each year**. During this same period, 1,280 clients graduated from NOVA and 2,051 were terminated. According to NOVA staff, **only a third to a half of offenders ordered to NOVA show up for the first orientation meeting and only about a third complete the program or graduate**. The high attrition and low graduation percentages are typical of batterer intervention programs across the country. Some offenders who are ordered to the program decide it is easier for them to spend 30 or 60 days in jail than spend an entire year going to weekly group sessions.

There is much debate about the effectiveness of batterer intervention programs. However, research shows that those who don't show up or follow-through with batterer intervention programs are more likely to re-offend than those who complete a program. Recidivism among those who complete the program is one measure of batterer program success. NOVA records indicate that of the 274 individuals who graduated from NOVA between July 2003 and June 2004, only 5% of the graduates have since been charged with another DV-related crime; however, 10% were charged with other crimes. Probably the best way to measure success, though, is through anecdotal information from case managers and facilitators who relay that they, indeed, witness genuine shifts in attitude with participants over the course of the program. Community partners also observe that they often see long-term changes.

A 2005 client satisfaction survey of 145 NOVA participants revealed that some 83.5% rated their feelings about NOVA as "very good" or "excellent." Another 7.2% rated the program as "good." Nearly half of those surveyed viewed as "extremely helpful" the information they received to help them change their thinking, actions and beliefs, while 30.9% considered the information "very helpful." Overall, 86.6% of those surveyed rated their experience with NOVA as "excellent", and 4.1% rated the experience "good." While these survey responses do not provide an indication of whether a NOVA participant will be abusive again, they do provide a sense of receptiveness on the part of at least a segment of the client population.

PROBATION: DOMESTIC ABUSE OFFENDER CONTROL PROGRAM

Probation is an important component of the overall criminal justice system that holds batterers accountable and enhances the safety of domestic violence victims. Recognizing this, the North Carolina Division of Community Corrections has established a special probation officer caseload program—Domestic Abuse Offender Control Program. Through this program, probation officers supervise offenders convicted of domestic violence crimes. Such a program is operating in Mecklenburg County. **Twelve probation officers (out of the 126 officers in the county) have been assigned to specifically supervise offenders on probation in domestic violence cases.** One of the officers is bilingual.

Each officer is typically assigned between 45 and 55 offenders to supervise at any one time, which means that the **total caseload for this specialized unit ranges from 500 to 600 offenders.** Officers, who work different shifts, are given assignments within specific police districts to reduce the amount of travel time that would otherwise be required if their assignments were county-wide.

How Does Supervised Probation Work?

When a defendant is put on probation for a domestic violence related case, he or she is assigned a probation officer that day. Probation officers learn of the assignment via computer and within seven days must pull together all the case material on the individual. **The officers are required to make physical contact with the individual on probation within three days of the initial assignment.** During this time, the officer may also contact the victim to talk with her about the situation and the history of the offender. At the first meeting, the officer will develop a case plan with the offender that outlines the expectations for how the offender will fulfill his or her probation under the officer's supervision. In cases where mental health or substance abuse intervention is needed, the officer will make referrals and include the follow-up to the referrals in the offender's supervision plan. The probation supervisor reviews all the cases with the probation officers to ensure that this first home contact and referrals have been appropriately completed. Offenders on probation are required to pay a monthly \$30 probation supervision fee to the Clerk's Office.

Probation officers meet with offenders twice a month, once in the Probation office and another time in the field. For example, the officers may do a random visit to the offender's home or at the NOVA office before or after the group meeting. They will check in to make sure the offender is working and otherwise following the orders of supervision. If the offender is not going to NOVA, substance abuse or other treatment as required, has missed more than two probation appointments and/or has otherwise violated the probation agreement, the probation officer will find out why and attempt to work with the offender to address the issue. If the officer deems it necessary, he or she will recommend that the courts impose sanctions on the offender such as electronic house arrest, intensive probation or a split sentence in which the offender spends a portion of the week in jail. If the violations are considerable, the officer will take the offender into custody and then to court for a judge's decision on next steps. The officer will meet with his or her probation supervisor prior to going to court to review the case and get approval for proceeding with it.

If the offender is terminated from NOVA, the termination will be reported to the probation office by the NOVA staff. In response, the officer will cite the offender back to court or arrest him. In many cases, the judge will ask if NOVA will take the offender back. NOVA will usually take the offender back if termination was due to excessive absences. However, if the client has threatened staff or other group members, or has otherwise acted out inappropriately NOVA staff will advocate for active jail time.

Probation officers report that a **high percentage of offenders they supervise violate their probation** because they do not follow through with NOVA or for a myriad of other reasons. When probation officers take offenders back to court for violations, there appears to be little consistency in decisions made among the various judges in dealing with these violations. Some may order active jail time, but in many instances, the offender's probation is continued. It is not unusual for a judge to order an offender back to probation three or four times. **If an offender re-offends** during his probation period, the probation officer will take immediate action by taking the offender into custody and back to court for a judge's decision on the case. If the re-offending person is participating in the NOVA program, he or she will be placed on automatic suspension until a court decision is made on the new offense. If the client is found not guilty or the charges are dismissed, he or she will pick up where he left off with NOVA. If the client is found guilty, the judge will determine the sentence. If ordered back to NOVA, the client will start over with the program.

Probation officers often are contacted by victims whose abuser is on probation. Victims may make a complaint about how the offender has been treating them or report specific acts of violence. The probation officer will encourage the victim to come in and make a statement, or in some cases, the officer will meet with the victim to get the statement. In addition, the probation officer will encourage the victim to make a report to the police. If the victim will not make such a statement or file a police report, there is nothing the officer can legally do. If the victim calls the police about an assault or other form of domestic abuse, a new charge may be filed against the offender. Should a conviction result, the offender will likely be taken off probation and sentenced to jail time. However, in some cases, the probation period is simply extended.

Because the focus of the probation officer is on the offenders, the officers do not provide support for victims other than support and advice when dealing with recent acts of violence. The NC Division of Community Corrections does, however, have a regionally-based **Victim Advocate/Notification Coordinator** on staff to provide support and guidance to victims whose partners or ex-partners are on probation, as well as to notify them about the status of the abuser's probation.

SHERIFF'S OFFICE DV EDUCATION PROGRAM FOR MEN

While not for batterer accountability per se, the Mecklenburg County Sheriff's Office offers domestic violence educational classes for incarcerated males. The purpose of the classes, which are taught by a male domestic violence educator, is to provide information and facilitate conversation about such topics as the dynamics and impacts of domestic violence, techniques to deal with anger and how to argue more productively and the various laws that deal with domestic violence. The classes consist of five two-hour sessions. The Sheriff's Office has produced a series of four sequential DV education videos that focus on different aspects of domestic violence. Viewing the videos is mandatory for all inmates; consequently, most inmates participating in the classes have seen some or all of the videos before they attend a class.

In the classroom setting, the DV educator has discussions with the inmates about information and issues that are brought out in the videos. Five classes are taught each week, with a maximum capacity of 15 inmates in each class. The DV educator is also available to meet one-on-one with inmates who have issues with domestic violence. In addition, the DV classes are taught in Spanish to Hispanic inmates, for whom the classes are mandatory. The hope of the program is that when inmates are released from jail, they may at least think twice about being abusive with their intimate partners as a result of heightened awareness and understanding from taking the DV classes. In FY2005, over 300 inmates participated in the classes and the DV educators met one-on-one with approximately 300 inmates. The DV educators report that inmates regularly tell them that before the classes, they didn't realize what they were doing was considered domestic violence. Some even ask to repeat the classes.

CURRENT COORDINATION OF THE COMMUNITY DV RESPONSE

Coordination among the various entities involved with domestic violence primarily occurs on an ad hoc basis and/or through various issue- focused committees. The **Domestic Violence Advocacy Council (DVAC)**, formed in 1986 to improve the coordination between domestic violence related agencies and the criminal justice system, continues to meet monthly to network and share information. Through the efforts of the DVAC's DV and Public Awareness Subcommittee, such activities as monthly Lunch and Learn programs, awareness marches following a DV-related death and other public awareness events are held. Two other DVAC subcommittees have been formed-- Court Issues and Youth Issues; they meet as needed. The Youth Committee is currently working with a Queens University professor to develop a training model for use in CMS classrooms.

While the DVAC appears to do a good job of information sharing among providers and in organizing public awareness events, it does not function as a true coordinating entity that is focused on the overall community response and big picture planning, coordination and implementation. It is limited in its capacity, to a large extent, because it functions through volunteer efforts of already overworked service providers and community advocates. No staff or centralized systems are in place to actively support the ongoing work of the committee. Nor is there an overall agreed-upon community response plan to provide the big picture agenda, expectations and priorities for creating a more integrated and effective community response. In addition, key decision makers in the home organizations are generally not at the DVAC table. Consequently, the DVAC may be as effective as it can be under the current circumstances.

Recognizing the need for more focused big-picture planning and better integration of policies and protocols across the system, a small group of DV professionals has recently assembled to begin exploring options for such planning and focus. This group is called the **DV-CART (Domestic Violence Community Coordinated Action Response Team)**. It hopes to eventually devise a plan to "morph" the DVAC into an entity that focuses on integrated processes and big picture coordination and planning.

The Domestic Violence Advocacy Board (DVAB) is the official Citizen Advisory Commission on domestic violence issues in Charlotte-Mecklenburg. The members are appointed by the Board of County Commissioners and Charlotte City Council, as well as one appointment by the Mayor. This Board, which also meets monthly, receives staff support from the Mecklenburg County Women's Commission. **Its primary purpose is to advocate to elected officials on behalf of domestic violence issues and provide periodic updates on the status of DV issues.** It produced such a report in 2004. Through the years, the voice of the DVAB has been louder than it currently appears to be. A number of new members have recently joined the Board, and much time has been devoted to orienting these new members to the issues and challenges associated with domestic violence.

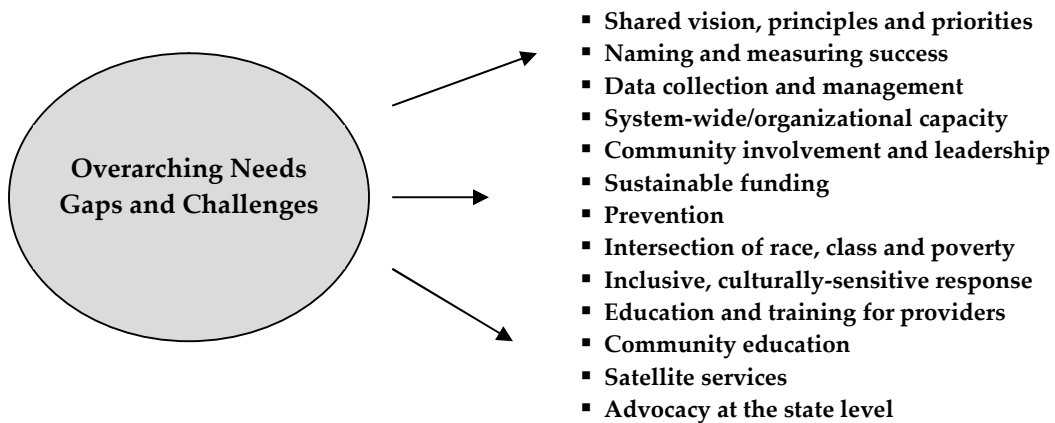
III. Current Community Response: Needs Assessment

Many positive things can be said about Charlotte-Mecklenburg’s current response to domestic violence. It has evolved into a fairly comprehensive system of services that, in many ways, is stronger than the responses in other communities. We have a specialized domestic violence unit within our police department; advocates are working with victims in the courts; domestic violence civil and criminal courts have been created; special units of assistant district attorneys, sheriff deputies and probation officers have been established to exclusively focus on domestic violence cases; and our batterer intervention program---NOVA—is well respected across the southeast. Some communities only hope for such resources.

Agencies have made considerable efforts to communicate and coordinate through the years, and a **high degree of professionalism and commitment exists among the advocates and service providers working on issues of domestic violence.** People in this field appear to work tirelessly to educate the public and rally support for domestic violence issues while trying to keep up with the growing demand for service. The community response and those working to provide service have come a long way over the last ten years. However, if the community wants to create a more integrated, effective and consistent community response, improvements are needed.

Through the process of gathering information and perspectives on Charlotte-Mecklenburg’s current community response to domestic violence, many needs, gaps and challenges surfaced. Some of the same issues kept coming up or were implicit in what people were saying or in what the research revealed. These universal or overarching needs, gaps and challenges, which will be reviewed first, have been teased apart from the more programmatically focused ones to provide a big picture view of the community response and to identify where collective attention and action is needed. A review of the more specific needs, gaps and challenges that relate to each of the individual response areas will follow.

The Big Picture: Overarching Needs, Gaps and Challenges



- **ARTICULATION OF SHARED VISION, GUIDING PRINCIPLES AND PRIORITIES:** It appears that a shared vision, guiding principles and priorities have not been articulated by those agencies, organizations and advocacy groups that are collectively working to address domestic violence in Charlotte-Mecklenburg. **Agreeing on and articulating these shared foundational underpinnings are essential for working toward a more coordinated and consistent community response.** A shared vision is a statement of what the community envisions its response to domestic violence should be and around which community resources can be mobilized.
- **DEFINING AND MEASURING SUCCESS:** It is difficult to evaluate and measure success when dealing with complex, multi-layered societal issues such as domestic violence. How does the community know if progress is really being made? What does success look like? It appears that there are no specific answers to these questions for the larger community response to domestic violence. While it may be challenging to establish a community-wide process and/or mechanism to measure change over time, it is plausible to **gain agreement around certain community-wide outcomes for domestic violence that could serve as benchmarks and help drive policy and program decisions.** Such outcomes should not be about how many people were served, but rather around such systemic, institutional and organizational changes as:

 - Shifts in public attitude about and intolerance for domestic violence;
 - Number of employers who have instituted DV workplace prevention plans and policies;
 - Increased number of victims reporting DV crimes;
 - Increase in conviction rates;
 - Reduced number of victim retractions and involuntary dismissals of DV cases; and/or
 - Reductions in number of repeat offenses.
- **SYSTEM-WIDE DATA:** Tremendous effort went into gathering data to include in this assessment. **Currently, no mechanism is in place to readily collect, synthesize and analyze even basis statistics and other data related to domestic violence** and the community's collective response. Absent such data, it is difficult to evaluate progress being made community-wide. Good data not only helps the community and its leaders understand the trends and the current "state" of domestic violence, it also provides important information to help develop a model of system-wide accountability and meaningful and measurable outcomes.
- **SYSTEM-WIDE ORGANIZATIONAL CAPACITY:** Agencies, organizations and systems that focus on domestic violence are all increasingly challenged to keep up with the rising demand. Few new resources are being devoted to augment current resources, and in some cases, resources are being cut. This calls for the key players in the local response "system" to become more strategic in building capacity, not only at an organizational level, but at a system-wide level as well. **While there has been considerable progress over the last several years to begin to break down the "silos" within the service delivery network and to communicate and coordinate across disciplines, much more work is needed in this area to increase the capacity of the community to more effectively respond to issues of domestic violence.** The coordination currently taking place generally entails one organization doing its thing and then handing off to another organization to do its thing. It is still very linear and compartmentalized. And while the good networking and information sharing that is taking place across agencies and disciplines is important and a good start, it isn't really fostering institutional change.

Despite the fact that there are institutional barriers to overcome, **the local network of service agencies and organizations needs to shift its focus to a more collaborative model of service delivery and advocacy.** Since an infusion of funds for domestic violence is not likely anytime soon, collaboration may be the only way to truly maximize services and response. Collaboration is distinct from coordination in that through collaboration, organizations jointly plan, work on policies and protocols together and make decisions on behalf of the larger good.

This may be happening in a few instances, but it is not the norm. Individual organizations and agencies naturally focus on fulfilling their own missions and mandates; hence the longer view of reducing the incidence of domestic violence in the larger community may be getting lost.

Cross disciplinary collaboration is not easy and requires patience. Each organization has its own mandate, sources of funding, priorities, philosophy and culture. Competition for funding, lack of real understanding of what each organization really does and deals with on a day-to-day basis, internal or legal restrictions, time and lack of expertise are just a few of the barriers to collaboration. But these barriers can be overcome, at least to some extent. For true collaboration to take root, however, **the leaders at the top of the organizations need to engage one another and commit to working together collaboratively for the common good.** It appears that while there might be support from the top, most of the interacting and connecting going on within the local domestic violence service network takes place at the service provider level. It is difficult, if not impossible, for service providers and their immediate supervisors or managers to make decisions about significant policy and/or operational shifts. The inherent challenge with the domestic violence response, though, is that the key players include state, county and city agencies/departments as well as non-profits. There are also federal mandates layered on top of the mix. Bringing state and/or national organizational leaders to the local table is unlikely. But it is possible to bring the local leaders together. There is not much evidence that this has often taken place in the past.

For collaboration to work, there has to be a willingness among the key players to share information, honestly assess what is working and what may not be working throughout the service delivery system and jointly problem solve. For example, policies and protocols that are impeding victims in their quest for safety need to be identified and addressed. Or, if an agency is thinking of making changes that may impact the system, getting input from those who may be potentially affected should become a norm. There are many facets of collaboration and capacity building that need to be explored over time within the local domestic violence community. Realistically, collaboration will and should occur incrementally. In addition, collaboration should only be pursued when it makes sense and when collective action will result in improvements that would otherwise not be made through independent planning and decision making.

The good news is that several strong leaders have emerged within the Domestic Violence Advisory Council who are eager to build stronger bridges across disciplines and agencies and plan jointly. They have been talking with their counterparts in other communities about their successes with collaboration and have stepped up efforts to educate service providers on the intricacies of how the different system components work. This momentum is surely something to build upon and support.

- **COMMUNITY INVOLVEMENT AND LEADERSHIP:** A handful of volunteer advocates and social services and law enforcement agencies and organizations are carrying the load in trying to reduce the prevalence of domestic violence in Charlotte-Mecklenburg. There appears to be a **leadership void in the larger community and no visible public outcry or strong voice of intolerance for domestic violence** that could catalyze broader community involvement. Broader and deeper involvement is needed within the larger community to not only address the impact of domestic violence on individuals and families, but the costs to the community of domestic violence such as that associated with healthcare and lost productivity in the workplace.

Dealing with domestic violence or the risk of domestic violence needs to be **better integrated and embedded** into our public and private health and mental health systems and practices, our workforce policies, our public education system, our child focused entities and our houses

of faith. It also needs to be on the radar screen of neighborhood and community-based organizations, particularly in areas where the reporting of domestic violence is greatest. Creating an environment in which this type of community involvement emerges will not happen on its own or with the prodding of service providers. It will require external leadership and commitment and considerable public education.

- **SUSTAINABLE FUNDING:** While there are some fairly stable sources of state funding for some of the community's DV programs and services, State appropriations, for the most part, are low compared to some other states. A number of programs have pursued time limited grants to operate programs and/or expand resources. However, when the grant funds expire, new funding for these programs and services will be needed, or the programs will go away. Traditional funding streams cannot meet the demand, and with the potential for City and County budget cuts in the coming years, domestic violence programs will likely become vulnerable to continued reductions despite increasing demand. Creative funding strategies are needed to ensure that adequate services and support are available for victim safety and to break the cycle of domestic violence.
- **PREVENTION FOCUS:** As is always the case, the majority of resources are focused on intervention after the fact. An entire "industry" of human services and criminal justice system processes has been created to deal with the issues and consequences of domestic violence after it occurs. While the Women's Commission and others incorporate secondary prevention in some of their programs, **clearly, not enough is being done on the prevention side to address the risk factors and relationship dysfunctions that often exist with younger children, teens and adults.** It's a serious problem when children or adults come to view verbal and physical abuse in relationships as normal. Unless greater attention is devoted to primary and secondary prevention, particularly with children and young adults, domestic violence will be as much, if not more of an issue in Charlotte-Mecklenburg ten years from now. The overall DV response "industry" will continue to be managing the problem instead of reducing it, as the next generation of victims and batterers will be in full force.

Types of prevention efforts are generally classified as primary, secondary and tertiary ones. **Primary prevention** involves efforts to reduce domestic violence before it occurs. **Secondary prevention** targets services to at-risk individuals by reducing risk factors, and **tertiary prevention** involves attempts to minimize the course of a problem once it is evident, which effectively is intervention. While there are some primary and secondary prevention efforts going on in the community, the majority of prevention in the current response system would be classified as tertiary. Prevention strategies and initiatives need to be directed on all three fronts.

There are many untapped or "under-tapped" opportunities to engage children at risk and to educate service providers, teachers, counselors and others about how to screen for domestic violence, how to integrate prevention strategies into the work they are already doing and where and how to make referrals if needed. **Charlotte-Mecklenburg Schools** is a natural fit for this, and in accordance with House Bill 1354 passed in 2004, all school systems across the state are now being asked to identify ways to incorporate anti-violence education as part of their curricula. Other opportunities include the foster care system, childcare facilities, Parks and Rec programs and non-profit organizations that work with children such as the YMCA, YWCA, 100 Black Men, Big Brothers/Big Sisters, Right Moves for Youth or Teen Health Connection. Prevention doesn't have to be a stand-alone program. **Prevention can and should be integrated into existing systems and programs throughout the community.**

For adults, additional primary and secondary prevention efforts are needed to head domestic violence off at the pass. However, in consideration of the greatest need and the fact that resources are limited, focusing on secondary prevention—reducing risk factors of those most

at-risk—may have the greatest impact. Those risk factors may include a history of family violence, economic factors such as unemployment or underemployment, substance abuse or lack of transportation.

One of the main challenges in making a case for funding prevention initiatives is being able to statistically show direct correlation between the clinical intervention and the long-term impacts on those receiving the support, particularly children. For example, one would have to follow a young person from childhood to adulthood to determine if a long-term impact has been made, and even then, it would be difficult to know whether the intervention or prevention was the contributing factor. This is a challenge for prevention regardless of subject matter.

- **INCLUSIVE RESPONSE:** Charlotte-Mecklenburg’s response to domestic violence has only scratched the surface in responding to the growing number of immigrants who are being victimized and/or perpetrating crimes of domestic violence in Charlotte-Mecklenburg. The **dearth of bilingual and bicultural resources** is creating tremendous pressure on the few culturally competent DV focused resources that currently exist. As Charlotte-Mecklenburg’s overall population continues to grow and diversify over the next ten years, this need will undeniably become greater. **The lack of linguistic and culturally competent resources must be addressed.** And to better engage and serve immigrant victims, approaches that are different from those standard ones for a homogeneous population should be considered. For example, taking the services out to the immigrant community may help establish trust with the “system” and increase the likelihood that immigrant victims will report crimes and seek help. Consideration should also be given to recruiting, training and hiring immigrant advocates who are not DV professionals per se, but who could provide support and follow-up within the immigrant communities. For example, a Hispanic advocate could be out-posted at the Latin American Coalition.

The local response also needs to address the reality that intimate partner violence is as common in same sex relationships as in heterosexual relationships. The police and hospitals respond to anyone in crisis, but other types of crisis support oriented to the particular needs and experience of heterosexual men, lesbians and gays dealing with domestic violence is scarce. Lesbians, because they are females, may use the available services for women, but local advocates and counselors indicate that lesbians often do not feel comfortable going to the Shelter for Battered Women or Women’s Commission because these programs are primarily geared to deal with females in heterosexual relationships. In addition, many traditional law enforcement, other criminal justice and domestic violence service providers lack the training, sensitivity, and expertise to adequately recognize and respond to the particular needs of homosexual, bi-sexual or transgender victims. **The lack of culturally sensitive services, homophobia in the system and fear of being “outed” to employers or families contribute to the low levels of reporting from gays and lesbians.**

Often when mainstream service providers get calls from gays or lesbians who are dealing with domestic violence, they will provide the caller with a list of local therapists or others who specialize in counseling homosexuals. The **Lesbian and Gay Community Center** recognizes that domestic violence among the populations it serves is an issue that needs greater attention. The Center will be looking at this issue in the future, how bias against lesbians and gays may be affecting victims’ safety and what needs to be done to provide greater support for victims of domestic violence. Local service agencies and organizations should work with the Center to create more inclusive policies, programs and services.

The potential need for resources for male heterosexual victims also should be examined for a fully inclusive community response. Tensions typically surface within the domestic violence “community” when the issue of resources for or attention to men, either as victims or batterers comes up. A concern expressed is that females often are acting in self defense against their partners, but they are the ones that are arrested. In the opinion of some, gender-blind policing and prosecution processes have resulted in the violence of female perpetrators being taken more seriously than the violence of their male partner in some cases, which obscures the threat posed by the primary perpetrator---the man; consequently, the female is exposed to heightened danger. Those who raise issues about placing more attention on males who are abused or on attempts to address the causal factors that may lead to violent behavior in men appear to tip toe around the subject. There doesn’t appear to be much room for open, nonjudgmental discussion about it. No doubt, there are merits and concerns on both sides. Again, for a comprehensive and inclusive community response to domestic violence, all aspects of domestic violence should at least be vetted.

Attention should also be devoted to better connecting with and supporting older victims of domestic violence. Older adults are not as likely to use DV services and report crimes, yet they may be the most vulnerable. Local DV advocates suggest that support groups focused on the special circumstances of older adult victims may be of most help, and that DV education should be provided in programs that serve older adults in the community.

Finally, **engaging and supporting domestic violence victims who are deaf should be considered** for a more inclusive community response. Deaf women are victims of domestic violence or sexual assault at the same rate as hearing women. Because the local resources are generally not set up to communicate with deaf victims, such victims may feel isolated and return to their abusive situation. Local advocates indicate that they frequently hear of or deal with cases in which deaf victims are involved.

- **INTERSECTION OF DOMESTIC VIOLENCE WITH RACE AND POVERTY:** This assessment would be remiss if the issues of race, class and poverty were not surfaced when discussing the community’s challenges with domestic violence. Clearly, domestic violence cuts across all races, ethnicities, cultures, religions and income levels. However, **existing data points to the fact that people of color who are living in poverty or at the lower end of the income scale are making the most number of DV related 911 calls and comprise the largest percentage of those seeking assistance through the DV-focused agencies and organizations.** In no way does this imply that domestic violence is an inherently African American phenomenon or problem, or that people with few means are at fault. And the statistics should not be used to stigmatize domestic violence as such. It is, however, a reality that should not be ignored, as it has service delivery implications and raises questions about where others who are being battered are seeking help and why they are not using services.

Greater awareness and open and objective examination of the multiple forms of oppression that limit the safety options and financial security for marginalized women and that perpetuate mistrust in the response “system” are needed to develop a genuine and inclusive community response to domestic violence. It may also call for more targeted, culturally sensitive intervention and greater attention to helping victims deal with economic barriers and creating economic opportunities.

- **PROVIDER EDUCATION AND TRAINING:** The need for ongoing domestic violence education, training and cross-training of providers/professionals was consistently identified by those interviewed as part of this assessment. Throughout the year, a number of educational and training opportunities are provided for those in the DV-related fields. **Concern was expressed that while invited and encouraged, local judges have not been participating in**

little, if any, of the training, and that the courts is an area that needs more understanding of domestic violence and victim safety. The need for ongoing cross-training with other fields that may overlap with domestic violence, such as mental health, substance abuse, child abuse and public health was also identified. It appears that the network of service providers would benefit from more coordinated training to help prevent duplication and ensure maximum use of training resources.

- **FATALITY REVIEW:** The State requires that all child fatalities in North Carolina be closely reviewed to identify system failures or issues that may be related to the deaths. A local review team focuses on this task. However, there is no such review of adult domestic violence fatalities. The Charlotte-Mecklenburg Police Department does an internal review with murder victims, but a comprehensive review of the history of the victims and batterers is not done. Such reviews are done in other communities and provide insights into potential systems issues. They could help identify interventions that were attempted along the way or interventions that could possibly have prevented the tragedy. Death as a result of domestic violence, whether murder or suicide, is the worst of outcomes. Learning more about the deaths that occur could help prevent more deaths in the future. Fatality reviews are not about placing blame, but about saving lives.
- **COMMUNITY OUTREACH AND EDUCATION:** Many agencies and service providers are called upon and seek opportunities to make domestic violence presentations to community groups. **There appears to be no overall coordination of this outreach and community education effort**, with the exception of the Lunch and Learn series that is coordinated through the DVAC. To reduce potential duplication of effort and information, extend limited staff resources and ensure common messages and information are getting relayed to the community, it may be prudent to consider establishing a **domestic violence speakers' bureau** through which various pre-packaged and sequential presentations can be developed and offered to groups. This also would create opportunities for community volunteers, including former victims, to get more involved in public awareness and education activities. It may also be helpful through sequential presentations and workshops to go beyond the typical "DV 101" presentations and workshops by providing more in-depth and stimulating material that will engage groups in deeper and more meaningful discussions.
- **SATELLITE SERVICES:** A number of service providers indicated that victims living further out in Mecklenburg County would be more likely to use court and other support and intervention services if they had access to services that were in closer proximity to where they live and work. Suggestions were made about establishing satellite services in existing service centers or community facilities in the outlying areas, particularly in North Mecklenburg. As the community continues to grow, the need for satellite services should be taken into consideration and explored.
- **ADVOCACY AT THE STATE LEVEL:** Local advocates participate in state-wide domestic violence coalitions and initiatives to address gaps and opportunities in the DV arena. However, beyond service provider and some volunteer advocate involvement, it appears that in recent years, elected officials and others with influence have not been particularly involved in advocating and lobbying for legislative and policy changes that could impact domestic violence response at the local level. Every effort should be made to make local elected officials, state legislators and the larger community more aware of legislative and policy decisions that are being considered and/or changes that are needed to strengthen the local response. Advocates should develop an advocacy agenda to present to local leaders and provide updates to them on efforts being made or where additional support is needed to promote actions that would be positive for Charlotte-Mecklenburg. This is a role in which the DVAB should be highly involved.

Individual System Responses: Key Needs, Gaps and Challenges

Law Enforcement Response	Human Services Response For Adult Victims, Children and Teens	Legal System/Court Response
<ul style="list-style-type: none"> - Increasing demand - Officer training - Bilingual/bicultural resources - Technical support - DV Unit evaluation - Consistency between police departments 	<ul style="list-style-type: none"> - Healthcare provider training - Emergency shelter bed space - Serving diverse populations at the Shelter - Transitional and permanent housing options - Crisis hotline - Counseling resources for victims - Bilingual/bicultural resources - Services for children and teens - Outpatient mental health provider for kids - CPS/DV connections - DV screening/protocols for youth agencies - Supervised child exchange and visitation program - Clergy training and support 	<ul style="list-style-type: none"> - # of dismissed protective orders - Civil legal support - Immigrant victims' fears of legal system - Backlogs in District Attorney's Office - Low conviction rates - Few felony charges - Offender sentences - NOVA court orders - Court data

➤ LAW ENFORCEMENT RESPONSE: NEEDS/GAPS/CHALLENGES

- **KEEPING UP WITH INCREASING SERVICE DEMAND:** The Charlotte-Mecklenburg Police Department deals with many different types of crime. Domestic violence is a priority for the department, but it is only one facet of the department's work. Resources are stretched throughout the department as Charlotte grows and the rate of crime increases in many areas. Creating the DV Unit in 1995 appears to have greatly improved the department's ability to respond to DV calls and investigations. **However, while the number of DV cases has risen over the last decade, the size of the DV Unit has basically remained the same since its inception.**

The unit is challenged to keep up with the demand and as a result, detectives and counselors may not be able to take on new cases and devote as much time to each case as they would like. They also have limited time to do work with outreach and prevention. The police districts that also respond to DV cases have their hands full as well. Districts where DV cases are more prevalent are also the districts where other types of crimes are more frequently committed. **It is clear that more resources are needed to support the DV Unit's work and to do more outreach, training and prevention at the district level.** However, if overall resources remain relatively constant at CMPD, the department obviously must balance its response to addressing all law enforcement needs in the community.

- **TRAINING OF OFFICERS:** The detectives assigned to the DV Unit are there by choice. They have an interest in it and have been trained to deal with the intricacies of DV cases and the emotions and challenges it creates for those affected. Since the DV Unit can only handle a fraction of all DV cases---the ones that are more serious---the department relies on the officers in each of its police districts to handle the bulk of the department's DV response. A concerted effort has been made by the department to train officers to handle DV cases. Using the district DV liaison officers to help provide guidance and support for officers has proved effective. However, with the number of police officers patrolling in the districts, there are some who may not be as skilled or sensitive in dealing with DV situations as others.

From their experience working with and listening to the stories of victims, DV advocates and counselors agree that the majority of police officers provide positive, professional response in

DV cases. However, they also reflect that there are instances when officers have had “bad attitudes” about victims and DV cases in general. Consequently, the officers may not have treated victims respectfully or have thoroughly gathered the evidence and reports necessary to support prosecution of perpetrators or other court action by victims. It is clear, though, that such response is the exception.

Granted, it can be frustrating for officers dealing with DV cases when the victim recants or does not show up in court, or when officers are unable to determine who the primary aggressor is in a situation. But disrespect of victims and inattention to details on the case should not be tolerated. Leaders in the department agree with this and recognize that a few officers can make the entire department look bad. They also agree that every effort must be made to **ensure consistent service and response across all districts and will take corrective action where necessary**. Continued training and re-training of officers on the appropriate response to and reporting of DV cases is essential to ensure department-wide consistency.

- **NEED FOR ADDITIONAL BILINGUAL/BICULTURAL POLICE OFFICERS:** An increasing number of domestic violence calls and cases in Charlotte-Mecklenburg involve immigrant populations. **Language and cultural barriers create challenges for police officers and those involved.** A limited number of bi-lingual and/or bi-cultural police officers are employed at CMPD. Interpreters are available to support officers in the field, but working through an interpreter can, in and of itself, be a challenge. None of the CMPD DV Unit detectives are bilingual; however, one of the Unit’s counselors speaks Spanish. Her caseload is increasing each year in trying to respond to the increasing demand for services from Spanish-speaking victims. As part of a recent grant that was awarded jointly to CMPD, Victim Services, Legal Services of the Southern Piedmont and Legal Aid of North Carolina, CMPD has been able to hire an additional Spanish-speaking counselor to work with domestic violence victims throughout all CMPD districts.
- **MORE TECHNICAL SUPPORT NEEDED:** The department, particularly the DV Unit, needs more technical support to monitor DV cases and help with lethality ratings. Such support could help detectives and officers know what has happened to victims and to their batterers over time and could better support prosecution of cases.
- **EVALUATION OF DV UNIT:** The DV Unit has now been operating for a little over ten years. While tremendous anecdotal information implies that the DV Unit has been effective in dealing with domestic violence cases in Charlotte, the program has not been closely evaluated to determine whether it is making a significant difference in dealing with DV cases. Such an evaluation is in process and will be completed in February 2006. **CMPD, in partnership with the UNC Charlotte Criminal Justice Department, received a \$93,000 grant in 2004 from the Institute of Justice to look at the overall effectiveness of the DV Unit.**

As part of the evaluation, approximately 1,000 out of the nearly 33,000 DV cases handled by CMPD in 2004 are being scrutinized. This includes cases handled by the DV Unit and in the regular police districts. The research experts have looked at all police reports and information relating to each of these cases, including information about arrests made, whether there was follow-up in the courts, what happened to the victim and suspect in each case and whether the specific interventions by the DV Unit made a difference, as compared to the regular police district interventions. **The findings from this extensive evaluation will help inform decisions about potentially expanding the DV Unit or, conversely, making some changes that would cause it to be more effective.** This type of close monitoring and evaluation is needed for other DV response services and programs.

- **INCONSISTENCY IN REPORTING/INTERVENTION AMONG MECKLENBURG TOWNS:** When a person calls 911 and lives in one of the six Mecklenburg towns (Davidson, Cornelius, Huntersville, Mint Hill, Matthews and Pineville), the dispatcher will connect with police officers in that town to respond to the call. Officers from these towns generally participate in some of the same DV training that CMPD officers do. While there may be similarities in the policies and protocols for responding to and investigating DV cases across the entire county, there are some differences. The Magistrates Office indicates that police reports from the different towns are not consistent in terms of the information provided and the way in which the reports are prepared. This sometimes creates a challenge for the Magistrate's Office and can potentially affect the preparation for civil or misdemeanor court cases. All DV cases, regardless of the jurisdiction in which they were committed, go through the same district court. **It seems that a greater effort is needed to coordinate law enforcement response, intervention and reporting across the county to ensure a level of consistency to support court processes and victims seeking protection.**

➤ HUMAN SERVICES RESPONSE: NEEDS/GAPS/CHALLENGES

- **TRAINING OF HEALTHCARE PERSONNEL:** Healthcare professionals have a unique opportunity to detect and intervene in domestic violence. It has been demonstrated that physicians and other clinicians can make a substantial, positive impact with heightened awareness and training. Consequently, **continued training of medical personnel in all Charlotte Mecklenburg hospitals and in public and private clinics and medical practices is needed to strengthen the safety net for victims.** Paramedics should also receive training. The training should focus on prevention, universal screening for domestic violence with adults and children, treatment, reporting domestic violence and making referrals. This will require continued commitment, funding and support from the major hospitals, as well as commitment and promotion from the local medical associations and County Public Health Department.
- **INADEQUATE NUMBER OF EMERGENCY SHELTER BEDS FOR DV VICTIMS:** The number of emergency shelter beds for domestic violence victims is woefully inadequate. **The Shelter is constantly at or near capacity and regularly turns women away,** particularly when imminent danger is not evident, even though beds may be available. The Shelter's policy has been to keep two to three beds open at all times to accommodate women (and their children) who are in imminent danger; however, the demands of late have been so great that these beds are seldom available. This policy has created some tension within the DV support network, as some view that the shelter has been too limiting on who can stay there, particularly if beds remain open. A number of providers interviewed as part of this assessment expressed frustration that they often have a difficult time getting their clients or referrals into the Shelter. Shelter staff contends that it is necessary to maintain this stringent entrance policy because of the limited number of beds available and their desire to deal with the most urgent cases. They are concerned that women who are homeless, but not in imminent danger, will attempt to get into the shelter, thereby taking up bed space that victims in crisis might need.

When all the beds are filled and no space is available for women who are in imminent danger of being abused, **shelter staff may provide funds for a motel room for the victim (and her children) if the situation warrants immediate action.** Between January and mid-August 2005, the shelter had purchased 29 motel rooms, an increase over previous years. Because funds for motel rooms are limited, staff has to be very discerning in making that option available.

The **Salvation Army Center of Hope** regularly accommodates single women and mothers with children who are dealing with domestic violence. Police officers often bring such women to the shelter, and many victims are referred to the shelter by social service agencies that have

no other place to send their clients, including the Shelter for Battered Women. **By default, The Center of Hope has become a secondary domestic violence shelter;** however, it is a general homeless shelter and not equipped to provide specialized services for domestic violence victims, nor can it provide the level of security that an official domestic violence shelter would provide. Shelter staff reports that, in instances, when a woman's presence at the shelter creates a security threat for other shelter residents because her abuser knows where she is staying and may become violent, the woman (and her children) will not be allowed to stay at the shelter. This creates a dilemma for the shelter staff, since women typically are not turned away there. Salvation Army staff estimates that over half of the women and children who stay at the shelter have dealt with domestic violence at some point in their lives. **Of the 3,398 individuals who stayed at the Salvation Army Shelter in 2004, 271 (8%) indicated that fleeing domestic violence was the primary reason they came to the shelter.**

Mecklenburg County's lack of shelter space for victims of domestic violence is shamefully evident when compared to other counties in the surrounding area and in comparably populated communities across the country. The table below identifies the number of shelter beds exclusively available to domestic violence victims in other places. Per capita, Mecklenburg County has significantly fewer beds than in surrounding counties and other cities that Charlotte is often compared to such cities as Austin, Jacksonville, Indianapolis, Louisville, Kansas City and Portland.

Comparison of Domestic Violence Emergency Shelter Beds in Mecklenburg County with Other Communities

Community Major City/County	# of Emergency Shelter Beds for Domestic Violence Victims	2004 Estimated County Population (US Census)
Charlotte/Mecklenburg	29	771,617
Concord/Cabarrus	30	146,135
Gastonia/Gaston	13	194,459
Monroe/Union	42	153,652
Shelby/Cleveland	26	98,258
Statesville/Iredell	20	34,975
Austin/Travis	122	869,868
Baltimore/Baltimore	114	780,821
Boston/Suffolk	105	666,022
Indianapolis/Marion	120	863,596
Jacksonville/Duval	95	821,338
Louisville/Jefferson	74	700,030
Kansas City/Jefferson	240	660,095
Nashville/Davidson	60	572,475
Portland/Multnomah	81	672,161
Savannah/Chatam	48	238,518
Tampa/Hillsborough	102	1,101,261
Tuscon/Pima	44	907,059

Source: National Directory of Domestic Violence Programs, 2004, National Coalition Against DV

- **CHALLENGE TO SERVE DIVERSE POPULATIONS AT THE SHELTER:** Advocates and other service providers who regularly work with victims of violence reflect that the Shelter for Battered Women may not be the type of place some women feel comfortable moving into, even though on a temporary basis. This appears to be especially true for more affluent women who live in the suburbs and immigrant victims as well. Women who live in the suburbs often are uncomfortable coming and/or bringing their children to a place they perceive has a stigma of serving mostly lower income women and children. They have confided to DV advocates that they fear for the safety of their children and would not “fit in.” Regardless of the perception or realities of this, the intimidation and discomfort in going to the Shelter could, and does, prevent some women from getting out of harms way and seeking refuge.

There is an apparent issue for immigrant victims as well. Advocates and service providers who work with immigrant victims of domestic violence, or immigrants in general, report that the Shelter for Battered Women has not been a place where non-English speaking women feel comfortable or particularly welcome. In addition to the language barrier, there are also cultural issues that can create an awkward situation. In an attempt to respond to these issues and be more supportive of the increasing immigrant victim population in Charlotte, the Shelter has recently hired a bilingual/bicultural counselor. This new addition to the staff will go a long way toward making the shelter more inviting for Spanish speaking women seeking refuge.

Providing emergency shelter that is as inviting as possible to all women who need a safe haven is important as Charlotte-Mecklenburg’s population becomes increasingly diverse in the years ahead. The goal is to help keep women and their children safe when trying to flee a domestic abuse crisis, no matter who they are or what their life experience is. The Shelter for Battered Women seemingly makes every effort to make the physical environment at the shelter as clean and attractive as possible and to provide a friendly atmosphere. However, it can only do so much with the limited resources it has and within the physical structure where it is currently located. The reality is that the Shelter is old, cramped and somewhat institutional in its physical appearance. It is also in a location that some find intimidating and unsafe. This 26 year old shelter has outlived its purpose and capacity in this location. **A new shelter(s) with a more inviting atmosphere is needed to serve as the “frontline” crisis response facility for victims in the community.**

- **DEARTH OF SAFE, AFFORDABLE HOUSING WHEN LEAVING THE SHELTER:** When residents have reached their maximum stay at the Shelter, they need to find other housing accommodations. At this point, some women are in a position to move out on their own; they may be able to safely move back into their own homes or can afford to find other accommodations. However, **many women who have stayed their limit at the Shelter are desperate to find affordable permanent housing or some type of safe transitional housing to live in** while they continue to deal with court processes and obtain financial and other resources that will enable them to live independently and/or become emotionally and physically stronger to take care of themselves and their children. **The lack of safe, affordable permanent or transitional housing is one of the primary reasons that women stay in, or return to, abusive relationships.**

Single women without children and who meet the entry criteria may be eligible to move into the YWCA through its transitional housing program, that is, if a bed is available. The Salvation Army Center of Hope may also have a transitional bed or beds available; however, it is often difficult to get into the transitional program at that shelter because of the demand for bed space, particularly for women with children. **There are very few, if any, other transitional housing options available for women in Charlotte, and clearly, there is a dearth of affordable rental housing, particularly in parts of the community where women would feel safe.**

- **CRISIS “HOTLINE” IMPROVEMENTS NEEDED:** Advocates underscore that the call a woman makes to the crisis hotline may be the only call for help she will make. Consequently, it is imperative that the hotline work as effectively and efficiently as possible. It appears that the Shelter does as good a job as it can in providing support or intervention on the phone considering its current resources. **However, the system appears to have flaws.** Advocates interviewed for this assessment indicated that there are instances when a caller may get a busy signal or the call is unanswered when calling the hotline or Shelter. **The concern of these advocates is that the woman making that one call may not call back.**

A couple of issues appear to be at the root of the problem. First, the Shelter’s phone system has only five lines. Should all five lines be tied up, the caller cannot get through immediately. Also, since most of the calls coming in are answered at the main receiving desk at the Shelter, the person handling the crisis calls may be trying to also respond to other shelter calls and providing assistance to residents or others who come to the counter for help. Juggling a rush of activities simultaneously can make it more challenging to bring full attention to the crisis caller. Again, this does not appear to be the norm, but it can happen. In addition, during the evening hours when the night manager is the only person on duty, there may be times when that manager is tending to other business at the shelter and may not be able to pick up the phone.

The bottom line is that the current hotline situation is not ideal. Improvements should be explored. Some possible ideas to explore might be:

- At the very least, update the phone system at the Shelter so that it has a **dedicated line** for the hotline. This would at least let the staff person answering the phone know it is a hotline caller and therefore, view it as a priority call. It would also allow for tracking of hotline calls made.
- Consider **merging the sexual assault crisis hotline with the DV hotline** as a means of maximizing resources and reducing confusion when a woman who has been sexually assaulted by a family member might not know whether to call for sexual assault crisis assistance or DV crisis assistance. The sexual assault hotline is currently operated by United Family Services with the assistance of trained volunteers and counselors on duty.
- Investigate the possibility of using **211** as a means of handling crisis calls.
- Explore the use of an **AT & T language line** as part of the hotline to provide instant translation for non-English speaking women.

The challenge, of course, with any of these options is cost. The Shelter is currently strapped to cover its current costs, and with the increasing volume of women seeking shelter, funds are getting tighter. Providing resources to update or otherwise improve the hotline system may be a cost that a service group, corporation or other community philanthropist may be willing to cover. It could be a doable, short-term project.

- **WAITING LISTS FOR COUNSELING RESOURCES FOR ADULT VICTIMS:** The ongoing waiting lists for victims to schedule appointments with counselors and participate in the support groups at the Women’s Commission point to the fact that the demand for services for adult victims is greater than can be accommodated. Because of this waiting list, other service providers are reluctant to refer clients to the Commission because they know or assume there will generally be a wait. Women waiting in the wings for an appointment to open up are vulnerable to further abuse and/or deciding not to seek help.

- **LIMITED CULTURALLY COMPETENT SERVICES FOR IMMIGRANT VICTIMS:** As with crisis intervention services, the longer term support for immigrant victims is limited in Charlotte-Mecklenburg. When the one counselor who works with Spanish speaking immigrants at the Women’s Commission goes on maternity leave in early 2006, the lack of resources will become even more pronounced. Trying to do crisis intervention for trauma or counseling through an interpreter is difficult, if not impossible. The number of immigrant victims is increasing and will in the future as the immigrant growth trend continues. As more of these victims become acculturated and understand they have options, more will begin reporting the crime and seeking help in the community. While the current demand is heaviest for Spanish speaking immigrant victims, the number of victims from other cultures will also rise. Scarcity of bilingual/bicultural resources exists for both adult victims and their children.
- **SERVICE DEMAND GREATER THAN CAN BE ACCOMMODATED FOR CHILDREN AND TEENS:** The current demand for DV related services for children and teens is great as evidenced by the number of referrals and waiting lists that exist for many of the programs. Counselors and other service providers who work with children are stretched to capacity and cannot keep up with the demand. All the research points to the fact that children who witness or are otherwise directly affected by domestic violence are much more vulnerable to becoming abusing adults and/or victims of domestic violence than children who are not exposed to such violence. Consequently, **if Charlotte-Mecklenburg wants to ultimately reduce the level of domestic violence in the community, it needs to devote more attention to intervention and prevention with children.**
- **LIMITED SERVICES FOR CHILDREN UNDER AGE OF FIVE:** All of the DV related services and programs for children in Charlotte-Mecklenburg are aimed at children ages five and above. Other than private therapists and limited time with CD-CP clinicians, there are no programs or services that focus on the needs of very young children who are exposed to domestic violence in their lives. Domestic violence advocates and service providers indicate they have nowhere to refer these younger children for counseling or other support, and view this as a significant gap in overall DV services.
- **NO OUTPATIENT MENTAL HEALTH PROVIDER THAT SPECIALIZES IN CHILD TRAUMA:** In the public realm, CD-CP counselors are the only child trauma experts in the community. However, they only provide limited, short-term crisis intervention. There is no out-patient mental health provider in the community that specializes in child trauma, other than private therapists. Consequently, the CD-CP staff has to make referrals to more general mental health practitioners. This may be adequate in some cases, but when serious trauma has taken place, counselors at CD-CP believe that more specialized trauma specific counseling is needed.

Many families with children who have been traumatized cannot afford private counseling. If one of the outpatient clinics in Charlotte were to specialize in child trauma intervention, CD-CP could network with them to increase the overall capacity of the community to provide competent child trauma-related services. It would result in more comprehensive and sustaining support of children who deal with trauma and hence, have the potential to reduce the longer term impacts of trauma.

- **CHILD PROTECTIVE SERVICES RESPONSE IN DV RELATED CASES:** Strong concerns have been voiced within the domestic violence service community about the potential impact on CPS case review and intervention resulting from the elimination of the DSS/DV Liaison position in August 2005. DSS eliminated the position because of competing demands for those resources in other areas where state mandates apply. Advocates and counselors working in other programs indicate they have already seen a negative impact from the lost position. They reflect that they now have to spend more time with YFS social workers to educate them

on DV related issues and to ensure that appropriate connections are being made. The primary role of the liaison had been to provide ongoing training and consultation on DV related cases handled by CPS staff to ensure that CPS respond in such a way to not cause further harm to the adult victim of violence while protecting the children. CPS staff is attempting to maintain the same level of sensitivity and support, but without dedicated resources for this, it will be left up to already busy and overworked supervisors and others within the department to provide. Currently, DSS does not plan on reinstating the position; however, DSS administrators indicate that if a significant change in how CPS handles DV related cases occurs as a result of the lost position, they will reconsider reinstating the position in the future.

- **LACK OF DV SCREENING AND PROTOCOLS IN YOUTH AGENCIES AND ORGANIZATIONS:** Greater effort is needed to detect and intervene with children who have the highest risk of being exposed to and/or experiencing impacts of domestic violence in their lives. **Foster care, mental health, health department and youth services agencies and programs should be encouraged to partner with domestic violence agencies** to learn more about the impacts of domestic violence on children and teens and to identify ways in which they can collaborate to provide assistance to their child clients. At a minimum, providers in the agencies and organizations that serve youth and teens should receive DV training to make them aware of signs of domestic violence and its impact on the lives of children they serve and how they, as service providers, might intervene either through referrals or other means such as having conversations about having healthy relationships. Using universal screening tools to help identify children at risk or impacted by domestic violence and integrating basic intervention and prevention strategies in counseling and other programming should be considered and encouraged.
- **NO SUPERVISED CHILD VISITATION/EXCHANGE PROGRAM:** Child custody and visitation are often tricky issues for victims of domestic violence with children. When there is a history of abuse with the father of their children, women often fear potential abuse when “exchanging” their children for court ordered child visitation with the father. A supervised child exchange and visitation program used to exist in Charlotte. This program helped ensure that either child exchanges or visits were handled safely and appropriately. However, due to funding losses, the program no longer exists. Consequently, there is no such place designated for safe exchange or visitation in Charlotte-Mecklenburg. Most cities of comparable size have such child exchange/visitation programs. Typically they have trained volunteers and/or staff available at the program site to oversee the exchange and intervene if problems arise. This gap should be investigated and ideas for providing a location(s) for safe exchange explored.
- **LACK OF SUPPORT FROM CLERGY AND FAITH-BASED PROGRAMS:** Clergy can and should play a larger role than they currently do in Charlotte-Mecklenburg’s community’s response to domestic violence. They can help by changing the climate of public acceptance for battering and in becoming a source of supportive pastoral counseling for battered women. Religious beliefs can be a source of healing and justice in responding to sexual and domestic violence. Many victims and families dealing with domestic violence look to their houses of faith to help deal with the ongoing ordeal and the aftermath. Unfortunately, many clergy and faith-based organizations are not adequately trained to deal with issue of domestic violence. Even with the best intentions, they may inadvertently misguide a victim and hinder her efforts to become safe. In the most harmful instances, advocates tell stories of women who have gone to their pastor or other leaders in their congregation to seek help and guidance in dealing with abuse, only to be encouraged to stay in the abusive relationship or to “submit to their husbands”. Religious teachings or scripture are sometimes misinterpreted, distorted and misused to suggest that domestic violence is acceptable or even “God’s will”. Victims may also be pressured to not reveal their abuse because it may bring shame to them, their marriage and their family.

There has been considerable research and information made available on the subject of how clergy and others within congregations can be supportive of victims and help them with safety and other issues. A Faith Initiatives subcommittee of the DVAC recently formed to make connections with houses of faith and help them understand the dynamics of domestic violence and how clergy and others can be more supportive of victims and their children. In addition, Mecklenburg County was recently chosen by the Lily Foundation as one of four demonstration sites to establish a web-based, interactive training model for faith-based communities. Both are great opportunities to engage and educate local religious leaders and to expand the safety net of support for victims of domestic violence.

► LEGAL SYSTEM/COURT RESPONSE: NEEDS/GAPS/CHALLENGES

- **NUMBER OF PROTECTIVE ORDERS DISMISSED:** Too many protective orders are being dismissed because the victim does not show up for her hearing or otherwise decides to not proceed with the court action. Advocates point to a number of reasons women may choose not to proceed after they get their ex parte orders. The most common ones are that she fears retaliation from her abuser, the abuse and/or threats have escalated since she got the order so she fears continuing, he has convinced her he will change, she is concerned about the potential impact the order may have on the well-being and safety of their children and she did not understand the court process. Some may think that having the ex parte order is all they need; however, it is only a ten-day order.

Studies have shown that a victim's likelihood of following through to obtain the protective order is in direct proportion to the quality of information and assistance she received at the time she applied for the initial order. The challenge, therefore, for Victim's Advocates and others who work with women to help them obtain an order is to identify even more ways to reach out to and educate more women about the protective order process and to identify what else, if anything, they can do to support women in having the courage to proceed with the process in the face of fear. **There also needs to be greater assurances that if protective orders are violated, law enforcement will step in to help ensure the abuser stays away.** Specific actions and measurable targets for improving the percentage of women who follow through each year should be jointly developed by all parties involved.

- **LIMITED CIVIL LEGAL SUPPORT:** The need for additional free or low cost legal assistance for DV victims seeking protective orders and child custody is clear. **Legal Aid and Legal Services of the Southern Piedmont do not have enough resources to adequately serve the growing number of victims seeking protective orders, and pro bono support from private attorneys is limited.** While the gap in civil legal services and support exists for all women, it is most apparent for non-English speaking women and women without legal documents. Only one attorney is available at LSSP to assist Hispanic/Latino women and one attorney at Legal Aid to serve non-Hispanic immigrants in the entire region. Long case load backlogs exist for both attorneys. The lack of access to legal support leaves women who are victims of abuse in danger of continued and/or escalating abuse until help can be obtained.
- **OVERWORKED AND INTIMIDATING CIVIL COURT SYSTEM:** The Clerk of the DV Court is overwhelmed with cases during the day and the Magistrates Office is challenged to keep up with the demand for service after hours and on weekends. Because of the great stress on the DV Court docket, the Clerk has been forced to establish firm boundaries for receiving requests for protective orders. If a woman does not file her request for an order with the Clerk of Court by 1:30 PM, she must return the next day or wait until after 5:00 PM when the Magistrate's office can handle it. Some women may not be aware of this deadline and may have taken off work, gotten childcare or made some special arrangements to come to the

courthouse that day, only to find she is too late. This can be yet another barrier to a woman taking action to protect herself from her abuser. She may not be able to take off work the next day or she simply becomes frustrated and therefore, not proceed.

Similar issues exist at the Magistrate's Office, which not only handles ex parte protective orders after hours, but all warrants for arrest and other types of court-based actions in Mecklenburg County. On any given night, a line can be found at the Magistrates windows. In 2004, the county Magistrates Office handled over 55,000 different requests for court action. Currently, 22 magistrates rotate on three shifts, 365 days a year.

When women come to the Magistrate's Office to obtain an ex parte order, they often do not know how to fill out the forms or how the process works. If the Victim Assistance Counselor is still on duty at the Magistrate's Office, she can provide assistance by explaining the process and walking the woman through the required paperwork. However, the counselor is only on duty until 9:00 PM and does not work on the weekend. Other than giving basic instruction and information about the process, Magistrates cannot help a person fill out the paperwork. They are not legally permitted to do so, even if they have the time. If it is obvious a woman is having difficulty understanding and filling out the paperwork, the Magistrate might suggest she wait until the next day and go to Victim Assistance for help.

For some women, the frustration level of dealing with the process, on top of her already stressful predicament with her abuser, may cause her to give up and try to handle things on her own. While the Magistrate's Office has access to translators, the process can be particularly frustrating for non-English speaking victims. Advocates also indicate the process can be frustrating for a woman who, for example, has driven in from North Mecklenburg or other outer area of the county. Coming to an unfamiliar part of the community at night can be a frightening experience for some, and then doing so without getting the help she needs may add to the stress, causing her to leave and not take action.

- **IMMIGRANT VICTIMS' FEAR OF TAKING LEGAL ACTION:** Victims of domestic violence who are immigrants often fear they may lose their children, be deported or otherwise get into trouble with immigration or local law enforcement should they call the police or pursue any legal action to protect themselves and their children. Attorneys and advocates who frequently work with immigrants relay that **many of the women do not understand the legal system and the rights they may have in having their batterer arrested or in seeking a protective order.** They may have come to the U.S. with their husband who is a U.S. citizen or has a lawful permanent resident (with green card). The only way the undocumented spouse can obtain legal status is for the documented spouse to file the proper paperwork to do so. Without the legal status, she cannot work and hence, cannot support herself and her children should she leave the relationship.

This is a power that the documented spouse---in many cases the batterer---- can hold over the undocumented spouse. However, **the Violence Against Women Act of 1994 (VAWA) created a route for immigrant victims of domestic violence to legalize their status without depending on the abuser to complete the legalization process.** A victim of domestic violence must provide evidence that she entered the marriage in good faith, that her abuser is a U.S. citizen or lawful resident, that he or she is a victim of extreme mental cruelty or physical abuse and that she is a person of good moral character. If the victim can provide such evidence, she is eligible to obtain employment authorization and eventually, in most cases, lawful permanent resident status. This allows her to leave the abuser without fear of isolation or deportation. **It is only through outreach and education in the community that many immigrant victims of abuse learn about the VAWA and that they do, in fact, have options other than continuing in the abusive relationship.** Such outreach should be increased. The

challenge, however, is having the services and support available when victims do decide to take action. Recruiting, training and hiring lay advocates to help immigrant victims understand and navigate the legal processes may be one way to augment the limited legal and Victim Services assistance that is available.

- **BACKLOGS IN DISTRICT ATTORNEY'S OFFICE:** The District Attorney's Office has two attorneys who work on DV related misdemeanor cases plus their supervisor who takes on some cases, but primarily reviews their cases, consults with the other attorneys and provides administrative oversight. Only one investigator is on staff to investigate cases and gather additional evidence. In 2004, the DA's Office handled over 4,000 DV related misdemeanors. With this volume, **it is nearly impossible for the small DV District Attorney unit to keep up with all the cases and devote the amount of time to each that the cases may all need and deserve.** Those cases deemed to have the least likelihood of getting convictions are usually dismissed early on in the process. Concerns have been voiced within the DV network that the Assistant District Attorneys assigned to the DV unit are often younger, inexperienced attorneys. On the one hand, the lack of experience can affect case outcomes. On the other hand, the energy and interest of relatively new attorneys may prove beneficial in dealing with the tremendous workload. Important to realize, there are tremendous backlogs for prosecutors for all criminal cases in Mecklenburg County, so the challenges of the DV unit are not unique. The District Attorney's Office simply does not have the resources to keep up with the increasing demand and the State is not likely to provide additional ones.
- **LOW RATE OF CONVICTION FOR DV RELATED MISDEMEANORS:** Far too many DV related misdemeanor cases are being dismissed or not guilty rulings are being made. This sends a message to victims and to batterers that domestic violence is not taken seriously and that the consequences of abuse are few. A number of reasons for the low conviction rate have been identified within the domestic violence network including: 1) recanting , uncooperative and/or unprepared witnesses; 2) the lack of good evidence to support convictions; 3) the lack of clear policies and consistency in how judges rule on cases, as well of the lack of understanding by some judges about victim safety and the impacts of their decisions; 4) heavy caseloads for judges; 5) disinterest of accused batterers in admitting their guilt (which is required for entrance into the NOVA program), because the odds are good that their cases will be dismissed if they do not take the deferred prosecution route.

Increasing conviction rates is an aspiration for which collaborative problem solving is needed. It is not just a problem for the DA's Office and judges to resolve on their own. It will require involvement of the CMPD, victim advocates and others as well. For example, if having poor evidence is a factor, the CMPD may need to take a look at how its officers are gathering evidence and making police reports. If recanting victims is a problem, then victim advocates need to take a look at what can be done to strengthen victim involvement and preparation. And to address poorly prepared victim witnesses, the DA's Office might look for ways to have law interns meet in advance with witnesses to help prepare them for the cases or work with victim advocates to educate them on how they may be able to help improve victim credibility in the courtroom. It appears that collaborative problem solving with all the various players will likely not happen, however, without some kind of mandate as a catalyst for action. There have been attempts by some of the players to address issues, but nothing substantial has taken place that involves all stakeholders. **If action is not taken to address the conviction rate and hold batterers more accountable for the crimes they commit, efforts to reduce the incidence of domestic violence in Mecklenburg County will continue to be severely impeded.** This should be a priority for those working to strengthen the local community response.

- **TOO FEW DV CRIMES PROSECUTED AS FELONIES:** Relatively few cases involving domestic violence related crimes are tried as felonies in Mecklenburg County. **Local advocates emphasize that felony charges should be issued for more serious and lethal crimes.** House Bill 1354, approved in 2004, includes provisions that will enable prosecutors to file felony charges for strangulation with intent to kill and for crimes in which the offender has had two or more other domestic violence charges. However, these types and other more serious cases are typically not being tried as felonies in Mecklenburg County. Felony prosecutions are subject to greater punishment, which advocates believe is necessary to protect victims and hold batterers more accountable.

The main reasons cited for more DV-related cases not being charged and tried as felonies include: 1) the length of time it takes to bring a case to trial, considering the excessive backlogs in Superior Court (up to a year in some cases); 2) the poor conviction rate of domestic violence cases in front of juries; and 3) the lack of strong witnesses and evidence to prove guilt in many cases. This presents a dilemma for local prosecutors who acknowledge that more serious crimes should be considered as felonies and that there should be greater consequences for offenders. The reality of the overworked court system and the difficulty in preparing credible felony cases to successfully try cases before a jury leads prosecutors to believe that the chances of getting a misdemeanor conviction with at least some sanctions placed on the offender are greater than getting a felony conviction. This dilemma is one that needs to be addressed at the local and state level.

- **OFFENDERS ORDERED/RE-ORDERED TO NOVA:** Offenders who have already been ordered to or have participated in NOVA before are sometimes ordered to NOVA again for other domestic violence offenses or re-ordered to NOVA after they have been terminated from the program. In some cases, offenders have been ordered to the program three or four times. Domestic Violence advocates contend that if the person doesn't "get it" (the program's teachings) after the first or second time, it is highly unlikely he or she will "get it" the third or fourth time either. Ordering offenders back to NOVA often proves to be a waste of time for the NOVA staff and doesn't do much, if anything, to change batterer behavior. It does raise an issue that NOVA is the only option that judges have for placing an offender on probation instead of sentencing them to active jail time.

In addition, it appears that juvenile court judges are not taking advantage of the new youth offender program (re ach) that was developed by NOVA staff and Women's Commission staff working with child observers. Since the program began, only a few youth offenders have been ordered to the program despite efforts to promote the program as an option for the courts and other youth programs to consider. This may call for more and different ways of communicating about and promoting the program. It is advisable to be proactive and investigate why such referrals are not being made.

- **ALTERNATIVES TO TRADITIONAL NOVA PROGRAM:** As it is currently designed, NOVA is a "one-size fits all" program. Offenders are ordered to NOVA, either as result of deferred prosecution or to fulfill probation requirements. If an individual wants to self-refer to NOVA, he or she cannot. There is no volunteer program available to perpetrators in Mecklenburg County. This is a gap that should be looked into. NOVA staff has expressed an interest in creating and implementing a NOVA curriculum for people who self-refer and/or who are lesser offenders. As envisioned, such a program would extend over a shorter period of time than the 32-week standard program. However, NOVA currently does not have the resources to provide such a program.
- **LACK OF COURT DATA:** Better tracking of and reporting on statistical information relating to domestic violence civil and criminal court cases is needed. The District Attorney's Office can provide information on number of cases, but information on court outcomes is not readily available. The lack of technical and administrative support for the DA's DV unit can account for this gap. However, **it should be easier for the public to access such information about number of cases dismissed, number of convictions and sentences imposed. Absent such information, it is difficult to know**

what the specific issues are that need to be addressed and whether progress is being made in holding batterers more accountable in the courts. Court watches are important and should be encouraged, but they only provide a snapshot of courtroom activities and decisions made during a limited timeframe. Exploring options and developing ideas for creating a better tracking system might be something that graduate students from UNC Charlotte or other educational institutions could pursue and perhaps for which grant funding might be found.

IV. The Cost of Domestic Violence to the Community

As we look at domestic violence and its impact on the community, it is important to assess costs associated with it. The direct costs are those related to providing services and support for victims and for law enforcement and other criminal justice resources to deal with the batterers. Federal, state and local tax dollars cover much of this cost, supplemented by grants and United Way and other non-profit contributions.

While it is difficult to track all direct costs for victims of domestic violence, a review of the FY06 budgets for the two key agencies that serve victims in Mecklenburg County—the Women’s Commission and United Family Services --- indicates that approximately \$2.4 million has been budgeted for these programs. A breakdown of these budgets is as follows.

FY06 BUDGETS OF KEY VICTIM PROGRAMS	
Mecklenburg County Women’s Commission	
Counseling for Adults and Children	\$877,808
United Family Services*	
Shelter for Battered Women	
Residential Services	\$565,284
Non-Resident Services	413,713
Victim Assistance.....	539,925
TOTAL	\$2,396,730

** Mecklenburg County has allocated \$251,265 for the Shelter’s residential services and the City of Charlotte has allocated \$103,465 for the Victim Assistance program.*

Service and program costs for legal assistance, court costs for obtaining protective orders and other types of mainstream public assistance and support for victims of domestic violence would be added to the above total. Figures are not available for these services, as it is difficult to tease apart costs for domestic violence cases from other cases.

If children are involved in DV cases, costs for service will likely increase. For example, DSS indicates that the **average** cost of a CPS investigation is \$581 per case. CPS is often called into investigate domestic violence situations. (A breakdown of DV vs. non-DV cases is not available to calculate the number.) Should a child involved in a DV case be placed in foster care, the average monthly cost for providing such care is approximately \$1,099. And if counselors and police officers involved in CD-CP Program are brought in to deal with children who are traumatized as a result of domestic violence, an additional cost can be added to the mix. The total FY06 budget for CD-CP is approximately \$425,000, of which the County pays approximately \$179,000. According to the program director, a little over half of all CD-CP cases involve children who are or have been exposed to domestic violence.

By far, the greatest cost associated with domestic violence is the cost of dealing with or attempting to deal with batterers in the criminal justice system. CMPD does not have a breakdown of costs for DV related work. However, it estimates that the **average** cost of responding to a citizen initiated call is \$420 per call. (This was derived by dividing the CMPD total budget for FY06 by the total number of citizen calls for service.) Considering the number of DV related calls made in FY2006, this could translate into about \$15.4 million for the year.

On the County's side, the FY06 budget for the Sheriff's Office DV Unit, which serves notices of protection orders, is approximately \$556,000, and the budget for the NOVA program is approximately \$585,000. If incarceration is involved, the average cost of housing a person charged with domestic violence in jail for a night is approximately \$109.

Then there are the State costs of providing probation, magistrate and court services, including the costs associated with prosecuting cases in the District Attorney's Office. State figures are not readily available, but clearly, the collective public outlay runs into millions of dollars.

Perhaps not so obvious are the healthcare costs related to domestic violence, which can be substantial for the community. According to the Center for Disease Control and Prevention (CDC), **intimate partner violence affects more than 32 million Americans each year, with more than two million injuries and claims and approximately 1,300 deaths.** In a recent study released (October 2005), the CDC estimated that the **average medical cost for women victimized by physical domestic violence was \$483 compared to \$83 for men** and mental health services costs for women was \$207 compared to \$80 for men.

The indirect costs associated with **lost productivity in the workplace** due to domestic violence are also significant. A study on the cost of intimate violence released in 2003 by the CDC reports that these **costs range from approximately \$470 million to \$985 million a year across the country.** Furthermore, the study indicates that the greatest percentage of lost productivity (72%) is due to physical assault. The more recent study released by the CDC indicates that the productivity costs identified in the 2003 study are conservative.

Other indirect costs can be attributed, in part, to domestic violence. The North Carolina Governor's Task Force Report on Domestic Violence published in 1999, identifies some of these:

- Resources spent dealing with the **effects of domestic violence on juveniles** who have been put at risk for substance abuse, running away and delinquent acts;
- Costs to the adult system for resources that have no discernable impact on the **recidivism of the offender**;
- **Subsidy of victims who have become poor** as result of violence or unable to achieve economic independence because of fear and retribution by an abusive partner; and
- **Costs of operating homeless shelters** that house women and their children fleeing domestic violence and the array of homeless support services to help get them back on their feet. (Salvation Army Shelter in Charlotte)

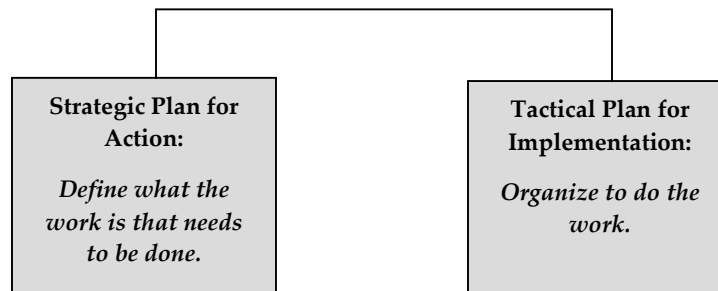
Finally, it would be remiss when assessing the costs of domestic violence, not to mention the costs to victims as a result of being in or leaving a violent relationship. The economic costs to a victim may include such costs as lost or foregone income, the cost of finding new housing, paying for attorneys or dealing with debt. The opportunity costs for victims might include the loss of employment promotions due to the impact of abuse on a victim's focus and productivity at work and the general loss in quality of life--e.g. living in fear, losing friends and having to hide from the abuser. These costs can be significant not only to the victim, but to her entire family.

V. Creating a More Integrated and Consistent Community Response to DV: *Suggested Next Steps*

At a glance, the needs assessment paints an overwhelming picture of needed changes and improvements for creating a more integrated, effective and consistent community response to domestic violence. Ideally a comprehensive strategic plan with goals, objectives, strategies and implementation timeframes and accountabilities should be developed as a roadmap for change. However, creating such a plan takes time and money, and it may end up sitting on a shelf, especially without a mandate and structure in place for implementation.

Absent time and funding to develop a comprehensive strategic plan, a few realistic and doable next step suggestions are offered herein to help provide focus and get things moving. These suggestions, which concentrate on accomplishing manageable chunks of work, are based upon the many conversations that took place in gathering the information and perspectives for this report and research done on community responses elsewhere. The suggestions fall into two categories: strategic and tactical. The strategic suggestions focus on defining the work that needs to be done, and the tactical suggestions center on organizing to accomplish that work. Ultimately, it will be up to the community stakeholders and decision makers to decide where to go next with the information from this assessment and to flesh out the details.

SUGGESTIONS



Defining the Work That Needs To Be Done

SUGGESTIONS TO BRING FOCUS AND STRATEGICALLY MOVE FORWARD

1. Agree on a **shared vision and guiding principles** for a more integrated, effective and consistent community response to domestic violence;
2. Agree on a handful of **big picture priorities** to aggressively pursue over the next three years;
3. Identify **small shifts or changes** within all services or programs that collectively could have a big impact;
4. Establish **memoranda of understanding** between agencies and organizations to clarify relationships and responsibilities; and
5. Develop a **process for annually collecting and reporting on base domestic violence related data** that will provide valuable and ongoing insight into changes, needs and challenges with the community response and a greater level of accountability.

1. Agree on a Shared Vision and Guiding Principles

The Domestic Violence Advisory Council should **seek agreement on a shared vision** of what a truly integrated and consistent community response might look like and the guiding principles that should underpin this response. This step may seem elementary, but articulating a clear vision or picture of the desired response and the beliefs on which the response should be built is fundamental. A shared vision and guiding principles provide the foundation on which all the planning and effort for change would emanate. Having the key stakeholders help develop and buy into the vision and guiding principles is critical. Without a shared vision and guiding principles in place, stakeholders may be working under, different and, perhaps conflicting, assumptions about what having an integrated and consistent community response really means. The following are **examples** of what a shared vision and guiding principles might look like:

Sample Shared Vision:

Charlotte-Mecklenburg's community response to domestic violence is a holistic one in which:

- *Systems collaborate and hold each other accountable;*
- *Cross discipline problem solving and training is a norm;*
- *Prevention education is focused on, and models healthy, respectful and equal relationships;*
- *Meaningful outcomes exist to promote accountability;*
- *(Fill in the blank)*

Shared principles include such beliefs as:

- *The safety and empowerment of victims and their children is paramount in all aspects of the community response;*
- *Abusive partners must be held accountable for their behavior and actions;*
- *Community education is fundamental to any strategy;*
- *All systems are inclusive and sensitive to cultural, ethnic and lifestyle differences; and*
- *All children deserve to live in homes free of domestic violence.*
- *(Fill in the blank)*

2. Agree on the Big Picture Priorities to Focus on Over the Next Several Years.

Again, there is no conceivable way to take on everything needed to create a more integrated and effective community response. A strategic approach is to identify and pursue a handful of priorities that will have the biggest impact on victim safety and the incidence of domestic violence in Charlotte-Mecklenburg. Based upon conversations that took place with service providers and advocates as part of this assessment, review of previous local reports produced on domestic violence and straw votes taken among service providers at various times, it appears that the following objectives are the most pressing to pursue and the ones that could foster the greatest **systemic change and enhancement**. In the end, these may not be the top priorities selected; however, these suggestions provide a springboard for reaction and discussion among stakeholders. The important thing is to decide on priorities and collectively and intentionally move forward to act on them.

- **Expand Options for Emergency Shelter and Transitional Housing:** Develop a specific implementation plan for creating **more emergency shelter beds** in Charlotte-Mecklenburg, as well as **transitional housing** for victims and their children. Clearly, the 29 beds at the Shelter for Battered Women are not adequate to provide a good front-line crisis response for victims. The lack of transitional accommodations and/or permanent housing for those who leave the shelter is equally distressing. Grave concerns about the lack of shelter beds and transitional housing has been voiced for over ten years now. If plans are not put into place soon to find a new site for the

shelter or establish several shelters throughout the community to augment the current shelter, another ten years will go by without action being taken.

- **Hold BATTERERS More Accountable:** This is a multi-faceted, multi-agency challenge that will require considerable collaboration and time. **Priorities for improving accountability should be identified and worked on incrementally.** For example, the first challenge to take on might be reducing the number of dismissals for protective orders. The second one might be increasing the number of misdemeanor convictions. There doesn't appear to be a need for additional information to verify that these are, in fact, challenges. It is now time to call out the specific dimensions of, and cross-agency protocols and issues relating to each priority challenge and to identify reasonable solutions. Ideally, a detailed audit should be done on each of the response systems relating to batterer accountability. However, this would take a lot of time and money to accomplish. Waiting for such detailed, comprehensive audits to occur before action is taken is not advisable, as they may never come about. Breaking the various systems down into small, manageable pieces may be more feasible and produce results more quickly.
- **Focus on Prevention and Early Intervention with Children and Teens:** Develop a DV prevention/early intervention strategy that outlines a three to five year plan and priorities for **identifying and engaging community partners through which domestic violence protocols and education on healthy relationships can be integrated into existing programs and initiatives.** For example, partnering with DSS to integrate DV prevention/early intervention strategies in the Foster Care program, with Child Care Resources to integrate such strategies into its professional development efforts with childcare providers, with Charlotte-Mecklenburg Schools as part of its character education or other curriculum or with the Mecklenburg County Health Department to integrate prevention strategies as part of its clinics and other outreach programs. Such a strategy should include developing a prevention "toolkit" that includes such tools as DV screening instruments, training videos and other materials and referral information. The reality is that current DV service providers likely will not get substantial increases to expand existing programs for children and teens or to create new programs. Consequently, building partnerships in the community to integrate prevention within existing programs and institutions may be the only means of expanding prevention efforts.
- **Address the Need for More Culturally Competent Outreach and Resources:** Develop a proactive strategy for reaching out to immigrant communities and increasing the linguistic and cultural competence of the overall community response to domestic violence. This strategy might identify where the greatest needs are across the system and focus on ways to: 1) engage and educate immigrant victims and potential batterers about the myths and facts about domestic violence in the United States and options that are available to respond to it; 2) effectively recruit and fund bilingual/bicultural staff; 3) augment existing professional resources by recruiting, training and hiring part-time immigrant lay advocates who can work in the communities where immigrants live, and in venues where they frequent, to provide guidance and support; and 4) develop a core of bilingual/bicultural volunteers to support victims and help educate men and women about domestic violence. Seeking input from leaders in the various immigrant communities, and from immigrant victims, will be essential for developing a workable strategy.
- **Increase the Capability of Multi-disciplinary Providers/Professionals to Help Support Victims of Domestic Violence:** Develop a strategy to coordinate and deliver ongoing training and cross-training of service providers and professionals who work or interface with victims of domestic violence. Currently, training efforts are fragmented. Such training should be focused on the service providers and other professionals who regularly work with domestic violence issues, as well as on those who work in mainstream services such as mental health, substance abuse treatment and healthcare. Training should increase providers' knowledge about the dynamics of domestic violence and their skills in identifying, screening, assessing and referring victims. By

broadening the range of providers who have basic knowledge and skills related to domestic violence, the safety net for victims in Charlotte-Mecklenburg will become stronger.

- **Change Prevailing Attitudes About, and Level of Tolerance for, Domestic Violence:** Domestic violence will continue to be an issue in our community so long as it is passively viewed as an unacceptable societal norm. An effective way to elevate the issue of domestic violence with the public, and to send a loud message that domestic violence is not acceptable would be to develop and promote a **“Zero Tolerance” campaign** that is supported and promoted by City and County government leaders, the United Way and other key leaders. The initial objective of such a campaign might be to have **City and County leaders proactively encourage employers to institute DV prevention protocols and policies within their businesses and organizations and to encourage houses of faith to take a more active role in preventing and addressing domestic violence.** There is no need to reinvent the wheel. Ample examples of workplace prevention protocols and policies exist, as do educational materials for clergy and other leaders in houses of faith. To help set a good example, **human resources departments within the City, County and other key organizations should lead the way in adopting DV prevention protocols and policies,** and several key houses of faith should be asked to lead the way in promoting safety for victims and their families and taking a no tolerance stand for abuse in relationships.

3. Identify and Pursue Small Shifts or Changes That Could Have a Big Impact

Sometimes small changes can make a big difference. For example, there might be a form that victims are required to fill out when filing for a protective order that may be impeding their ability to understand and complete it, hence preventing them from seeking an order. Or, police officers may be dealing with a particular protocol that is affecting their ability to collect evidence that could better support cases in court. Or the Shelter for Battered Women might get a small grant from a communications company to add a dedicated telephone line for the crisis hotline.

Those who are working in the various agencies or organizations that address different components of the domestic violence response should be asked across the board to identify one small shift or change they could recommend that would improve efficiency or results in their response component or in the overall community response to DV. Some actions may be “low hanging fruit” and not require additional resources to implement. Other ideas may be more involved and have a small cost. Absent a complete audit of any one response system, this quest for small shifts or changes may generate ideas that could, in the long run, prove beneficial and result in meaningful change, particularly if a number of shifts or small changes are being implemented simultaneously.

4. Establish Memoranda of Understanding (MOUs) Between Agencies/Organizations

A memorandum of understanding is a written agreement that clarifies relationships and responsibilities between two or more organizations or agencies that may share services, clients or resources. Such agreements would be wise for agencies and organizations whose domestic violence related policies and protocols intersect in Charlotte-Mecklenburg. For example, it would be useful to have an MOU between the District Attorney’s Office and Victims Assistance, between the NOVA program and the courts and between Child Protective Services and the Women’s Commission. Memoranda of understanding might address such issues as referrals across agencies, assessment or intake protocols, confidentiality policies, interagency training or processes for resolving conflicts.

Preparing MOUs creates opportunities for organizations to articulate their protocols and policies and to collaborate with others. Memoranda of Understanding also help ensure greater consistency and

reliability in processes. Without MOUs, agencies often come to agreement via handshakes that are only good so long as the people shaking hands are still in their positions within agencies. Having leaders in organizations sign MOUs creates greater accountability within all systems.

5. Collect and Annually Report on DV Related Data

Basic data can and should be collected and synthesized on an annual basis to provide valuable and ongoing insight into the changes, needs and challenges with the community response. Without such information, the stakeholders do not have a good handle on the status of domestic violence and issues that need to be addressed or a genuine understanding of how the collective community response may be progressing. Ideally, an integrated information management system should be put into place. However, it is unlikely that such a sophisticated system will be developed anytime soon. Therefore, a more simplified approach should be taken which would involve: 1) identifying specific data to collect, such as police response and arrest data, number of protective orders filed and granted, number of misdemeanor cases and the outcomes and shelter and housing data; 2) creating expectations and getting agreement from agencies to provide the data by a certain date each year; and 3) developing a simple format for reporting the data that can be easily updated and produced every year. This does not have to be an elaborate process. Even if the end product is only one page, it is one page more than currently exists.

Organizing to Do the Work

Deciding what to do may be the easy part. Figuring out how to get it done is more challenging. There are no resource dedicated to planning and coordinating the community response. Service providers from the various agencies and organizations do the best they can to make connections and bring about changes and improvements in the overall community response. But their efforts are layered on top of the day-to-day work they are charged with doing. And most, if not all providers in the domestic violence field are already stretched to capacity. How then will these suggested next steps or other steps that might be identified get implemented, and what structures could be put in place to help facilitate better planning, coordination and service delivery? Some ideas to consider are:

SUGGESTIONS TO HELP ORGANIZE RESOURCES

1. Establish a domestic violence **community response coordinator** position;
2. Create **task teams** to focus on priorities;
3. Develop **strategic partnerships** in the community to help address and advocate on behalf of priority issues;
4. Explore the possibility of creating a **domestic violence or family violence resource center** in Charlotte-Mecklenburg
5. Seek **technical and research support** from graduate programs at UNC Charlotte, Johnson C. Smith University and Queens University.

1. Establish a Domestic Violence Community Response Coordinator Position

First, there needs to be someone or some entity charged with response-wide planning and coordination. Without this, we can expect much of the same. A domestic violence coordinator position should be created to reach across agency lines and focus on the big picture. There has been some discussion that the DVAC could become a 501(C)3 non-profit and function in this capacity. However, sustaining another non-profit is difficult and not advisable at this point. There has also been mention of creating a DV coordinator position within County government. The downside of this suggestion is that, even with the best intentions, that coordinator would be an employee of the County and would be focused on the County's interests..

A more practical solution would be to create a coordinator position or "office" of DV Coordination that is jointly funded by the County, City and United Family Services. These are the major entities that have the greatest investment in domestic violence intervention and prevention. Certainly other funding should be pursued, but, at a minimum, these key stakeholders should participate. The idea is that with joint funding, the coordinator position would be more neutral and could work on behalf of everyone's interest. Getting a three to five year funding commitment from these organizations is highly suggested to sustain the position.

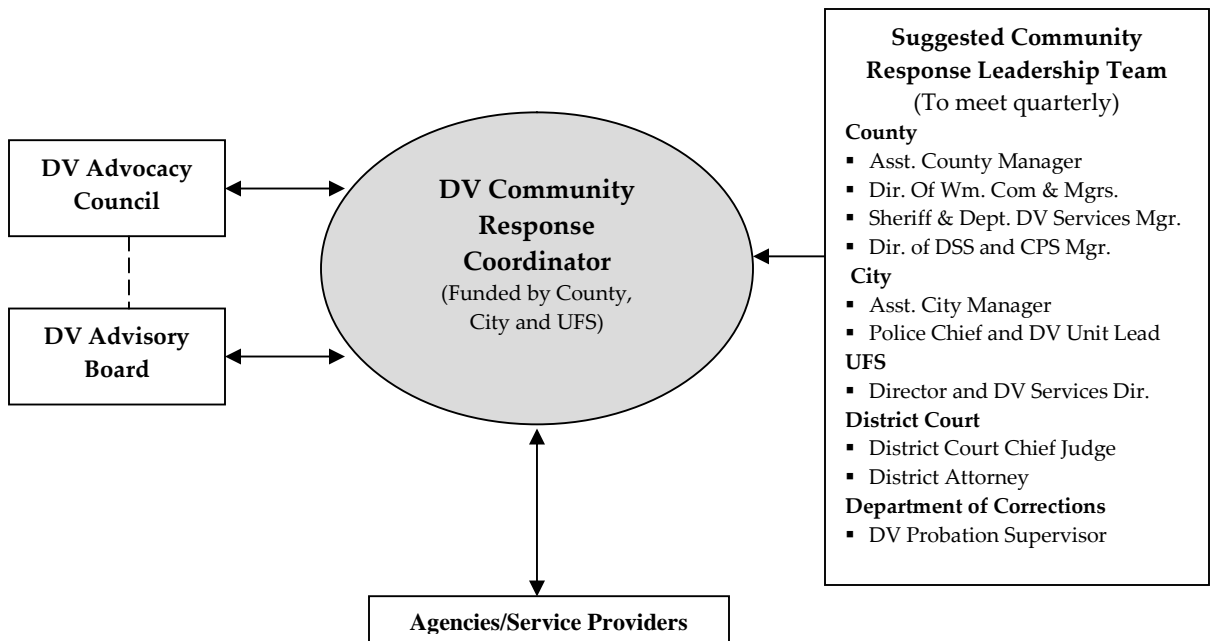
As envisioned, the primary role of this domestic violence coordinator would be to focus on and facilitate big picture planning and coordination across systems with an emphasis on:

- strategy development and implementation
- communication and information sharing across agencies/organizations
- coordination of public outreach and education
- collection and reporting annually of local DV statistics and information
- coordination and promotion of training
- support for the DVAC and the DVAB

Because the above responsibilities could overwhelm any one person, it is suggested that in-kind support from the various participating entities and other organizations be provided. For example, the public education and outreach specialist at the Women’s Commission has been doing a stellar job of acting on behalf of the entire system to develop, coordinate and promote community outreach and educational opportunities. Since he is already doing some of this work, part of his time could be devoted to supporting the coordinator with regard to the public outreach and education piece. Someone else may provide in-kind technical expertise to help develop a data collection and reporting mechanism. Trained facilitators from within City and County government could be tapped to help facilitate problem solving and planning sessions. There is an array of expertise throughout the various agencies and organizations that work with domestic violence issues that could be drawn upon to leverage resources and strengthen coordination efforts.

The other important dimension of the proposed coordinator position would be to establish a leadership team that would provide big picture guidance and support to the coordinator. This leadership team would be composed of top management from each of the key response areas. This group of leaders would meet quarterly with the coordinator. As pointed out in the needs assessment, top leaders in the organizations have typically not come together to discuss mutual interests, challenges and opportunities around issues of domestic violence. The following diagram illustrates the concept of having a DV Community Response Coordinator.

Proposed Community Response Coordination/Leadership Structure



2. Establish Ad Hoc Task Teams To Focus on Priorities

Expecting the proposed coordinator to accomplish all the work that needs to be done to create a more integrated and consistent community response would set that person or entity up for failure. Others will be needed to help tackle issues and projects. If a decision is made to pursue some or all of the next step suggestions made in this report, specific task teams should be established to develop strategies and focus on the various priority objectives. Every effort should be made to engage community members to lead and/or participate on these task teams to relieve some of the burden on service providers and to provide fresh, outside perspective and expertise. The following are suggestions for task teams. Certainly these teams would change if the different priorities are selected. The main idea is to create work teams around the priorities, whatever they are.

Suggested Task Team	Recommendation
Shelter and Housing Task Team	Just because United Family Services currently operates the shelter, it should not bear the full responsibility for developing a strategy to expand the number of shelter beds and create new transitional housing opportunities. It should be a community-wide initiative. A community “champion” should be tapped to lead this team and enlist the support of other community members to focus on this critical priority and develop a funding strategy.
Batterer Accountable Task Team	This should be a multi-disciplinary team composed of representatives from the various criminal justice systems and agencies, Legal Services and/or Legal Services of Southern Piedmont, Victim Assistance and NOVA, as well as representatives from the Women’s Commission. An outside, neutral community representative should be asked to lead this group. The work of the DVAC’s Court Watch subcommittee could be integrated into the work of this task team.
Child/Teen Prevention and Intervention Task Team	The Council for Children has expressed an interest in getting involved in issues around the impact of domestic violence on children. Taking on a leadership role in getting this task team up and running may be a good fit for the Council. The team should include child advocates from a variety of disciplines, as well as community volunteers.
Task Team to Increase Culturally Competent Outreach and Resources	Such a task team could be created as a subgroup of the recently formed Immigrant Survivors of Violence Committee, which brings together bilingual and bicultural service providers and others who work with immigrant victims, or developing a strategy could be a task for the full committee.
Training Collaborative Task Team	Key service providers who regularly do training should come together on this task team. It may also be helpful to include representatives of the organizations that may be the focus of cross-training, such as mental health, public health and substance abuse treatment.
Community Outreach and Education Task Team	The DVAC’s Public Relations Committee has been doing a good job of increasing public awareness of domestic violence with the limited resources it has. This committee could serve as the task team. However, it would be wise to also include community members who are not service providers and who can influence community leaders. This may be an opportunity to involve and/or coordinate with the Domestic Violence Advisory Board.

3. Develop Strategic Partnerships in the Community

Agencies and service providers working on domestic violence issues cannot turn the tide on domestic violence on their own. It will require engaging and working with partners throughout the community. Key organizations that could help maximize the capacity and improve the effectiveness of the current community should be identified and explored. Some possible partnerships that could be pursued or strengthened include:

- Mecklenburg County Health Department
- DSS Foster Care Program
- Area Mental Health
- Substance Abuse Treatment Programs
- Charlotte-Mecklenburg Schools
- Council For Children
- Childcare Resources, Inc.
- YMCA
- YWCA
- City of Charlotte Neighborhood Development Department
- Mecklenburg Ministries
- Latin American Coalition
- Gay and Lesbian Center
- International House
- Bar Association
- Junior League
- Human resource associations
- Neighborhood organizations

4. Explore the Possibility of Creating a Domestic or Family Violence Resource Center

An ideal situation for serving victims and families dealing with domestic violence would be to create a comprehensive resource center where victims and children can come for assistance for a wide range of domestic violence response needs. Communities such as Jacksonville, Minneapolis and Baltimore have such resource centers, several of which also have emergency shelter beds. Rather than go from one place to another to seek different types of services, victims could come to the resource center to handle most of their needs. The crisis hotline could be housed in the center, along with other United Family Services and Women's Commission resources. The center could also have other co-located services such as a CMPD DV unit investigator and counselor, legal assistance, financial counseling and translation services. Training and prevention activities and programs could be provided at the center. If not a physical center, creating a web based resource center or clearinghouse may be an option to explore. Examples of such web based clearinghouses exist in other communities.

5. Seek Technical and Research Support From Area Colleges

Resources at UNC Charlotte, Queens University and Johnson C. Smith University should be tapped to provide technical and research support for domestic violence related projects. Some of these institutions have already been involved, but additional opportunities should be explored. Each of the task teams should identify possible projects that could involve professors and/or graduate students from these schools. For example, graduate students could meet with agencies and organizations to help document policies and protocols. They could participate in court watch efforts and/or help develop a data base and reporting format for response-wide information. There are also opportunities to obtain research grants that may benefit the local response to domestic violence.

VI. Role of Mecklenburg County Government

Current Investment of County Resources

Mecklenburg County is a key player in the community's domestic violence response. It devotes considerable resources for DV programs in a number of critical areas. In review of FY06 County funding, a total of **\$2.1 million** was budgeted for DV specific services and programs. This included:

FY06 County Funding Allocated for DV Programs and Resources	
\$817,113 (38.3%)	for Women's Commission intervention and prevention services;
\$226,265 (10.6%)	for residential services at the Shelter for Battered Women;
\$105,408 (4.9%)	for DV Services at DSS (Note: The DV/CPS social worker position included in this budget amount was realigned in August 2005)
\$555,902 (26.1%)	for law enforcement provided by the Sheriff's Office DV Unit;
\$425,070 (19.9%)	for NOVA
TOTAL: \$2,129,758	

Funding amounts for other County programs that may overlap with DV services, for example Child Protection Services or the CD-CP program, are not included in the DV category per se. However, a portion of these resources addresses domestic violence issues and impacts.

During its FY06 Balanced Scorecard budget process, priorities for program categories were determined based on the investment value for each category. **As a program category, domestic violence was ranked by the Board of Commission as a #3 priority.** In the previous budget year DV was ranked #5 out of 7 (7 being the lowest priority). This elevated ranking indicates that the Commission views domestic violence services as a relatively good investment of public dollars.

Clearly, without the County's continued involvement with DV, the overall community response would suffer tremendously. From all signs, the demand for DV services will likely continue to rise over the next year, all the more reason why County dollars must stay in the resource mix. Concern has been expressed that there may be duplication of resources, particularly relating to counseling services offered by the Women's Commission and UFS's Shelter for Battered Women. While there may be slight overlap in services, it is clear there is more demand than either agency can absorb. The Shelter focuses more on short-term crisis counseling for victims, and the Women's Commission provides longer term counseling support needed to help victims permanently break the victim cycle. They complement one another.

Widely acknowledged tensions that have existed in the past between the Shelter for Battered Women and the Women's Commission have dissipated. The current staff is now working closely together to better coordinate, collaborate and minimize any duplication. The strain that now occurs between the two organizations has to do with capacity issues. When the Shelter is full or the response on the crisis hotline fails, Women's Commission clients may be affected. On the other hand, wait lists at the Women's Commission for longer-term adult and child counseling may have an impact on Shelter clients.

Regarding intervention and prevention for children and teens, the Shelter has limited capacity to provide assistance with its 15 hour a week counselor. The Women's Commission is, in effect, the only "game in town" with regard to counseling kids affected by domestic violence. If the community is serious about reducing the prevalence of domestic violence, the greatest investment of resources would be in stepping up prevention and intervention efforts with children and teens.

On the law enforcement front, the Sheriff's Office DV Unit is necessary to seek out men and/or women for whom protective orders have been issued. In 2004, they served 2,140 orders, representing 94.3% success rate in finding and serving defendants. Considering the fact that some perpetrators flee or hide out, this is a good outcome.

Continued funding of NOVA is also necessary, in particular since House Bill 1534 has stipulated that anyone convicted of a DV misdemeanor who is on supervised probation must attend a certified batterer intervention program. NOVA is the only such program in Mecklenburg County.

Role/Structure of Women's Commission

When commissioning this assessment of domestic violence, the Mecklenburg County Manager's Office asked that the role and structure of the Women's Commission be considered. While the Women's Commission is a critical player in providing much needed domestic violence prevention and intervention services to the community, it has not been on the firmest ground in recent years. Its long-time director left in 2004 and a new director was not named. A very capable counselor on staff was asked to step in to serve as the interim director until this assessment was completed and the County could make a decision about the Commission's future. The interim director recently turned in her resignation and has left the Commission. This loss only exacerbates the state of limbo the agency staff feels. Not knowing what its future is and how it will be led, the agency has not been in a good position to do any longer term strategizing and planning.

In addition, as a result of budget cuts in recent years, the agency has suffered other resource losses that have affected its capacity to provide services, hence the longer waiting periods for counseling appointments. The agency has no administrative support and relies on volunteers to help answer phones and greet clients. The lack of administrative support creates inefficiencies when professional counselors must pick up the administrative slack. It also has an impact on customer service. Cramped space at the Hal Marshall Center also hinders the counselors' ability to serve clients at times, as private offices are sometimes not available.

Several options come to mind in thinking about the future of the Women's Commission and its important work around domestic violence. These include:

A. Keep Women's Commission As It Is

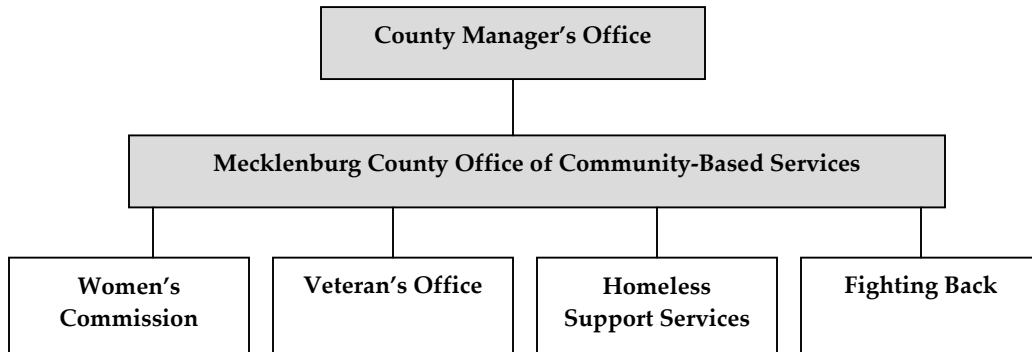
If the Commission remains a stand-alone agency within County government, **it needs a strong leader at the helm to create a vision and plan for the organization.** The agency needs to move out of the treading water mode that has hampered its ability to progress. The talented and dedicated staff members at the Commission need greater assurance that the agency and its good work will continue to be supported. The lack of administrative support and limitations with the current office space should also be considered. Additional budget cuts at the Women's Commission would significantly impact the overall community response to domestic violence and therefore, should be avoided at all costs.

B. Merge Agency into a New County Office of Community-Based Services

Another option to consider is to **make a structural change by moving the Women’s Commission under a newly created “umbrella” Office of Community-Based Services**. One of the concerns about the Women’s Commission remaining a free-standing agency is that it is relatively small in size and as such, may create inefficiencies within County government. It may also be more vulnerable and/or impacted by across the board budget cuts due to its small size. There are other small community-based entities within County government that could also become a part of this umbrella office. Homeless Support Services, which is currently under the Health Department, is one such program. The Veterans Office and Fighting Back are two others. There may be a few other small community-based services that would also logically fit under such an umbrella office. These separate entities would not necessarily need to be located in the same office or building, but could connect at an administrative and support level.

Bringing together these small programs or agencies might create greater efficiencies through shared resources—e.g. for public education and awareness, grant writing, administrative support and/or program evaluation. While each of these entities differs in its programmatic focus, the common thread among them all is that they provide community-based services for unique populations. The following illustrates the idea of establishing an Office of Community-Based Services.

Possible New Structure for Smaller Programs/Agencies within County Government



C. Contract with United Family Services to Operate Women’s Commission Services

A third option would be to merge the Women’s Commission’s domestic violence services with those of United Family Services through a contractual relationship with UFS. In this scenario, UFS would assume management for the full continuum of services, which may result in administrative cost savings to the County. Widely acknowledged throughout the DV network, the relationship between the Women’s Commission and UFS has been somewhat strained in the past. However, with new leadership at both organizations, a significant and positive shift has occurred with this relationship over the past year. The organizations are collaborating more and holding joint retreats to focus on mutual issues and interests and to build trust and understanding. This begins to lay a good foundation for a potential merger. But there are some potential consequences to consider:

- The County would need to provide the same level of funding to ensure that the current services of the Women’s Commission continue. However, the County would not have as much control over the day-to-day operation.
- Non-profit organizations that receive County funds to help operate their programs may be more vulnerable to budget cuts than internal programs. As a result, UFS may be challenged to provide the same level of services, and clients would suffer in the long-run.
- Clearly, there would be political hurdles to overcome. UFS and the Women’s Commission have both been in existence for over 30 years. They have distinct histories, reputations and camps of support. They also have their own boards.
- Merging services potentially reduces choices and portals of entry for clients. Advocates indicate that some women prefer to go to the Shelter for service and others prefer the Women’s Commission.
- Salaries and benefits for professionals working for UFS and the Women’s Commission differ. It may be challenging to address this differential in compensation.
- Through such an agreement, the Women’s Commission services could be co-located at the Family and Children’s Center, which would create more synergy between the organizations and make it easier for clients to access services. Such a move, however, would require additional leasing costs to house the Women’s Commission services.

Other Ideas and Strategies for the County to Consider

Considering the needs, gaps and challenges identified in this assessment, as well as suggestions offered, the County Manager’s Office and/or County Commission should consider the following ideas over the next year or two as part of their role and responsibility in reducing the prevalence of domestic violence in Mecklenburg County. Some of these ideas would not require additional resources.

- Take the lead in bringing together top leaders from agencies/organizations to discuss this assessment and possibilities for creating a more effective and coordinated community response to DV, including the establishment of a jointly funded DV Community Response Coordinator.
- Take the lead in promoting a Zero Tolerance campaign for domestic violence in the community, including calling upon houses of faith to take a larger role in the prevention and intervention of domestic violence.
- Encourage other key organizations and businesses in the community to establish DV workplace policies and protocols. (The County recently established such policies and protocols for its employees.)
- Provide facilitation and planning resources to help the DVAC implement some of the suggestions in this assessment around articulating a shared vision and establishing system-wide priorities.
- Convene a meeting of County department heads to identify opportunities for integrating DV training, screening and other prevention tools into existing programs, services and protocols—

e.g. with the Health Department, Foster Care, Parks and Rec, Mental Health and Substance Abuse programs and MEDIC. Also with CMS.

- Ensure that the County's lobbyist is aware of changes being considered at the State level that may affect DV intervention at the local level, and seek opportunities to promote the strengthening of laws and other legislation that would enhance the ability of the criminal justice system to hold batterers more accountable.
- Continue to press for more State resources for the District Attorney's Office.
- Take the initiative to develop memoranda of understanding for County DV services that overlap with those of other agencies and organizations.
- Evaluate the role of the appointed DVAB to ensure it is providing the most benefit to the community and elected officials and identify any ways it could be strengthened with greater commitment and support from the County.
- Consider waiving the annual \$24,000 rental fee for the Shelter for Battered Women to increase funding for client services.
- Keep an eye on the impact of the loss of the CPS/DV Social Worker to make sure the quality of DV training of and support for CPS workers working on DV cases does not diminish. If it does, reconsider reinstating that position.

VII. Ideas From Other Communities

Mecklenburg County is not alone in its challenge to address issues of domestic violence. Communities across the country are also attempting to deal with the problem. This concluding chapter of the assessment provides a glimpse of some the ideas and practices being implemented in other places. While they might not necessarily be solutions for Mecklenburg County, these ideas and practices offer possibilities to explore and potentially build upon as community stakeholders consider next steps.

Victim Outreach and Support

- **San Diego Family Justice Center:** This center opened in 2002 and has brought together victim advocates, police officers, prosecutors, probation officers, civil attorneys, counselors, doctors and others in one location. Those housed at the center provide a variety of services including legal assistance, counseling, safety planning, medical examinations, chaplain assistance, transportation assistance and children services. This is a national model that is being duplicated in other communities across the country.
- **Community Advocacy Program (CAP) in Boston:** This is a collaboration of six community health centers located in Boston that expands health and social services for domestic violence victims. Through the program, a family advocate at each health center provides adult victims with case management services, support groups and referrals to services. The advocate is typically from the community to reflect the culture and language of the population using the clinic. The advocate also works closely with adult and pediatric health providers to ensure DV screening occurs and to provide on-site consultation.
- **Ruth's House in Baltimore:** This is a center for comprehensive DV services, where a staff of 90 provides: 1) emergency shelter, transitional housing, crisis hotline counseling, legal assistance, professional training and community education; 2) support services for women who remain in their home; batterer intervention; and programs for child witness to DV.
- **Fire Station Haven Project in Indianapolis:** Fire stations in the city are used as temporary safe places for victims. All the fire stations are prepared to assist victims 24 hours a day. Law enforcement and Victim Assistance staff respond to the fire houses as needed to assure needs for medical care, safety planning and other types of support are met.
- **Anne Arundel County Maryland Department of Social Services:** The department has multiple interviewers ---e.g. child support caseworkers, eligibility caseworkers, and job counselors—who screen for domestic violence so that women have several opportunities to confide about their DV experience and to be referred to appropriate services.
- **Houston, Texas:** The Women's Commission in Houston is working in collaboration with the local one-stop career center (equivalent to our JobLink System) that has resulted in a DV counselor working full-time in the center, as victims are more likely to talk about DV with this counselor vs. the job case worker.
- **DV/Workforce Partnership in Seattle:** A partnership has been established between New Beginnings (a DV service agency) and TRAC (a vocational and job training agency) through which cross-training and education is provided between DV and vocational training staff. Through this collaboration, DV training is now integrated into job readiness training and longer-term classes. There is collaboration between DV and job training case managers on

individual needs around DV. This work has led to outreach and training on DV with teachers of soft skills throughout the workforce training network in Seattle.

- **San Francisco Multi-Lingual Access Model:** This model revolves around the recruiting of bilingual women in the community to serve as language advocates. They receive 42 hours of training and are paid \$15 an hour to work with staff and clients as a team and provide culturally and linguistically competent support and advocacy for clients. In addition to providing support to service providers, this model provides training for women and job opportunities, as well as expands DV education throughout the different ethnic communities in San Francisco.
- **Women's Economic Development Fund in Saint Louis:** This fund was created to provide financial products to women such as IDAs, micro-loans, grants, etc. to help them stabilize and become more economically self-sufficient and successful.
- **Kansas City Anti-Violence Project:** This non-profit provides information, support referrals, advocacy and other services to Lesbian, Gay, Bi-Sexual and Transgender survivors of violence, including DV. It provides court advocacy, emergency assistance, a DV survivor support group, training and education, a marketing campaign and technical assistance to local service providers. In addition, it focuses on educating the larger community about violence in the LGBT community.
- **DV Initiative for Women in Denver:** This initiative focuses on creating, promoting and supporting viable alternatives for women with disabilities who are victims of DV. It also serves those who have become disabled as a result of DV. As part of this work, a training curriculum and video has been developed for adults with disabilities and service providers who work with them.
- **Mental Health Advocacy Project in Luzerne County, Pa.** Through this project, the local DV service center and the community's behavioral health clinic/hospital worked together to establish policies and procedures that promote screening for DV and provide training to mental health clinicians.
- **City-Wide Hospital Collaborative for Emergency Shelter in Cambridge, Massachusetts:** This is a joint effort between the local police department and the Chamber of Commerce to sponsor a city-wide collaborative in which one of the city's three hospitals is on-call each month to provide shelter to victims who need emergency shelter. This helps fill the gap in shelter beds in Cambridge.
- **ChildNet in Tampa:** ChildNet, founded by Bay Area Legal Services, is a holistic collaboration between Hillsborough County providers of DV services for victims and their families. The goal is to stabilize families and turn them into survivors rather than continuing as victims. The collaborators, including Bay Area Legal Services, the local shelter, the County Child Protective Team, Tampa General Hospital and the University of South Florida to provide legal services, intensive case management and project evaluation.
- **DV Peace Liaisons in Boston:** Civilian outreach workers in the Boston Police Department work in police districts where DV is most prevalent to work with victims by helping them with referrals, ongoing support and safety planning.
- **Security Program in Port St. Lucie Florida:** Police in Port St. Lucie has been working with area businesses to provide security tools for victims. Several local security companies have agreed to donate security systems and other security devices to victims.

- **DV Navigation Hub in Indianapolis:** Through a DV Navigation Helpline, callers are directly connected with area service providers through Indianapolis's 211 one call helpline. DV victims can be immediately linked to information on assistance and resources for such needs as housing, shelter, transportation, childcare, etc.
- **Public Health Involvement in Baltimore:** The Baltimore Public Health Department uses DV screening protocols in all of its public health clinics as well as its Healthy Start Program.

Criminal Justice System

- **Specialized Technology:** New York has developed a specialized technology application that allows judges, case managers, district attorneys, probation officers and community partners to have immediate access to information regarding DV cases. This would need to be done at the State level.
- **JUSTIS Project in San Francisco:** A seamless computer system designed to ensure a coordinated database for all departments and agencies within the local criminal justice system. It uses state-of-the art technology to help police, prosecutors, probation officers and others track criminal activity. It provides instant notification to the appropriate departments when a probationer or parolee is involved in a domestic violence incident or any other reported crime.
- **Data System in Tuscon/Pima County Arizona:** They have created a data collection system for monitoring and tracking DV cases from initial contact to the close of the case. This supports greater coordination and exchange of information across agencies and fosters collaboration on making well informed decisions on individual cases.
- **New York City Integrated DV Courts:** This is a "one family-one judge" court designed to respond to the unique nature of DV, which often requires victims and their families to appear before several judges in different courtrooms. One judge handles criminal DV cases and related family issues such as custody, visitation, civil orders and matrimonial actions. By streamlining and centralizing court processes, contradictions in orders are eliminated and victim safety is improved.
- **Priority Prosecution Group in Malden Maine:** This group consists of members of the police department's DV unit, probation, Department of Social Services, the DA's Office, and Victim Assistance. It meets weekly to identify repeat offenders and track them through the system. It also creates the opportunity to exchange information on cases.
- **No "Next Time" Strategy in Boston:** Established to prevent repeat victimization by targeting subjects of protective orders in neighborhoods that are most impacted. Domestic Violence Response Teams (DVRT) have been created and are coordinated through the Boston Police Department to conduct intensive supervision and enforcement with subjects on probation, parole, wanted on outstanding arrests, possessing firearms or who have violent criminal backgrounds. The team targets these subjects for apprehension, enforcement and control efforts. The DVRT teams are comprised of representatives from the police department, probation office, parole board and the DA's Office.
- **Family Violence Intervention Unit in Fairfield County Connecticut:** This unit is comprised of prosecutors, family relations counselors, victim advocates and family violence educators. Its purpose is to collaboratively determine the appropriate judicial response to hold offenders accountable and helps keep victims safe.

- **District Court DV Coordinator in Palm Beach County Florida:** This coordinator monitors all court-ordered defendants, provides DV training for judges and court staff and acts as a liaison between the courts and the batterer intervention programs.
- **Model DV Intervention System:** Developed by the Minnesota Center Against Violence and abuse, this model addresses effective law enforcement, victim witness services, prosecution, legal advocacy, judicial practice and probation and parole activities. It can be adapted to use in any community.
- **Criminal Justice, Legal and Judicial Systems: Model DV Policies for Counties:** Prepared by the New York State Office for the Prevention of DV, this publication focuses on coordinated responses in communities and offers best practices from New York counties, a state-wide task force and experts in the DV field.
- **Language Line Program in New York City:** Through this program, all police officers have direct and instant access to language interpreters 24 hours a day. Dual handset phones are provided to each police precincts with access to interpreters in 150 languages.

Prevention:

- **Cradle to Classroom Program in Chicago:** This is a collaborative initiative between the Chicago Public Schools, the county health department, area hospitals and agencies that serve pregnant and parenting teens. It focuses on helping pregnant or parenting teens develop parenting skills and offers counseling for new mothers on domestic violence, as well as provides access to prenatal, nutritional, medical and social services.
- **Coaching Boys to Men Program:** Developed in collaboration with the Family Violence Prevention Fund and the Sports Leadership Institute, this national campaign incorporates domestic violence education into programming of coaches and sports training to reinforce violence-free communities within the context of sports. Local communities are encouraged to use the Coaching Boys to Men Playbook in public schools, YMCA's and other places where coaches work with boys and can have positive influence over them. The Playbook provides guidance on how to encourage boys to have healthy, non-violent relationships.
- **Children's Domestic Violence/Mental Health Project in Kings County (Seattle), Washington:** This is a network of children's therapists and DV advocates organized and managed by the Kings County Community Services Division. The original objectives of the program were to: 1) develop protocols for children's mental health and domestic violence victim services; 2) increase the capacity of staff in the programs to better meet the needs of children affected by domestic violence; and 3) encourage collaboration across fields. The group meets monthly. Since the group started meeting in 1995, they have produced an internal consultation list of network members who agree to provide informal consultation, and they provide multiple in-service training opportunities.
- **Preparing Our Sons for Manhood Program in Mississippi:** This is a male mentoring program that works through churches and schools. It focuses on the prevention of child sexual abuse and dating violence in the African American community. It was started by a local African American sorority.
- **DV Prevention Coordination Unit in El Paso Texas:** Through this Unit DV prevention training is developed and taught to diverse groups. The unit first examines how agencies address DV and identify ways they can help focus on prevention of DV. This unit operates through the El Paso Police Department.

- **Prevention Efforts with Young Parents:** North Central Bronx Hospital, in collaboration with the New York City Mayor’s Office to Combat Domestic Violence and the Department of Health and Mental Hygiene, has developed a model pilot program to help prevent domestic violence and child abuse. Separate parenting classes for young mothers and fathers have been held in the hospital in the participants’ primary language. The classes cover topics such as healthy relationships, the effects of abuse on children, well-baby information, and parenting skills.
- **Clinical Consultation Program:** In 2002, the New York City Administration for Child Services (ACS) launched the Clinical Consultation Program, which places 12 domestic violence coordinators in ACS child protective field offices throughout the City. These consultants work as part of a multidisciplinary team which also includes mental health and substance abuse specialists and a team coordinator. The domestic violence consultants provide case-specific consultation, office-based training, and assistance with referrals for community based resources.
- **Safe from the Start Program in Johnson County Kansas:** This initiative addresses the co-occurrence of DV and child maltreatment. Representatives from the district court, Department of Social Services, Sexual Assault agencies and court services are the leaders in this collaborative project. Through this collaborative, a screening tool has been developed for all child protective services and DV service providers. They have also conducted a series of training sessions for human resource and law enforcement providers and court officials on the relationship of DV and child maltreatment.
- **The Greenbook Initiative:** This federally sponsored initiative looks at effective intervention in DV and child maltreatment cases. It provides a set of responses designed to eliminate or decrease the risks that battered mothers, caseworkers and judges must take on behalf of children. Six demonstration sites were selected to help implement and evaluate various responses in different environments.

Public Awareness and Involvement

- **TV Campaign in Indianapolis:** The Mayor’s Commission on Family Violence sponsored a Safe Haven television campaign to raise more than \$100,000 for transitional housing for victims and their families. This led to the creation of 35 transitional units for victims.
- **“There Is No Room for DV in This Neighborhood” Campaign:** Sponsored by the Chicago Mayors Office of DV, this campaign includes publicity on public transit and radio spots. It also has funded organizers in five targeted neighborhoods to build awareness and help mobilize the community to address DV at the neighborhood level.
- **DV Employer Group in Indianapolis:** The local DV network’s employer group, spearheaded by a local hospital and the Mayor’s Commission on Family Violence, is committed to building collaborative partnerships with area employers. The purpose of this group is to: 1) create “zero tolerance” for DV policies in the workplace; 2) educate employees about DV; 3) provide educational resources; and 4) increase corporate awareness. The group sponsors quarterly workshops that focus on specific workplace procedural training and DV issues that impact the workforce. They have created an Employer Resource Kit as part of their educational materials.

- **Chicago Mayors Office on DV Workforce Efforts:** The Office has undertaken several initiatives to increase the involvement of employers in DV workforce issues. It has:
 - Partnered with Kraft Foods and other large employers to host conferences to engage and educate area employers on how to respond proactively to domestic violence in the workplace;
 - Sponsored a poster campaign that illustrates the impact of DV in the workplace. For example, one poster shows a long line of people in a bank waiting for service. The bank, in the illustration, has posted a sign apologizing for the delay while indicating that one of their tellers was beaten by her husband the night before causing her to miss work;
 - Worked with specific industries in the Chicago area to increase awareness of DV. For example, it has worked with the National Cosmetology Association and several other related organizations to train salon professionals on DV so they can recognize signs and appropriately refer their clients to resources;
 - Created a DV tool kit for employers; and
 - Coordinated with the Chicago DV Helpline to provide information for employers who are dealing with DV issues in the workplace. Employers now have a place to call when they need such information quickly, as the Helpline operates 24 hours a day.

- **DV Training Video for Employers of City of Columbus:** A training video has been developed to educate City employees and their managers on the City's DV policies and protocols.

- **"Strike Out Violence" Day in San Francisco:** Such a day now takes place at one of the San Francisco Giants games each year, creating greater awareness of DV and other forms of violence.

- **Safe Haven Interfaith Partnership Against DV in Boston:** Congregations and lay leaders are provided with the information, skills and relationships with community resource providers to enable them to support victims, hold batterers accountable and improve opportunities for children and teens involved in homes where domestic violence exists. Through the program, area congregations provide safe havens for victims to help keep them safe as they attempt to leave their abusive situations.

- **Baltimore's Spirituality and Victim Services Initiative:** This community initiative is working to create a system of services that links faith-based organizations and victim services in high crime areas. It includes a focus on substance abuse and mental health. The goal is to bring partners together to promote the physical, emotional and spiritual well being of survivors of crime victimization trauma.

- **Symposium on Violence for Philadelphia Faith Leaders:** The Office of Faith Based Initiatives led a symposium on violence reduction for Philadelphia faith leaders.

- **Public Health Campaign in Houston:** A campaign has been initiated that focuses on the prevention of battering during pregnancy.

- **DV-Free Zones in Cambridge, Massachusetts:** The goal of this campaign is to reduce DV through awareness, coordination, the highlighting of DV services and to increase DV training and education in schools. Through the campaign, public service spots have been placed on local television stations to educate the community about the nature of DV and how to seek help. The City has put up DV-Free signs in locations where pedestrian traffic is heavy—e.g.

schools, libraries, shopping centers, bus stops, etc. The signs say, "Cambridge is a DV-Free Zone; Abuse Prevention Laws Will Be Enforced!"

- **DV Awareness in Chula Vista California:** DV informational brochures are placed in women's restrooms and bars within the City. Volunteers help maintain the brochures.
- **"Zero Tolerance" DV Program in El Cajon California:** This program focuses on education of patrol officers in documenting and obtaining evidence, providing motel vouchers for victims, using billboards to increase awareness and implementing a 911 cellular phone program.
- **Men Stopping Violence in Atlanta:** This non-profit organization was established to change the social and institutional structures and individual beliefs at the root of men's violence against women. It offers training and consultation to employers, professional groups and allied anti-oppression groups. It publishes articles on issues of violence against women, advocates for legislative and non-legislative policies as allies of women's advocates; and conducts behavioral change classes for men and males interested in exploring their violent thoughts and behavior.
- **Children's Board of Hillsborough County Florida:** Through a public referendum, the County established a special taxing district for children's services that allows the County to assess property up to \$5 million to use for prevention and early intervention programs, including programs that address domestic violence issues.

Coordination of Community DV Response

- **Community Intervention Projects (CIPs):** Non-profit advocacy organizations that focus on reforming, improving and coordinating the institutional response to DV within communities. They are external to the criminal justice system and rooted in batterer intervention programs. The Duluth Domestic Abuse Intervention Project (DAIP) is the most well known such CIP.
- **Seattle DV and Sexual Assault Prevention Office:** This office guides the City's response to DV through planning, policy and program development, intergovernmental coordination, education and training, consultation and technical assistance, resource development and research. It provides support to the Seattle DV Prevention Council, which includes top level policy makers with the decision making authority to develop and implement city-wide DV strategies.
- **Multnomah County (Portland) DV Coordinator:** The Coordinator, who is jointly funded by the City and County, provides information, coordination, consultation and technical assistance to community groups and organizations that address, or want to address, issues of domestic violence. The Coordinator provides DV consultation to city and county employees and is the staff support for the local Family Violence Prevention Council.
- **Spokane County DV Consortium:** This is a non-profit membership organization that focuses on enhancing and expanding the local coordinated response to DV through outreach, community education, resource development and research, including community surveys on DV. The Consortium has an executive director and three support staff.
- **New York City Office to Combat Domestic Violence:** This office formulates programs and policies; monitors city-wide DV service delivery; works with diverse communities to increase awareness of DV; works closely and coordinates with community leaders, health providers,

city agencies and the criminal justice system. The Office has opened the Family Justice Center, which provides comprehensive services to victims of DV.

- **Tompkins County (Ithica) New York Domestic Violence Prevention Coordinator:** The Coordinator is responsible for the administration, coordination, and implementation of the Domestic Violence Prevention Program in Tompkins County. The program coordinates the community's response to domestic violence, working with law enforcement, victims' services, prosecutors, Department of Social Services, BOCES, Probation Department and health care professionals. The Tompkins County Coalition Against Domestic Violence works with the Domestic Violence Coordinator to provide public information and referral, advocacy, community education and outreach, and training for law enforcement agencies.
- **Coordinated Community Responses in Six Communities:** This was a research project conducted by the Urban Institutes in Washington DC that focuses on the coordinated community response to DV in six diverse communities across the US. It provides an analysis of what is working and what isn't in these communities.
- **Domestic Violence Community Response Team (DV-CRT):** Such teams exist in a number of communities (e.g. Colorado Springs, Grand Rapids Michigan, Sacramento and San Diego). These are multi-disciplinary teams of professionals who work in the field of DV prevention and intervention, law, education, faith and healthcare to reduce and prevent DV through coordination and collaboration and focused case management.

