
Introduction

Background

The Centers for Disease Control and Prevention (CDC) has identified intimate partner violence and sexual assault against women as significant and costly health issues. An estimated 4 million women in the U.S. experience a serious assault by an intimate partner during an average 12-month period (American Psychological Association 1996), and in 1994, 1,370 women were murdered by their husbands or boyfriends (U.S. Department of Justice 1995). Each year vast numbers of women must seek medical treatment for severe injuries such as head and facial injuries, burns, knife wounds, broken bones, spinal injury, internal bleeding, gunshot wounds, breast mutilation, and injuries to sex organs. Not only homicide, but serious injury, neurological damage, and permanent physical disability are outcomes of violence against women (American Psychological Association 1996). Post-traumatic stress disorder, substance abuse, major depression, homelessness, and suicide also may be consequences of a violent partnership (Walker 1984; Browne 1987; Pagelow 1984; Randall 1990; Knockerman and Weitzman 1989; Basic and Rosenberg 1988; D'Ercole and Struening 1990). Studies estimate that between 13 and 25 percent of all U.S. women will experience rape in their lifetimes (Burgess and Holstrom 1979). And intimate partner abuse often is not limited to a woman but may involve her children as well (Walker 1984; Straus and Gelles 1990; Herman and Hirschman 1981).

In addition to the physical and psychological trauma suffered by victims, assaults on women affect the nonvictimized population through fear of crime and restriction of freedom (Davis, Lurigio, and Skogan 1997). The nation as a whole pays an additional price because intimate partner violence and sexual assault exact an economic toll. Annual medical costs and lost productivity resulting from violence against women are estimated at 5 to 10 billion dollars per year (Meyer 1992; Bureau of National Affairs 1990). The reality of women's victimization is a serious societal issue that affects us all.

The CDC is committed to help achieve the *Healthy People 2000* objectives of reducing incidents of violence against women. Responsibility for acting on this commitment falls within the purview of the National Center for Injury Prevention and Control (NCIPC), which has identified five broad goals:

1. To describe and track the problem of violence against women;
2. To demonstrate and evaluate ways to prevent family and intimate partner violence;
3. To support national communication efforts;
4. To support a nationwide network of prevention and support services; and
5. To increase knowledge of the causes and consequences of violence against women.

The study for this inventory was sponsored by NCIPC and conducted by Westat (OMB number 0920-375). Its purpose is to further the goal of supporting a nationwide network of prevention and support services by compiling an inventory of services and funding sources for programs that work to prevent violence against women.

Efforts to prevent domestic violence and sexual assault and to assist survivors began at the grassroots level with women helping other women in their communities. Local domestic violence and sexual assault

programs were developed and eventually joined forces and created coalitions to work on a statewide level to effect social change and marshal resources to aid and protect women. Every state now has a coalition that supports its member domestic violence programs in their efforts to prevent family and intimate violence and assist battered women. Many states have separate coalitions of sexual assault programs, and in some states, a dual coalition works for both types of local programs. More recently, national organizations have been established to facilitate the work of state and local organizations.

Purpose of the Inventory

This inventory contains information requested by representatives of domestic violence organizations who gathered in response to an invitation from the CDC when the project was being designed. They spoke eloquently of the desire to assist one another in the work of preventing violence against women and assisting survivors and the need for more knowledge about other coalitions and better means of communicating with them. Later, input was solicited from those working in the field of sexual assault prevention and services, and they concurred about the kind of information that they and their constituent programs needed.

State coalitions vary widely in size, level of organization, number of member programs, and amounts and sources of funding. Some coalitions have significant visibility and known ability in various areas of interest to other coalitions. Other coalitions may have developed a particular expertise or an unusual and successful means of financing their operations but are less known throughout the field. This inventory will aid the process of communication and sharing of information resources. It will give visibility especially to less well-known coalitions, facilitating the sharing of their expertise. It will allow the identification of services for distinct populations and special projects carried out at the coalition level, so other programs and coalitions can obtain time- and resource-saving advice.

The inventory also provides information about the funding for domestic violence and sexual assault prevention and services during one fiscal year. The reporting year varied widely with January 1994 the beginning of the earliest fiscal year and December 1996 the end of the latest fiscal year. Nearly all respondents were reporting funding for a fiscal year before funds from the Violence Against Women Act (VAWA) became available. Thus, the inventory also gives coalitions and those working in government agencies administering funding for domestic violence and sexual assault an organized means of learning about funding for domestic violence and sexual assault prevention and services across the country and how the funding was used to prevent violence against women and assist victims of intimate and family violence before the allocation of the VAWA funding.

The inventory provides information on both services and funding on a nationwide scale. Coalition directors or local program directors indicated the array of direct services that are provided at the local level. Based on this overview, the availability of services to women can be gauged. At the state coalition level, the inventory describes how, during one fiscal year, funding flowed from public and private sources to the coalition and some of the ways it was used. In addition, information provided by the many state and federal government agencies that administer government funding for domestic violence and sexual assault programs rounds out the picture beyond that which the coalitions alone could provide.

Of practical use to those working in the fields of domestic violence and sexual assault prevention and services, the *Inventory of Services and Funding Sources for Programs Designed to Prevent Violence Against Women*

- permits coalitions and programs with special population needs to identify other programs with similar population and service components;
- shows the operational activities (e.g., services advocacy, public education, etc.) in which coalitions engage and the relative percentage of effort allocated to the various types;
- describes special projects undertaken at the coalition level;
- offers a picture of the federal, state, and nongovernmental funding that was received by the coalitions in the fiscal year for which they reported;
- identifies state government agencies that distribute funds for domestic violence and sexual assault;
- shows the sources and recipients of funds administered by state government agencies;
- allows comparison of direct federal funding versus state-administered federal funding and comparison of state-generated funding from state to state; and
- reveals innovative means of obtaining and using funds.

Study Methodology

This section briefly describes questionnaire development, types of respondents, efforts to build the list of appropriate respondents, and the data collection process.

Questionnaire Development

Gathering the information for an inventory of services and funding that would be as comprehensive as possible required three separate questionnaires to be developed for both domestic violence and sexual assault. Because their operations are similar in general, questions about domestic violence and sexual assault coalitions were analogous, and the survey form was designed in a two-column format with questions about domestic violence funding and services on one side and questions about sexual assault funding and services on the other. It was recognized during pretesting of the survey form that some respondents were unable to report separate funding figures for domestic violence and sexual assault work. In that case, printed instructions directed respondents to answer in the column that corresponded to the majority of their funding.

Questionnaires were developed for

- state coalitions against domestic violence and sexual assault;
- state government agencies that administer funding for domestic violence or sexual assault prevention and services; and
- federal government agencies that administer funding for domestic violence or sexual assault prevention and services.

In order to obtain information about the range of direct services available for women who are victims of domestic violence or sexual assault, coalition directors were asked to answer a limited number of questions about each member program and to indicate on a checklist which of many commonly offered services were

provided by that program. Some local programs are members of both the domestic service and the sexual assault coalitions in their state, and they are included in the reports of the membership of each coalition. State government agency respondents were asked to do the same for local programs that they funded that are not members of the state coalition.

Respondents

The National Resource Center on Domestic Violence (NRC) and the National Alliance of Sexual Assault Coalitions (NASAC) provided lists that included contact information for state coalitions of both domestic violence and sexual assault programs. A partial list of state agencies providing or administering funds for domestic violence and sexual assault was also supplied. During the summer and fall of 1995, prior to data collection, these agencies were contacted to verify that they administered funds for domestic violence and sexual assault prevention and/or services. They were also asked for the names of other agencies in their states that administer such funds. The list of state agencies that was compiled in this manner was supplemented by referrals from state agency and state coalition respondents. Respondents also provided referrals to potential federal respondents. Every attempt was made to contact all appropriate respondents, but it is not certain that every agency administering or providing funding was identified through this referral process. Therefore, there may be omissions in this inventory.

Time Frame for Reporting

Collecting the type of data judged useful by the NCIPC and those working in the fields of domestic violence and sexual assault prevention and services required setting time parameters for reporting funding and operations. The logical time frame was 1 fiscal year. However, fiscal years for government agencies differ from state to state (although most begin on July 1 and end June 30), and fiscal years also differ among coalitions. The fiscal year for the federal government begins October 1 and ends September 30, but grant programs may have different fiscal years. As a result, the reporting period could not be consistent for all study respondents. Nevertheless, in order to achieve some standardization, respondents were asked to report for their most recently completed fiscal year as of the day they received the survey. As noted above, fiscal years reported here range from those beginning in January 1994 to those ending in December 1996.

Survey forms were mailed to state coalitions and to state government agencies in March 1996 and to federal agencies in June. However, some respondents were delayed in answering, and some preferred to wait until their current fiscal year ended before answering for that year. Furthermore, some respondents had completed surveys when the survey was being pretested during the summer and fall of 1995. It would have been too burdensome for these respondents to complete the survey for a more current fiscal year during the standard data collection period. Instead, they were contacted to obtain answers to those few questions that had been added or revised after they had completed the pretest version of the questionnaire. For consistency, they answered for the fiscal year about which they had already reported.

The result is more variance than might be desired in the time period for which the respondents were reporting. Although all respondents were asked for figures and descriptions of operations for their most recently completed fiscal year, that period ranged anywhere from January 1994 to December 1996. This variation existed not only among states, but within states among the coalitions and agencies. This has implications for interpretation of the data. It may not be possible to compare information given by different respondents within a state even about common items.

Data Collection and Verification

Each of the three questionnaires, for state coalitions, state government agencies, and federal agencies, was mailed to appropriate respondents in the spring and summer of 1996. Surveys were mailed to state coalition offices first, on March 8, 1996, and 3 weeks later, on March 29, a mailing to state government agencies was begun. Additional survey forms were mailed to state government agencies that were identified as potential respondents during the data collection process as soon as the name of the agency was brought to our attention. Federal questionnaires were mailed later in the data collection period on June 19. Approximately 3 weeks after the survey was mailed out, prompt calls were placed to respondents from whom completed survey forms had not been received, and duplicate forms were mailed if necessary.

Because the questionnaires were complex and contained many interrelated questions (e.g., funding dollar amounts from different sources had to sum to the totals), all the reported figures were carefully checked. It soon became apparent that significant effort would be needed for data verification and retrieval of missing data following receipt of completed questionnaires. In order to reduce this costly effort and to allow for rounding of amounts by respondents, a discrepancy of \$10,000 between individually reported amounts and the reported total amounts was allowed. Nevertheless, of the 86 coalitions that responded, 70 cases required additional callbacks to obtain accurate information, many more than one time. Approximately the same percentage of state government agency questionnaires were either not fully or not accurately completed initially. Interviewers were specially trained to verify discrepant data and obtain missing data. They were assigned several states each—rather than questionnaires from many states—so that they could, in effect, become experts on a state and be more adept at identifying inconsistencies or other problems to be resolved while the respondent was on the telephone. Also, coalitions were asked to provide information about member programs and the services they offer, and state agencies were asked to provide the same information about local programs that received funding but were not members of a coalition. Gathering complete information on the many local programs was a substantial task. For instance, 17 coalitions reported more than 50 member programs. In order to facilitate obtaining the requested information, individual programs were contacted directly by mail or telephone in some states on approval of the coalition or agency that provided contact information.

Response Rate

The NRC and NASAC contributed to the success of the data collection effort by helping publicize the study among coalition directors and emphasizing the value of the inventory that would be based on the study findings. Eighty-six state coalitions completed the survey. Only two state coalitions declined to participate in the study. However, 10 coalitions agreed to respond only to a pared-down version of the survey that contained just the key items. One hundred and thirty-nine state agencies gave information on the funds administered by their agencies. One state government respondent did not provide information on the domestic violence and/or sexual assault funds administered in that agency. It is also possible that domestic violence or sexual assault prevention and services funding is administered by some agencies that were never identified as potential respondents and, therefore, did not provide information for this inventory.

All of the federal agencies that were positively identified as administering funds for domestic violence and/or sexual assault prevention and services responded to the survey. Despite the excellent response rate of federal agencies, much information about funds for domestic violence and sexual assault cannot be obtained at that level. Some federal dollars given to states for broad purposes are distributed by the states to domestic violence or sexual assault programs, and federal administrators cannot report on the amounts.

Data Analysis and Reporting

Information on the survey forms was coded, and any inconsistencies or omissions were resolved by recontacting the respondent by telephone. The data were then keyed into a data base and independently verified through rekeying. During the process of compiling information on each state for this inventory, the data were verified again. Finally, each respondent received a draft of the section of the chapter in which his or her information was presented, so that he or she could verify the accuracy of the presentation and make any changes desired. All changes that were requested were made.

Information in the inventory is presented on a state-by-state basis, with each chapter having the same format and graphic presentations. However, because funding amounts, the sources of the funds, and entities to which they are distributed vary widely from state to state, the reader should carefully note the labels on the bars rather than assume that similar size bars represent the same numbers. Also, all dollar amounts reported have been rounded to the nearest thousand.

Summary of Findings from State Coalitions

Descriptive Information

Coalitions representing domestic violence and sexual assault programs in nearly every state participated in the inventory. Only two coalitions elected not to provide any information. Of the 86 responding coalitions, 38 identified themselves as domestic violence coalitions, 32 reported they were sexual assault coalitions, and 16 described themselves to be dual domestic violence/sexual assault coalitions. Five of the dual coalitions provided particulars about both domestic violence work and funding and about sexual assault work and funding. One of the 11 dual coalitions that could not provide separate information for the two types of activities and funding reported in the sexual assault coalition column, and the other 10 reported in the domestic violence coalition column. Therefore, information was obtained for 53 coalitions reporting as domestic violence coalitions, although 15 of them identified themselves as dual coalitions, and 38 coalitions reporting as sexual assault coalitions, including 6 that identified themselves as dual coalitions, and references below to either domestic violence or sexual assault coalitions include dual coalitions.

Years of operation and year for which information was reported. Most coalitions have been in operation for 10 years or more. More than three-quarters of domestic violence coalitions were established by 1981, and three-quarters of sexual assault coalitions were established in 1986 or before. The oldest, a sexual assault coalition, was established in 1972, 2 years before the oldest domestic violence coalition. All domestic violence coalitions have been in operation at least since 1994, but two sexual assault coalitions were more recently established, one in 1995 and one in 1996. The majority of domestic violence coalitions were incorporated in 1981 or before; the majority of sexual assault coalitions, in 1983 or before.

Coalitions were asked to report for their most recently completed fiscal year, but allowances were made to accommodate particular requests. The earliest fiscal year, accounted for by two coalitions in this inventory, was January-December 1994. July 1994 to June 1995 was the most common frame of reference, reported by 35 percent of the coalitions. The next most common fiscal year, January 1995-December 1995, was reported by 29 percent. Two coalitions reported for January 1996-December 1996, and one sexual assault coalition provided the only information they had available, that for a fiscal year that began in July 1996.

Staff members. Staff at coalitions ranged widely in number, from 0 to 28, but generally, coalitions operate with small staffs. Twenty-three percent of domestic violence coalitions and 26 percent of sexual assault coalitions had only one full-time-equivalent (FTE) staff member. Three-quarters of domestic violence coalitions had five or fewer FTE staff members, while three-quarters of the sexual assault coalitions had four or fewer FTE staff members.

Operations at the Coalition Level

All coalitions have activities that are undertaken independently from their member programs. Each coalition estimated the percentage of effort expended at the coalition level on six types of work: services advocacy, systems advocacy, statewide planning public awareness/community education, direct services, and administration. Services advocacy work supports the growth and development of community-based domestic violence or sexual assault programs. It may include providing training and/or technical assistance to personnel who provide direct services to victims of violence or it may involve developing standards for local programs. Systems advocacy is focused on effecting policy and/or procedural change in order to improve the institutional response to domestic violence or sexual assault. Developing protocols for legal or medical professionals and working with legislators to change laws are examples of systems advocacy. Statewide planning includes needs assessment and planning to guide the development of future activities to prevent domestic violence or sexual assault and aid victims. Public awareness/community education informs and mobilizes the general public around domestic violence and sexual assault issues, often through education programs designed for specific age groups and providing speakers for community organizations. Direct services are those provided to victims of domestic violence or sexual assault or to their families, friends, or supporters. Administrative activities support the functions of the coalition and include fiscal and programmatic record keeping, staff management, and fundraising. In addition, respondents could specify some type of operation not listed. The level of effort expended by coalitions operations at the coalition level is presented for each state in the individual chapters of the inventory.

When all coalitions are considered together and the large variations among them are subsumed, effort expended by domestic violence and sexual assault coalitions was similarly distributed among the types of operations that were listed in the survey. Overall, the least amount of effort at the coalition level was devoted to direct services (less than 10 percent on average), and a little more than 20 percent on average was allocated to each of services advocacy and systems advocacy. Just slightly smaller overall percentages of effort were reported to have been expended on statewide planning and public awareness/community education. Administration captured more than 10 percent of the coalitions' efforts, and nearly 10 percent was allocated to other types of operations at the coalition level.

Coalitions also reported on the special projects that had been undertaken by them during the fiscal year for which they were reporting. Brief descriptions of each of these projects, the type of coalition work the special project was supporting, and the funding source for the project can be found in the chapter for each state. An index to these special projects can be found at the end of the inventory.

Funding for Coalitions

The amount of funding reported by domestic violence and sexual assault coalitions varied widely. The range for domestic violence coalitions was \$22,000 to nearly \$13 million. Overall, sexual assault

coalitions received less, in amounts ranging from \$250 to \$4 million in one fiscal year. Table 1 shows the percentage of domestic violence coalitions and sexual assault coalitions that reported various levels of funding.

Table 1. Percentage of coalitions reporting various total funding levels in one fiscal year

Total coalition funding	Domestic violence coalitions	Sexual assault coalitions
\$50,000 or less.....	9%	41%
\$50,001-\$100,000.....	27	14
\$100,001-\$200,000.....	19	19
\$200,001-\$300,000.....	13	5
\$300,001-\$400,000.....	6	5
\$400,001-\$500,000.....	10	3
\$500,001 or more.....	17	14

NOTE: Percentages do not total 100 because of rounding.

Variance within the two types of coalitions across states is not surprising given differences such as size of the state, population density, and percentage of urban versus rural areas. The chapters of this inventory give details about funding on a state-by-state basis. Specific amounts reported by the coalitions are not presented; however, for the purpose of comparing from state to state, each coalition is placed within a range into which approximately 25 percent of the cases for that type of coalition fell (exhibit 1). For domestic violence coalitions the quartile ranges are as follows: \$70,000 or less, \$70,001 to \$175,000, \$175,001 to \$425,000, and \$425,001 or more. Because of the differences in funding amounts, a different set of ranges was established for sexual assault coalitions, based on the distribution of funding amounts among them. These were \$7,000 or less, \$7,001 to \$75,000, \$75,001 to \$200,000, and \$200,001 or more.

Exhibit 1. Ranges within which funding amounts for domestic violence prevention and services and sexual assault prevention and services were reported

Domestic violence		Sexual assault	
Quartile		Quartile	
4th	\$425,001 or more	4th	\$200,001 or more
3rd	\$175,001 to \$425,000	3rd	\$75,001 to \$200,000
2nd	\$70,001 to \$175,000	2nd	\$7,001 to \$75,000
1st	\$70,000 or less	1st	\$7,000 or less

Summarizing funding information across states can be misleading due to the variations that were reported. For instance, the relative percentages of federal, state, and private funding are not consistent from state to state or for different types of coalitions, nor is the relative ratio of federal to state money that is administered by state government agencies. Some ranges and averages are presented here, although they should be interpreted cautiously.

One coalition received all of its domestic violence funding directly from the federal government, and one reported no funding for domestic violence prevention and services from the federal government. On average for the country, however, coalitions received nearly half of their domestic violence prevention and services funding directly from the federal government. Almost one-third of domestic violence funding was state-administered federal funding or state-generated funding. The remaining 20 percent was raised from nongovernmental sources such as grants from foundations or corporations, private donations, or dues. About 45 percent of the funding administered by state government agencies for domestic violence prevention and services was, on average, federal funding given to states and then passed on to coalitions.

The picture was quite different for sexual assault coalitions. They reported that direct federal money made up only 10 percent of funding on average; many coalitions reported no direct receipt of federal funding. State-administered or state-generated funding accounted for about 50 percent of sexual assault coalition funding, although some coalitions reported receiving no state-administered funding. However, federal funds made up more than half of the state-administered funding for sexual assault prevention and services, when the nation is considered as a whole, according to the reports of the coalitions. Nongovernmental sources of funding were reported to be about 40 percent of total sexual assault prevention and services funding for coalitions on average.

Local Programs

Each coalition or state government agency was asked to provide information about local programs that assist victims of domestic violence or sexual assault and work to prevent violence against women. Coalitions were asked to provide information about member programs; state agencies were asked about programs that they fund that are not members of a state coalition. Some agencies and coalitions completed this section of the questionnaire for each program they were asked about; others forwarded the survey form to the individual programs or requested that they be contacted directly. Programs for which all information was not obtained by mail were contacted by telephone in an attempt to obtain answers to all of the questions. Nevertheless, only program name and address were obtained for a small percentage of programs, about 1 percent. Researchers were not able to contact most of these programs due to invalid or nonworking telephone numbers. Some of these programs appear from identifying information not to be primarily providers of domestic violence or sexual assault services, although all of them were identified as such either by a state coalition or by a state agency.

Of the 2,279 local programs for which at least identifying information was obtained, 2,062, or 91 percent, were reported to be members of a state coalition. (In presenting summary information for their states, the coalitions estimated a slightly lower percentage of all programs to be coalition members.) Years of membership in a coalition ranged from 1 to 25 as reported by the programs, with an average longevity of 9 years.

Exhibit 2 shows the number and types of local programs in each state.¹ The largest number of local programs, 173, operated in the state of Minnesota; 160 of these programs belonged to one of Minnesota's coalitions. In California, 161 programs operated, and in New York 154 programs were reported. All programs in these two states were coalition members. At the other end of the spectrum, Delaware, the District of Columbia, and Rhode Island served their populations with seven or fewer programs. In 21 states, all reported local programs were members of a state coalition; in most other states, 6 programs or fewer were reported to have received funding but not to have been members of a coalition. Notable exceptions to this were Arizona, Illinois, Massachusetts, and Nevada with 20 or more such programs in each state.

In all, more than twice as many programs were identified to be domestic violence programs than were classified as sexual assault programs (926 versus 393), and 923 programs were declared to be dual domestic violence/sexual assault programs. The proportions were about the same for programs that were not members of a state coalition as for those that were members. Although varying widely for individual programs, on average, domestic violence services appropriated about 70 percent of the efforts of dual programs that are members of a coalition and about half of the efforts of programs that are not members of a coalition.

Information about evaluations was requested for each program. Respondents could indicate whether the program had been evaluated in the past fiscal year by a state agency, the coalition office or peers, or an outside auditor. Of those programs who reported evaluations that were conducted during their most recently completed fiscal year, about 70 percent had been evaluated by a state agency and a similar percentage had been evaluated by an outside auditor. Evaluation by the coalition or peers was less common. For instance, only about one-third of programs that belonged to a coalition and only about 20 percent of other programs had been evaluated by the coalition or by peers.

Funding information was not solicited from local programs. However, as is evident from the reports of state government agencies, presented in the chapters for each state, local programs directly receive a high percentage of funding that is distributed by state government agencies. Most coalitions reported that they do not pass any funding that they garner to their member programs. Overall, 42 percent of domestic violence coalitions and 37 percent of sexual assault programs passed funds to member programs. Specifics are described in the chapter for each state.

Services Provided by Local Programs

An extensive checklist of the domestic violence services and the sexual assault services that are typically offered by local programs was provided to respondents. Some of the services would be more likely to be offered by either a domestic violence or a sexual assault program; some could apply to both types of program. The following are general descriptions of the categories of services listed. However, programs may customize the services they offer to fit the needs of the populations that they serve. The percentages of programs that reported offering the services are also presented in table 2.

¹ In some instances, programs with more than one location were reported. For the purposes of this inventory, each location was counted as a separate program because they would likely serve different populations.

Exhibit 2. Number and type of local programs reported by coalitions and state agencies, by state

State	Domestic violence	Sexual assault	Dual program	Not ascertained	Total	Member of a coalition
Alabama	15	7	2	0	24	24
Alaska	3	1	17	0	21	21
Arizona.....	26	5	20	0	51	28
Arkansas.....	20	4	4	0	28	22
California	69	35	52	5	161	161
Colorado.....	25	9	35	2	71	70
Connecticut.....	14	9	5	0	28	27
Delaware	3	1	0	0	4	4
District of Columbia	3	2	0	0	5	4
Florida.....	26	2	13	0	41	39
Georgia.....	34	10	15	3	62	62
Hawaii	14	5	1	0	20	17
Idaho	6	0	15	1	22	22
Illinois	51	25	18	1	95	68
Indiana	9	11	24	3	47	44
Iowa.....	4	8	25	0	37	37
Kansas.....	5	3	25	0	33	32
Kentucky	14	9	7	0	30	29
Louisiana.....	14	8	7	0	29	29
Maine	10	10	0	0	20	20
Maryland.....	1	8	10	0	19	18
Massachusetts	29	7	27	1	64	44
Michigan	17	0	29	0	46	46
Minnesota.....	86	41	44	2	173	160
Mississippi.....	7	5	6	0	18	18
Missouri	5	1	12	3	21	7
Montana	7	3	23	0	33	33
Nebraska.....	3	0	19	0	22	22
Nevada	20	4	13	2	39	13
New Hampshire.....	2	3	12	1	18	14
New Jersey.....	17	14	11	0	42	42
New Mexico.....	19	19	20	3	61	59
New York.....	69	33	49	3	154	154
North Carolina.....	26	8	52	0	86	86
North Dakota	*	*	25	3	28	19
Ohio	53	18	26	2	99	94
Oklahoma.....	1	2	22	0	25	24
Oregon.....	4	0	1	0	--	+
Pennsylvania.....	27	13	37	0	77	77
Rhode Island.....	6	1	0	0	7	7
South Carolina.....	13	13	5	0	31	27
South Dakota	3	0	31	0	34	34
Tennessee	42	5	8	0	55	42
Texas.....	31	1	39	0	71	65
Utah.....	8	1	7	0	16	10
Vermont	3	2	12	0	17	17
Virginia	29	10	16	0	55	53
Washington	25	11	34	2	72	72
West Virginia	8	6	14	0	28	21
Wisconsin.....	--	--	--	--	--	+
Wyoming.....	*	*	34	0	34	24
Total	926	393	923	37	2,279	2,062

*All programs reported were dual domestic violence/sexual assault programs.

+Member programs were not reported by the coalition.

Independently run domestic violence/sexual assault hotline. Crisis hotlines, usually staffed 24 hours a day, are a core service of many domestic violence and sexual assault programs. Their primary purpose is to provide domestic violence and sexual assault victims or their families and friends with crisis intervention services, information about laws, protections, and options, counseling support, and/or referrals to a wide range of community services. Calls to hotlines are confidential. Crisis hotlines are typically staffed by trained program staff, supplemented by trained volunteers. Programs without the capacity to operate their own hotlines often rely on those operated by other community agencies, such as a hospital or a centralized crisis intervention hotline. Seventy-eight percent of programs offering domestic violence services operated an independent hotline, and 70 percent of programs offering sexual assault services also did.

On-site shelter for abused women and their children. Due to the great danger that is often present in domestic violence cases, 24-hour access to a secure, temporary, emergency shelter is critical. While the vast majority of domestic violence victims will not seek shelter, access to immediate and secure shelter is a matter of life and death for many battered women and their children. If not provided directly by the program through its own shelter facility, emergency shelter for battered women and their children is arranged through "safe houses" or hotels. Emergency shelter for male victims of domestic violence is typically provided through hotels, host homes, or other types of shelter. Most shelter arrangements are short term in duration. Each program has its own screening and intake procedures, which are designed to secure the safety and confidentiality of shelter residents. Two-thirds of individual domestic violence programs reported that they operate an on-site shelter.

Counseling and support programs. Victims of intimate violence, and the people who are close to them, need many kinds of support in order to overcome the consequences of abuse. Programs often provide individual as well as group counseling and peer support to help victims deal with the abuse. Counseling and/or support groups, usually guided by a professional or trained paraprofessional, provide a means for women who are victims of domestic violence and sexual assault to gain a deeper understanding of the abuse they have experienced, to realize that they are not to blame, to recognize that they are not alone, and to develop safety plans to address ongoing risks. Support groups may be targeted to particular populations, for instance, adult women or teenage girls, or they may be organized for people who are close to victims, such as spouses or parents.

One-on-one counseling for victims of sexual assault was provided by 86 percent of programs as part of sexual assault services. Among programs providing domestic violence services, 85 percent conducted support groups for battered women, and 59 percent did so for children who had lived in a situation characterized by family or intimate violence. Other support groups were somewhat less common, depending on the specific population. Seventy-two percent of sexual assault programs offered support groups for adult women, 57 percent for adult survivors of child sexual abuse, and 44 percent for teenage girls. About one-quarter of programs organized secondary support groups for either partners and spouses or for parents, and 19 percent ran groups for male victims of sexual assault.

Advocacy services. Many abuse victims are unaware of their legal options or the services or support available to them in the community. Others have difficulty accessing these services or protections because of the trauma they have experienced, language barriers, or institutional insensitivity or bias. Domestic violence and sexual assault advocates assist abuse victims in identifying their needs and desired outcomes, provide information on how the legal system works—its rules, structures, and procedures, as well as its limitations—offer key moral support around a multiplicity of legal and extra-legal issues, assist in the development and implementation of safety plans, and identify other options or advocates when strategies fail. Some advocates work primarily on legal system issues; others focus on housing, economic, medical, social services, and other areas in which a victim may have critical concerns and needs. Medical advocacy and legal advocacy can also include situating trained advocates in emergency rooms and courthouses to provide services to victims in crisis situations and over the longer term.

Eighty-six percent of programs offering sexual assault services provided adult accompaniment and advocacy, and 71 percent provided child accompaniment and advocacy. Legal advocacy programs are also common, offered by 82 percent of domestic violence programs and 77 percent of sexual assault programs. Somewhat less common are medical advocacy programs; they were reported to be part of 72 percent of programs with sexual assault services and 53 percent of programs with domestic violence services.

Prevention/risk reduction and education programs. Many domestic violence and sexual assault programs provided public education and prevention services. The focus and goal of these services vary but can be classified in several general categories, including prevention/risk reduction, community education programs, and school based education programs. Prevention/risk reduction services are more commonly found as a component of sexual assault programs; they assist in reducing the risk of sexual violence. Community education programs, including speakers bureaus, are designed to raise general understanding of domestic violence and sexual assault and its impact on individuals, families, and the society, as well as to mobilize community members to engage in intervention and prevention work. Programs in primary, secondary, and postsecondary schools educate students about abuse, prevention strategies, and services.

Arranging community education programs and providing speakers was undertaken by 88 percent of sexual assault programs and 92 percent of domestic violence programs. Seventy-nine percent of programs that provide sexual assault services reported that they present prevention/risk reduction programs for prekindergarten through 12th grade students, and 67 percent provided such programs in colleges or universities. Among programs that offered domestic violence services, 74 percent mounted education programs in kindergarten through 12th grade, and 56 percent offered education programs in colleges and universities.

Training for professionals. A priority for many domestic violence and sexual assault programs was training professionals who come into contact with victims, including police officers, emergency medical personnel, lawyers and judges, as well as a wide range of social service and other professionals. Training programs provide professionals with valuable information on how to respond appropriately to protect the victim and to hold offenders accountable. It is largely due to the efforts of these programs that the attitude and behavior of professionals has altered toward victims of domestic violence and sexual assault over the last 20 years. The importance of this training is reflected in the percentage of programs that provide it. Eighty-six percent of programs offering domestic violence and 85 percent of programs offering sexual assault services provide training for professionals.

Transitional/second-stage housing. Victims of domestic violence may seek emergency shelter provided by or arranged for by a local program. These arrangements are intended to be short term; however, it is often the case that victims who have limited means of economic support for themselves or their children or have been particularly traumatized by the abuse need more extensive support to live independently. Transitional or second-stage housing is the provision of temporary, but usually longer term, housing in which women and their children can live relatively independently but still receive services tailored to their circumstance. Typically, transitional housing is provided in separate apartments; the rent may be subsidized, giving women the opportunity to live an independent family life before they have gained sufficient economic security to fully provide for themselves and their children. Usually some social services such as job skills training, day care for children, and peer- or counselor-led support groups are provided. Twenty-two percent of programs offering domestic violence services provided transitional housing for battered women and their children.

Technical assistance. Many domestic violence and sexual assault programs provide technical assistance to other community organizations and professionals on the design, implementation, and evaluation of services to victims. This might include curriculum development, program design, training of trainees, referrals

review, etc. Sixty-three percent of programs with sexual assault services indicated that they provide technical assistance. It was not on the checklist of domestic violence services.

Treatment/rehabilitation programs. Offered by relatively few programs, 25 percent of those with domestic violence services, and 6 percent of those with sexual assault services, treatment or rehabilitation services for offenders devoted efforts to preventing domestic violence or sexual assault by changing the behavior of the aggressors. Programs may provide batterers or sexual offenders individual counseling, group counseling, support groups, or a combination thereof.

Summary. Table 2 summarizes the percentage of programs providing services listed for this inventory. The percentages are based upon the programs that were identified as domestic violence, sexual assault, or dual programs; for some programs, the information about a particular service or services was not ascertained. With few exceptions, the services deemed important to provide to victims of family and intimate violence were offered by a majority of domestic violence and sexual assault local programs. Services most likely to be offered by programs with domestic violence services were community education, training for professionals, and support groups for women; the greatest percentage of programs with sexual assault services provided community education, adult accompaniment and advocacy, and one-on-one counseling. Sixty-seven percent of domestic violence programs operated an onsite shelter for battered women; many more, particularly those in rural areas, commented that they provided safe houses for women in danger. Information about other services specified by programs is available in the chapters that present the findings on a state-by-state basis.

Table 2. Percentage of programs offering domestic violence services (N=1,886) and offering sexual assault services (N=1,353) that reported offering specific services

Service	Programs offering domestic violence services	Programs offering sexual assault services
Independent hotline	78%	70%
Onsite shelter	67	NA
One-on-one counseling.....	NA	86
Support group for adult women.....	85	72
Support group for teenage girls	NA	44
Support group for male victims	NA	19
Support group for adult survivors of child sexual abuse	NA	57
Secondary support group for partners.....	NA	27
Secondary support group for parents.....	NA	26
Support program for children	59	NA
Services for non-sheltered children	56	NA
Adult accompaniment and advocacy	NA	86
Child accompaniment and advocacy.....	NA	71
Legal advocacy	82	77
Medical advocacy	53	72
Education programs--preK-12	74	79
Education programs--college.....	56	67
Community education/speakers.....	92	88
Training for professionals	86	85
Technical assistance.....	NA	63
Transitional housing.....	22	NA
Treatment programs for batterers/offenders	25	6

NA = not applicable.

Summary of Findings from State Government Agencies

Descriptive Information

With only one agency declining to participate, 139 state government agencies responded to the survey for this inventory. At least one agency respondent represented each state; the maximum was seven in Oregon. In most states, two or three agencies provided information. Nearly two-thirds of the responding agencies administered funding for both domestic violence and sexual assault prevention and services, and almost 70 percent of them were able to report separately on the two kinds of funding. All but one of the agencies that could not separate funding amounts reported their information as domestic violence funding. So in all, information was gathered about state-administered federal funding or state-generated funding for domestic violence prevention and services from 120 agencies, and about sexual assault funding, from 82 state agencies.

As with the coalitions, state government agencies were asked to report for their most recently completed fiscal year, but that year varied. Most agencies (77 reporting for domestic violence and 49 reporting for sexual assault) reported about FY July 1994-June 1995. The next most frequently reported year was October 1994-September 1995 (FY95), named by 15 agencies reporting for domestic violence funding and 21 agencies reporting for sexual assault funding. Only one agency reported for January 1994-December 1994, the earliest time period included. Some funding for domestic violence and sexual assault prevention and services was reported by one agency for FY October 1995-September 1996, the latest year for which data were reported. Therefore, funding amounts reported by nearly all agencies did not include VAWA money.

Funding Administered by State Agencies

Types of funding. Agencies in nearly all of the states reported that they administered funding for both domestic violence prevention and services and for sexual assault prevention and services during their most recently completed fiscal year. In Idaho, no state agency reported administering either federal or state funding for domestic violence prevention and services, and in four states, Alaska, Alabama, South Dakota, and Wyoming, no agency reported administering federal or state funding for sexual assault prevention and services. It may be that there are government funds granted in those states that are administered by an agency that was not identified for this survey or that some funds are utilized entirely within the agency.

In nearly all states in which federal funding was reported for domestic violence work, state funding was also reported. The exceptions were Arkansas, District of Columbia, Delaware, and Rhode Island, states in which agencies reported administering only federal monies for domestic violence prevention and services. The analogous situation occurred for sexual assault prevention and services in 17 states. Federal funding, but not state funding, was reported for sexual assault work in Arkansas, Delaware, Florida, Idaho, Indiana, Kansas, Louisiana, Michigan, Mississippi, Montana, North Dakota, Nebraska, New Mexico, Rhode Island, Tennessee, Utah, and West Virginia.

Funding amounts. The funding picture for both domestic violence prevention and services and sexual assault prevention and services changed from state to state. Total governmental funding for domestic violence ranged from \$140,000 to \$30,406,000 with an average amount across all states of about

\$4,078,000. In half of the states, total domestic violence funding was reported at \$2,553,000 or below. State-administered funding was reported to be less for sexual assault prevention and services. The amounts for each state ranged from \$18,000 to \$6,394,000, with an average amount of \$1,067,000. However, half of the states reported \$412,000 or less in funding for sexual assault in the fiscal year for which they reported.

Sources of funding administered by the state agencies. Overall, nearly 50 percent of the domestic violence revenue administered by state agencies originated at the federal level. On average, a somewhat higher percentage of state-administered funding for sexual assault than for domestic violence (65 percent) emanated from the federal government. When only state-generated funding is considered, about two-thirds of the monies for domestic violence and for sexual assault were drawn from tax revenues or a state's general fund. Other sources, including marriage or divorce fees and fines for court cases contributed to state-generated funds.

Direct recipients of funding distributed by state agencies. State-administered funding for domestic violence prevention and services or for sexual assault prevention and services was distributed in similar proportions. The largest percentage of each type of funding, slightly more than 50 percent of domestic violence funding and slightly less than 50 percent of sexual assault funding, was distributed directly to local programs. About 10 percent of each type went to state coalitions. Slightly more than one-quarter of the funding for domestic violence and for sexual assault was given to nonprofit organizations other than local domestic violence/sexual assault programs. Some of the funding that was reported by state agencies as going to local nonprofits may actually have been directed to local programs, however, as some respondents combined the two categories. Local governments received 5 percent of domestic violence money and 8 percent of sexual assault money distributed by state agencies. State agencies gave 5 percent or less to other state agencies. The money moving between agencies at the state level may have been reported by both agencies, somewhat inflating the total amount of funding available in a state. A negligible amount, less than 1 percent, went directly to victims of domestic violence or sexual assault.

Summary of Findings from Federal Government Agencies

Descriptive Information

Two federal government agencies, the Department of Health and Human Services (DHHS) and the Department of Justice, distributed the majority of the federal monies earmarked for domestic violence and sexual assault prevention and services. Within DHHS, funding was granted by the Office of Community Services in the Administration on Children and Families and by the Centers for Disease Control and Prevention (CDC). Within the Office of Justice Programs of the Department of Justice, the Office for Victims of Crime and the Violence Against Women Grants Office both contributed funding. Federal funding in the form of an Americorp grant was also provided by an independent federal entity, the Corporation for National Service.

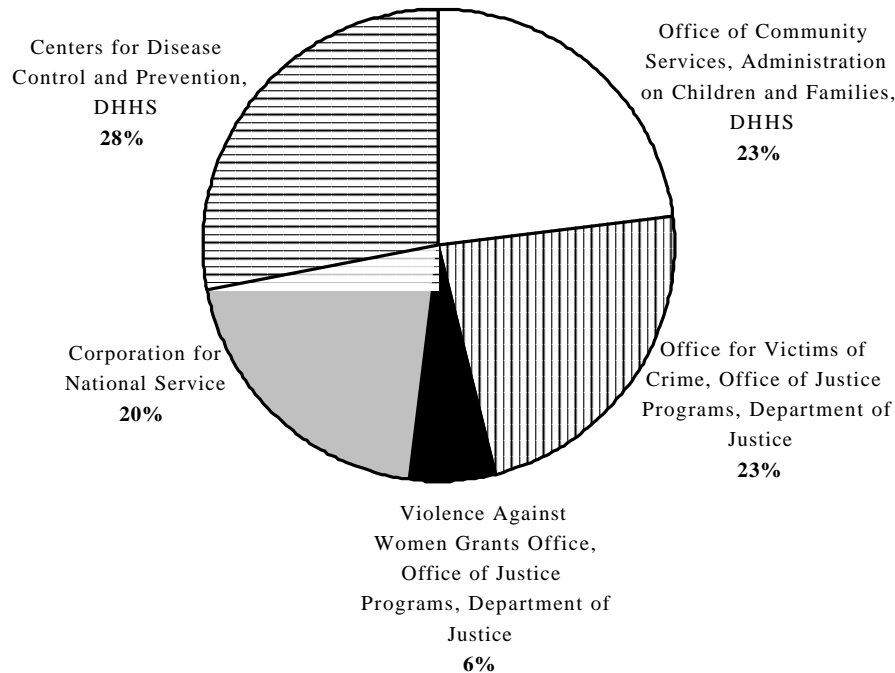
Federal agencies were asked to respond for their most recently completed fiscal year at the time they received the survey in the early summer of 1996. That was October 1994-September 1995 (FY95) and prior to the award of VAWA funds. However, the CDC was identified as a potential respondent after FY95 ended and noted it was responding for FY 96.

According to state coalition and state government agency respondents, other federal money was also used to help stop violence against women and assist victims of that violence. For instance, a portion of funding from the Department of Housing and Urban Development granted to states to provide housing for the homeless may have been used to fund shelters and transitional housing, or funding from the Department of Education under the Drug-Free Schools and Communities Act may have been allocated by states to treatment programs for victims of abuse. It was not possible to obtain information about this funding other than that reported at the state level.

Funding from the Federal Government

The amount of funding for work to prevent violence against women reported by DHHS, Justice, and the Corporation for National Service totaled \$139,759,000. Fifty-one percent of this funding came through DHHS, and 29 percent through the Department of Justice. Twenty percent was contributed by the Corporation for National Service. Figure 1 shows the percentages provided by specific agencies and divisions.

Figure 1. Percentage of domestic violence and sexual assault funding reported by federal agencies, fiscal year 1995



*CDC reported for fiscal year 1996.

Sources of funding. Twenty-one percent of the federal funding to fight violence against women was provided by the Family Violence Prevention and Services Act. This money was distributed through the Administration on Children and Families. Twenty-five percent of federal funding was in the form of Preventive Health Block Grants from the CDC. Twenty-three percent came from the Victims of Crime Act

and 8 percent from the Violence Against Women Act through the Department of Justice, Office of Justice Programs. All of the funding granted by the Corporation for National Service, 20 percent of the total federal funding, was authorized by the National and Community Service Act. The remaining funding reported came from Native American formula grants.

Direct recipients of funding distributed by federal agencies. Overall, state government agencies received the largest percentage of domestic violence and sexual assault funding directly from the federal government. About 85 percent of the total amount in federal funds reported for this inventory went to state agencies. Another 2 percent was granted to Indian tribes. The Corporation for National Service distributed nearly one-third of its funding directly to local programs, accounting for 6 percent of the total. Domestic violence and sexual assault state coalitions received directly approximately 2 percent of the federal funding reported here, and local nonprofits received about 2 percent. The remainder of the federal funds went to other sources such as local government agencies. Other federal agencies, such as the National Institute of Mental Health, provide research grants to colleges and universities. However, this type of funding does not support the work that was under consideration in this inventory, so it was not included.

Organization of the Inventory

The inventory is organized by state in alphabetical order. Each chapter that follows contains information provided by directors of the domestic violence and/or sexual assault coalitions and by representatives of the state government agencies that were identified as administering funding to prevent violence against women. The chapters are similar and contain the same graphic presentations, provided all of the pertinent information was available. As has already been noted, because of the wide variation in sources and distribution of funding within some states, care should be taken when interpreting graphs and charts. The graphs should not be relied on alone; the text contains information that is essential to obtaining an accurate representation of the state. Following the state chapters, an index is also provided for special projects at the coalition level.

References

- American Psychological Association. (1996). *Violence and the Family*. Washington, DC: American Psychological Association.
- Basic, E., and Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. *American Journal of Public Health* 78 (7):783-8.
- Browne, A. (1987). *When Battered Women Kill*. New York: The Free Press.
- Bureau of National Affairs. (1990). *Violence and Stress: The Work/Family Connection*. Special Report #32. Washington, DC.: Bureau of National Affairs.
- Burgess, A.W., and Holstrom, L.L. (1979). *Rape: Crisis and Recovery*. Bowie, MD. Robert J. Brady.
- Davis, R.C., Lurigio, A.J., and Skogan, W.G. (1997). *Victims of Crime*. London: Sage Press.
- D'Ercole, A., and Struening, E. (1990). Victimization among homeless women: Implications for service delivery. *Journal of Community Psychology* 18(2), 141-152.
- Herman, J.L., and Hirschman, L. (1981). Families at risk for father-daughter incest. *American Journal of Psychiatry* 138:967-970.
- Kilpatrick, D.G., Edmunds, C.N., and Seymour, A.K. (1992). *Rape in America: A Report to the Nation*. Arlington, VA: National Victims Center.
- Knickman, J.R., and Weitzman, B.C. (1989). *A Study of Homeless Families in New York City: Risk Assessment Models and Strategies for Prevention*. Final Report: Vol. 1. New York: Human Resources Administration, Health Research Program, New York University.
- Meyer, H. (1992). The billion dollar epidemic. *American Medical News*, 6 January.
- Pagelow, M.D. (1984). *Family Violence*. New York: Prager.
- Paveza, G. (1988). Risk factors in father-daughter child sexual abuse: A case-controlled study. *Journal of Interpersonal Violence* 3(3):290-306.
- Randall, T. (1990). Domestic violence begets other problems of which physicians must be aware to be effective. *Journal of the American Medical Association* 264(8):940-942.
- Straus, M.A., and Gelles, R.J. (1990). How violent are American families? Estimates from the National Family Violence Resurvey and other studies. In M.A. Straus and R.J. Gelles, eds., *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, 95-112. New Brunswick, NJ: Transaction Publishers.
- U.S. Department of Health and Human Services. (1990). *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. DHHS Publication No. (PHS) 91-50212. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Justice. (1995). FBI Final Uniform Crime Report, 1994. [Online]. Available <http://www.getsafe.com/fbi/nfucrpress.html>.
- Walker, L.E. (1984). *The Battered Women's Syndrome*. New York: Singer.
-
-

