

Statewide Assessment of Response to Domestic Violence in Louisiana

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ABSTRACT

The Louisiana statewide assessment of domestic violence attitudes and services was a cooperative effort between the Louisiana Community Policing Institute and the Criminal Justice Program at the University of Louisiana, Monroe. The research project included both surveys and focus groups from Louisiana's eight law enforcement planning districts. Results indicate that the response to domestic violence in Louisiana is generally inadequate. Furthermore, problems exist with respect to the definition of domestic violence among agencies. Finally, four basic barriers to successful intervention were identified, including lack of resources, lack of education and training, victims' lack of confidence in the system, and lack of a coordinated response to the problem. Recommendations are presented for overcoming these obstacles.

domestic violence. Current research suggests that up to four million women are battered each year, one every five seconds, by their intimate partners. Domestic violence is now the leading cause of injury to American women, accounting for more hospital emergency room visits than automo-

The Louisiana statewide assessment of domestic violence attitudes and services began as a cooperative effort between the Louisiana Community Policing Institute at Louisiana State University at Shreveport and the Criminal Justice Program at the University of Louisiana at Monroe. Researchers envisioned a statewide study that would begin to develop an understanding of what people believed about domestic violence in the state. Two basic missions were defined for this project. The first was a research project so we could better understand domestic violence in the state. The second was to bring people together who worked and lived in the same general area so they could begin partnering and team building, thus empowering themselves to solve the problems of their community.

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Justification for the Research

In recent years, much research has been directed at

mobile accidents, muggings, and rapes combined (American Psychological Association, 1996). In addition to the impact on women's health, each year an estimated 3.3 million children witness their mothers or female caretakers being abused, and 40% to 60% of men who abuse women also abuse children (American Psychological Association, 1996). Young women between 16 and 24 in dating relationships experience the highest rate of domestic violence and sexual assault. A shocking 57% of homeless families identified domestic violence as a primary cause of homelessness (Bureau of Justice Statistics, 2000).

Louisiana is not immune from acts of violence against women. In the annual report from the Violence Policy Center, Louisiana ranked second (61 murders), behind South Carolina (62 murders), in female homi-

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cides attributed to domestic violence. In addition to that ranking, the 1999-2000 assessment report on Rural Domestic Violence and Child Victimization in Louisiana interviewed 75 people across the state and reported that domestic violence was a critical issue of concern. The top six items in the survey that were thought to inhibit or act as barriers to women seeking safety in rural areas included inadequate service, lack of community awareness, lack of education/training on domestic violence, geographic isolation, transportation, and lack of confidentiality. The top four services needed by victims of violence in rural communities were local offices open daily with a crisis line, weekly support groups for women, increased education, and increased public awareness (Bell, 2001).

Finally, the Louisiana Coalition Against Domestic Violence indicated that in fiscal year 1999-2000, 8,707 women and children were served in domestic violence residential shelters and 20,708 women and children were served in non-residential programs.¹ However, 1,740 women and children were turned away from services because of space limitation.²

Literature Review

Multiple myths and beliefs exist about domestic violence in our society. Unfortunately, these myths and stereotypes adversely affect the relief that can be obtained on behalf of victims in our society.

One of the myths is that victims, primarily women, stay in abusive relationships because they accept abuse as a part of their daily lives. Evidence does not support such a belief. Rather, victims of domestic violence desperately want the violence to end and engage in various survival strategies, including calling the police or seeking help from family members to protect themselves and their children (Dutton, 1994a). One of the most misunderstood survival strategies is silence. Silence may be the best survival strategy in some cases. This is especially true in light of research showing that after an interval of decreased violence, the level and incidence of violence escalates after official intervention (Davis &

Smith, 1995). Other research indicates that in situations where police arrest the abuser, 32% of women are re-victimized an average of three times within a six-month period. Additionally, the onset of a criminal prosecution may serve to escalate threats and intimidation directed at the victim in an effort to dissuade her from pursuing criminal charges or cooperating with the police. As many as half of victims are threatened with retaliatory violence (Hart, 1993). Accordingly, speaking out, or calling the police, could be the most dangerous thing a victim of domestic violence could do.

Moreover, many women will endure a beating to keep the batterer from attacking the children. Thus, accepting a beating may be another completely misunderstood coping strategy used by victims. None of these strategies should be interpreted to indicate that a victim likes to be beaten; instead, they indicate her strength and determination to stay alive.

Another commonly held myth is the assumption that only a sick person would live this way and accept this type of abuse. Thus, many abuse victims are labeled psychologically impaired. However, research studying victims demonstrates that battered women actually do resist abuse in a number of ways (Dutton, 1994a). Furthermore, no research was found to indicate that domestic violence victims are mentally ill. Perhaps the confusion arises because many individuals with mental disabilities are often victims of abuse from their spouses or intimate partners, or because many victims suffer psychological effects, such as post-traumatic stress disorder or depression, as a direct result of the abuse (Dutton, 1994b). At any rate, victims of domestic violence should not be discounted as psychologically ill.

Closely associated with the myth of mental or psychological illness, many traditional theories have presumed that individuals with low self-esteem are more likely to remain in abusive relationships. In studies designed to measure common characteristics among victims of domestic violence, of which self-esteem was a measure, little or no evidence supports the proposition that victims share common characteristics. In fact, the

¹ These statistics are duplicate figures. Included in the count are carryovers (more than a month of service), and return stays/services. Shelter stays are limited to 45 days.

² Refers to women/children turned away because of maximum capacity at a program or for other reasons that could include ineligibility for services. In all cases, networking with another shelter, hotel/motel overnight stay or referral safety planning, non-residential services, or referral to more appropriate services were offered.

only characteristic common to most victims was the fact of being female (Cahn & Meier, 1995). Again, like mental illness, perhaps the confusion has developed because some victims experience a decrease in self-esteem as a direct result of being abused. Additionally, many perpetrators routinely degrade, humiliate, and criticize the victim.

Many people believe that victims of domestic violence either refuse to leave the abuser or move from one abusive relationship to another. Contrary to this belief, most victims of domestic violence leave their abusers, often several times and make a number of attempts to permanently separate. However, abusers use violence, financial control, or threats about the children to compel victims to return. Additionally, a lack of support from friends, family members, or professionals, such as court personnel, law enforcement, counselors, or clergy members, may cause victims to feel helpless or alone. As a result, they may return to the abusive situation. Because the risk of further violence often increases after the victim attempts to leave, it can be even harder to leave if victims cannot obtain effective legal relief. Thus, the type of legal assistance and support that victims receive in the early stages directly affects the long-term success of the separation (American Bar Association Commission on Domestic Violence, 2002).

In addition to myths about the role of victims in domestic violence relationships, myths also exist about the abuser. One such misconception is that batterers abuse their partners or spouses because of alcohol or drug abuse. Research indicates that substance abuse does not cause domestic violence incidents, though it is frequently used as an excuse. Substance abusers increase the frequency or severity of violence episodes in some cases, but the underlying abusive personality is evident prior to the substance abuse (Jillson & Scott, 1996). The policy issue involved in this misconception is that, without other interventions, requiring batterers to attend substance abuse treatment programs will not effectively end the violence.

Likewise, stress and unemployment do not cause domestic violence. Domestic violence cuts across socioeconomic lines; thus, the abuse cannot be attributed to poverty. Furthermore, if stress caused domestic violence, batterers would assault their bosses or co-workers rather than intimate partners. The most obvious

explanation for domestic violence is that society condones spouse and intimate partner abuse, and because perpetrators learn they can achieve what they want through the use of force without facing serious consequences (American Bar Association Commission on Domestic Violence, 2002).

Perhaps the most disturbing myth is that children are not affected by domestic violence that they hear and see. Studies show that in 50% to 70% of cases in which one parent abuses the other parent, the children are also physically abused (Bowker, Arbitell, & McFerron, 1988). Children also suffer emotional, cognitive, behavioral, and developmental impairments from witnessing domestic violence in the home (Jaffe, Wolfe, & Wilson, 1990). In addition, some children, especially boys, who experience domestic violence in their homes grow up to repeat the same behavior patterns (Hotaling & Sugarman, 1986).

Efforts to stem the tide of spouse abuse have recently focused on the role of law enforcement (Hirschel & Hutchinson, 1992). Police policies and legal changes range in nature from departmental policies that require police officers to separate the parties, issue citations to return to court, or make an arrest of one or both parties (Lerman, Livingston, & Jackson, 1983; Feder, 1996; Hirschel & Hutchinson, 1992). However, a great deal of debate revolves around the efficacy of any particular action taken by law enforcement or the judiciary regarding the reduction of domestic violence (Sherman & Berk, 1984; Zorza, 1994; Blount, Yegidis, & Maheaux, 1992; Buzawa & Austin, 1993; Ferraro, 1989). Most research indicates that police policies have had little positive impact on the levels of domestic violence reported and/or prosecuted within an area (Hirschel & Hutchinson, 1992; Buzawa, 1982).

In addition to ineffective policies, police have historically taken the position that intimate partner violence is a private family matter more appropriate for social work than police. This position has led to an ambivalence still present in police practice today (Hirschel & Hutchinson, 1992).

Additionally, it is a truism among law enforcement officers that domestic violence convictions are notoriously difficult to obtain. Abused spouses often have to be coaxed into filing complaints, and cases are seldom prosecuted to conviction (Hirschel & Hutchinson,

1992). Because frustration among officers ranges from anger toward the victim to annoyance with the court system, police officers generally have developed a hands-off attitude toward intervening in domestic violence situations.

Given all these historical deficits in police officer response to domestic violence, the fact remains that police officers are often the first responders to domestic violence incidents. Thus, the police are in a unique position of providing psychological first-aid and crisis intervention services. These services are the critical link to community services for victims. The police role in domestic violence cases is imperative if a coordinated, comprehensive community service program is to be provided (Dolon, Hendricks, & Meagher, 1986). Most experts agree, however, that actions from separate pieces of the system are effective only when the rest of the criminal justice and civil law systems are functioning (Zorza, 1994; Wanless, 1996), and that improved protocol decreases domestic violence related homicides (American Bar Association Commission on Domestic Violence, 2002). Thus, law enforcement officers must make arrests, prosecutors must prosecute domestic violence cases, and courts must enforce orders and impose sanctions and criminal convictions. Batterers must receive the message from all system components, including the community, that domestic violence will not be tolerated, and that the criminal justice and law enforcement systems will be involved until the violence ceases (American Bar Association Commission on Domestic Violence, 2002).

The primary goal of this research was to take a snapshot of how Louisiana is doing in overall response to domestic violence. The research sought to understand the perceptions of law enforcement's response, the court's response, the district attorney's (prosecutor's) response and the victim service provider's response. Additionally, researchers sought to achieve a common definition of domestic violence, identify barriers to effective interventions, make suggestions for overcoming the barriers, and better understand the roles of each component of the system in the intervention process. To better understand the perceptions of these four groups, both a quantitative and qualitative component were part of the research design.

The Research Process

Focus groups were formed in each of the eight planning districts in Louisiana as defined by the State Commission on Law Enforcement. All focus groups were conducted in the Spring of 2001. Researchers sought to include representation from law enforcement, district attorneys, defense attorneys/legal advocates, shelter providers, service providers (such as doctors and hospitals), citizens, victims, and lawmakers in each of the focus groups. This goal was accomplished to a greater or lesser degree in each unique area. For purposes of this study, only aggregate results are included.

The process of each focus group was exactly the same. Each session opened with an icebreaker followed by the arrangement by profession of diverse groups. Participants spent time in work groups, which were sometimes diverse groups and other times homogenous groups, by occupation. Work groups revolved around four primary questions for brainstorming and discussion: the definition of domestic violence; obstacles to domestic violence intervention with corresponding solutions; the appropriate response to domestic violence from police, courts, service providers, and community; and a recognition of the actual services offered in their particular area. For purposes of this paper, the actual services offered in each area are omitted.

Given the diverse groups in the different areas, the results that evolved were surprisingly similar in each location. Through this process, participants better understood the constraints of each other's jobs. Furthermore, alliances began to form from which strategies could later be built. Many people realized that even though the person on the other side of the table worked just around the corner from them, they had no idea of what service that person provided. Opportunities for networking and partnering grew from these focus groups. Thus, one of the goals of the study was fulfilled simply by participating in the process.

Respondents

One hundred eighty respondents participated in this statewide research project. Respondents were mostly White (75.6%) and female (65.6%). The average age of participants was between 36 and 55 (61.1%). The groups most strongly represented were police officers, both patrol and administrators (35% and 14% respectively),

TABLE 1
Cross-Tabs of Response Categories by Work Affiliation
 Responses recorded in percentages

	STRONGLY DISAGREE	DISAGREE	STRONGLY AGREE	AGREE
Police Officer Response (N = 109)				
Police Officers	4.3	63.0	23.9	8.7
Police Administrators	—	94.1	5.9	—
Court Personnel	—	66.7	33.3	—
Victim Service Providers	24.3	62.2	13.5	—
Court Response (N = 117)				
Police Officers	2.2	55.6	33.3	8.9
Police Administrators	11.1	66.7	22.2	—
Court Personnel	9.1	72.7	18.2	—
Victim Service Providers	23.3	67.4	4.7	4.7
Prosecutor Response (N = 116)				
Police Officers	6.7	44.4	44.4	4.4
Police Administrators	16.7	50.0	33.3	—
Court Personnel	9.1	36.4	45.5	9.1
Victim Service Providers	16.7	59.5	21.4	2.4
Victim Service Response (N = 107)				
Police Officers	—	17.5	72.5	10.0
Police Administrators	5.9	—	88.2	5.9
Court Personnel	—	27.3	63.6	9.1
Victim Service Providers	7.7	15.4	61.5	15.4

and victim service providers (42.7%). Note that this category also included faith-based participants and health care providers. Their numbers of participation were so small that they were consolidated to allow for any meaningful statistical analysis. In addition, victim advocates who worked with district attorneys, prosecuting attorneys, and judges were combined in a category entitled court personnel (8.4%). Each focus group contained a unique group of people. As a general rule, prosecutors, victim advocates, and judges were grouped together as courts/prosecutors. Some of the people included in victims services for statistical purposes served dual roles in the focus groups and also responded to questions concerning the community. The educational level of the participants was primarily a bachelor's degree or higher (55.1%), followed by some college (28.2%), an associate's degree (9.0%), and high school education or GED (7.1%).

Findings from the Survey

The first set of findings from the study deals with the quantitative data analysis. Cross-tab analysis was used to determine the opinions of domestic violence response in Louisiana across the various work affiliations. The results of this analysis are contained in Table 1. Interestingly, both police officers (67.3%) and police administrators (94.1%) evaluated police response negatively. Furthermore, court personnel (66.7%) and victim services (86.7%) also evaluated police officer response as negative. It is not uncommon in the court system to have other agencies evaluate someone outside their circle in a negative light, but it is unusual for the people within their own agency to evaluate their own performance as negative. It appears that police officers and supervisors are acknowledging their own limitations in responding to domestic violence incidents.

Likewise, court response to domestic violence was

evaluated negatively by all groups. Again referring to Table 1, both police officers (57.8%) and police administrators (77.8%) evaluated the courts negatively in their response to domestic violence incidents. Court personnel (81.8%) and victim services (90.7%) evaluated the court's response negatively. These results again suggest that those working within the courts do not believe that their component of the justice process is working effectively in the domestic violence field.

In examining the prosecutor's response, cross-tabs were again run using prosecutor response by work affiliation. Again, police officers (51.1%) and police administrators (66.7%) evaluated prosecutors' response negatively. The majority of victim services (76.2%) also evaluated their response negatively. The only group in which a majority of the respondents did not rate the prosecutor's response negatively was court personnel. Although the majority was positive, 45.5% of the respondents still evaluated the prosecutor's response negatively.

The only group of services to receive positive evaluations was victim service providers. For this category, police (82.5%) and police supervisors (94.1%) evaluated victim services positively. Additionally, 72.7% of court personnel also rated these services positively. In this category, victim service providers also evaluated themselves positively, with 76.9% of respondents indicating positive responses. Accordingly, only victim service providers believe that they are doing a good job in providing appropriate intervention to domestic violence, and this opinion appears to be shared among the other agencies.

These statistical results begin to shed light on Louisiana's response to domestic violence and indicate that system components are generally not meeting the needs of effective intervention. However, the research focus was greater than merely gathering statistics. Researchers sought to better understand the particular beliefs and practices that guide response to domestic violence in Louisiana. Accordingly, the information gleaned from the focus groups was critical to this understanding.

Findings from Focus Groups

In each of the focus groups conducted throughout the state, the same major issues were presented for

brainstorming, discussion, and definition within the work groups. The results of those sessions are presented here in their overall form.

Definition of Domestic Violence

The first task was to arrive at a definition of domestic violence. This definition was intended to capture the true essence of domestic violence, not just a legal or sociological focus.

The definition that emerged was markedly similar among all eight focus groups: *Domestic violence is power and control in an intimate relationship which is abuse (physical, emotional, verbal, sexual, financial, mental) through threats, intimidation, and isolation and is a pattern of behavior which is learned and cuts across all economic and racial groups.* Once domestic violence was defined, the groups could address deeper issues relating to the complex concept.

Obstacles and Solutions in Domestic Violence Intervention

Through brainstorming, the focus groups were asked to identify obstacles involved in domestic violence intervention and to make suggestions for overcoming these obstacles that could be applied on a statewide basis. The overall result of this process identified four major obstacles in domestic violence intervention that need to be addressed and overcome. Those obstacles are lack of resources, lack of education and training, lack of victim confidence in the system, and lack of coordinated response. In addition to the obstacles, participants were asked to identify solutions that could be applied statewide. Accordingly, obstacles are presented with corresponding solutions.

As to lack of resources, the focus groups felt that additional shelters were needed throughout the state. In addition, the shelters that do exist need to have additional resources for extended stays. The shelters allow victims to remain in residence for only 45 days. The general consensus was that that is not enough time to find a job, secure suitable housing, file for divorce, settle the children, and save enough money for all of the deposits necessary to become self sufficient. Many of the victims have been out of the work force, so they need additional job training and skills development to be able to attain employment. In addition, because of isolation from fam-

ily and friends, many victims have no support system in place. Thus, they need additional time and assistance to make the transition.

Further suggestions on the lack of resources were for additional counseling and support groups to help victims continue to succeed once they leave the shelter and begin to reclaim their lives and identities.

Finally, direct financial aid to women who are trying to leave an abusive situation was identified as a need. Multiple problems exist with child support and alimony. Often, women need discretionary money to buy clothing and other necessary supplies before they can transition into independent living.

The next major obstacle identified was education and training. As identified earlier in the literature review, many myths and misunderstandings continue to exist about why some people are abusers and why victims continue to stay in the relationship. Many times, these myths stand in the way of effective services and interventions for victims. Additionally, many community members still hesitate to get involved. Thus, education and training for each component of the system were identified as critical to improve interventions.

In this discussion, the religious community was discussed as a factor in the need for education. The religious community is often a first responder to domestic violence because women seek the advice of their pastor, priest, or minister first. The religious community must be educated that domestic violence is a crime like any other crime, and encourage victims to report it to the appropriate authorities. Domestic violence is not a moral issue or a family flaw. It is a criminal offense and must be treated as one.

To facilitate a broader base of education, focus groups suggested that domestic violence classes should be included in the curricula for seminary, medical school, law school, police academies and in-service training, and at the annual judicial college. In addition, safe-dating classes should be presented routinely in junior high and high school. The groups believed that this level of education would bring about a cultural change in thought.

The third obstacle to domestic violence intervention was determined to be that victims have no faith in the system; they do not trust the police, the courts, or the community to keep them safe, keep their secret, and

offer assistance. Unfortunately, the focus groups had no real recommendation for this obstacle. Research consistently supports the fact that women are more likely to be killed after they leave their abuser than while they are living in the same household. Research indicates that victim silence is misunderstood to indicate that victims like the abuse or that they are weak, when, in fact, this is a survival strategy that many use to stay alive. Thus, silence is a survival technique that is critical, yet difficult to overcome. The system must understand this and be more sensitive and compassionate in its response.

The final obstacle identified was the need for a coordinated community response. As indicated in the literature review, focus group participants also stated that the first place this must be implemented is with the police department. Police departments must have a protocol for consistent handling of domestic violence cases. This protocol should also be addressed by the courts, prosecutors, and the health care community. The process should be streamlined so victims do not have to go all over town to fill out multiple forms. They often do not have transportation and are bruised and battered. Not only is access an issue; victims are often embarrassed by their situation and appearance. Furthermore, victims should not be subjected to multiple interviews and required to repeat the story over and over again. A general lack of knowledge about resources exists within agencies that causes additional stress for the victim.

Appropriate Response from Agencies

The next phase in the focus group process was to identify appropriate responses from specific agencies within the system. Work groups were arranged homogeneously by work affiliation. Police initially provided responses for community, service providers for courts, courts for service providers, and community for police. After each group had responded, the recommendations were distributed to the named group. Each group was then given the opportunity to add to the list, or explain why something on the list could not be accomplished. Responses are presented below in aggregate form.

Law Enforcement

The combined efforts of all focus groups indicated that appropriate responses from law enforcement in responding to a domestic violence call should include:

advising victims of legal rights; being aware of and making referrals to appropriate community services; having uniform policies and procedures on a statewide basis; making an arrest if necessary; making a detailed report, including taking pictures of the surroundings; communicating with the parties separately; listening without judging the victim; and following up. Included in these recommendations was the need for upper management to take an active role in training and implementing policies to help officers understand and cope with domestic violence cases more effectively.

As to the explanations and suggestions from police, they added that their response should also defuse the situation, separate the parties if possible, remove the children, and check for weapons. Officers also stated that they needed more training in questioning victims and in investigating domestic violence cases. They also suggested that policies must be in place to hold officers accountable for poor reports and responses. Police officers also expressed the need for special response teams to handle all domestic violence calls.

Two suggestions that elicited responses from the police were that police should avoid arresting the victim, and that police should be sympathetic to the victim. The officers stated that determining who to arrest depended upon the circumstances, and that they could not afford to be sympathetic to the victim because they could not get involved in the case. Such defensive responses indicated a continued gap in communication among groups of participants.

Courts and Prosecutors

Participants indicated that the appropriate response from courts and prosecutors should include mandatory sentencing procedures as well as counseling, evaluation, jail time, and removal of privileges as sanctions for offenders. Additionally, mandatory restitution as well as child support and medical reimbursement should also be included. Participants were critical of plea bargaining and stated that a policy should be developed to disallow plea bargaining in domestic violence cases. Furthermore, if probation is used, it must be supervised. Offenders should be screened for substance abuse issues to determine whether counseling programs should accompany sentences.

Moreover, the system should be victim friendly with

workers remaining non-judgmental and being careful not to blame the victim. A consistent process should be in place to aid victims in filing protective orders. Furthermore, courts should require that all protective orders be included in the protective order registry so that police officers can access them when victims call for assistance.

Local courts and prosecutors should apply and implement the federal laws and regulations concerning domestic violence and weapon restraints. They should provide more security for the victim in courtroom proceedings instead of the common practice of putting victims and offenders in the same room, either in a waiting area before the hearing, or telling them to work out their problems. Courts and prosecutors should have more effective case management and follow-up, and more courtroom time and space should be allotted for hearing and enforcing protective orders.

Courts and prosecutors should develop policies of evidence-based prosecutions so the victim's in-court testimony is not necessary. And, finally, more education and advocacy for victims should be made a priority for all courts and prosecutors.

In their response, courts added that they should provide more mandatory outreach programs for victims and families. Furthermore, they stated that court personnel should be more knowledgeable about resources available to victims. Victim advocates working within the courts, or prosecutors if there are no victim advocates, should explain the court process to the victim, step by step. Courts should enforce orders more strictly. Courts also stated that jurisdictions need to establish family courts or family divisions in every jurisdiction to allow for consistency in handling cases and allow for one judge, one family.

Appropriate Response from the Community

When addressing the community's role in responding to domestic violence, participants stated that community members should be concerned and supportive. One of the strongest suggestions was that community members donate time and money to the local women's shelter. Additionally, community members should recognize domestic violence as a societal problem and avoid the tendency to blame the victim. The community can

hold the abuser accountable by speaking out against domestic violence and paying attention to judicial and legislative members' handling of domestic violence cases. Furthermore, community members are in a position to be able to lobby legislatures for resources and stricter penalties. Perhaps one of the best things community members can achieve is dissemination of information.

When the community group was given the opportunity to respond to the suggestions, they added that community members should be educated enough to be aware of all the signs of domestic violence, as well as to understand how the system works. Furthermore, the community should be able to competently refer victims to resources. Churches and community organizations should teach and educate members about domestic violence. However, to the suggestion that the community should also report if they witness domestic violence, some community members were afraid that this could actually risk the lives of some victims. Making referrals and being understanding were seen as more helpful to the victim than calling the police, unless it appeared to be a life-and-death situation. Participants said that the community should understand that this is not a private matter, but a criminal matter like any other; and the community group responded that although true, the victim's safety was a major consideration in the decision of how to intervene.

Appropriate Response from Victim Service Providers

From the statistical analysis, victim service providers were the only group rated positively by all other components of the system. Thus, when asked to provide the appropriate response, most of the services were already being provided. Participants felt that providers should provide shelter at all times, help with protective orders, and make referrals for free medical exams and counseling. Service providers should teach job skills, help victims find employment and housing, help with legal and civil paperwork, and provide transportation.

Furthermore, victim service providers should provide outreach programs to schools and other organizations in the form of brochures and related materials designed to educate the community about domestic violence.

The victim service providers added that they needed to have more transitional housing and children's programs. They further stated that all service providers should provide safety planning with all victims, even those not ready to leave the abuser. Service providers explained that for most services, they have to make referrals because they do not have the resources on site to provide the vast array of services needed.

The suggestion was made for mandatory reporting to police, but shelters said this would deter victims from seeking assistance and endanger many of their lives.

Conclusions

The first conclusion drawn from this research addresses the definition of domestic violence. Obviously, the definition is much broader than a legal definition. Almost without fail, the definition which evolved was power and control in an intimate relationship; abuse—physical, mental, emotional, financial, sexual, psychological; no boundaries as to race or social class; and a learned behavior. Several observations about this definition are important. First of all, power and control are not physical injuries and are not visible. Thus, abuse may be difficult to detect by a police officer arriving on the scene, especially if the victim is not ready to press charges. Accordingly, changes in the law which allow police to make an arrest even if the violence did not occur in his or her presence may not be enough to help many victims. Additionally, only physical abuse is obvious; financial abuse and emotional abuse are difficult to prove. Finally, if abuse is “a learned behavior,” we know two things: 1) someone is teaching it, and 2) it can be changed.

What this definition really indicates is that we need much more training of our first responders, including police officers (not domestic violence units, but patrol officers), emergency medical personnel, clergy, and communities about the dynamics of domestic violence. The problem involves much more than physical violence, and the solution is much more difficult to achieve given the power and control issues. Thus, we need to continue training with, perhaps, mandatory training for judiciary.

The second conclusion concerns the media. Once we determine that domestic violence is a learned behavior and begin to understand that someone is teaching it, our identification of all the media that presents domes-

tic violence to the public becomes a more critical discussion. In the focus groups, we discussed the media's two uses: entertainment and information. When informational issues are presented as entertainment, we have a problem. When movies, television, and music make money from portraying women as subordinate to men, or from depicting gratuitous violence and/or verbal abuse of human beings, the wrong messages are being presented to viewers. Some viewers may learn that violence is acceptable and that women are objects, not human beings. Other viewers may learn that violence is everywhere and they may accept as normal a situation that is very much not normal. Neither of these can be tolerated in a society determined to eradicate domestic violence. Thus, media must be addressed in this fight.

The next conclusion deals with the obstacles to intervening in domestic violence situations and their possible solutions. Several issues were raised, but four came to the surface in multiple groups in different regions of the state: 1) lack of resources; 2) lack of education and training; 3) the victim's lack of confidence in the system; and 4) lack of coordinated response.

Possible solutions discussed include: increased financing for shelters and other resources; improved education for all facets of government, law enforcement, clergy, and the community; making the system more user-friendly to help increase victims' confidence in the system; and coordinating services in a "one-stop shop" so victims are able to receive help quickly and efficiently.

Another conclusion deals with the appropriate

response from the various components present in the focus groups: police, service providers, prosecutors' offices, and community. The most beneficial part of this exercise was to open communication between the various stakeholders to understand what each thought the other was supposed to do and to better understand any limitations. For example, domestic violence shelters are prohibited by their grants from being able to offer batterer intervention on their premises. Thus, even though that service is obviously needed, it must be conducted elsewhere. Another observation was that even though prosecutors develop no-drop policies, they simply cannot put on a case without any evidence. Thus, police must be more observant when they arrive at a scene and address more than the victim's physical condition. Furthermore, there is very little compliance with the federal law in Louisiana as to things such as the protective order registry and the no-weapons provision. Attorneys can get around the registry by filing the protective order through the divorce action, a civil action, instead of through the abuse action, a criminal action. Thus, the protective order does not appear in the protective order registry. It is beyond the scope of this paper to address all the information sharing that took place during this phase of the process. However, this was perhaps the most important learning experience that the participants shared while in the focus group.

Finally, it seems that all branches of the response system recognize their shortcomings, as well as the shortcomings of others. This indicates an openness to education, training, and most importantly, change.

A U T H O R ' S A D D R E S S :

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