

*Domestic Violence  
Focus Group Project Report*



**New Jersey Advisory Council  
on Domestic Violence**

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# **Domestic Violence Focus Group Project Report**

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# **New Jersey Advisory Council on Domestic Violence Focus Group Project Report**

By Judith Hain and Antje Mattheus

## **Introduction**

In fiscal year 2003, the New Jersey Department of Community Affairs, Division on Women, applied for and received a grant on behalf of the Advisory Council on Domestic Violence from the Federal STOP Violence Against Women Formula Grant Program to implement a project consisting of two interrelated subprojects. The first was to plan and execute a series of ten (10) focus groups on domestic violence and produce and distribute a written report regarding what policies, priorities and services are currently needed in the field of domestic violence given current trends and developments. The second subproject was to develop a Statewide Action Plan informed by the focus groups to set the direction of the Advisory Council on Domestic Violence's efforts.

The following report is the culmination of the work related to the first subproject. The primary purpose of this report is to provide a resource on current trends, issues and future directions in the field of domestic violence for policy makers and professional working in the field. In addition to being a stand-alone resource this report is also structured in such a way as to inform the planning session of the Advisory Council scheduled for May 29 and 30, 2003.

## **Background**

Pursuant to the specifications set forth in the Request for Proposal distributed in February 2003, Judith Hain and Associates, consultants in organizational development, in partnership with Antje Mattheus, also an organizational development consultant, submitted a proposal and were successful in obtaining a contract to perform the services specified in the RFP.

As the work described in the specifications was quite extensive, and the timeframe for completing the work abbreviated, the consultants met immediately with members of the Executive Committee of the Advisory Council to develop a plan for accomplishing the work. In concert with the Executive Committee, the consultants developed the six questions that would be addressed in each of the ten focus groups (see attached) and helped to identify the constituencies, which would be included in the focus groups.

The Executive Committee took responsibility for determining who would be invited to each of the focus groups and used their networks to reach out to identify participants from among those individuals who had demonstrated involvement and expertise in the issues related to domestic violence. In March, the focus groups were organized, individuals invited and places and dates scheduled. The focus groups were then held during the months of April and May.

In total, approximately 130 individuals participated in focus groups dedicated to the following constituencies: Survivors of Domestic Violence, the Women of Diversity Task Force of the New

Jersey Coalition for Battered Women, Medical/Healthcare, Education, the New Jersey Coalition for Battered Women, Batterers' Intervention, Social Services, Researchers and the New Jersey Advisory Council on Domestic Violence. Examples of the participants from the constituencies set forth above are provided in the individual focus group reports.

The consultants divided up the focus groups depending upon each of their availability for when the groups were scheduled and relied upon the assistance of a member of the Advisory Council at each focus group session to introduce the session, to take back-up notes, to clarify issues raised by the participants as necessary and to debrief with the consultants at the end of each session. The consultants co-facilitated the focus group with the Advisory Council and no back-up notes were taken so that all members of the Council could freely participate. There was also no Advisory Council representative at the focus group with the Survivors.

Each focus group was conducted in exactly the same fashion. There was an introduction, generally provided by the Advisory Council representative, then the consultant explained to participants what to expect during the session, brief introductions were made by each participant stating their position, their connection to the field of domestic violence, and, often, how long they had been in the field. Newsprint lined the wall, with each of the six questions written across the top of the six sheets, and the consultants facilitated the discussion and recorded participants' responses on the newsprint. At the end of each session, participants were also asked to write answers to two additional questions: (1) "In your opinion, what is the most important issue that was discussed today?" and (2) "Is there anything else that you would like to add that is important for us to know?" These were unsigned, and collected by the consultants. All the material was then typed, analyzed by the consultant who ran the group, and the consultant wrote a report summarizing the focus group session. These individual reports are attached for easy reference.

The consultants stayed in constant contact with one another and the Advisory Council to insure consistency of approach and outcomes. Draft reports were shared with one another and key Advisory Council members as they were written.

### **Analysis**

The data generated in the focus group process is both immense and significant. In an effort to analyze and report it so that it may be used in a meaningful way to inform the second subproject, the consultants determined that the best way to approach the analysis and reporting was to analyze each of the six focus group questions separately. Then the responses to each question were analyzed across the ten focus groups and responses reported in the following three categories: (1) issues and ideas that were most often mentioned (by at least 7 out of 10 groups), (2) issues and ideas that were frequently mentioned (by three to six), and (3) infrequently mentioned, but important issues and ideas (mentioned by one or two groups). Of the latter, we will only list a selected number that we found especially interesting. Many more can be found in the individual focus group reports (see appendices).

This will allow the reader to comprehend what issues, irrespective of which constituency, were cited most often, frequently, or infrequently. For issues specific to focus group constituency, the

most effective means for understanding what was presented is to review the individual focus group report.

As the consultants reviewed all the data gleaned from the ten focus groups, the following information emerged for consideration. It is reported question by question, divided into the three categories for each question.

**Question # 1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

*Most often mentioned issues and ideas:*

Overall, four positive issues were discussed in nearly all focus groups: there has been a tremendous growth and positive change in the field of domestic violence in New Jersey; direct services, including shelters for victims are seen as essential and are now available in every county; positive laws have been enacted and are being utilized to support battered women; and, there has been growth and development among those involved in law enforcement with respect to issues for battered women and their supporters.

With respect to growth and positive change, domestic violence is now in the public's consciousness, being viewed as a crime and a major problem in the life of families. Nearly all focus groups expressed the sense that individuals and groups in the field of domestic violence had accomplished a lot over the last years on nearly all fronts: domestic violence groups, shelters, legal, medical, law enforcement, research, direct services for victims, services for batterers, training of service providers, public education, etc. Domestic violence is now a household word. At the same time, participants were aware that a lot of problems still exist and many more improvements are needed.

With respect to direct services for survivors, shelters are now open 24 hours, seven days a week. It was noted that, at times, there is a shortage of beds; however, most of the time, battered women and their children can find a safe place to stay. Food, housing, financial help, emergency assistance, medical services, support from welfare agencies, and counseling was also mentioned as essential services that are being provided generally across the board.

With respect to the status of relevant law, everyone seemed to agree that the Prevention of Domestic Violence Act (PDVA) has had the most significant impact. Mandatory arrest was praised highly in most groups, though some participants pointed out that in certain circumstances it may lead to the arrest of victims. Mandatory arrest, however, supports the conceptual requisite that domestic violence is a crime. Restraining orders were often cited as another helpful tool to keep survivors safe from batterers.

Finally, support from and collaboration with law enforcement was noted as also having grown in nearly all New Jersey counties. This was reported to be the result of new laws (VAWA, etc), extensive training and outreach. Community crisis teams and liaison officers were also noted as playing an important role in coordinating, hopefully seamless, interventions and services for

survivors.

*Frequently mentioned ideas and issues:*

In looking at the number of times other ideas and issues were mentioned, the following fell into the category of frequently mentioned ideas and issues: domestic violence training, batterer programs, supportive welfare and social service agencies, public education, and collaboration among all intervention and service providers.

Training was seen as a fundamental tool that helps teach service and intervention providers about the complexity of the issues inherent in domestic violence. The 40-hr training and certification was cited as especially helpful in this regard and many groups wanted this training to be mandated for certain groups. Batterer intervention programs were seen as very important for taking some of the pressure and focus off the battered woman and putting it on those who need to change- the batterer. Hope was frequently expressed that these programs would be developed in quantity and quality.

Social welfare agencies were noted to have become alert to the special needs of survivors of domestic violence. They have started to provide safer ways in which to serve clients and have increased their capacity to provide emergency services. Schools and colleges have also started to provide programs that raise the awareness of domestic violence (bullying programs, counseling, conflict resolution programs).

Collaboration was frequently mentioned as a key tool to provide “seamless” services to survivors and to improve the quality of these services and interventions. There were several examples cited in the various focus groups in which service providers meet regularly to coordinate and improve their work.

*Infrequently mentioned, but important to notice:*

While items in this category were only mentioned in one or two groups, the consultants found it important to note them for the consideration. With respect to question #1, the following are the responses we selected to include.

More services are provided to male victims though participants cautioned that this should not distract from the vast majority of survivors who are women nor should this fact contribute to the notion that domestic violence is a gender-neutral issue.

There is more awareness of the need to focus on under-served populations (people of color, immigrants, lesbians, non-English speakers). More staff should be hired to provide “culture-specific” services.

Some men are getting involved in working on domestic violence issues.

Legal advocates are very helpful in supporting victims (more are needed).



There is a rise of community-based programs in marginalized communities.

Several hospitals and healthcare facilities have developed model programs to screen, educate and refer battered women.

**Question # 2: What among these things does not currently work well?**

*Most often mentioned issues and ideas:*

Five issues were discussed by most focus groups: problems with the legal system; exclusion of people of color, non-English speakers, and other “marginalized” groups; lack of, or inconsistent resources and services; lack of funding or inequitable distribution of funds; and, lack of training opportunities or lack of quality training.

While the Legal Focus Group (report # 10) spent much of their time talking about the legal issues, most other groups also mentioned aspects of the legal system that are not working well for battered women. These problems include inconsistent application of the law; uninformed, untrained attorneys, prosecutors and judges; inability to get some judges to grant restraining orders in all appropriate cases; lack of relief for survivors, and lack of enforcement of civil contempt. Despite some good laws and some concerned and helpful police officers, lawyers, judges and prosecutors, many do not feel that battered women are always well protected by the law.

The subject of diversity was extensively discussed by the Women of Diversity Focus Group (see report # 2), but to a certain extent nearly all the other groups focused on diversity issues as well. As in the rest of society, many communities and groups (African Americans, Latinos, various ethnic groups, same-sex couples, non-English speakers, etc. - for a more extensive listing see report # 9, page 4) experience marginalization and exclusion when it comes to issues and services related to domestic violence. This may be reflected in that people of color are not sufficiently hired or often promoted at agencies dealing with domestic violence, or that people of color are seldom appointed to advisory or working groups addressing domestic violence. Clients may experience discrimination, or may be treated as “problematic” by domestic violence service providers. Translation and culture-specific services are often not available. Problems are magnified for people who live hidden from society such as undocumented workers who were noted in many of the focus groups as needing services.

While a lot of progress has been made over the last 20 years, resources and services for battered women still need to be improved. Focus groups discussed that services are often not accessible because other service providers and survivors don’t know about them (such as court-mandated relief). Many welfare programs -- emergency grants and welfare-to-work are time - limited and often don’t help a survivor to become independent. At times shelters don’t have enough beds and can’t support survivors for as long as they may need this help. Some service providers are seen as insensitive to the survivor’s circumstances as well as to her needs.

Funding is an issue for most professions and organizations connected to domestic violence. Poverty is increasing and more demands are being made on the service providers. At the same time, funding is diminishing or is not available to some groups depending on the county in which they are located or the particular service they provide.

Training for intervention and service providers was discussed as working well in many groups, but many groups also focused on the problems connected to domestic violence training. The main issue is that there is not enough of it, which often is connected to the lack of funding provided for training programs, and to lack of time, mandate or interest of “trainees.” Training quality was also seen as inconsistent with standards that do not seem to be consistently applied. Professional, accredited training is especially needed for attorneys, prosecutors, doctors, nurses, therapists and other professionals in contact with survivors of domestic violence.

*Frequently mentioned ideas and issues:*

Frequently mentioned ideas and issues with respect to what is currently not working well were that law enforcement is inconsistent around domestic violence issues; batterers’ programs have certain problems; some issues with shelters; the lack of affordable housing; and, lack of knowledge about and understanding of the complex dynamics of domestic violence among specific service systems. With respect to the law enforcement community, it was noted that many communities do not have operational crisis teams. Police were described as often frustrated in dealing with domestic violence situations because paperwork takes a long time, judges may not cooperate, battered women change their minds and do not press charges, etc. Many police departments were also noted as having inadequate training or knowledge of the dynamics of domestic violence.

Batterers’ programs were specifically discussed in the Batterers’ Intervention Group, but also by a number of other focus groups. Some of the problems noted by participants were that there are insufficient programs for batterers and those that do exist do not conform to a set of commonly accepted standards. Some noted that batterers often have more power and use the legal system more effectively than battered women and that these inequities must be addressed if survivors’ rights and welfare are to be protected.

Shelters are often seen as the cornerstones of domestic violence services, but a good number of groups also discussed their shortcomings, including lack of beds and inconsistently trained employees, especially around diversity issues. Shelters are also not available for “marginalized” groups such as survivors who are mentally ill or transgendered persons.

The lack of affordable housing was lamented in about half of the focus groups. Many battered women are forced to continue living in abusive situations because alternative housing arrangements are non-existent or overcrowded. We have already noted participants’ comments on shelters. Temporary housing is also extremely hard to come by. Long-term housing is not available, especially not to survivors of domestic violence, who for various reasons are more likely to be poor, without work, or otherwise without financial support.

Lack of knowledge and understanding about domestic violence in specific service systems such

as legal, medical, therapeutic, welfare and law enforcement are especially problematic. Domestic violence has complex dynamics and if that is not understood properly, it confounds service providers. For example, battered women may hide that they are subjected to violence and even their own physicians may not know to intervene. Survivors may not want to press charges frustrating police officers who cannot afford to and do not want to “waste their time.” Therapists and judges may not understand that there is typically a primary aggressor, and may treat both partners as equally guilty.

*Infrequently mentioned, but important to notice:*

Though these items were only infrequently mentioned, they hold tremendous power if not properly addressed. First, it was stated that the system is not working for children. Different service agencies have different approaches when children are involved. Children get caught in the middle and suffer terrible consequences. There are not enough services available for them, such as counseling, early intervention in schools, etc.

Poverty is growing. Poverty has a major impact on the survivors of domestic violence. Less resources are available to them (housing, welfare).

Women are brought into New Jersey as slaves (trafficked, sold, bought) or as brides. They are often abused. Many don't speak English. They fall through the cracks.

There is still a lack of public education and understanding about domestic violence. Teachers, parents, neighbors and service providers still may not know how to support survivors or how to help prevent domestic violence.

The mental health system does not always work for survivors. Survivors are blamed and are treated as equally at fault along with the batterer. Mental health services are often not available.

Researchers could help in better defining the parameters of domestic violence so that we may rely more on qualitative measures that more accurately reflect what is going on.

Many medical providers are not equipped to help domestic violence survivors. There is a lack of knowledge about domestic violence, screening processes, and protocols. Connections to domestic violence resources are often lacking.

**Question # 3: Are there societal and/or trends within the field of domestic violence about which those involved in the field or impacted by it should take note in our consideration of future directions ?**

*Most often mentioned issues and ideas:*

The following two major trends were mentioned by most groups: federal, state and local policy shifts; and violence in society is on the increase. Federal, state and local policy changes have affected the availability of resources, especially for poor and low income people (such as Section

8 housing). A number of groups discussed this trend as “an attack on social programs,” which also impacts the availability of funding for programs and resources survivors of domestic violence need and on which they rely. This decline of resources is exacerbated by growing unemployment and the increasing number of survivors with multiple needs.

Violence in society seems to be on an increase. Our culture, especially the youth culture, seems to have a high acceptance for violence. Participants also noted that more women may be reacting to violence with force - this, at times, leads to confusion about who is the primary aggressor in a domestic dispute. There is a need to develop more sensitive criteria to distinguish between one-time violent acts and consistent abuse as well as to distinguish the perpetrator from the victim.

*Frequently mentioned ideas and issues:*

There is a growing awareness of the fact that a good number of communities and social identity groups are excluded or forgotten. A number of focus groups also discussed recent population shifts in New Jersey, including an increase of immigrants from various countries and the lack of services provided to them (and the lack of knowledge of their cultures and attitudes toward domestic violence).

Awareness of the need to focus on batterers is growing. Participants also discussed that batterers are still at an advantage in many points of contact. Batterer programs are not mandated, batterers often have better access to effective attorneys, and often have better financial resources than the victim. At the same time, knowledge about batterers and why they batter is growing. Many participants made the comment that survivors are often forced to return to the batterer, so a focus on what may prevent or remediate domestic violence becomes increasingly critical.

A number of groups discussed a growing pro-male movement and fathers’ rights movement. Some experienced or described this in terms of “backlash” and a rise in sexism. The emphasis on “parent alienation syndrome” was seen as indicative of this trend.

*Infrequently mentioned, but important to notice:*

The following were only mentioned by one or two groups, but the points made are important to consider.

The crisis in the field of medicine has an impact on the ability and willingness of healthcare providers to increase their services for battered women. Lack of funding, understaffing and fear of liability all contribute to medical professionals being unwilling or unable to better support survivors.

Reliance on quantitative data (because that constitutes what we are able to measure) tends to obscure the complex dynamics of domestic violence and leads to exclusion from shelters and other services critical to the battered woman’s health and safety.

The number of new service providers and new experts is growing. A lack of consistent standards for services and understanding of domestic violence can cause harm and confusion.

It was noted that domestic violence cases were difficult to bring to trial with successful outcomes using evidence based prosecution. Juries do not understand when a victim recants. Therefore some prosecutors rely on plea agreements with lesser sanctions and attempt to increase those sanctions when the defendant violates conditions of probation.

It is clear that domestic violence is making an impact on the next generation. Children learn to be victims, and children learn to be aggressors.

The impact of "September 11" can also be felt here. There is more negative focus on immigrants and foreigners, which can cause battered women in those communities to receive even less support and services.

There is a positive shift to more cooperation between DYFS and domestic violence programs. There needs to be a greater awareness that to help the mother is to help the child in more cases than not.

**Question # 4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence ?**

*Most often mentioned issues and ideas:*

There were three subjects that were discussed in most focus groups: the need to have informed and consistent law enforcement and court responses; the need for more and improved training and education; and the need to improve resources, services and programs for survivors of domestic violence.

Improvement of law enforcement and the court system was the focus point of the Legal Focus Group (see report for more detail), but most other groups also discussed needed improvements. Reform of the system would require a multi-faceted approach, including:

- Laws need to be improved. For example, the definition of stalking in the stalking statute needs to be redefined and the Prevention of Domestic Violence Act should include theft.
- Court rules should be improved. An example would be to include a discovery rule for domestic violence proceedings.
- Many groups discussed whether there should be a Domestic Violence Court, or if the criminal court should get more involved. This would insure that prosecutors, judges and lawyers are better informed about domestic violence case law and dynamics as well as the need to protect the confidentiality of the battered woman.
- Make courts more "victim-friendly". Provide information in different languages, have separate waiting rooms for offenders and victims to protect the battered woman's safety. Increase confidentiality by hearing domestic violence cases at a different time than other cases.
- Improve the system response to restraining orders, especially at night, on weekends and

holidays.

- Improve accountability and enforce civil contempt.
- Provide more and better trained lawyers to battered women.
- Hold police accountable for establishing community response teams and for supporting survivors effectively. These expectations need to be backed up with training and funding.

Training and education is an important tool for helping service providers be more effective. Domestic violence has many complexities that, if not understood, can perplex often well-intentioned professionals and volunteers. Training and educational programs were highlighted as necessary for domestic violence services, all levels of the legal system and law enforcement, students and school/university employees, health care professionals, mental health care providers, welfare and social service providers, and clergy. Many groups also stressed that this training must also include cultural sensitivity training and be modified in accordance with the specific needs of those being trained.

Focus group participants expressed hope for improved services and programs that provide the survivor with such necessary things as safe shelter and long-term housing, financial and legal support, health care, support for dependent children, help with employment, etc. These services are necessities that make it possible for the survivor to leave the cycle of violence. To that end, it is essential that service providers collaborate and develop processes that make it easier for the client to make use of the programs and services offered. To provide the necessary resources for programs and services, new funding sources must be identified, existing funding sources need to be evaluated and funds distributed more equitably, and the implementation of existing and new laws must be supported by proper funding, for example, support referrals to programs for batterers, etc.

*Frequently mentioned ideas and issues:*

Participants noted the following areas with frequency: issues related to diversity; services for children; standardization and accountability with respect to services and approaches; issues related to batterers; and better approaches to assessment and research. Within the field of domestic violence, there seems a dearth of sensitivity toward and awareness about diversity issues. It was noted by participants that more service providers should reflect the race, ethnicity and culture of the clients and expand to include traditionally underserved populations such as undocumented workers, non-English speaking people, people with disabilities, the elderly, etc. (See the Women of Diversity Focus Group Report for more details.) Further, opportunities should be provided for women of color currently working in lower paid/lower status jobs within the field of domestic violence for professional development and advancement up the ladder.

Better and more support and services for children were also frequently discussed. Children's rights should be protected and supported. They should be safe and have their basic needs for housing, food, and education met. Early prevention and education about domestic violence was also stressed and it was noted that schools are the only places which touch the preponderance of children's lives. Children who are exposed to domestic violence need help in dealing with that trauma and early intervention is the most likely methodology to succeed and to be the least costly.

Standardization of services and approaches and accountability was discussed quite frequently in the different groups. Because of home rule and because of the lack of unified standards, municipalities, police departments, school districts, and courts address domestic violence with great variability or, it may not even get addressed at all. Frequently service providers, as well as police and courts, are not held accountable for their actions and services. It was noted that judges sometimes act with impunity seeing the same offender over and over and returning him into society with few or no consequences.

Services for batterers need to improve in quality and quantity. It has become critical to treat the batterer for it is to him that the survivor often chooses to, or has to return. Some participants discussed the notion that a “bad” program for batterers is often seen as better than no program. This was a theory the participants flatly rejected.

Various focus groups discussed the need for better assessments with respect to determining who is the batterer, what services are needed, and assessing the degree of safety/violence with respect to child custody, etc. Participants urged more research on the qualitative, complex issues involved in domestic violence and the study of “best practices”.

*Infrequently mentioned, but important to notice:*

Several groups discussed the need to make research data widely available and also suggested that domestic violence criminal statistics be published as required by the Prevention of Domestic Violence Act.

Abuse needs to be defined more appropriately. The legal system needs to become more clear about how a survivor defending herself one time with force is different from the pattern of coercive control or a continuous pattern of emotional/psychological and even physical violence.

Working mothers who are also survivors of domestic violence need safe places for themselves and their children. Daycare at work places was identified to be a good solution. Education for employers about domestic violence was also suggested so that battered women would not suffer additional consequences at work for sustaining violent treatment at home.

Participants noted that survivors should be better informed about their legal rights and legal procedures. Offenders need to be better informed about consequences and then held accountable for their actions.

Mechanisms need to be found to identify problems in the legal system and to develop solutions.

**Question # 5: How can those involved in the field of domestic violence or impacted by it ensure that these needs and priorities will be addressed and the necessary programs created?**

*Most often mentioned issues and ideas:*

Interestingly, most focus groups talked about wanting to stay in touch or to meet again. The networking opportunity afforded by participation in these focus groups to professionals and others in the field of domestic violence or impacted by it opened doors to improved services for survivors, replication of what is working elsewhere, and opportunities for sharing both triumphs and failures, all of which are instructive. A high level of commitment was expressed to improving the field of domestic violence, and participants took comfort from being in the presence of like-minded people who experience similar struggles and concerns. Specifically the batterers program, the healthcare, educators, social services and survivors groups were interested in future meetings with the Advisory Council and/or with each other.

*Frequently mentioned ideas and issues:*

The ideas/issues that were frequently mentioned across all ten focus groups with respect to question #5 were collaboration and inclusiveness; replicate what works; develop mechanisms for accountability, assessment and feedback; become more client-centered; and, training and education. More than half of the groups discussed how collaboration and networking would help insure that the previously discussed needs would be addressed. With respect to the concept of inclusiveness, a number of groups felt outside the “inner circle”. They would like to be more involved in strategizing and planning, perhaps having more connection to the work of the Advisory Council.

Participants noted that research, in addition to the other modifications mentioned earlier, needs to focus on identifying what is working in other counties/states/countries and expanding it. There was also a recommendation to identify best practices.

Participants recognized that all aspects of the domestic violence field need to increase accountability and that uniform standards should be developed for assessment, program development and outcomes, etc.

Participants offered that they need more concentration on clients in terms of listening to what they need, learning about what improvements are necessary etc.

Training and education were again mentioned as important tools to ensure quality services.

*Infrequently mentioned, but important to notice:*

A number of things was mentioned infrequently by participants in all ten focus groups with respect to question #5. The consultants have selected a few which are set forth below for consideration by the Advisory Council.

Service providers should have access to language and cultural education to improve the level of services to underserved populations. A multi-language hot line for battered women should be established.

Economic problems and issues of economic justice need to be addressed to help the survivor.



Expand comfort level of present staff. Help them (mentor them) to be able to work with more diverse populations.

Include batterers' programs and survivors in strategizing and planning. They bring an important voice to the development of public policy in the area of domestic violence.

Get governmental and business leadership involved. Consciousness about domestic violence needs to come from the top. Commissioners need to leverage this report.

Services are very important to the survivors, they need counseling, post-trauma support, safe shelters, and financial help.

Survivors suggested a hotline to report on shelter conditions. This would operate as an evaluation and accountability mechanism.

### **Conclusion**

The richness of the data gathered in the focus groups is evidenced both in the individual focus group reports, and, it is our hope, in the body of this report. It was impossible to include everything that was mentioned in a report designed to be a resource for policy makers and people working in the field of domestic violence, and to provide a summary and some guidance for the Advisory Council as it determines its action plan for the next several years. The reader should note that the answers to questions #4 and #5 are generally reflective of what participants identified in the earlier three questions. Therefore, there may be some repetition in the text. In general, however, we believe that there is an abundance of excellent material here to provide a valuable resource for the Advisory Council, policy makers, domestic violence professionals and others working with victims, batterers and their children.

## **ATTACHMENT**

### **NEW JERSEY ADVISORY COUNCIL ON DOMESTIC VIOLENCE**

#### **QUESTIONS FOR FOCUS GROUP PARTICIPANTS**

1. From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?
2. What among these things does not currently work well?
3. Are there societal trends and/or trends within the field of domestic violence about which those involved in the field or impacted by it should take note in our consideration of future directions?
4. What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?
5. How can those involved in the field of domestic violence or impacted by it insure that these needs and priorities will be addressed and the necessary programs created?
6. Is there anything else you think we should know?

## **APPENDICES**

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group # 1: April 3, 2003  
Representatives of the  
New Jersey Coalition for Battered Women**

**Summary Report  
By Antje Mattheus**

**Background**

The first focus group was attended by 21 participants from member programs of the New Jersey Coalition for Battered Women. The Coalition is a statewide advocacy group for battered women and its members include all full service domestic violence programs in the state. Participants were typically Executive Directors or other supervisory staff of these programs. Also in attendance were Antje Mattheus (consultant and facilitator), and Erica Honeycutt and Courtney Esposito (a member of the Advisory Council), who took notes, helped with set-up, and at the end helped clarify issues and debriefed the session with the facilitator. After a short briefing and introductions the group discussed and answered the focus group questions (set forth below at the beginning of each section). All responses were recorded on newsprint (in addition to the back-up notes taken by Ms. Honeycutt and Ms. Esposito). At the end of the group discussion all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?"

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is represented below. The points made by participants have been categorized by the consultants to support easier reading and analysis of the data. Please note that some of the items could reasonably be placed in several different categories, but we have placed them according to our judgment of where they appropriately belong. Information by participants is not attributed to them by name.

**Summary**

**Question # 1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

A wide variety of subjects were discussed ranging from supportive laws and positive relationships with law-enforcement to the availability of direct services for victims/survivors and training for professionals and volunteers. The following responses were given by participants.

*Laws and Law Enforcement:*

- Laws are good and have the potential to work, especially mandatory arrest.
- Strong partnerships with law enforcement.

*Direct Services:*

- Concrete, practical services and assistance to victims (food, housing, shelter, etc). These services have grown over the years.
- Shelters work well.

*Welfare:*

- Our welfare project is working well for clients.

*Funding:*

- Flexible funding allows us to address changing needs.

*Training:*

- Training has grown, has become more effective and also is being recognized as a field to learn about.
- Training and certification for domestic violence professionals, training for volunteers, and training for professions (law enforcement, medical, judiciary, etc.) are available.

*Inclusion:*

- Hiring staff with the right background to provide culture-specific services.
- We are beginning to recognize those groups we are not serving.

*Other:*

- Record number of batterers is sent to programs.
- Men are joining the movement.
- We have a voice at the table. We are being recognized as experts.
- Education at the federal level was effective and is reflected in federal laws and grants.
- We have made a lot of progress. We are ahead of other countries.

There was a general sense that groups and individuals in the field of domestic violence had accomplished a lot over the last years, but that there was also much more to be done. Feelings of being overwhelmed and being challenged were voiced. One participant stated that the list of positives was so much smaller than the list of negatives and needs. Another person wrote: “In spite of the negative discussions and observations today, please know that we continue to be optimistic, dedicated and committed to addressing domestic violence.”

**Question # 2: What among these things does not currently work well?**

Close to half of the answers to the second question focused on laws and law enforcement, especially the lack of enforcement, implementation and interpretation. Other major themes were the lack of services for batterers, lack of resources and funding, and the problem with shelters. It was noted that many of the positive areas (see previous question) also have counterpoints or sub-areas that do not work well. The following comments by participants summarize the focus group discussion about what is not working well:

#### *Law enforcement:*

- Interpretation of mandatory arrest and identification of the primary aggressor is not working well in that women (who are most often victims) appear to be being arrested instead of or in conjunction with the batterer.
- Some partnerships with law-enforcement are not strong.
- Lack of enforcement of court orders, including financial issues.
- Constant turnover, having to establish new relationships.
- Police see domestic violence as “gender-neutral”. Clarification is needed of who is the abuser.
- Sometimes female judges and female police officers are harsher with victims.
- State police are accountable to no one; this has an impact on domestic violence training.

#### *Judiciary:*

- There is too little training for many of the judges who deal with victims.
- Civil domestic violence restraining order cases are heard in Family Court; judges often start their career in Family Court thereby filling it with inexperienced judges.
- Risk assessment is not working, often does not happen.
- Turnover of judges: having to establish new relationships.
- Judges and prosecutors have political positions. We depend on their quality, or lack of thereof.

#### *Batterers:*

- No resources for record number of batterers.
- Batterer intervention programs have no standards. The length of the program varies, and no one will fund the programs.
- Possible higher percentage of domestic violence among police, clergy and military.

#### *Shelters:*

- Shelters are not perfect. Sometimes we are part of the problem. Employees are not always skilled. Victims are turned away.
- Reliance on rules can become abusive. Time limits for stay are not adequate. There is not enough capacity and space.

#### *Funding:*

- There is competition among agencies for funding. Most funders want to cover costs of starting up new projects but not pay for ongoing projects or general operating costs, like insurance. Programs lose money for older projects.
- Funders want detailed grant reports but do not want to pay the administrative costs of providing such reports.

#### *Other:*

- (Public) resources for clients are limited: not enough moderate income housing (safe, affordable); immigrants cannot get welfare, etc.
- Supervised visitation is not working presenting danger for mother. We need training for volunteers to create a safe place.
- System is not working for kids.

- Not feeling able to hire staff with culture-specific skills; getting and keeping everyone fully trained are difficult tasks.
- Backlash impacts victims in many ways and diverts us from our work of providing shelter and services.

**Question # 3: Are there societal and/or trends within the field of domestic violence about which those involved in the fields or impacted by it should take note in our consideration of future directions?**

A large part of the discussion about trends focused on the (negative) impact of state and federal policies, such as service cuts, going to war, and pro-marriage policies. A variety of other trends were observed, many with negative or challenging impact on the field of domestic violence, and others having both pluses and minuses. The following is a summary of participants' comments:

*Resource and Policy Shifts:*

- State cuts and federal cuts: Less housing is available, less social service money, 63,000 adults are cut off from family care.
- We get referrals for people who have no insurance (no medicare, dental, etc.); Health care costs are skyrocketing. We do not have resources to pay for medical costs of clients without insurance (etc.).
- Some welfare services related to work are being moved to the Department of Labor (they know nothing about the population).
- There is a trend of oppressing the oppressed - women, children and the poor.

*Population Shifts:*

- We are seeing more victims with multi-dimensional problems but there are less resources to address them.
- There are cultural changes, the population changes so much.

*Violence in the Culture:*

- There is a lot of violence in society and younger generations are used to it. Violence is a social norm.
- Impact of war: Violence is acceptable. Violence is institutionalized. We know that when people are trained for war (also in sports) it is hard to make a transition home. War is keeping people distracted from women's issues (conservative agenda).

*Community Crisis Response Teams:*

- Community crisis response teams were viewed as being positive and negative. Positive comments: Ability to meet face to face with victims/survivors when they are more vulnerable. The community is taking responsibility.
- Negative comments: Lack of professional quality of volunteers. Lack of quality control.
- Not enough resources for Community Response Teams.

*Services Are Provided by Many:*

- Now everyone is doing domestic violence work, the positive is that it is a household word;

the negative is that the work is not always supportively done. It is a common topic, but still misunderstood.

- Many different agencies are providing d. v. services, even when they are not focusing primarily on it, which shows awareness, but also brings competition for limited funds.

*Other:*

- Media trivializes incidents.
- Special certification is a trend.
- Men are joining the movement.
- There is a demand to provide the same services to men who are or who claim to be victims and a demand/perception that the issue is gender-neutral.
- Longer intervention services are needed for batterers.
- Quality of risk assessment by courts is deteriorating.
- Immigration issues: Services for immigrants have been drastically reduced.

**Question # 4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

This question about future needs and priorities received a lot of attention during the group discussion and by individuals. Most individual answers (personally recorded by participants) focused on this question. Discussions about providing better services to children, meeting multi-cultural needs, and the needs of diverse populations dominated the discussion. Finding and maintaining more funding also were emphasized.

*Children:*

- Child-centered responses to abuse are needed (protecting children should be the priority - not the reunification of family).
- Reach kids younger: Education about healthy relationships is needed. Prevention work with young children (before experience of domestic violence and after they are witnesses). Make alliances with conflict resolution programs.
- Protect children: No one should be allowed to hit their kids. Create laws to protect children against corporal punishment.
- Children's rights need to be put forward more - beyond parents' rights.
- Educate the system: protection of mothers' rights also means protection of children's rights.
- Continue to coordinate efforts with child protective services and educate them about domestic violence and the need for mothers to stay with children. Have a fairer assessment.

*Ethnic and Racial Inclusion:*

- Our programs need to change to match the needs of victims and the economic, cultural and societal realities of our times. We need heightened awareness of (non-western) cultures. We need more cultural training and to develop more culturally-sensitive approaches.
- We need to change our agencies to meet (intercultural) needs. To achieve this, training and organizational changes are needed.
- Look at all aspects of multi-cultural needs: Counseling, etc. Make distinctions of who people



are and how to respond to them.

- Develop relationships with all service providers and the community to ensure access to all victims of domestic violence.
- More education in communities of color (begin with new groups: churches, pastors, more insulated communities, other ethnic groups).

*Inclusion:*

- Reaching out and being able to meet needs of most vulnerable populations (substance abuse, mental illness, disabilities, etc.) without jeopardizing basic services.
- Do not forget “special populations”. The term itself is problematic in that we tend to think of special needs and populations as different and as groups we will get to when we are able, instead of simply incorporating these needed services into our daily routines.

*Judiciary and Law Enforcement:*

- We need more informed, consistent law enforcement and court response to domestic violence cases.
- Take domestic violence out of “disorderly persons” offenses and require minimum sentences (like drug courts). Establish a Domestic Violence Court with trained, consistent judges and procedures for correct follow-up and enforcement of laws.
- Establish statewide standardized laws and practices. Have laws with “teeth.”

*Funding:*

- Increased funding must be found (for training, staffing, housing, etc.); grow and maintain funding.
- Allocate funding to where the strongest need is.

*Batterers:*

- The New Jersey Coalition for Battered Women should establish standard intervention programs for batterers. Have meaningful consequences with judicial response system for batterer non-compliance. Enforce compliance with custody, child support, etc.

*Other:*

- Change the cultural acceptance of domestic violence.
- Provide services specific to male victims, there are different barriers.
- Focus on prevention.
- Remove economic barriers to independence for women (housing, transportation, medical care, etc.).
- Provide more training for all legal service agencies.

**Question # 5: How can those involved in the field of domestic violence or impacted by it ensure that these needs and priorities will be addressed and the necessary programs created?**

The discussion focused on keeping a strong emphasis on domestic violence services and advocacy (real, legitimate, strong, persistent and visible; “better, more focused services;”

inclusion of more constituencies, etc.), and being in partnerships (coalitions) with racial and economic justice organizations as well as other professions. Group members also discussed how important it is to keep up the spirits in these difficult times. The following statements summarize the verbal discussion and written comments:

*Advocacy Networks:*

- Create partnerships with different professions (medical, legal, mental health, housing, etc.). Advocacy for health care and housing is necessary.
- Be pro-active, integrate racial and economic (etc.) justice work in coalitions. Advocacy networks make it possible for people who support us to be heard.
- Develop a pro-active agenda to integrate economic issues, racial and cultural injustices into the work of state coalitions.
- Partner with NEW collaborators.
- Gain resources and networking contacts through cross-staffing (i.e., domestic violence/substance abuse).
- Involve diverse populations in our solutions: shared problems - shared solutions.
- Have inclusive position statements that stand firmly in what we believe, but take an inclusive tone.

*Keep the Focus:*

- Keep doing what we are doing (advocacy) and change to become open to all; keep domestic violence real, legitimate, visible (not just words). Be creative.
- Take the long view; keep up spirits.
- Institutionalization: We need to institutionalize understanding about domestic violence so we don't have to depend on educating ever changing people.

*Focus on Clients:*

- Listen to victims. We need to listen to people we serve. There are people who do not identify themselves by our labels.
- Find creative ways to give voice to and involve clients without endangering them. Create opportunities for survivors' voices to be heard; listen to their needs.
- Educate clients so they can become advocates themselves.

**Question # 6: Is there anything else you think we should know?**

While participants did not address this question specifically during the discussion, many did record important responses in the last portion of the focus group on their individual sheets of paper.

Participants were asked to write responses to the questions "In your opinion, what is the most important issue that was discussed today?" and "Is there anything else that you would like to add that is important for us to know?" Participants' responses are recorded verbatim on the attached sheet. Some of the statements also are reflected in the previous sections.

## Priorities and Additions

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

As a general topic area – question # 4 was the most important discussion today because we must always keep an eye on the past and present, but look forward and protect the future for our clients and this field.

Most important priority: Reaching out and being able to meet needs of most vulnerable populations (substance abuse, mental illness, disabilities, differences from mainstream victims) without jeopardizing basic services.

The most important thing that was mentioned in my opinion was that we not forget all women or what they call the “special population”. The term “special population” clearly indicates that we are not working to our fullest capacity.

Create opportunities for survivors’ voices to be heard and listen to what they say about their needs and how to make services accessible for them.

In spite of the negative discussions and observations today, please know that we continue to be optimistic, dedicated and committed to addressing domestic violence.

More training and education for all the legal agencies – judges, police, court, etc., and follow-up of the laws, i.e., protection of victims and children.

Statewide standardized implementation of domestic violence laws and practices.

Addressing Women’s Use of Force (this refers to more than the rare woman who uses coercive control) will protect battered women.

Educating and protecting the children, helping to break the future filled with violence for them and their children.

To incorporate more programs, safety and laws or legislation with domestic violence and children. I believe when a batterer abuses, it should be recognized as an assault against children in the home.

Creating laws to protect children against corporate punishment.

Most important – what appears to be a trend of oppressing the oppressed, women, children, and the poor. The need for inclusion, not exclusion.

Remove economic barriers to independence for women (create affordable housing, transportation, medical care, etc.).

Most important current issue is the “backlash” which impacts victims in many ways and diverts us from our work of providing shelter and services.

The most important thing discussed today to me was the issue of funding, allocation of funding to where the strongest need is. This involves community education to keep domestic violence real, in the forefront of the public mind, and accurately conceptualized by those who enforce or provide services. It involves being creative about how we get the word out and partnering with NEW collaborators to gain networking contacts, resources (through cross-staffing,) i.e., substance abuse counselor at domestic violence organization, and domestic violence counselor at substance abuse organization), and funding. It also involves including diverse populations in our solutions – shared problem – shared solution.(inclusive position statements that stand firm about what we believe but that take an inclusive tone, not aggressive, adversarial tone).

The most important need as far as I’m concerned is: more informed, consistent law enforcement, court response to domestic violence cases.

*Some objectives:*

1. Batterer Intervention Program standards established by NJCBW
2. Operation-like standards that have meaningful consequences within judicial response system for batterer non-compliance
3. Enforcement of compliance with custody, child support, etc., orders. Idea of domestic violence courts – this is ideal outcome. There would be trained, understanding judges, consistent response/consequences, etc.

**Question 2: Is there anything else that you would like to add that is important for us to know?**

The children – how to provide for that most vulnerable population while still protecting their vulnerable mom.

How to procure and maintain and grow adequate funding to provide quality to give service to all victims and families affected by domestic violence.

We must educate and make politically aware our clients so that they can not only remain safe but become advocates themselves.

Increased funding must be developed to adequately address the issues of training, staffing, housing, and economic dependence.

Laws with “teeth” – clear mandatory guidelines for implementation in counties.

Domestic violence is a common topic lately, yet it is still misunderstood. Constant work to break myths and change society.

Funding needs to be increased for victims' services.

Longer intervention services for batterers.

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group #2: April 4, 2003  
Women Of Diversity Task Force of the  
New Jersey Coalition for Battered Women**

**Summary Report**

By Judith Hain

**Background**

The second focus group was attended by 20 participants, most of whom were members of the New Jersey Coalition for Battered Women's Women of Diversity Task Force. These members are primarily women of diversity who work in domestic violence programs. Also represented was the Coalition's Battered Lesbian Task Force and members of community groups that service people with disabilities. Also present were Judith Hain (consultant and facilitator) and Anna Trautwein, Advisory Council representative who took notes, helped to clarify issues being discussed and debriefed with the facilitator following the session. After introductions and a briefing by the facilitator, the group discussed and answered the focus group questions (set forth below). All ideas were recorded on newsprint (in addition to the back-up notes taken by Ms. Trautwein). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?" The group's level of participation was very high, and significant information was gathered.

The following is a summary of information gathered through the focus group discussion and individual answers of participants. Each question answered is represented below. The points made by participants have been categorized by the consultants for easier reading and data analysis. Please note that some items reasonably could be placed in several different categories, but we have placed them according to our judgment of where they most appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question #1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

A number of things were discussed as "going well" ranging from current laws to specific programs offered by domestic violence agencies and shelters. The following is a summary.

*Laws and Courts:*

- The Prevention Act includes same sex relationships as of 1991.
- The family violence option is working well.

- Mandatory arrest works well when it is enforced, though some in the focus group offered that mandated arrest is a double-edged sword in that some victims of domestic violence feel that mandatory arrest contributes to increased anger and violence toward them.
- New immigration laws.
- Crime compensation – Victims of Crime Compensation Board.
- Legal liaisons
- Many participants noted the fact that more men are involved as victims but raised the issue that this may detract from the importance of violence perpetrated against women and that, on occasion, men bruised in a struggle with a woman who is defending herself claim to be the victim. These were noted as “not working well”.
- The court mandated “men for peace,” a batterers intervention program in Essex County.

*Training/Programs:*

- The Training Institute as part of the CBW. The DVS certification provides a standard and the 40-hour training is good. It was also noted later in the discussion, however, that there are needed improvements in the training.
- “PALS” Program for Children works well.
- “Project Child” – art therapy program.
- Transitional follow-up program – housing. This also was noted later as needing to be improved/augmented so that victims do not need to return to batterers.
- Hispanic outreach program.

It was clear that many participants were proud of what their programs offered and felt strongly that there are things that are going well. All spoke, however, to the need to improve/enhance even existing positive items.

**Question #2: What among these things does not currently work well?**

There was considerable focus on this particular question and the information provided below will be extremely helpful to the Advisory Council as they determine future directions for work in the area of domestic violence in the Commonwealth. It was in this section of the discussion that participants, in response to the facilitator’s prompting to move the discussion to root causes of some of the issues, began to identify issues related to race/ethnicity. It was particularly important for this group to address these issues because the members know of and experience them firsthand. Once this sensitive issue was opened, participants generously provided information and guidance from their particular perspectives. The insights they provided to this overall process are invaluable, and it is with great appreciation that they are cited below.

*Law Enforcement/Judiciary:*

- As set forth above, mandatory arrest cuts both ways.
- Males are often advised, and do, get a counter-order even before the female victim can obtain an order against the batterer. In this way, the males are able to use the system against women.

- Though the opportunity to obtain a restraining order is good, it is highly problematic when the police do not enforce it. All too often, a victim will call the police saying that the batterer is outside. By the time the police get there, he is gone.
- The stalking law does not work well.
- There was significant discussion of law enforcement officials, including police and judges as a problem. First, they are sometimes perpetrators. Second, they are not held accountable for the problems to which they contribute. For example, the same judge may see the same victim and perpetrator over and over again, yet does nothing to hold the perpetrator accountable.
- Victims need to be protected from the batterers' lawyers in instances where victims do not have an advocate/attorney present. Victims are taken in by offers/threats made by batterers' lawyers when they, themselves, are not represented.
- Courts should provide monetary relief and possession of residence to the victim for non-married persons.
- Domestic violence professionals too often lose sight of the laws they can apply in a particular circumstance and may be taken in (flattered) by being brought into the "inner circle". Must remember their job is to protect the victim.
- The fact that domestic violence cases are heard in Family Court was viewed as a problem, particularly from a confidentiality point of view. Too many opportunities for the victim's personal business to be heard by neighbors, family, friends who may be court employees, etc. Further, with respect to the issue of confidentiality, there was concern about the subpoena of client's files.
- There was also a concern expressed about how the system can help undocumented immigrants in this country who are victims of domestic violence.

*Diversity/Special Needs:*

- There was also considerable and significant discussion about the issues of race/ethnicity within domestic violence providers and how race/ethnicity impacts accessibility for victims. The use of the term "special population" is seen as exclusionary in terms of the services to which someone may have access. There was strong feeling that regardless of special need, all female victims should have the same access. Because there is no standard protocol for intake, a particular victim may be "dumped" from one program into another that is more "suited" to her social class/race/ethnicity. Shelters are identified by race/social class, etc. There is a subtext and little honesty in the system about this. Victims will not speak up about what they perceive as a lack of access or discriminatory treatment because to do so would compromise the little security they are provided. Further, staff who speak up about race issues are branded as "troublemakers". Victims with mental health issues are not well provided for. Further, staff of color are often relegated to the late shifts or serve as hot-line operators and are treated as second class citizens. The changes need to come from the top. Directors and those in power need to behave and signal to others that these issues must change. Standards for the higher-level jobs should be reviewed to determine if they are set too high unnecessarily. Currently, they seem to prevent opportunity for talented staff of color.
- On the issue of "special needs" or culturally diverse victims, all participants strongly agreed that the most important question that service providers need to ask is "what do I know, or need to know about your (the victim's) culture?" Interpreters are not sensitive to



different cultures and often not familiar with the field of domestic violence and therefore provide inadequate or problematic translation.

*Training/Programs:*

- Increasingly more often, domestic violence programs need to work with both the man and woman at the same time and this can create a conflict of interest.
- There do not seem to be standards for batterers' programs. They are either used as places to talk about how awful the victims are, or are used by the batterer to obtain an advantage in court. It was the belief of the group that often "bad" programs are viewed as better than no program. This is not true.
- Training was also a major subject of discussion. Participants thought that a needs assessment should be done to determine what training people needed and that there should be more general access to the training that is offered. The 40-hour training is different from program to program and it needs to be standardized. Though there are required topics, there is not a standard curriculum. Training out-of-state is not available to most New Jersey service-providers. That is a problem. There were questions about what "certification" actually means when provided after completion of certain training. Training/mentoring is not provided to allow for current staff of color to advance through the ranks to position of director.
- There is tremendous disparity with respect to how resources flow to programs. Programs in affluent counties attract more funds. Programs in lower-income neighborhoods serving poorer clients are always lacking funds. Specifically with respect to providing housing, money does not follow need.

*Other:*

- The label of "anger management" is a problem both because it never gets to the cause/root of the anger and because, in most instances, domestic violence is not a function of anger.
- The issue of visitation with parents who are batterers was discussed at considerable length. Participants were concerned about unsupervised visitation, about the sites the county provides for visitation as being unsafe, and the fact that there is no/little evaluation of those who are providing the supervision (they may be perpetrators as well).

**Question #3: Are there societal trends and/or trends within the field of domestic violence about which those involved in the field or impacted by it should take note in consideration of future directions?**

The responses of participants to this question are clear and often relate to discussions noted in other sections of this report. They will not be categorized here.

- The fact that ordering batterers to receive help is not mandated is a problem. A process needs to be in place to help the batterer recognize his/her own needs and get the appropriate help.
- Criteria need to be established for distinguishing batterers and victims.

- Legal advocate must focus on their mission and not be distracted by being “invited in”. To be included is so highly valued that it sometimes obscures the advocate’s ability to function effectively.
- The courts need to become more aware of domestic partnerships and the children in these families.
- The supervised visitation with the batterer or unqualified supervisors.

**Question #4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

*Access/Diversity and Training:*

- Training needs to be better funded, must be culturally sensitive and occur in a regular, reoccurring cycle in order for practitioners to remain current.
- Scholarships should be provided for training to increase access.
- Training needs to be inclusive of issues related to disability.
- How do we help the non-citizen?
- The most important question for all domestic violence service providers to ask themselves is ‘What do I know or need to know about the victim’s culture?’ This includes urban culture as well.
- We need an African-American outreach program.

*Standardization and Accountability:*

- Standardization was seen as a key issue. Participants want standards that are enforceable, credentials that mean something, uniform interpretation of standards across counties and standardized training.
- Accountability for judges as described earlier in this report.
- Standards must be created for intake for all domestic violence service providers so that all potential clients are treated with equity and fairness.

*Other:*

- There needs to be significantly more follow-up with children. The PALS Program is an example of good follow-up.
- There is a need to create a separate closed court only for domestic violence issues. This will protect the confidentiality of victims and serve other important purposes.
- There should be many more public messages about d.v. services to increase access.
- We need early intervention programs in school systems.
- There should be “mental health” days for service providers for when their personal issues, or how they are handling their work, gets too much for them to bring into the workplace with them. Another way to handle this issue is to provide something like independent clinical supervision for service providers.
- Transportation

**Question #5: How can those involved in the field of domestic violence or impacted by it insure that these needs and priorities will be addressed and the necessary programs created?**

As an introduction to this question, the issue of each person's accountability was raised and participants were asked to consider how each could help insure that these needs and priorities would be addressed. The discussion focused primarily on multi-cultural and funding issues. The responses were as follows.

*Diversity/Multi-Cultural:*

- Starting with language issues, participants noted that there must be education in language/culture. They cited the need for a multi-lingual system especially at the point of entry with a 1-800 number, accessible 24 hours a day in all languages. Beyond that, interpreters are needed for both language and culture, and interpreters who are schooled in domestic violence as well.
- More generally, participants noted that there is a need to address issues of economic injustice and social issues providing a multi-cultural approach to d.v. services. They cited the need to go beyond just western civilized culture and to expand the "comfort zone" and deal with how "unacceptable" clients are treated. Sensitivity training for all service providers and directors was suggested, and cross training.
- The issue of mentorship was raised in this context, with an emphasis on developing current staff to support their growth into increasingly higher job titles and levels of responsibility. Women of color have been disproportionately affected by a lack of such mentorship.
- Accountability within programs for accessibility prioritization was also cited.

*Other:*

- Everyone noted the need for additional funds for training and suggested building collaboratives, both in terms of sharing information/expertise, etc and because this approach is always attractive to funders. The need to prioritize was emphasized, and trying to obtain funding for the priorities.
- Participants noted again the need to insure confidentiality and non-revictimization.

**Question #6: Is there anything else you think we should know?**

While participants did not address this question specifically during the discussion, many did record important responses in the last portion of the focus group on their individual sheets of paper.

Participants were asked to write responses to the questions "In your opinion, what is the most important issue that was discussed today?" and "Is there anything else that you would like to add that is important for us to know?" are recorded verbatim below. Mixed in with the responses, the reader will note that participants seemed encouraged to be included in the focus group and indicated a desire to continue networking with colleagues.

## Priorities and Additions

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

Everything said during the meeting was important because every statement described impacts on the field of domestic violence.

Domestic violence providers to begin with asking themselves – “What did I ask about the victim’s culture?”

I think it was critical for us to talk about issues of race and ethnicity; culture; religion; sexual orientation; disability, etc. Racism, bias and prejudice lie at the heart of this issue and is the single most pervasive (and ironically discredited) barrier to accessibility to resources for victims of domestic violence.

The most important thing that was said for me was that anger management does not address domestic violence in men. The name hides the real issues of violence.

Cultural diversity issues based on race – we need to pay great attention to these issues. Each program needs to have more than one staff person who is bilingual.

That the NJCBW and its member programs begin to address issues concerning race, culture, disabilities, sexual orientation, as it impacts victims of domestic violence and staff who advocate for victims.

It is imperative that the system is able to maintain self-reflective conversations in order to open up communication in a field that’s responsibility is to “combat” control and abuse, but has often maintained these very same issues within their own standards.

Most important thing that I learned is that we have to remember that we are involved in domestic violence, we need to understand our role as advocates for the victim. We need to understand the victim’s position regarding sex, religion, culture, and social status. WE are here to HELP them with their conflict.

Education should be on the top of the agenda – implementing more cultural diversity and sensitivity training from top.

We need to serve all people who are victims of domestic violence, regardless of race, ethnicity, disability or sexual preference.

The discussion about understanding cultural diversity and cross-training.

Even though, in the movement we have come a long way, yet the underlying root of all women are treated justly is false representation of our mission. When we ourselves (Coalition) can still classify a particular type of woman as “special population”, it is “special needs”.

Everything was awesome!

We must have a real discussion on racism, class, homophobia, etc. and how it relates to services for victims of domestic violence.

I thought the whole discussion was great – I can't single out one topic that was more informative than the other. I truly learned a lot and found the whole experience enjoyable.

**Question 2: Is there anything else that you would like to add that is important for us to know?**

Assessors and evaluators must show evidence of training on domestic violence and diversity; courts should allow MSW to contribute to child custody evaluations because PhD's, PsyD's and ED's are not affordable for everyone.

Program ED's and supervisors must encourage staff to be involved in training, task forces and dissemination of information.

ED's should proactively involve staff in policies and staffing discussions by providing detailed information in relevant law, codes and budget. ED's should involve staff in problem solving.

More information on elder abuse and on changing trends in the field of D.V.

Aggressiveness in young children like the need for specialized services.

Management needs regular training on cultural diversity and volunteers and substitute advocates need to attend the full 40 hours training and continue training on cultural diversity and diverse populations.

Future need dictates that we address the intersection of domestic violence and child welfare, especially how women and children of color are impacted.

Safety standards of all shelters should be standardized. Safety for clients and staff. There should be an accountable agency (police/fire/etc) to evaluate the shelter based on the possibilities of dangers (abused).

An agency made to make all shelters accountable.

Another important factor to consider in ending domestic violence is to assist in establishing affordable and/or long-term transitional housing so that victims do not need to return to batterers.

I found it very helpful to speak about the legal system and its oppression on victims of domestic violence. I am extremely concerned about the victims of domestic violence who are immigrants to this country and often times undocumented. I would have liked to expand a bit more on that issue.

Further discussions should continue on all issues ... limit the time this will occur and get a “call to action”.

We need a system available with services, resources and staff 24/7. There’s a need for a hotline multi-lingual service with 24/7 trained staff in domestic violence.

Case management for survivors of domestic violence follow-up – cross-cultural, cross-functional training. Early intervention and outreach to all communities.

Housing for victims and children is still missing in the movement to serve victims of domestic violence.

Working in this field and not being fully trained and hoping that you women will continue to keep me pumped up to continue in this field.

Action by NJCBW would be great.

We MUST make access to services by ALL victims a priority. Victims of domestic violence with disabilities and other vulnerable populations have been denied access for too long.

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group # 3: April 29, 2003  
Social Services**

**Summary Report  
By Antje Mattheus**

**Background**

This focus group was attended by 10 women who work for social service agencies across the State of New Jersey and in that capacity provide services to domestic violence victims/survivors. The participants were Family Violence Option workers, from the Division of Family Development; from County Welfare Offices; a Displaced Homemakers Agency; an Urban Women's Center; a Hispanic Women's Center and from a non-profit housing agency. Antje Mattheus facilitated the group and Advisory Council member Carol Vasile helped with set-up and took notes. At the end, Ms. Vasile also helped clarify issues and debriefed the session with the facilitator. After a short briefing and introductions, the group discussed and answered the focus group questions (set forth below at the beginning of each section). All responses were recorded on newsprint (in addition to the back-up notes taken by Ms. Vasile). At the end of the group discussion all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?"

A good cross-section of social service agencies was represented, but no one from the Division of Youth and Family Services attended. Only one person had been identified as a possible participant despite outreach efforts, and that person was unable to attend. The discussions and the report reflect both local issues (experiences of individual agencies in individual counties) - such as positive interactions between the agency and a local shelter - as well as statewide issues such as reduction of financial resources for victims/survivors.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is represented below. The points made by participants have been categorized by the consultants to support easier reading and analysis of the data. Please note that some of the items could reasonably be placed in several different categories, but we have placed them according to our judgment of where they appropriately belong. Information by participants is not attributed to them by name.

**Summary**

**Question # 1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

There was a general sense that much is going well in providing services to victims/survivors of domestic abuse. The discussion focused on services that are available in the State, such as

shelters, hotlines and resource materials. A number of participants expressed pride in their work and their agencies' work on domestic violence. One woman gave out folders with brochures of services available through her agency. Others told stories about the helpful - often beyond duty - services available.

*Resources are Available:*

- Shelter, outreach services, active domestic violence response teams, training, etc.
- Shelters are always open.
- Women who say they are abused are not left on the street.
- There are signs, brochures, posters (about domestic violence), list of hotline numbers - in 10 languages.
- Some provide services without funding.
- There is an apartment building in Atlantic City (Haven) for abuse victims/survivors; they can stay up to two years.
- Violence Against Women Act (VAWA) provides domestic violence funding.

*Visibility and Acceptance:*

- Opposition to domestic violence and services for victims/survivors are more visible and accepted.
- Community outreach takes place.
- There are specific people in Welfare Departments who deal with family violence.
- It is now accepted that domestic violence exists and that it is not the fault of the victims.
- A victim's word is now sufficient for receipt of welfare; no longer being asked to produce a restraining order.

*Welfare Services:*

- Availability of domestic violence "specialists".
- Emergency assistance is a good safety net for victims/survivors.
- Domestic violence victims/survivors can be deferred from the welfare to work 5-year cut-off. If they request a waiver as a victim of domestic violence (and/or have multiple needs, depression, etc.)

*Training:*

- Every county has a domestic violence lead agency and a training program, which lasts at least 40 hours. (Six-month training for domestic violence (including Domestic Violence Specialist certification training) is available in Atlantic County.)
- A sensitivity training manual exists (dealing with cross-cultural sensitivities).
- A manual for (Judea-Christian) clergy is available.

*Collaboration:*

- Collaboration among shelters/domestic violence agencies and social service agencies.
- A social service agency provides safety planning in conjunction with Mercer County's Womanspace.

*Safety Consciousness:*

- Agencies are safety conscious.



- We provide confidential safety planning.
- The risk-assessment process for Family Violence Option waivers works.

**Question # 2: What among these things does not currently work well?**

Much of the discussion about problems focused on the limitations of social services and resources. One woman stated that New Jersey has accepted federal funding under Temporary Assistance for Needy Families (TANF) for domestic violence victims. There is no reason not to provide services. But it was evident that focus group participants experienced the lack of resources and were especially frustrated by the lack of affordable housing and the lack of available resources for all victims/survivors of domestic abuse and particularly underserved populations -- such as undocumented women and trans-gender women. The link between poverty (lack of income, lack of housing) and women's inability to leave abusive relationships was also discussed, which is especially frustrating to service providers because public and private resources are often not available to make a difference. One participant noted that it is hard to break out of the cycle (of poverty and abuse) once women lose their safety net.

*Social Service (Welfare) Limitations and Challenges:*

- Local emergency block funding is not available for people on welfare.
- Welfare workers are not evenly trained to be sensitive to and elicit from a woman that she is a domestic violence victim. It is hard for welfare workers to respond and change how they deal with domestic abuse; they are supposed to pick up information (about abuse), and create safety. One study shows that 80% of women on welfare have experienced domestic abuse.
- Twelve-month emergency assistance is not realistic.
- If a woman is only on food stamps or Medicaid, there is no emergency assistance eligibility (no funding).
- Welfare grants are too low. Section 8 is closed or not available.
- Five-year Welfare-to-Work cut-off can impact domestic violence (when women lose income).

*General Lack of Resources (other than Social Service):*

- It is difficult to find a safe place.
- We are unable to help a victim after hours when our agency is closed.
- In some counties not enough shelter beds, hotel placements are unsafe, there is a 60-day shelter rule, rents are high.

*Lack of Affordable Housing:*

- Coalition of Affordable Housing (COAH) does not work.
- Rents are not affordable - no fair market value.
- Housing subsidy is only available for fair-market housing (which is not available), as a result, clients have to go to hotels.
- The working poor have no home.
- Not enough transitional housing is available.

*Poverty:*

- The working poor get few resources, such as housing, furniture, etc.

- Women are often unable to support themselves and their children (and therefore stay in abusive relationships).

*Lack of Funding:*

- We provide services without funding.
- In Essex County, our agency doesn't get funding for domestic violence interventions, but we have a good relationship with a safe house.

*Challenges for Undocumented Women:*

- Abused, undocumented women cannot get state services (Family gets shelter, children get food stamps). The women need work.
- Women are not eligible for welfare, childcare, etc. and abuse continues.
- Women who are here on husband's paperwork are scared. They stay in the abusive relationship. Undocumented people will not get out of the abusive circumstance.
- There are cultural differences re: the acceptability of domestic abuse.

**Question # 3: Are there societal and/or trends within the field of domestic violence about which those involved in the fields or impacted by it should take note in our consideration of future directions?**

Two major trends were noted in this discussion: violence and objectification of women in the youth culture, and the "attack on" and reduction of social services for the poor, women and children.

*Youth Culture:*

- Hip-hop culture: women are sex objects, young women accept the objectification.
- Violence in young relationships.
- Video games simulate gang rapes.
- Prevalence of date rape drugs.
- "Spin the bottle:" expectation to have oral sex.

*Attack on Social Programs:*

- Attack on programs that support the poor, women and children.
- The five-year welfare cut-off can reinforce abuse.

*Underserved Populations:*

- Transgender needs (housing).
- Increase in undocumented workers.

**Question # 4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

The discussion focused on addressing the previously observed problems and trends.

*Make More Resources Available:*

- Funding needs to be set aside so a woman can find work and take care of her children.
- The state needs to provide tools and resources so we can contribute to the stabilization the family.
- Have administrative hearing to enforce the special treatment of domestic violence victims/survivors (as specified under the family violence option).
- Federal, state and local resources for housing and work to pay for it.

*Housing:*

- Provide permanent affordable housing.
- More transitional housing.
- Something like Section 8 needs to be available.
- Need for more shelter beds and transitional homes and safe homes.

*Training:*

- Five more counties (Hunterdon, Cumberland, Atlantic, Somerset, Union) need to receive training from the Division of Family Development. More training in cultural sensitivity (judgments, discrimination).
- More agency staff needs to be trained in how to service women who experience domestic violence.
- More training for clergy.

*Early Prevention:*

- Get into school systems. Train teachers.
- Young girls and boys need to be taught that domestic violence is not ok.
- More programs for teen parents.
- Child Assault Prevention Project (CAP) kindergarten programs.
- Early education for women (self-esteem, boyfriends, sexual awareness, build courage and self esteem).
- Educate the young in self-esteem.

*Speak Up Against Tax Cuts:*

- The tax cuts are for the rich, not the poor.
- We need to speak up now. There will be no money left.
- Support the fair tax campaign in N.J.

*Other:*

- Men need to get involved.
- Get funding to pay for ongoing case management by domestic violence agencies.
- Cultural sensitivity (ability to provide services to various cultures).

**Question # 5: How can those involved in the field of domestic violence or impacted by it ensure that these needs and priorities will be addressed and the necessary programs created?**

During this part of the discussion, participants re-emphasized many of the ideas listed under Question # 4. In addition, the importance of getting away from a crisis orientation was discussed, which would allow for planning for what women really need. One person wrote that it was crucial to honor our shared purpose, to focus on the collaboration between, for example, shelters and agencies, and to not focus on “this is my money!”

**Collaboration:**

- Better networking between agencies is needed, standardization of treatment techniques by domestic violence agencies and welfare agencies, the need for a holistic, compassionate response.
- Shelters need more time and more collaboration with other agencies.

**Question # 6: Is there anything else you think we should know?**

While participants did not address this question specifically during the discussion, many did record important responses in the last portion of the focus group on their individual sheets of paper.

Participants were asked to write their responses to the questions “In your opinion, what is the most important issue that was discussed today?” and “Is there anything else that you would like to add that is important for us to know?” Participants’ responses are recorded verbatim on the attached sheet. Some of the statements are also reflected in the previous sections.

## **Priorities and Additions**

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

Recognize that welfare workers are not evenly trained to be sensitive to and illicit from a woman that she is a DOMESTIC VIOLENCE victim.

Beginning sooner with the young with educating them on self respect issues – and housing concerns.

A broad view of the issue of domestic violence and what is the end result we are looking for.

Teaching young women to refuse to be abused by anyone – promise safety nets and services to victims of domestic violence.

Safe haven for women in crisis; adequate housing for women and children; counseling for domestic violence victims; training for providers of Women's Centers.

Costs of housing and inadequacy of resources – federal, state, local and work to pay for these.

Housing, sensitivity and educating grammar school students to resist bad behavior and images.

All issues were important – it certainly does good to know what is going well/not well.

Need for more shelter beds and transitional homes and safe homes and how to get legislative cooperation; need for more counselors; need housing!

Permanent affordable housing needed to stabilize families of domestic violence victims in order for them to move towards self-sufficiency.

### **Question 2: Is there anything else that is important for us to know?**

I think it would be important for the statewide success of the Family Violence option to have regular meetings of the coordinators from welfare in each county with the representatives from the domestic violence agency with the contract to provide services in order to discuss strategies and work towards universal effectiveness.

Funding is very important. Agencies cannot offer services to clients if they don't have the proper staff to address domestic violence issues.

Court assigned counseling for identified batterers. Accountability for the court and for the perpetrator to follow up that the training is completed.

I believe Camp Fire Girls offers a program on some of the last issues we discussed for school children. The Family Violence Option Training and the entire program have begun a new network of county welfare agency staff representatives working with domestic violence area.

Stability is critical but real stability may not be permanent - - and still the woman needs to be prepared for independence and self-sufficiency – training, training, training.

The possibility of abusing the waiver option. Although women who are victims must have this option, it should be time-limited and available until the family has been stabilized only or until no longer in therapy if that was the need.

A safe haven for women in crisis, adequate housing for women and children, counseling for domestic violence victims; training for providers of Women's Centers.

**New Jersey Advisory Council on Domestic Violence**  
**Focus Group Project**  
**Focus Group # 4: April 30, 2003**  
**Educators' Group**

**Summary Report**  
By Judith Hain

**Background**

The fourth focus group was attended by 15 participants, including teachers, administrators, counselors, representatives from elementary schools, high schools, universities, state government, and non-profits. Also in attendance were Judith Hain (consultant and facilitator), and Carol Vasile and Naomi Vliet, Advisory Council representatives who took notes, helped clarify issues being discussed and debriefed with the facilitator following the session. After introductions and a briefing by the facilitator, the group discussed and answered the focus group questions (set forth below at the beginning of each section). All ideas were recorded on newsprint (in addition to the back-up notes taken by Ms. Vasile and Ms. Vliet). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?" The group's level of participation was very good and significant information was gathered.

The following is a summary of information gathered through the focus group discussion and participants' individual answers. Each question answered is represented below. The points made by participants have been categorized by the consultants to support easier reading and analysis of the data. Please note that some of the items could reasonably be placed in several categories, but we have placed them according to our judgment of where they appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question #1. What are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

The emphasis of the discussion in question #1 was primarily on the laws and law enforcement as well as on different educational programs and approaches that have proven successful.

*Laws/ Law Enforcement:*

- We have the best laws in the U.S.A. (consensus opinion). Adding dating relationships to the law. Word is sufficient - don't need proof to obtain a restraining order. Restraining orders that don't expire.
- Law enforcement can prosecute independently – without the participation of the victim.

- Law which provides for domestic violence education in the curriculum.
- Mandate for SAC's (substance abuse counselors) in every school – this is helpful due to the connection between substance abuse and domestic violence.

*Resources:*

- Domestic violence program in each county – resources are proactive and every county has some type of resource available to victims of domestic violence.
- Where response teams exist – they work well.

*Education/Programs:*

- Inviting professionals in to address developing healthy friendships – the girl scouts have such a program. Schools are overwhelmed with responsibility and having professionals in to do some of this work is helpful.
- Lawrence High School is a model – motivational speakers talk about what to expect in college.
- Peer education is very effective.
- Department of Education does a great job -superintendents required to report acts of violence monthly.
- Bullying prevention - \$\$.
- New Jersey Team PEP – partially funded by Department of Education.
- Sister to brother – needs to be repeated.
- Pirate Players (program)
- Involving parents.
- Conflict resolution/communication skills.
- NYU training (safe haven).

*Other:*

- More professionals addressing domestic violence issues.

**Question #2: What among these things does not currently work well?**

The emphasis in the discussion of this question was on the inadequacies/problems with respect to the law enforcement, social service, educational, and judicial systems as well as on the societal issues with respect to violence.

*Law Enforcement/Judiciary:*

- Some police and judges need more training – have good intention but need more (training) – depends on county, what judge – great variability – same for schools.
- Mandatory arrest cuts both ways – victims defending themselves are also arrested.
- Some municipalities do not have response teams.
- Limited consequences to batterers.
- Too much focus on women – not the batterer – 54% (or more) of all complaints are dismissed by the victim – they return to the batterers – no required education/training. for batterer – not enough programs available.



- Batterers are serial – programs don't address this.

*Societal Issues, Social Services:*

- Young people have an acceptance of violent behavior – don't understand inappropriate behavior.
- Boys learn to behave violently.
- When people report instances of suspected child abuse to the Division of Youth and Family Services, the child may be less safe.
- Division of Youth and Family Services workers may not be well trained and are not always responsible – files on some children disappear.
- Kids who seek help run the same risks as women.

*Education:*

- District affirmative action officers don't know what their role is – need to be empowered.
- Some administrators, teachers and parents are not comfortable talking about domestic violence.

**Question #3: Are there societal trends and/or trends within the field of domestic violence about which those involved in the field or impacted by it should take note in our consideration of future directions?**

A very interesting point that came up during this discussion was the political ramifications for many school districts if they were to recognize the existence of domestic violence and deal with it openly in the schools. It is clear that there is much variation in terms of how far along schools are on treating domestic violence issues with openness.

*Political Issues:*

- Now attention on young men nationally – we should seize this momentum.
- Address domestic violence issues via different language/terminology – stigma on domestic violence.
- Domestic violence seen as adult issue only.
- Some more conservative districts don't want to open Pandora's box.

*Societal Issues:*

- Schools asked to do too much.
- It is still acceptable for women to be battered.
- Schools are the primary places where resources are made available to children.
- Prison overcrowding – prisoners released.
- Lack of resources for prosecuting batterers.

*Other:*

- Research shows batterers' programs are more effective if they are voluntary.

**Question #4: What are the future needs, priorities and programs that those involved in the field of domestic violence, or impacted by it, should be addressing in order to achieve the goal of the elimination of domestic violence?**

One overarching theme in this discussion was the need for mandates and common standards in terms of what services are provided and what programs are created. An interesting point made was that there are existing policies, which if properly implemented, could have a very positive impact on the issue of domestic violence. An example of this was existing harassment policies for schools. Another very powerful point made was that the best way for the Division of Youth and Family Services to protect at risk children and women is concentrate efforts on stopping the batterers abusive behavior. But this is rarely done. The onus falls on the mother.

*Resources:*

- Advocate for full funding for response units – funding should not be dependant on who is in power.
- Need resources to support mandates.
- Give mothers resources so they can protect themselves and their children.
- Hotline for children.
- Funding, funding, funding.

*Education:*

- Model curriculum – coalition could take responsibility for this.
- Education must start in elementary schools/parents too! – communication/expression – comprehensive programs.
- Develop strategies for intervention that are age appropriate.
- Train faculty and administrators – mandate it.
- Teaching appropriate foundations in behavior.
- Strengthen harassment policies – do yearly training – identify safe haven -signs and pins worn by faculty are responsive.
- There must be a place for kids to go – train adults and communicate to provide the safe place.
- Focus programs on young girls – empower them.
- Train leaders of the school.

*Other:*

- Start with what is manageable.
- Mandate response teams.
- Multiple attack plan.
- Remove batterers.

**Question #5: How can those involved in the field of domestic violence or impacted by it ensure that these needs and priorities will be addressed and the necessary programs created?**

The discussion of this question yielded many creative and substantive solutions/

recommendations.

*Public Policy/Politics:*

- Department of Community Affairs, Department of Education, higher education – provide a position “paper” recommending 3 credit courses on family violence issues required in higher education.
- Research on whether problem of domestic violence can be eliminated – public policy, law, programs.
- Identify hospitals, schools, etc. – its leaders in domestic violence and then work with them.
- Getting ourselves and each other elected to local office.
- Advisory Council could issue a “report card” – constantly assess where we are: What’s changed and How will these suggestions be put in place?
- We need a more united front – see more males involved in the issue.
- Invite focus groups to react to “position paper”.
- Come to public hearings on adoption of new administrative code.
- Make sure your district has a harassment policy and procedures and that it is disseminated.
- Make sure policy is in place in system (for) bullying law.

*Education/Programs:*

- Networking – publish contact list from this group.
- Mandate number of hours for training.
- Replicate “sister to brother”.
- Violence prevention week – teachers asked for lesson plan.
- Entitlement funds – every district can apply for funds from Department of Education.

**Question #6: Is there anything else you think we should know?**

While participants did not address this question specifically during the discussion, many did record important responses in the last portion of the focus group on their individual sheets of paper.

Participants were asked to write their responses to the questions “In your opinion, what is the most important issue that was discussed today?” and “Is there anything else that you would like to add that is important for us to know?” Participants’ responses are recorded verbatim on the attached sheet. Mixed in with the responses, the reader will note that participants seemed encouraged to be included in the focus group and indicated a desire to continue networking with colleagues.

## Priorities and Additions

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

That there needs to be more of a focus on boys and girls. Programs and services for girls and victims of domestic violence are important and should be given priority when health and safety are at stake. However, we need to address the link between masculinity and violence – the root of most domestic violence.

There were so many incredible points made today. Some stand out points include education in our schools, funding for education and other domestic violence services, creating models for organizations to follow in starting domestic violence programs.

Ways to empower programs to provide programs addressing domestic violence issues.

The issue of the importance of policy in our schools and calling domestic violence something else in school. The dialogue was amazing and gave many renewed energy to continue.

The issue of domestic violence is very important on many levels. It was important for me as a professional to listen and learn from my peers. The solutions and reactions to the comments have helped me to better understand where to begin on educational programs.

Discussion surrounding curriculum/training for school districts in prevention of violence.

Planning for the future in this area.

Including the education of men and boys in dating and domestic violence issues. I'm so tired of putting band-aids or worse on our women and girls.

What is needed to improve the system and attitudes about domestic violence.

Driving here today I heard on the news that a 40-year old woman was killed today in Cinnaminson and that a man had been taken into custody. I'm afraid I'll hear that it was another domestic violence fatality in New Jersey.

### **Question 2: Is there anything else that you would like to add that is important for us to know?**

Thanks for the opportunity!

Any way to keep us all in touch and networking amongst all of the organizations available in our state would be very much appreciated as today was. Thank you.

Young girls' issues with self-esteem - they need the information and education to give them the

skills to engage in appropriate relationships.

No – but can we have a list of all who attended?

Thank you!

Partnership with males to reduce violence in this society.

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group #5: May 6, 2003  
Batterers Intervention**

**Summary Report  
By Judith Hain**

**Background**

The fifth focus group was attended by nine participants. The participants were from various programs across the state that provide batterer intervention services, many of which are part of the county's lead domestic violence program. Also in attendance were Judith Hain (consultant and facilitator) and Courtney Esposito, Advisory Council representative who took notes, helped to clarify issues being discussed and debriefed with the facilitator following the session. After introductions and a briefing by the facilitator the group discussed and answered the focus group questions (set forth below at the beginning of each section). All ideas were recorded on newsprint (in addition to back up notes taken by Ms. Esposito). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?" The groups' level of participation was very high and significant information was gathered.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered during the focus group session is represented below and the points made by participants have been categorized by the consultant to support easier reading and analysis of the data. Please note that some items could reasonably be placed in several different categories but we have placed them according to our judgment of where they most appropriately belong. Information provided by the participants is not attributed to them by name.

**Summary**

**Question #1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

Participants in the group cited a number of things that were going well mostly with respect to the laws, law enforcement and collaboration with programs/experts. However, there was a concern that some of these things seem to be disappearing, particularly the collaboration with the courts because of turnover among judges and a renewed emphasis on the dominant male culture.

*Law Enforcement/Judiciary:*

- Domestic violence law.
- Restraining order and enforcement of law.
- Police following through.
- Ability to arrest/sentence and channel offenders into programs.
- Training of police in domestic violence.
- Domestic violence assessment model – creates a standard for judges, creates accountability, non-compliance is reduced to 10% when there is monitoring.
- Collaboration between experts and the courts – this is disappearing.
- Strength of municipal courts and collaboration did work - referrals to domestic violence experts/programs.

*Other:*

- Blue Report (Model Criminal Justice System Response to Domestic Violence) from Advisory Council - used as a model.
- Division of Youth and Family Services funded program for children – PALS, Burlington County – had good outcome, data, should be replicated when money is available.
- Domestic violence working group.

**Question #2: What among these things does NOT currently work well?**

Participants talked a lot about issues related to the judges and made the point that attorneys for the perpetrators are often more skilled/proficient than those for the victim. Other issues raised in this section of the discussion focused on misuse of systems currently in place and a lack of accountability and consequences, which weaken the system developed to protect the victims.

*Diversity:*

- Cultural/language barriers – women don't know their rights and don't have money for lawyers.
- Lack of sensitivity to understanding the needs of diverse populations- e.g., Blacks, Latinos, gays, and lesbians, etc.

*Legal System:*

- No standard of referral to help judges - the fact that there is an option is a problem – no consistent accountability loop in statute.
- Turnover in judges set us back (arbitrary decisions by judges).
- Judges getting pressure from fathers' rights groups.
- Judges are not informed about the specifics of psychological evaluation – boundaries too blurry (unqualified people are performing evaluations).
- Too many kinds of evaluations – judges don't know how to apply.
- More suspended sentences in municipal court – contributes to lack of accountability/monitoring.
- PTI – pretrial intervention – used improperly – used for previous violence egregious violence – no monitoring.
- Attorneys for perpetrators often more proficient than attorneys for victims.

- No protocol for PTI – judges have questions about what they could/should be doing.
- No consequences to batterers – toothless system.
- 90-100% dismissal rate at municipal level.
- Judges not using suicide threats as red flags.

*Social Services/Mental Health:*

- Anger management – doesn't work – doesn't address power, coercion – used as tool against victim.
- Mental health systems do some damage to victims of domestic violence – over-psychologize women/children – batterers not dealt with.
- Regulatory Board not effective – NJ Board of Social Work Examiners.

*Other:*

- No ownership of the problem – no funds to correct – money!

**Question #3: Are there societal trends and/or trends within the field of domestic violence about which those involved in the field or impacted by it should take note in our consideration of future directors?**

Participants cited two major societal trends that seem to impact the field of domestic violence to a greater extent. First, there was much discussion about the growing power of the “fathers’ rights” movement and the shift back to the dominant male culture. Secondly, there was also significant discussion about the proliferation of “experts” and the fact that the system is relying too heavily on self-appointed experts who are, in fact, not experts at all.

*Shift Back to the Dominant Male Culture (Growing Power of Fathers’ Rights Movement):*

- Major steps back in judicial system – return of sexism – new power.
- When mother goes to court about protecting their child from sexual abuse– unless there is penetration which can typically be substantiated – backlash against the mother – mother is cited for alienating the child from the father.
- Reinforcement of dominant male culture supports batterers, not victims.
- Parent alienation syndrome (PAS) – fathers point to this and avoids responsibility/accountability.
- Batterers are more effective in getting orders against victims – retaliation/self-defense by victim is punished.
- Political bias of judges – hostility toward victims “women are more aggressive these days.”
- Fathers’ rights movement/emphasis on defendants.

*Experts (How They are Used in the System):*

- Judges are relying on self-appointed experts, not relying on the true experts.
- Performing evaluations is a business.



*Diversity:*

- Determination of who has power in same sex relationships.
- Greater impact (negative) on women of color.

*Mental Health:*

- Battered women's syndrome – our experts give batterers words they can use against victims. We pathologize the victims.
- More victims have mental health issues - no resources to deal with this.

*Other:*

- Release of confidential information on/about children creates victim's safety issue.
- Desire for "quick fix" in society.
- A high-profile victim tends to activate judges to take more responsible action toward perpetrators.
- Failure to protect doctrine, which penalizes battered women when the batterer harms the child.

**Question #4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

Participants stressed the need for strengthening the assessment aspect of domestic violence cases and the creation of better standards and greater consistency in protocols and consequences among other things.

*Standards and Consequences:*

- Enforcement of standard for psych evaluations for child custody in domestic violence cases – ethical standards not enforced.
- Find "model" judges – have them impact current judges – focus on assignment judges.
- Batterer standards for programs.
- Consistency in protocol, consequences, etc.
- Must be consequences – police, courts, and agencies.

*Assessment:*

- Courts need to make a better distinction about aggression as self-defense.
- Strengthen assessment. This would distinguish who is perpetrator/victim. Race/color/sexual identity must be part of assessment.
- Proper contract for evaluation/assessment is needed – no best practices – evaluation done in isolation.

*Other:*

- More communication to victims.
- Blue Report (Model Criminal Justice System Response to Domestic Violence) from Advisory Council.
- Cross-training is needed – response team is an avenue.
- Use the interest in what happens to children as a way in.
- We need adequate funding.
- We need data in what works with batterers.
- Different education for young people, law enforcement and social work students about gender roles and relationships.

**Question #5: How can those involved in the field of domestic violence or impacted by it insure that these needs and priorities will be addressed and the necessary programs created?**

Participants talked here about a “systems” approach that relies on data about what works with batterers, develops new language to “market” the field more effectively, develops more effective training and strategies, and brings all the relevant people to the table during policy development.

*Data, Programs, and Strategies:*

- Develop data on what works with batterers.
- Training programs built on values, education, foundation – paradigm shift.
- Look at changes in language – how we “market” the field.
- Develop strategies of what judges need to know – relies on what judges will accept – need the professional groups to come out against parental alienation syndrome (PAS).
- We need a “systems” approach, which incorporates mental health.

*Policy:*

- Who is represented when we talk about future directions? Batterers’ programs need to be included when policy is decided – we are not represented at the state level – inclusive/comprehensive.
- Batterers’ services need a “voice” in policy making.

**Question #6: Is there anything else you think we should know?**

While participants did not address this question specifically during the discussion, many did record important responses in the last portion of the focus group on their individual sheets of paper.

Participants were asked to write their responses to the questions “In your opinion, what is the most important issue that was discussed today?” and “Is there anything else that you would like to add that is important for us to know?” Participants’ responses are recorded verbatim on the attached sheet.

## **Priorities and Additions**

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

How to get funding and resources for batterer intervention. How to conduct assessments that are domestic violence sensitive regarding child custody. How to develop training for judges that is current and keeps up with changing trends and challenges.

The need to address the problems in the courts as a paradyamic issue which must be addressed not at the cognitive level alone but as a coalition of thinkers who see the larger systemic issues and trends.

Sections 2 and 3 were the most important items we discussed today in that we identified the obstacles to meaningful and effective change as they speak to the issue of violence toward women.

The fragmentation of clients and problems into compartmentalized people and issues keeps women helpless and men in power.

The most important thing we discussed today was the problems and issues involving different counties. The collective act of collaboration in establishing inter-organizational education, supported by research which will most likely impact needed awareness and change. Judiciary, law enforcement, mental health systems, and batterers/victims intervention.

Need for standardization for domestic violence programs, batterers and victims and professionals who treat, assess and/or refer.

The most important item discussed today was the real concerns about courts and judges and the need to work closely to be effective

### **Question 2. Is there anything else that you would like to add that is important for us to know?**

I am curious about domestic violence and the impact on women of color and the gay, lesbian, bisexual, and trans-gendered (GLBT). Who are the folks doing this work? It's important for their voices to also be here. Everything we discussed today was important.

The domestic violence field is fragmented and often does not value the work of various areas – often still hold a myopic view of domestic violence.

These meetings should be held several times a year. This was informative, and it is hoped fruitful.

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group #6: May 6, 2003  
Researchers Group**

**Summary Report  
By Judith Hain**

**Background**

The sixth focus group was attended by eight participants, which included nurses, social workers, psychologists and a physician from varied experiences including private practice, hospitals, state government and professional associations. The participants had all done research in the field of domestic violence and most were currently involved with such research. Several participants were nationally known domestic violence researchers who have had a major impact in the field. For this group, participants were drawn from NJ, NY and PA. Also in attendance were Judith Hain (consultant and facilitator) and Courtney Esposito, Advisory Council representative who took notes, helped to clarify issues being discussed and debriefed with the facilitator following the session. After introductions and a briefing by the facilitator, the group discussed and answered the focus group questions (set forth below at the beginning of each section). All ideas were recorded on newsprint (in addition to back up notes taken by Ms. Esposito). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: 1. What is the most important item that was discussed today? and 2. Is there something else you want to add that is important for us to know? The groups' level of participation was very high and significant information was gathered.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is represented below. The points made by participants have been categorized by the consultants to support easier reading and data analysis. Please note that some items could reasonably be placed in several different categories but we have placed them according to our judgment of where they most appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question #1: From your perspective, what are the things that currently work well with respect to laws, priorities and services for survivors of domestic violence?**

The participants talked mostly about the legal system, services for survivors of domestic violence and assessment.

*Law Enforcement/Judiciary:*

- Court monitoring – dampens reoccurrence of abuse for 6 months to 1 year – probation and specialized staff does monitoring – batterer must come back to the court during the monitoring period – misdemeanor level offenses in NYC (higher level of violence than in other states) – went from 21 % to 14% in one year
- Mandatory arrest has set a norm – police respond more equitably – people now serving more jail time – these have no effect in Asian communities where victims typically do not call the police

*Services:*

- Services are made known but currently can't provide for all clients that come forward.
- Community-based services are arising in underserved communities.
- Distribution of services for women of color – shelters – better than other services – decline in killing of black men by black women - interventions have benefited men more - domestic violence resulting in “severe injury” is way down.

*Assessment:*

- Assessment when supported by evidence-based prosecution.
- Domestic violence assessment center.

**Question #2: What among these things does NOT currently work well?**

Participants spoke about this question in a different way than other focus groups with respect to how the seriousness of the crime is measured and how these measures do not take into account the complexity of the issues involved. There was also significant discussion of underserved communities.

*Definition, Measures/Indicators and Criteria – Domestic Violence:*

- Laws which use “calculus” of physical harm to define seriousness is a problem – women experience cumulative minor incidents – women experience a continuing process of fear but we need to measure what can we count (hence use of misleading Conflict Tactic Scale).
- Coercive control is not reflected in definition of domestic violence.
- Discrete act focus causes women to be turned away from shelters and other help.
- Batterers maintain dominance in other ways than physically.
- Shelters use immediate threat as a threshold to turn away clients when resources are limited.
- All measures focus on discrete acts.
- Assessment technologies are not in sync with the issue – scales don't access battered women's strengths and what she thinks.
- Research has not developed a typology to see domestic violence as a multi-faceted phenomenon.

*Services:*

- The issues set forth immediately above are all magnified in underserved communities – marginalized groups don't feel that the services are for them.

- Older women don't have sufficient services available – researchers have ignored these groups – young women, women of color, same sex couples – research policy makers should focus on these groups.

*Other:*

- Resources to implement mandatory arrest is lacking.
- Current law doesn't help police/judges discriminate about what they are seeing.
- Victim not consulted in monitoring.

**Question #3: Are there societal trends or trends within the field of domestic violence about which those involved in the field or impacted by it should take note in our consideration of future directions?**

We will not attempt to categorize these responses, as they seem to cover a variety of areas.

- Impact of Sept. 11<sup>th</sup> – women will not call police in immigrant communities.
- Reliance on poor research/data.
- We started with an emphasis on dominance, not on violence – now it is on violence.
- Women are demonstrating more violence but it may not be connected to coercive control.
- “Primary aggressor” should determine who gets arrested.
- Gap between simplistic legal approach and real complexity of these issues.
- Tension between researchers and advocates but there are some who are both.
- How do we take confidentiality, etc., into account as researchers when we examine outcomes.

**Question #4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

Participants emphasized the need for outcomes data and looked at some areas in which research would be warranted.

*Research:*

- Research on batterer as parent just beginning – programs often follow research – must be research on underserved/diverse groups.
- Compare jurisdiction where good cops have had training in assessment to one in which training has not happened (control for class, language, race, etc.).
- Relationship of definition to policy – in context of research.
- Can't use simplistic language of violence – it is a more complex issue that needs to be explored – We need to hear our clients talk about the variety of experiences they have to help us define qualitative research.
- How mandatory arrest may negatively affect women – they are arrested more often.

*Assessment and Outcomes:*

- Domestic violence assessment center – has been a model program – has not been funded to evaluate its effectiveness – now we are replicating it.
- Need more outcome data to see how effective we are really being.
- Training about risk assessment – must have outcomes for trust.

**Question #5: How can those involved in the field of domestic violence or impacted by it insure that these needs and priorities will be addressed and the necessary programs created?**

- How can we be sure we are meeting the needs of the clients? Are we asking questions about this?
- Work with Coalition to define what outcomes we think are important and how to measure them.
- Look at baseline prevalence – randomized household survey.

**Question #6: Is there anything else you think we should know?**

The participants defined research questions to be pursued in New Jersey. They are as follows:

- Context, meaning and motive – how do we capture this in research.
- Risk assessment protocols – develop these.
- What is working in NJ and other places that could be replicated.
- What happens to the women after they are in shelters? Define adequate needs picture to help certain services that lose funding.
- Situations that result in death.
- Incidence rate/prevalence rate in immigrant/diverse communities.

The participants' responses to the questions (1) "In your opinion, what is the most important issue that was discussed today?" and (2) "Is there anything else that you would like to add that is important for us to know?" are recorded verbatim on the attached sheet.

## Priorities and Additions

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

Broadening violence beyond physical abuse-based measures.

The need for policy evaluation, outcome studies, and a statewide prevalence study.

Need for broadly based research on coercive control as the framework for abuse.

To know what other researchers are thinking.

Need to research and examine programs in certain unreached communities – elderly women, women of color, S. Asian women, lesbian communities, and the need for collaboration among researchers and advocates.

Future directions – particularly in terms of paying greater attention to diverse communities and outcomes assessment of services. I think both are essential if we are to move forward in this state and other states.

Distinction – definition of domestic violence as multi-dimensional phenomenon. Measurement – prevalence and incidence must be known before any other research can take place to establish baselines in all communities. Risk assessment – needs to be reliable and valid.

Evaluation of outcomes of services, programs, etc. after we define the outcomes.

Collection of incidence and prevalence data to use for purpose of evaluating existing services in order to be able to direct resources where and how they are most needed.

### **Question 2: Is there anything else that you would like to add that is important for us to know?**

Surprised we went through the group without discussions of batterer program research.

Start small with three targeted communities and conduct solid research projects.

Research looking at actual outcomes for children in domestic violence situations.

I would like to emphasize that little research has been done on communities and domestic violence (e.g. Immigrant, Asian, color, etc.) This is where I would put at least part of the research energies.

Continued discussion of topics such as assessment and program evaluation is necessary. Please distribute results of focus groups.



Evaluators of domestic violence must be trained to do effective domestic violence assessment (batters and child visitation and custody, like California, which mandates training for evaluators).

Concern about types of research that will be accepted, e.g., qualitative research is needed to understand issues, etc; however, not included in meta-analysis as providing “evidence”.

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group # 7: May 7, 2003  
Advisory Council on Domestic Violence Members**

**Summary Report**

By Judith Hain and Antje Mattheus

**Background**

This focus group was attended by 10 members of the Advisory Council on Domestic Violence. The Advisory Council consists of representatives from a broad spectrum of governmental and non-governmental agencies and professionals dealing with domestic violence, including legal, health care, education and advocacy. Also in attendance were Judy Hain and Antje Mattheus (consultants and facilitators). Advisory Council member Carol Vasile helped with logistics and she, Sandy Clark and Courtney Esposito helped clarify issues and debriefed with the facilitator following the session. After introductions the group discussed and answered the focus group questions (set forth below at the beginning of each question). All ideas were recorded on newsprint (in addition to the notes taken by both facilitators). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" (2) "Is there something else you want to add that is important for us to know?" At the end of the focus group participants were asked to provide comments on what this experience was like.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is represented below. The points made by participants have been categorized by the consultants to support the easier reading and analysis of the data. Please note that some of the items could reasonably be placed in several different categories, but we have placed them according to our judgment of where they appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question # 1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

Participants noted that much growth had occurred in the field of domestic violence intervention and prevention since the 1970s - in problem recognition, services, funding, and knowledge of the field. The prevention and intervention strategies include laws that work, judges that apply these laws effectively, and police who intervene when necessary. Direct services for victims/survivors and training of volunteers and professionals connected to domestic violence are now available throughout the Commonwealth.

*Growth (of Services, Knowledge, Funding and Recognition):*

- Recognition: domestic violence is an important social problem; it is also now recognized that there is a connection to child abuse.

- There is body of knowledge and experts in this field.
- In the late 70's four shelters existed in New Jersey with funding of \$ 300,000. This expanded to multi-service women's centers (model programs), now state-wide funding is over \$ 11,000,000.
- Quality shelters exist. Some have private rooms. This is a long way from beds in basement (Please note: the same quality is not statewide).
- Families/victims can connect with all our services (police, court, shelter, etc.) and get seamless services.
- We have a way for domestic violence victims to stay connected with government services. (What is not working is consistency.)
- Support groups exist for victims.
- We have a domestic violence fatality review board. We try to pro-actively influence domestic violence. It was brave for government to establish such a board because at that time crime rates were low.
- In terms of emergency assistance, victims of domestic violence were in the same category as fire and flood victims. Now a special Family Violence Option is available.

#### *Legislature:*

- Since passage of the federal Violence Against Women Act: more focus on violence against women; more funding is available.
- Good laws were created.

#### *Judiciary:*

- Administrative Office of the Courts was comfortable hiring a former domestic violence program legal advocate for working on domestic violence issues
- Although there remains a needed and required separation of power between branches of government , there is more collaboration between the law enforcement and courts, etc. Boundaries have relaxed. Before, there was a stigma attached to the idea that government personnel "advocated" for victims. It was seen as unethical for judges to speak and learn about domestic violence issues outside of their courtroom. Now we are educating and training judges. We receive Violence Against Women Act funding at court level. It is ok to say: "Violence is not ok."

#### *Law Enforcement:*

- Fingerprinting practice (of offenders) works well.
- Crisis Response Teams are a good idea. They mobilize the community.

#### *Collaboration:*

- We collaborate with education, welfare, criminal justice, (etc.) systems. We are at the table with people in power.
- Collaboration with social service/welfare has been evolving over the last 7-8 yrs.
- "Education: in the past, people didn't honor that children of women in domestic violence situations needed confidentiality in a new school.
- Schools are required to collaborate with law enforcement and services – this helps kids to achieve. (Kids can't function when they are hungry or abused.).

*Training:*

- There is Life Skill Training offered in schools; mechanisms are in place to identify kids living with domestic violence.
- More training available.

**Question # 2: What among these things does not currently work well?**

Much of the discussion about problems focused on inconsistencies in interventions, often reflecting the independence (home rule) of municipalities and school districts, as well as inconsistent training of judges, prosecutors and service providers. Service quality and quantity varies, which may be caused by inconsistent training, funding, resources, lack of oversight or service guidelines.

*Legislature:*

- Some laws are not enforced or don't benefit victims (such as fines).
- Laws are good, but there are no benchmarks or enough funding.
- No standard implementation of laws (even within communities).
- Legislators want to do a good thing, but they often don't check in with experts to make sure laws are effective.
- Home rule law undermines uniformity – we need to look at other models
- Local home rule can cause inconsistent services and implementation. We have approximately 560 municipalities.

*Funding Problems/Budget Cuts:*

- There are budget cuts and shelters are struggling.
- Crisis teams are not always established or maintained – little funding.
- We have high expectations of police but because of caseload or lack of funding, time and other resources laws are not enforced. There is a lack of uniformity.
- Money is often lacking, for example, police do not have money to print forms (incident reports, etc.).
- We are not always making the best use of Violence Against Women Act funds.

*Municipal Courts:*

- Municipal prosecutors have quick turnover – it undermines domestic violence cases because they are typically not trained or knowledgeable.
- Municipal prosecutors are not career prosecutors.
- Inability to provide advocates for every municipal court.
- Who holds municipal court judges responsible? (Police are held responsible but judges are not.)
- Judges do not get sufficient training.
- There are areas where we do not get collaboration from judges.
- High volume of court cases.

*Lack of Uniform Service/Inconsistent Approaches:*

- There is a lack of uniform response on a statewide basis.

- More people want to provide service. They might be well meaning but sometimes not knowledgeable.
- There is a disparity between shelters with respect to quality.
- Service quality and consistency is random; there are many opportunities for failure. One woman said she had to contact the police four times before she was taken seriously.
- Changes in administrations are cumbersome.

*Law Enforcement:*

- We have high expectations of police but because of caseload or lack of funding, time and other resources laws are not enforced. There is a lack of uniformity.
- It can take police two hours to fill out papers for one domestic violence case.
- Availability of the police officer is key to when cases are heard – they are the key witnesses.

*Other:*

- Businesses are not able to deal with confidentiality of victims.
- We don't have diversity on this body and in agencies (race, ethnicity, physical ability, language, etc.).
- We don't do enough prevention – we focus on criminal justice system to solve the problem – there must be other solutions.
- Individual CPS workers who have not had the training don't understand the way to protect children is to protect the mother. They place the child in foster care.

**Question # 3: Are there societal and/or trends within the field of domestic violence about which those involved in the fields or impacted by it should take note in our consideration of future directions?**

The group discussion about trends focused primarily on the need to increase services to special needs clients and other underserved populations, such as members of immigrant groups, people with disabilities and women who have been in prison. In addition, a variety of other trends were mentioned.

*Increase in Need for Specialized Services:*

- Immigrant groups have a need for language and cultural interpreters.
- Women are being charged more as domestic violence perpetrators when they rarely are
- Trend: multi-problem cases. Complexity of needs of the victims – not only domestic violence, but they require many other services.

*Other Trends:*

- We are beginning to see that there is a connection between domestic violence and workplace violence.
- More people provide services who are not experts in the field. There is competition for funds and a question whether quality services are provided.
- Unemployment is high. We get more clients at the same time as our funding is reduced.
- There are groups for men. Some men are learning how to stop battering.
- Child abuse and domestic violence are now more often considered together. They used to be

viewed separately. Division of Youth and Family Services is beginning to shift their approach. They are starting to understand that the best way to protect the child is to support mom. The partnership with the Division of Youth and Family Services has been rewarding. We are now working with these staff to change their approach. There is a recognition that we need to partner and shift from preservation of the family to “safety first”.

- Some counties have work groups on domestic violence and substance abuse.

**Question # 4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

The discussion focused on the need for increased collaboration among all stake- holders (such as human services, the courts, law enforcement, education), and the need to provide more consistent and coordinated services and interventions. “Home rule” of municipalities was seen as a major barrier to implementing uniform approaches to domestic violence. The group discussed the need to provide consistent training for all stakeholder systems and agencies. There was also a call for developing an overall plan (including concrete goals and priorities) for domestic violence interventions and services in New Jersey, including how to best spend the Violence Against Women Act funds of \$4,000,000.

After the formal focus group had concluded, several people mentioned that more diversity is needed on this Advisory Council; this reflected the discussion in the large group that not enough diverse groups (race, religion, ethnicity, etc.) are included as service providers.

*Judiciary:*

- We need to decide how to handle domestic violence court cases. Should we have a domestic violence court (like drug courts)?
- Regionalize municipal domestic violence courts. Create a domestic violence court day. This might allow advocates to be available. Or should a special court be created? (of course there are practical realities – overtime costs, travel , availability of officers, etc).
- Look at impact on victim when there is a full courtroom, or when they have to stay until 10 pm.
- More training time for judges (this costs money) is needed.
- Judges get training; but training does not necessarily change attitudes – so I suggest sanctions might accomplish that!
- We need to collaborate (informally) with judges, have discussions/dialogue to do problem-solving (without regard to status/position).
- All prosecutors need to be trained – even junior members.
- Advocates are needed in every municipal court.
- Offender accountability is missed in the courts.

*Education/Training:*

- Police awareness needs to be built – this is not just an urban issue, it affects every community

(use the October public education campaign).

- Police training academy curriculum needs to be updated – use current data.
- Police/prosecutors should do a workshop at the beginning of the year.
- Focus more on primary schools rather than rely on criminal justice systems – early education/prevention.
- Have leadership training for chief school administrators. Create a school climate devoted to supporting/mentoring kids – get down to the classroom level (this is true for all systems).
- In-service training for teachers/administrators should include domestic violence issues – so this is integrated into their daily work. They will reach all children. Use existing models for training – this should be mandatory.
- Update the higher education curriculum.
- Improve in-service training. Division of Youth and Family Services workers need 40 hours of training just on domestic violence – our staff in programs need it too.
- Provide more training about domestic violence for mental health professionals – create openness to this training.

#### *Expand Services and Funding:*

- Meet the needs of the more complex problems victims have, provide multiple services in the shelters (one-stop shopping), and continue providing services once they have left the shelter.
- More children's services are needed – therapy for children.
- Expand programs, don't reduce services.
- Focus on early prevention – it would be our first real effort to end domestic violence.
- Need money for support groups (facilitators, etc.).
- Need funding for photograph/fingerprint materials. Technology could reduce time the officer spends on paperwork.
- There needs to be a commitment and prioritization of funding for basic critical domestic violence services. Grants are limited in what they can contribute to basic services.
- Make money available for administering grants, seeking them and for administering programs.

#### *Diversity and Inclusion of Underserved Populations:*

- We need to incorporate diversity and diverse perspectives at all levels of domestic violence institutions and service.
- We need to look at underserved populations: non-English speaking, hearing-impaired, etc. We should employ people who look like the victims: Faith communities, race, ethnicity, and access for wheelchair-bound individuals.
- We need to do more outreach to insular communities – find more creative ways to provide services, and to provide new services where necessary.
- We need to change our way of thinking about how we intervene with certain groups. Examples: The approach that helps Latino couples stay together – this may make us uncomfortable, but we should be more open. Or, offenders being talked to by elders of a Mosque.
- We must reach more diverse groups who we haven't yet reached.
- We need to get men who have done their own work on the issue of privilege involved with this domestic violence work.
- Provide services for women who have been in prison and are victims of domestic violence.

- More services for elder abuse victim.

*Research “Best Practices:*

- Consider other concepts that are working well elsewhere.
- Need to look at alternative interventions.

*Collaboration with the Business Community:*

- Reach out to commercial enterprises to value safety and provide confidentiality for domestic violence victims.
- Need to partner with business community about referral services, etc.

*Uniformity of Services and Approaches:*

- This (funding and standardized practice) should not be dependent on who holds office in a particular year, who is the prosecutor or judge or even the domestic violence service provider. The system should be working together from the same place, all committed to the same goals, at all times.
- There must be uniformity – every municipality can’t do its own thing.

**Question # 5: How can those involved in the field of domestic violence or impacted by it insure that these needs and priorities will be addressed and the necessary programs created?**

During this part of the discussion, participants emphasized the need to get elected officials as well as leaders of organizations involved in promoting consciousness about domestic violence. Leaders are needed to help increase and manage effective interventions (for example, laws) and services. New Jersey’s approach to domestic violence needs to be evaluated and other “best practices” need to be researched and applied when possible.

*Leadership:*

- Prioritize domestic violence at top levels of government, re-prioritize resources.
- Need more top level officials mandating/legislating changes at the municipal level.
- Bring commissioners to our discussions/or meetings.
- Commissioners should share the report with other commissions, they should “leverage” the final report.
- There has to be prioritization of domestic violence by those in the highest positions of government, non-profit, healthcare, education and all agencies. This top-down approach will then bring the employees at the agencies on board.
- Continue the Advisory Council - everyone needs to work together.
- Establish oversight of services to insure quality.

*Evaluate, Research Best Practices:*

- Develop a “system watch” that looks at and evaluates Crisis Response Teams, police, prosecutors and other entities throughout the system
- We need to evaluate what we are doing to see what is effective – we lack funds for this purpose.



- Study other model programs – what works, what does not work.

*Ensure Consistency:*

- Consistent, reliable services for all victims.
- Insure laws are applied in consistent ways.
- We need to work together so that a clearer, seamless, safer response becomes the norm for domestic violence victims.

*Other:*

- Keep these issues visible – profile awareness.
- Encourage town/municipal groups dedicated to domestic violence to use models from drug awareness – don't reinvent the wheel.
- Get each town to recognize that domestic violence affects them.

**Question # 6: Is there anything else you think we should know?**

During a short group discussion one person responded, “this group (Council) needs funding.”

While participants did not address this question extensively during the group discussion, many did record important responses in the last portion of the focus group on individual sheets of paper.

Participants were asked to write their responses to the questions “In your opinion, what is the most important issue that was discussed today?” and “Is there anything else that you would like to add that is important for us to know?” Participants’ responses are recorded verbatim on the attached sheet. Some of these items are also reflected in the previous sections.

## Priorities and Additions

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

The issue of a standardized implementation of the domestic violence law where all systems are on the same page rather than having random success. This may be best achieved through a model court approach and “coordinated community response.”

Future needs, priorities and programs.

All members at one point or another focused or spoke about funding and continuous domestic violence training for everyone – court, agencies, police, municipal, state.

Lack of uniform response on a statewide basis.

Need for collaboration or teamwork among the various disciplines to come up with solutions to the problem.

Primary prevention – it would be our first real effort to end domestic violence.

There’s a continual need for collaboration among all stakeholders (human services, the courts, law enforcement, education). Also, the issue of regionalizing services/education/courts is a great idea while “home rule” is the rule – we need an exception.

There has to be prioritization of domestic violence by those in the highest positions of government, non-profit, healthcare, education and all agencies. This top-down approach will then bring the employees and other personnel at this agency to this philosophy.

Working together - so that a clearer, seamless, safer response becomes the norm for domestic violence victims.

### **Question 2: Is there anything else that you would like to add that is important for us to know?**

There needs to be a commitment and prioritization of funding for basic critical domestic services; grants are limited in what they can provide to add to needed basic services. And money available for administering grants, seeking them and for administering programs. This (funding and standardized practice) should not be dependent on who holds office in a particular year, who is the prosecutor or judge or even the domestic violence service provider. The system should be working together from the same place, all committed to the same goals, at all times.

We need to incorporate diversity and diverse populations at all levels of domestic violence institutions including service providers and we must reach more groups who we haven’t yet reached. We also didn’t mention the trend of getting men (who have done their own work on the issue of privilege) involved with this domestic violence work.

Thank you!

Offender accountability is missed in the courts.

Judges get training; but training does not necessarily change attitudes – so I suggest sanctions might accomplish that!

This council needs funding – or did I already say that?

**New Jersey Advisory Council on Domestic Violence**  
**Focus Group Project**  
**Focus Group #8: May 19, 2003**  
**Survivors' Group**

**Summary Report**  
By Judith Hain

**Background**

The eighth focus group was attended by ten participants who are regular members of an ongoing survivors of domestic violence support group. The members included women from diverse groups who, among them, had experiences with several domestic violence programs and counties in the state. Also in attendance were Judith Hain (consultant and facilitator). The regular facilitator for the Survivors' Support Group, took notes, helped to clarify issues being discussed and debriefed with the facilitator following the session. After introductions and a briefing by the facilitator, the group discussed and answered the focus group questions (set forth below at the beginning of each section). All ideas were recorded on newsprint (in addition to back up notes taken by Ms. Hook). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?" The group's level of participation was very high and significant information was gathered.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is represented below. The points made by participants have been categorized by the consultants to support easier reading and data analysis. Please note that some items could reasonably be placed in several different categories but we have placed them according to our judgment of where they most appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question #1: From your perspective, what are the things that currently work well with respect to laws, policies, and services for survivors of domestic violence?**

The group jumped right into the discussion and, as set forth below in this section, did not identify many things that they thought were going well.

- Policy regarding law enforcement. Mandatory arrest.
- Central Registry for restraining orders has been started somewhere but not fully developed.

**Question #2: What among these things does not currently work well?**

There was a great deal of discussion about the things that are not currently working well. The group was very forthcoming about the kinds of dangers they face and the barriers which often prevent them from taking the all important steps to protect themselves. One of the most compelling points made during this discussion was about the fact that once a victim enters the system, she(he) is continually confronted by professionals from all aspects of the domestic violence field who try to control the victim, just from a different perspective than the batterer did. The survivors asked poignantly for people to be more sympathetic/softer with them and not so controlling. They ask for recognition of how fragile they are.

*Services:*

- Too hard to get into a shelter, no health food, no fruits/vegetables, no sugar, cereal, milk.
- Case managers are not physically present. This is true at the one shelter being referenced here.
- Not enough monetary help. I had to go back to my abuser.
- Time gap between needing and getting it – logistics of getting into a shelter are problematic.
- People at the other end of hot line, if they are not properly trained or sympathetic may make you feel worse – another dead end when you are first hopeful of finally getting the help you need.
- School guidance counselors don't counsel about family/emotional issues. This often leaves children in school without an avenue to help them.
- Professionals don't understand the complex levels of what victims are experiencing; don't help people work through the issues. Too often, victims are working with professionals who are not specifically trained in the field of domestic violence.
- Generalized counseling services are not responsive to the immediate needs of victims, are not structured to provide help to victims of abuse.
- Continuity of services is lacking, leaving victims lost in the gaps.
- People don't realize how "fragile we are", they are too controlling, don't need to be, they need to be softer with us, more sympathetic.
- Former victims enter this field, and some are not healed themselves, they have not fully explored their own issues and sometimes take their need to control out on the victims they are supposed to be helping.
- Kids in shelters batter others.
- In homeless shelters, women are abusive, bullying.
- Churches/religious institutions most often don't have this expertise. People turn there and don't get help – the church's answer is to try to get abuser and victim together. "Keep family together. Doesn't accept divorce, the way in which the Bible is interpreted to keep en in control.
- Psychology needs to be ore specializes, like medical specialties.
- When we get the guts to say what's happening, we often don't get help.
- It would be much better for us if the professionals running and working in the shelters knew that health food is better for the victims and their children. Too often, shelter workers try to treat children to candy, etc. because they feel sorry for them. This is not helpful.

*Law Enforcement/Courts:*

- Legal system is very intimidating – fear of courtroom – discourages filing charges, etc.

- Victims often fear having to face their abuser in court. Participants shared a number of personal accounts of how they were followed to court by their abuser or by “friends” of the abuser to intimidate the victim.
- When asked to provide an address on the various forms, etc., the victim is not allowed to just give a post office box. Some require an actual address.
- Society is too ready to fund jails/not schools.
- No follow-up to ensure offenders go to counseling, etc. – no consequences.
- Bail is way too low. Abusers are out on the street immediately.
- Police don’t check abuse warrants, don’t communicate within their own structure.
- Sometimes, victims know more than people in the system because they have been through this so many times and the people in the system are often untrained or new.
- Victims are sometimes arrested.
- No direct route for victims to get the protection/help and services they need.
- Some police officers treat it as a job and show no compassion.
- Police protect one another.

*Barriers to Victims Seeking the Help They Need:*

- Emotional abuse is too subtle. It is not as clear-cut as physical abuse. Many who suffer emotional abuse don’t know that you can seek support.
- The participants listed a number of substantive and emotional issues which serve to keep them in abusive relationships. They are: being financially dependant on the abuser, a false sense of safety, no available rehabilitation opportunities, lack of employment, fear of unknown, concern about finding housing, the stigma, the fact that many abusive partners keep their partner/victim in ignorance about household finances, transportation, keep victim dependent, worries about what will happen to the kids/to me, finding shelter, maybe have to share a room, at least the familiar gives you some control, some shelters feel like jail because they have many rules and controls and you must give up all your possessions.

**Question #3: Are there societal trends and/or trends within the field of domestic violence about which those involved in the field, or impacted by it, should take note in our consideration of future directors?**

In this section, there was considerable discussion about the role of men and how they grow up and are treated in society. There was compassion expressed by a number of the survivors but all agreed that the conversation needed to return to their own issues.

- Cutting back funds – healthcare – domestic help cuts.
- Hard for men to know what their role is – men don’t have the support that women have.
- It becomes your life plan to find people who don’t abuse you.
- Women are more apt to go for help than men.
- Money for jails, not schools.

**Question #4: What are the future needs, priorities, and programs that those involved in the field of domestic violence, or impacted by it, should be addressing in order to achieve the goal of the elimination of domestic violence?**

In addressing this question, the participants had a number of specific programmatic and service-oriented suggestions. Some of these flowed directly from their identification of what was not currently working well.

*Services:*

- More shelters.
- More empathetic people on the hot line; more training for those people.
- Develop or administer an existing psychological profile test for professionals to take before they can work in the field – this would ensure that only those well suited for the field of domestic violence would come into contact with victims.
- There should be domestic violence workers who are male so that men will feel more comfortable.
- Halfway house that you go to when you first leave – one-on-one counseling – then go into a shelter when you are prepared for more communal living – need more time in the shelter too – then halfway house at the other end. There should be a child psychologist on staff at shelter and a system to allow kids/women to take loving pets to the shelter with them. The victim should be able to store her belongings while in shelter. A possible solution is to get storage places to donate space.
- Workshops should be developed and provided at work giving information to employees about relationships. It could stress proper boundaries, self-esteem, etc. Victims think there is something wrong them.
- Need more help on how to handle things after the abuse.
- Housing!!!

*Programs:*

- Prevention programs – conflict resolution, family values – start early in school – elementary school, proper dating etiquette – respect for each other, what are good boundaries, stress teamwork, stress kindness, self-esteem, no more emphasis on competition.
- Rehabilitation programs – co-dependency/alcoholism are illnesses.
- Support groups for men who have been abused – we need to solve the batterers problems as well.
- It's ok for boys to be the “caregiver” – erase gender roles.
- Men need to learn better coping skills – men who feel out of control become a problem at home – both before they are abusers and after; men should learn communication skills, how to succeed at work, and better gender roles/skills. People need to learn how to treat other people.

*Other:*

- There needs to be a definition of what constitutes abuse – children/families don't know and don't acknowledge.
- Groups need to do their own fund-raising – don't depend on government.

- There should be separate rooms in the courthouse for complainant and defendant to ensure safety and reduce the intimidation factor. There should also be escort services to ensure safety in parking structures, etc.
- Database from community to community to insure that abusers are identified and records kept.
- Training for employers so they understand their employees' needs. Corporations should have security protocols – just because someone is “nice” at work, they may not be that way at home.
- There should be mandatory daycare at work and other services that recognize that women lose because of being in abusive relationships. Women fear the employer knowing about their circumstances and often are fired because of poor attendance (which is the result of living in an abusive situation).
- The Family Medical Leave Act should include a provision for victims of domestic violence.

**Question #5: How can those involved in the field of domestic violence, or impacted by it, ensure that these needs and priorities will be addressed and the necessary programs created?**

The reader will see that the participants again provided very specific and helpful approaches. One key recommendation that came out of the discussion of this question is that participants would like to see regular meetings established in which they may talk directly to those who are creating programs/interventions/changes to the system. They would like monthly or at least quarterly meetings with shelter directors, legal people, healthcare professionals, etc. so they may dialogue with the people who most directly impact the life of the survivor.

*Services:*

- Participants talked about how difficult the first step can be in asking for help. Just the simple act of making that first phone call can be difficult. They suggested that a direct route in assisting victims in moving forward/eliminating barrier would be to provide localized 800 numbers. They talked about how calling 911 is often a first step. They want phones to be more accessible and suggested that shelters provide phone cards.
- Counseling with respect to codependency, inner child, rehabilitation, heal yourself.
- Healthcare issues – doctors trained in these issues – bring multiple disciplines to help victims.
- Create cross-cutting discipline teams so victim doesn't have to tell the story over and over.
- Support right after trauma helps heal – address issues before they are repressed – this would be more effective and save money.
- The participants talked about the issue of debt. They told personal stories about leaving their abuser and being held responsible for debt they did not even incur. They would like some consideration of this issue and suggested even a 50/50 approach. They also suggested the development of a legal document, which verifies that one has just left an abusive relationship. Perhaps that would warrant a 6-month deferment of the debt.
- Improve accessibility to good attorneys for victims.
- Financial support for attorneys fees.



- Accessibility w/ shelters to people with disabilities.
- Participants suggested the establishment of a phone number you could call when you get to a shelter to report what is happening at the shelter, that is, if things are not acceptable that they would like to be able to call and be moved immediately. There was the feeling expressed that professionals in the field protect one another and that an agency to protect victims in shelters is also needed.
- People who work in shelters should go as “mystery” survivors to check out their own and other shelters (Advisory Council). Then they might see conditions that are not apparent when they are there as themselves.
- Establish “foster” homes for victims – same-sex, safety concerns.
- Provide safes in shelters for passports/valuables.

*Training and Education:*

- Training – mandatory – for police officers.
- Early intervention for children who are at risk – those who have witnessed/experienced domestic violence.
- Use PBS as a vehicle to get out the message that it’s ok to get help.
- Free parenting classes – creates self-esteem – even for kids.
- Focus on kids – early self-esteem.
- Parental training.
- Teachers need to attend to emotional learning.
- Training on empowerment for victims and potential victims.
- Mandated training for judges – no enforcement – no follow-up.

*Other:*

- Employers look to the top to set the tone – want staff to function well – managers need proper direction from above.
- Pay domestic violence professionals well.
- Break the (police) Code of Blue for safety of victims.

**Question #6: Is there anything else you think we should know?**

While participants did not address this question specifically during the discussion, many did record important responses in the last portion of the focus group on their individual sheets of paper.

Participants were asked to write their responses to the questions: (1) “In your opinion, what is the most important issue that was discussed today?” and (2) “Is there anything else that you would like to add that is important for us to know?” are recorded verbatim on the attached sheet.

## Priorities and Additions

### **Question 1: In your opinion, what is the most important issue that was discussed today?**

Beginning at a very early age in the schools at each grade level teaching: (1) conflict resolution, (2) mediation, (3) ethics, (4) cooperation/community/teamwork, (5) family values/responsibilities, (6) dating, (7) setting and maintaining boundaries, (8) assertiveness, (9) self-actualization/empowerment, (10) parenting skills, and (11) social/political/economic justice in a more empathetic way than simply competition and survival of the fittest or strongest.

That the Advisory Council and social workers in the field should have their finances limited and resources limited for a one-month period while they live “undercover” in a domestic violence shelter to see the weaknesses in terms of (1) cleanliness, (2) nutrition, (3) accessibility and training and empathy, and (4) professionalism of staff, transportation and communication (e.g., phone, word processing, fax, email) for victim.

Prevention/education/rehabilitation.

Lack of expertise in churches and corporations.

Barriers for leaving, poorly run shelters, money for education vs. money for jails!

To be able to get the help and support from the individuals who know how to handle domestic violence situations – counseling and financial support as well as emotional support.

Safety for victims in and out of shelter, protecting a victim physically, emotionally and financially.

More direct access for victims to psychological counseling for long-term rehabilitation.

### **Question 2: Is there anything else that you would like to add that is important for us to know?**

The need for divorce/legal help without the necessity to go to court: I’ve remained married to a man who tried to kill me since 1997, although I have not seen him since 1998.

I think we covered most everything. But consideration should be given to looking at this like a disease. There should be appropriate evaluation, treatment, assessment, and follow-up.

This is not a male or female issue; this is a people issue; this is an educational issue!

The issue of the long-term effects of domestic violence may or may not have been discussed. But I feel that there should be an ongoing support system months and even years down the road to address any residual effects.

Education at the elementary school level. So that people, not just women, know the signs and can be empowered to be able to get out.

I think you know. Dysfunction breeds dysfunction. Growing up in a situation where domestic violence is witnessed and leads to domestic violence in adulthood; either an abuser or one who is abused. Break the cycle. Stop the hurt. Healing inwardly creates the “well being”.

**New Jersey Advisory Council on Domestic Violence  
Focus Group Project  
Focus Group # 9: May 21, 2003  
Medical/Healthcare**

**Summary Report  
By Antje Mattheus**

**Background**

The medical/healthcare focus group was attended by 13 people comprised of nurses, social workers, psychologists, and a physician from varied sectors, including private practice, hospitals, state government, and professional associations. Also in attendance were Antje Mattheus (consultant and facilitator) and advisory Committee member Carol Vasile who helped with set up and took notes. Sakina Jaffari, Division on Women intern, also attended and took notes. Carol Vasile helped clarify issues and debriefed with the facilitator following the session. After introductions the group discussed and answered the focus group questions (set forth below at the beginning of each question). All ideas were recorded on newsprint (in addition to the notes taken by Ms. Vasile and Ms. Jaffari). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?" At the end of the focus group participants were asked to provide comments on what this experience was like.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is presented below. The points made by participants have been categorized by the consultants to support the easier reading and analysis of the data. Please note that some of the items could reasonably be placed in several different categories, but we have placed them according to our judgment of where they appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question # 1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

Participants noted that over the last 10 years some progress has been made in the ways the medical profession addresses domestic violence. Some model programs exist in larger institutions like hospitals. Education about domestic violence and training in how to intervene is a powerful tool. In one hospital, a 655% increase in identification and resource allocation took place after a house-wide training.

Training resources and informational materials exist, but their use is inconsistent. Many health care providers have little or no knowledge about how to screen for domestic violence or how to support victims. While there are positive developments, these health care providers expressed that a lot more has to be done.

### *Model Programs and Approaches:*

- St. Peters Hospital: All service providers involved in domestic violence met weekly for about three months in 1995. This started a process of collaboration and connections between the service providers. A working framework was developed and maintained. It is a full community response to domestic violence. As part of this initiative a house-wide training took place. The training provided effective tools and approaches. After the training people have often acknowledged that although well intentioned in the past they “have said the wrong things”.
- An automatic referral process was developed at Overlook Hospital, including a “red flag” system and back up for healthcare workers. 15 to 20 minute trainings on domestic violence are offered. Recognition of domestic violence and referrals have grown. In 1997, 47 referrals were made, in 2002: 240. This sends a message of support to the victim/survivor. 85% of these referrals were not identified in the emergency room, but by other health care professionals.
- In one hospital a 655% increase in identification and resource allocation took place after the house-wide training. The training gives effective tools and approaches. After the training takes place people often acknowledge that in the past they “have said the wrong things.”
- A private practitioner model has been developed that supports screening and resource allocation.

### *Education and Information Dissemination:*

- Information dissemination (about domestic violence and resources for victims/ survivors) in hospitals and other larger organizations has improved.
- Information regarding domestic violence for medical service exists.
- Education of physicians regarding dealing with domestic violence has improved.

### *Availability of Shelters and Social Services:*

- There are good service systems in place (shelters, etc.). Medical professionals can make referrals to these places.
- Shelters work well.
- Social services provide employment and food for victims/survivors.
- Crisis counseling, pagers and on-call systems are established in some institutions.

### *Collaboration and Coordination:*

- In some counties communication and collaboration between police officers, advocates, the prosecutors’ office and mental health services works well.

### *School-based Programs:*

- School nurses participate in domestic violence programs in schools, which have developed over the last 10 years, especially for high school girls.
- In some schools, bully programs and counseling programs worked because bullying turns into violence in later grades.

## **Question # 2: What among these things does not currently work well?**

Participants focused on the complexity of intervention in domestic violence, and the fact that few health care professionals are trained or have the resources to screen for domestic violence or to intervene effectively, especially when faced with traditionally under-served populations. The situation is exacerbated by the present crisis in healthcare - insurance problems, nurses shortages and lack of time to spend with patients. The medical model - diagnosis and intervention - does not necessarily work with domestic violence victims/survivors who may have an interest in hiding the abuse or find it unsafe to leave a violent relationship due to no money, no resources, more violence, etc.

One person suggested that health care providers should be required to report domestic violence cases, but most other participants disagreed strongly. One of the reasons mentioned is that health care providers would have to go against most patients will and break confidentiality and trust. In New Jersey health care professionals are not legally required to report domestic abuse. But it also became clear in this discussion that providers need to feel obligated to learn about domestic violence and provide services and interventions.

There is no legislation in New Jersey that addresses health care and domestic violence issues, such as mandated training or screening and referral processes. It was also noted that many hospitals and clinics do not have a protocol to keep clinicians safe from potential abusers.

### *Lack of Training and Information for Healthcare Professionals:*

- There is a lack of information regarding laws, services.
- Individual healthcare providers do not have information to distribute.
- Training around domestic violence does not get reinforced. It is not part of the medical culture.
- A lot of older healthcare providers have not been trained (to identify victims/survivors, etc.).
- Domestic violence education is not incorporated in the statewide curriculum.

### *Lack of Screening and Knowledgeable Interventions:*

- Most emergency rooms do not screen for domestic violence.
- Identification of domestic abuse is the primary issue; the next step is to give victims/survivors a resource brochure or a phone number.

### *Lack of Time and Resources:*

- Healthcare providers are very busy. They don't have screening tools. If they are not connected to social services, they might not do anything. It is hard to educate physicians, regarding laws, or when to call the police.
- There is a lack of resources. Doctors can't spend a lot of time with patients (good screening tools will make this easier).
- Services are not always coordinated, and domestic violence victims lack access to them.

*Domestic Violence is Complex and Needs Skilled Interventions:*

- Domestic violence is very complex and almost counter-intuitive to medical professionals. The victim gets hurt and the medical professional wants to stop the hurting. Patients might not be ready to make a change for the better. A woman who is abused is often experienced as “fighting you” – solutions are not easy.
- Patients have problematic behaviors (like drinking, taking drugs). Medical providers need to know what to do when victims/survivors are ready (learn how to talk to patients, acknowledge that change is difficult).
- Victims of domestic violence try to hide it. This makes it hard for providers to identify victims and to help.
- Many girls/women do not want to get out of violent relationships, although they want the violence to stop
- Medical providers need to keep in mind that everyone - including the victims of domestic abuse need to make their own choices. They need to be respected.
- Gay/lesbian victims are afraid to speak up due to negative consequences (so are many other “underserved populations).
- When a therapist is not educated and skilled in dealing with domestic abuse inappropriate treatment of couples can take place, even when active abuse is taking place.

*Underserved Populations:*

- There are many underserved populations: people with physical disabilities, same-sex couples, college students, ethnic minorities, non-English speakers, women brought to New Jersey through trafficking (who are sold and bought), the very affluent, emancipated minors, the elderly, non-residents, immigrants, people with mental illness (some are institutionalized), trans-gender, intersexed, drug users, partners who have a perpetrator in law enforcement, men who are victims.
- Shelters often don’t accept mothers with older boys.
- Shelters don’t accept clients with mental health issues. Shelter staff does not feel qualified to deal with these clients and is concerned about the impact of clients with mental health issues on other shelter clients.

*Other Problems:*

- Frequent denial of restraining orders. This is especially problematic when sexual abuse by the batterer is suspected. Judges still accept “parental alienation syndrome.”

**Question # 3: Are there societal and/or trends within the field of domestic violence about which those involved in the fields or impacted by it should take note in our consideration of future directions ?**

The group discussion about trends focused primarily on the present crisis in health care. Lack of money, nursing shortages and fear of liability suits can deter health care professionals from intervening in domestic violence cases. Some positive trends were noted, such as a growing awareness about domestic violence and about batterers’ responsibilities in cases of domestic violence.

*Crisis in the Medical Profession:*

- Hospitals don't have money.
- There is a shortage of nurses.
- Fear about liability and law suits – this fear keeps providers from doing anything.

*Other Trends:*

- Greater awareness of cost of domestic violence.
- A greater awareness to hold batterers accountable.
- Growing substance abuse problems is noticed at shelters. Shelter employees are not trained. Substance abuse causes problems for the other families.
- Restraining orders are refused by many judges at high numbers, especially when children are involved. There is a growing awareness of what is going on with the batterer and what contributes to their violence.
- Because of new immigration laws, immigrants are afraid to speak up or inform healthcare providers.

**Question # 4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

The need for consistent training and education of healthcare providers was highlighted in this discussion. But training will only work if it takes the unique circumstances and culture of healthcare providers into account, which include lack of time for training or interventions. Protocols need to be developed that help healthcare professionals screen for domestic violence and intervene effectively. Several “best practices” were pointed out (see question one) that already exist and can serve as models for other healthcare providers.

Healthcare providers have a unique opportunity to be an initial source or contact for potential domestic abuse victims/survivors. Their ability to recognize abuse and to intervene in effective ways is crucial.

Collaboration and coordination with law enforcement, shelters and other service providers are essential. Once medical professionals have recognized an abusive situation they need to use referral processes to connect victims with continued services and interventions. Again, lack of time and resources exacerbate this situation.

Several focus group participants pointed out that interventions are not always easy. The needs of victims are often complex and challenge the “medical model,” that assumes that diagnoses lead to “fixing or healing the patient.” In domestic abuse cases victims may not always want to be “fixed,” and medical professionals have to understand that it may take a woman a long time to acknowledge abuse and use the resources offered.



### *Education and Training:*

- We need training for healthcare professionals in how to use consistent protocols and how to screen for domestic abuse.
- There is a need to increase the training of healthcare workers. Make domestic violence education a mandatory requirement for licensure for MDs, RNs, social workers. Update the domestic violence education curriculum. Improving the quality of domestic violence education provided by domestic violence professionals for health care professionals.
- There should be mandatory training for social workers.
- Training on the barriers to escaping and how to address them. Escaping can increase physical danger, and is important to understand that victims/survivors often distrust the system and don't expect protection.
- Train domestic violence educators in how to work with physicians and nurses.
- Training should be approved by the American Medical Association.
- Training for healthcare providers needs to be available in various forms (tape, CD-rom, etc.). This will make it easier to find the time to learn about domestic violence.
- Include diversity training: how different cultures deal with domestic violence.
- Educate healthcare providers as to how to identify, treat, refer victims to appropriately staffed resource for long-term treatment/follow-up services for facilities. Educate victims as well.
- Need for regular, coordinated seamless education for healthcare providers, and the availability of ready resources and referrals to give to victims.
- Education and training of professionals in contact with domestic violence victims should be mandated and funded by the state.
- Cultural competence training for mental health and health professionals.

### *Collaboration and Coordination:*

- There needs to be better collaboration between law enforcement and healthcare.
- We need mental health assessments and services (connected to shelters) that are affordable.
- More coordinated resources and more knowledge of what is out there.
- Healthcare providers need resources and referrals (to shelters that have room).
- Faith communities need to be educated. Priests, pastors are used as healers. Sometimes there are people with a lot of awareness and they can help.
- Chaplains in a hospital can be helpful (also x-ray technicians, lab technicians, nurses, social workers – anyone with potential for individual contact).
- There is an ongoing need for community ownership of the problem and its solution via collaboration, communication, education, and public awareness.
- Coordinated community response.

### *Focus on Batterers:*

- We also need to focus on batterers.
- Need more and more effective batterer programs.
- Look at interconnected issues: How post-traumatic stress disorders or brain injuries might contribute to violent behavior in a small number of cases.

*Other Needs:*

- There needs to be a mind-shift from “we want to fix things” to “we can’t always fix things, but we can give a message and opportunity to women.
- Solve the dilemma of domestic violence and child abuse being approached in different ways.
- Look at interconnected issues: suicide attempts, depression, etc.
- Address the needs of the underserved populations (see previous question).
- Focus on education of young children about domestic violence.
- We need to show the cost of domestic violence to get better buy-in from the larger population. Just saying domestic violence is wrong may not resonate with more people than are already concerned.

**Question # 5: How can those involved in the field of domestic violence or impacted by it ensure that the needs and priorities will be addressed and the necessary programs created?**

During this part of the discussion, participants emphasized the need to find effective ways to coordinate community responses with healthcare responses. Again protocols and processes need to be clear and doable in a short amount of time. Internal (within the medical profession) and community education and training are essential, including ad campaigns and listings of resources. One person suggested that we “need to focus on what is working and expand on these ideas! Let go of what doesn’t work!”

**Question # 6: Is there anything else you think we should know?**

The discussion centered on the connection between child abuse and domestic violence and the often conflicting interventions in each. It is essential to find interventions that work for the victim (mostly the mother) and the child. According to the law, a child witnessing violence is not child abuse. But at times domestic violence victims are separated from their children because social workers interpret the situation as child abuse. A task force has been set up to look at the connection between child abuse and domestic violence, which has a 60% overlap.

Also, more sensitivity is required in diagnostic coding of mental health issues. This coding must be done respectfully, with awareness and emphasis on the safety of the victim. Several participants suggested that a diagnosis and its consequences - such as the victim being stigmatized as mentally ill, abuse becoming known, insurance not paying - should be discussed by the mental healthcare provider with the victim. She needs to be empowered to help make the decision about diagnostic coding. Alternatives and impact need to be clarified and discussed.

One person suggested that a particular play about domestic violence - “The Yellow Dress” - is especially effective in educating the public.

In addition to the group discussion, participants recorded important responses in the last portion of the focus group on individual sheets of paper. Their responses to the questions “In your opinion, what is the most important issue that was discussed today?” and “Is there anything else that you would like to add that is important for us to know?” are recorded verbatim below. Some of these items are also reflected in the previous sections.

## Priorities and Additions

### **Question 1: In your opinion, what was the most important issue discussed today?**

Education and community collaboration. Education of all healthcare providers to increase awareness; community reference systems.

The need for an increase in training of healthcare workers and making domestic violence education a mandatory requirement for licensure for MDs, RNs, social work.

Also, updating domestic violence education curriculum. Improving the quality of domestic violence education provided by domestic violence professionals.

Education of healthcare providers as to how to identify, treat, refer victims to appropriately staffed resource for long-term treatment/follow-up services for facilities. Educating victims as well.

Recognition of improvements that have been made with regard to all services for domestic violence victims/survivors and the overwhelming opportunity and need for healthcare providers to be an initial source or contact to consideration of healthcare providers as victims.

Need for regular, coordinated seamless education for healthcare providers, and a ready resources of referral for the provider to give to the victim.

The complex nature of the problem was highly led. Ongoing need for community ownership of the problem and its solution via collaboration, communication, education, and public awareness.

Education and training of professionals in contact with domestic violence victims should be mandated and funded by the state.

Cultural competence training for mental health and health professionals.

Lack of training of healthcare providers in identifying and addressing needs of domestic violence victims.

Lack of domestic violence victim's access to all services they need in an orchestrated and coordinated way.

Need to focus on what is working and expand on these ideas! Let go of what doesn't work!

Coordinated community response.

**Question 2: Is there anything else that you would like to add that is important for us to know?**

I think building closer relationships among those who work in the domestic violence field is very beneficial to this community. It would improve understanding about services, improve consistency in domestic violence education and services. Thank you!

That educational courses and tools need to be AMA approved and certified by any other nationally recognized association to stimulate healthcare providers' participation that will elevate the educational courses/tools/programs perceived value.

Consideration of health care providers as victims. Assist victims/survivors in obtaining services and staying safe.

Change the culture to promote nonviolent solutions to conflict. Have nonviolent role models for children. Media, media, media – very powerful for children in homes where there are children. Children who witness violence are more likely to become batterers or victims, because they grow up with the notion that battering is an acceptable way to resolve conflict. We need to break that cycle of violence. More focus on prevention of violence rather than on victims, but continue to help as well! What can we do for mothers of children who have violent behavioral disorders, especially in the teen years when they may overpower the mother and make her a victim of violence from her own minor child.

We need to recognize the importance of groups such as this to meet in an ongoing way. Need more groups that center on actual victims as they interact with the systems that we represent.

If education and screening/referral protocols are not made mandatory, compliance will be low by many institutions due to lack of money and time. Thanks for allowing me to participate!

Trends: increase of trafficking of women into New Jersey. They are purchased, often don't speak English and are tortured by their "husbands" who paid for them.

Threats against affirmative action have made ethnic minorities less comfortable coming forward to identify problems within their communities, since they are already being seen as incompetent and criminal. Also ethnic minorities distrust systems or are unaware of available resources. Health professionals have mistreated impoverished and ethnic minority clients.

Need for funding and community input involving local government.

Standards and accountability within the healthcare fields. Training is given but if there is no incentive, will not happen. This is especially true if there is under-staffing and under-funding of service.

**New Jersey Advisory Council on Domestic Violence**  
**Focus Group Project**  
**Focus Group #10: May 22, 2003**  
**Legal**

**Summary Report**  
By Antje Mattheus

**Background**

The legal focus group was attended by 13 participants. Participants came from of a broad spectrum of professionals dealing with domestic violence and legal issues, including a Presiding Municipal Court Judge; a police lieutenant; a Domestic Violence Hearing Officer; a domestic violence assistant prosecutor; attorneys, including from Legal Services, advocates and a commissioner of the Violent Crimes Compensation Board. Also in attendance were Antje Mattheus (consultant and facilitator), and Advisory Council members, Sandy Clark who helped with logistics and Donna Hildreth who took notes. Both helped clarify issues and debriefed with the facilitator following the session. After introductions the group discussed and answered the focus group questions (set forth below at the beginning of each question). All ideas were recorded on newsprint (in addition to the notes taken by Ms. Hildreth). At the end of the group discussion, all participants were given a sheet of paper and asked to answer two questions: (1) "What is the most important item that was discussed today?" and (2) "Is there something else you want to add that is important for us to know?" At the end of the focus group participants were asked to provide comments on what this experience was like.

The following is a summary of information gathered through the focus group discussion and the participants' individual answers. Each question answered is presented below. The points made by participants have been categorized by the consultants to support the easier reading and analysis of the data. Please note that some of the items could reasonably be placed in several different categories, but we have placed them according to our judgment of where they appropriately belong. Information provided by participants is not attributed to them by name.

**Summary**

**Question # 1: From your perspective, what are the things that currently work well with respect to laws, policies and services for survivors of domestic violence?**

There was a general sense that a lot of progress has been made over the years in the legal field. Some participants commented how surprised and pleased they were about the long list of positive laws and legal resources available for victims of domestic abuse, especially since many participants experience many difficulties in addressing domestic violence. One person wrote: "...it is great to know how much is working well. I am proud of the changes." The improvements can be grouped into six categories:

*Supportive Developments in the Laws:*

- Mandatory arrest of batterers works well.
- Temporary Restraining Order relief is available.

- Scope of act: Definition of victim is very broad.
- Mandatory training of judges and law enforcement about victims' issues.
- Final order is permanent.
- Enforcement mechanism has improved, contempt for violation.
- Mandatory 30 days in prison --- after second contempt.
- Presumption that victim is at least temporarily entitled to custody of children and residence.

*Support from Law Enforcement:*

- Immediate weapon seizure.
- A successful model for crisis teams (Community Response Teams): Police departments affiliate with local domestic violence programs.
- Extensive staff, commitment of law enforcement resources.
- Domestic violence liaisons (officers who address domestic violence).

*Support from Judges:*

- Within one-half hour a judge can disarm a volatile situation by issuing a restraining order. A police officer can get the order via phone when courts are closed.
- In Bergen County, eight back-up judges for off hour complaints.
- In criminal cases a judge can issue no contacts orders as a condition of bail.

*Support from Prosecutors:*

- Every municipal prosecutor has a county prosecutor liaison (criminal side).
- Gloucester County has a special prosecutor to handle municipal court cases.
- In Bergen and other counties, the prosecutor pushes for arrest in domestic issue situations.

*Support from Attorneys and Legal Advocates:*

- Legal advocates are available in most Family Court and some municipal courts.
- Some attorneys are willing to work pro bono.

*Technology:*

- There is a domestic violence central registry for restraining orders.

**Question # 2: What among these things does not currently work well?**

This discussion generated a long list of problems. Focus group participants stated that in some cases laws are poorly defined and not effective for victims, e.g., the statute that creates a fine for criminal domestic violence convictions. Getting relief for victims is too often difficult. In many counties it is hard to obtain restraining orders or to enforce civil contempt. Ancillary reliefs available under the Prevention of Domestic Violence Act are very underutilized. Many police departments have not yet established crisis response teams, others have been established but are not being maintained. Training for judges, attorneys, prosecutors, police and other legal professions was seen as inadequate or non-existent.

*Laws and Application of Laws:*

- There is poor caselaw definition of "battered women's syndrome" in civil cases. It is

difficult for a victim to fit into this narrow, inaccurate definition. This causes problems in civil cases such as marital torts.

- There is no presumption of custody to the non-abusive parent in the general child custody statute (although there is in the Prevention of Domestic Violence Act).
- Vigorous charging and prosecution of victims who use force against the batterer is a problem.
- The “primary aggressor” is often not determined. Victim and aggressor are sometimes treated equally by the police and courts.
- There is no arrest for violations considered “De Minimus” in some jurisdictions. De minimus definitions vary from county to county. The consequence is that police can’t get a warrant for arrest from some judges for acts that may be quite serious from the perspective of the victim, and which are violations of restraints.

#### *Relief Problems:*

- Monetary relief for victims is hard to get. There are lots of attorneys and pro se litigants who don’t know all they can ask for.
- Unrepresented victims who are up against represented batterers at the final restraining order hearing are at a real disadvantage, and the victim very often does not get restraints.
- Non-dissolution litigants get short shifted compared to dissolution courts. Rules are different. The culture in courts is different between dissolution and non-dissolution cases.
- If the temporary restraining order is dismissed and custody and/or child support is an issue(s), no one advises the victim to file for these reliefs under a different docket.
- There are not enough advocates to help the victim.
- Child support can be difficult to get in a restraining order hearing even with an attorney. A victim on her own (pro se) cannot get it.

#### *Problems in Getting Restraining Orders:*

- There are no discovery rules in NJ court rules for civil procedures for domestic violence restraining order proceedings. The judge can refuse to grant support and can send the victim to get support under a different docket number.
- Temporary restraining orders are often denied when the court is out (weekend, holiday). Victims have to wait until court opens.
- Temporary restraining orders take time to process. It is hard to get hold of municipal judges after hours, or the process takes a long time. Some judges are not aware of the impact on police and their time when they do not respond to temporary restraining order requests.
- Some police tell victims to wait until Family Court reopens. They refuse to take complaints.
- Too much police time is used up getting after-hour temporary restraining orders - police can not do other policing.
- Some of the frustrated police departments have a form that is already checked indicating that the victim does not want a restraining order. This happens in some of the bigger and busier police departments.

#### *Civil Contempt:*

- There is no consistent monitoring of court ordered relief.
- There is no consistent enforcement of civil contempt by the batterer. There are no consequences.

*Lack of Knowledge about Domestic Violence:*

- Many municipal judges in remote areas have little experience with domestic violence cases.
- Police can get frustrated with prosecutors who dismiss domestic violence cases after police spend hours collecting evidence and processing complaints. This happens frequently especially when the victim does not wish to testify or proceed with the prosecution.

*Lack of Training:*

- There is no mandatory domestic violence training for municipal prosecutors (who are often part time) or for attorneys. Mandatory training for police does not always happen.
- There is training for judges, but some do not listen. Many judges don't want to be in Family Court.
- Family Court is the "training ground" for judges and they often strongly dislike it.
- Intake workers at Family Court are not sufficiently trained. They probably need 40 hours, but get less.
- Most complaints are under the jurisdiction of the municipal courts (in every venue), but staff receives the least training. Focus group participants expressed lots of frustration with prosecution at the municipal court level, where most domestic violence complaints are simply dismissed.

*Crisis Teams:*

- There is no consequence for not having a Crisis Team (CT) in a police department.
- There is limited funding to start crisis response teams. There is no money for maintenance. Funding is a real problem for teams.
- At times team volunteers are not utilized by police departments.
- Teams take a long time to be developed and to be maintained.
- Domestic violence programs cannot keep pace with supporting crisis teams.

*Translation Problems:*

- At times courts and police use family members to interpret for the victim.
- Court interpreter misconduct also happens. For example a court interpreter becomes involved and expresses his/her own opinions.
- Many documents, posters, etc. are not available other than in English.

*Problems with Documents:*

- Forms are often hard to read.
- The right to get a police report varies from county to county.
- At times prior case history is not filled out on the domestic violence complaint. The information does not get into the court file. One result can be dismissal.

**Question # 3: Are there societal and/or trends within the field of domestic violence about which those involved in the fields or impacted by it should take note in our consideration of future directions?**

Three major negative trends were noted in this discussion: Funding problems are increasing,



problems with criminal and civil domestic violence cases, and domestic violence impacting the next generation in the family.

*Problems with Civil Domestic Violence Cases:*

- There is a lot of ancillary civil relief that can be given in restraining order hearings, but people do not ask for it because they do not know about it.
- It is difficult for a victim to go from a temporary restraining order to a final restraining order when she (he) is not represented and the batterer is represented.
- There are some problems with court-appointed translators.

*Problems with Criminal Domestic Violence Cases:*

- Having jury trials on domestic violence cases is very difficult, few defendants are convicted, juries do not understand when a victim changes her testimony.
- No consequences for actions: rape, domestic violence, etc.
- In-house assaults (one-time actions) are sometimes mistaken for domestic violence.
- Judges impose surcharges (\$ 100) for criminal domestic violence cases. At present there are not a lot of opportunities to impose this surcharge. Domestic violence has lowest priority in the hierarchy of payment. (DV should rank higher.)
- There is a difference between a one-time violent act and ongoing abuse.
- The stalking statute needs to be reviewed. Stalking is hard to prosecute.
- The justice system cannot be funded through fines and surcharges.
- Domestic violence is viewed by some people as gender-neutral, leading to “bad” policies and misguided services. Some courts require “batterer” programs for women that are identical to services for men and do not understand the problems with this.

*Lack of Financial Resources:*

- Funding problems affect services (this is connected to the current economic situation).
- High cost of housing impact victims. In some counties no Section 8 housing is available. Some victims decide to stay in the house with the batterer because no housing is available.

*Domestic Violence is Impacting the Next Generation:*

- Problems with mother-son relationships. The son steals from his mother (this is often drug-related).
- We see impact of domestic violence on children; they need services.
- Impact on children needs to be better understood.

*Positive Trends:*

- Mandatory arrest leads to better orders and services for the victims. This is a result of emerging policies based on evidence-based prosecution.
- Improved understanding of domestic violence dynamics and respect for victims.

**Question # 4: What are the future needs, priorities and programs that those involved in the field of domestic violence or impacted by it should be addressing in order to achieve the goal of the elimination of domestic violence?**

Participants asked for training at all levels about present statutes, relief, family court procedures and domestic violence dynamics. Resources, such as multi-language forms are mostly not available, and enforcement is not universal across the State. One person stated that “it would be nice to have judges who really want to do family law.” Part of the discussion also focused on whether a separate domestic violence court should exist and how to use criminal law to support domestic violence cases. There was no consensus regarding these suggestions.

*More Training and Education:*

- There should be mandatory education for the members of the Bar Association (skills and methods and any family CLE course). Victims need competent attorneys, especially when the abuser has an attorney.
- It is important for police, judges, prosecutors, etc. to understand the dynamics of domestic violence.
- Additional mandatory training in domestic violence issues, for superior court judges, municipal judges, police officers, attorneys and municipal prosecutors.
- Develop course materials for training of attorneys.
- Staff doing intake for restraining orders at family court need training. This should be 40 hours.
- More training is needed focusing on access to all reliefs.
- More training for police officers by those dealing with domestic violence. This should be annual training, covering laws and domestic violence dynamics.
- When Continuing Legal Education related to family law issues takes place, domestic violence should also be covered (at least 1 hour).
- We need to respect victims and understand their needs. Training is needed so people understand why victim may stay in an abusive relationship and/or may not wish to testify.

*Unify State Rules and Resources:*

- Every county should have a highly trained prosecutor handling municipal court cases.
- We need uniform state rules regarding victims and others getting domestic violence police reports. Even victims have trouble getting their own report.
- There should be advocates in every court.
- Bilingual staff should be available on the municipal level.
- Legal forms and signs should be multi-language.
- Improve technology and availability of temporary restraining orders. Presently there are not enough copies, often they are handwritten and can't be read.
- Have more user-friendly forms. (Problem: Forms that meet legal standards are often not simple.)

*Improve System Response:*

- The focus group discussed solutions to the problem that judges are often not available to issue temporary restraining orders. One person suggested that in counties with large populations and police departments hearing officers should be hired to issue orders during weekends and holidays. This might make better use of police officers' time. Another suggestion was made to have a statewide judge available over the weekend.
- Improve the system's response on nights and weekends, holidays. Have judges and personnel assigned to specific times.

- There should be an attorney for every victim (a judge can't make the victim's case or give advice), especially when the defendant is represented. More pro-bono attorneys are needed.
- The Violent Crimes Compensation Board is considering establishing a program to represent victims of crime, including domestic violence. Attorneys will be paid up to \$1,000 for their services.
- More bi-lingual court staff.

*Improve Laws:*

- Consider expansion of domestic violence act to include theft.
- Improve the stalking statute, redefine elements of stalking.

*Improve Court Rules:*

- Revise court rules to include discovery rule for domestic violence proceedings.
- Advise victims of how to apply for custody and support withdraw a complaint or when judge dismisses a complaint.

*Use of Criminal Court:*

The following suggestions were made, (but some group members expressed disagreement).

- Have more emphasis on criminal prosecution.
- Consider establishing a criminal domestic violence court.
- Publish criminal domestic violence statistics annually as per the Prevention of Domestic Violence Act.

*Victims and Defendants Need to Be Informed:*

- Before a person goes to court, advocates and judges should advise victims of all available rights and reliefs, including support, custody issues, and what happens if the case is dismissed.
- Literature should be given to the defendant, explaining restraining orders and listing the consequences for violating them.

*Use Enforcement Mechanisms:*

- Use probation as an enforcement mechanism (for example, to monitor attendance at intervention program). Family Court has the ability to place the defendant on probation. Probation is a privilege.
- Probation can be the screener for compliance.
- Ensure that there are no breaches of interpreters' protocols.

*Other Suggestions:*

- We can't prosecute him without simultaneously supporting and finding services for the victim.
- Develop mechanisms to address problems that go across the system.
- Have better pro se material: Pendente lite, post judgment motions.
- Educate teens about date rape and violence.
- Publish a yearly report of domestic violence criminal statistics as per the Prevention of Domestic Violence Act.

**Question # 5: How can those involved in the field of domestic violence or impacted by it insure that these needs and priorities will be addressed and the necessary programs created?**

During this part of the discussion, participants emphasized the need for ongoing problem-solving and system evaluation. How this would happen was not clarified. One participant also reported that the Conference of Judges has identified the problem of family court judges who do not want to be in family court. Another participant mentioned that the Violent Crimes Compensation Board is considering establishing a training program for attorneys who represent victims of crime (including domestic violence), and that attorneys be paid up to \$1,000 for the representation of crime victims.

*Establish a Problem-solving and Evaluation Mechanism:*

- Discussions about the downfalls of each component within the system and possible solutions.
- Identify policies and services working and needed for victims.
- The feedback process about problems does not work well.
- Give information as to how to redress system problems - with judges, interpreters, etc.

*Other Ideas:*

- Courts in NJ need to get more involved, including criminal court.
- Need to certify attorneys who have been trained.
- Ongoing training to promote better understanding of domestic violence, respect for victims, emerging literature.

Focus group participants discussed the issue whether domestic violence courts or specialized courts are better than what exists now, or if that sets up a “low ranking court” for domestic violence. A criminal domestic violence court was also mentioned.

**Question # 6: Is there anything else you think we should know?**

There was only a short group discussion. One person made the suggestion that programs similar to DARE should be designed for domestic violence.

While participants did not address this question extensively during the group discussion, many did record important responses in the last portion of the focus group on individual sheets of paper.

Participants were asked to write their responses to the questions “In your opinion, what is the most important issue that was discussed today?” and “Is there anything else that you would like to add that is important for us to know?” Participants’ responses are recorded verbatim on the attached sheet. Some of these items are also reflected in the previous sections.

## Priorities and Additions

### **Question 1: In your opinion, what was the most important issue that was discussed today?**

Enforcement of domestic violence orders for batterers intervention programs, substance abuse treatment, etc.

Discussions about the downfalls of each component within the system and possible /suggested solutions.

Training at all levels. Education as to present statutes, relief, family court procedures for the Bar, municipal law enforcement, and advocates.

Identify policies and services working and needed for victim.

Things that don't work well, but it is great to know how much is working well. I am proud of the changes.

Training at all levels of people involved.

Mandatory education for the Bar (skills and methods and any family CLE course) as well as competent attorneys for victims when abuser has an attorney.

What does not work well: Feedback on these problems.

Importance of understanding of dynamics of domestic violence by police, judges, prosecutors, etc.

Additional mandatory training in domestic violence issues, for superior court judges, municipal judges, police officers, and attorneys.

### **Question 2: Is there anything else that you would like to add that is important for us to know?**

I believe biggest issue still facing us is denial of the existence of domestic violence as a problem and the fact that many judges and law enforcement personnel take the issue too lightly or refuse to believe it exists as a problem.

Need to change law to provide that a violation of an out-of-state restraining order is a violation of 2C:29-9b.

Temporary restraining orders are almost always issued ex-parte which tend to limit relief to restraints only and not include the ancillary issues.

No—happy to be part of the group.

State-mandated issues should be supported with funding (e.g., Crisis Response Teams)

Civil legal assistance programs that deal with comprehensive legal assistance to help victims beyond the final restraining order.

Need for additional community legal education—people who know more about their rights make better decisions.

Need more focus on victims going through legal system after obtaining final restraining order. Custody, visitation, economic support are areas where victims often continue to be victimized, sometimes with assistance of system.