

West Virginia

Rural Domestic Violence & Child Victimization
Enforcement Program Project Evaluation

Project Year 2002-2004



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Table of Contents

Acknowledgments	3
Executive Summary	6
Introduction	7
Advisory Council and Workgroup Accomplishments	8
Underserved Victims	12
Domestic Violence/Child Victimization Cross Disciplinary Training	16
Local Pilot Projects	22

Executive Summary

This report presents the findings from an evaluation of the Rural Domestic Violence & Child Victimization Enforcement grant project conducted by the West Virginia Coalition Against Domestic Violence (WVCADV). The project, active from October 2002 through September 2004, focused on continuing to improve services to domestic violence victims from four traditionally underserved populations: people in later life, people with disabilities, people of color, and lesbian, gay, bisexual, transgender communities. In addition, the project addresses the issue of the co-occurrence of domestic violence and child victimization through research, education, and training.

The Division of Criminal Justice Services' Criminal Justice Statistical Analysis Center (CJSAC) received grant funding to conduct an evaluation of the Coalition's project. The CJSAC received monthly progress reports from the Coalition and the four local pilot projects. Data on victims served was also obtained from the Coalition. A data collection form was developed for the local pilot projects to report cases where requested services could not be provided to victims. The cross disciplinary training on the co-occurrence of domestic violence and child victimization is in the process of being evaluated using pre and post surveys administered to participants of four of the ten trainings held in 2004. These sources were used to evaluate the project and prepare this report.

The first section of the report summarizes the accomplishments of the Coalition's project activities. Each of the objectives stated in the Coalition's grant application were addressed. The advisory councils continued their work to expand the training programs for domestic violence service providers and community responders and to develop and distribute public information and education materials. Research, education, and training on the co-occurrence of domestic violence and child victimization was achieved through the Domestic Violence/Child Victimization Study and Policy Workgroup. Local pilot projects were funded in four areas of the state to expand the provision of direct services at the local level. Finally, the outreach specialist provided continual support and technical assistance to the four local pilot projects by assisting with collaborative

efforts and encouraging involvement in statewide activities and training initiatives.

The number of victims served from the target populations is presented in the second section. On average 14.0% of all unique victims served by the licensed domestic violence programs represented at least one of the underserved communities over the last five fiscal years. The number of underserved victims receiving services decreased slightly during FY03-04. An analysis of contacts for services over time showed that the number of underserved victims peaked early in this grant period with 598 contacts for service in August 2002. Contacts for services fell to the lowest point in November 2003 (373).

The information collected concerning victims who could not be served was limited and did not prove to be useful. Even though advocates often share stories of needs that can not be met with current program resources, no apparent gaps in services were revealed by the data collection forms. The forms were discontinued for the 2004-2006 grant period as similar information is now being collected on federal reporting forms.

Pre and post-training surveys were developed to evaluate the effectiveness of the rural grant training on the co-occurrence of domestic violence and child victimization. The pre-training survey was administered on-site at the final training in Charleston in December 2004. The findings revealed that just under 45.0% of participants reported that they frequently work with co-occurrence cases. Nearly 70.0% felt that collaboration was very important in serving the needs of families experiencing co-occurrence. However, 58.3% of participants were "not too knowledgeable" about coordinated community responses and 39.3% were "not too knowledgeable" about co-occurrence cases. Due to delays in obtaining participant information from DHHR, the post-training survey will be conducted at a later date and reported separately.

The final section of the report summarizes the goals, objectives, and activities of the four local pilot projects. In addition, data are provided showing that overall 16.2% more victims representing underserved communities received services from funded programs in FY03-04 than in FY01-02.

Introduction

The Division of Criminal Justice Services, Criminal Justice Statistical Analysis Center (CJSAC) was funded under the Rural Domestic Violence and Child Victimization Enforcement Program to conduct this evaluation of the project activities of the West Virginia Coalition Against Domestic Violence (WVCADV). This statewide project addressed improving services to diverse and traditionally underserved populations in rural communities. Grant activities focused on four underserved populations that exist in rural communities throughout West Virginia, as well as the co-occurrence of domestic violence and child victimization. The underserved populations included: people in later life (age 55 and above), people with disabilities, people of color, and lesbian, gay, bisexual, transgender (LGBT) communities. The specific goals and objectives developed by the Coalition for their rural grant project are listed in Table 1 below.

The objectives of the evaluation were: (1) to assess the progress of the advisory councils and workgroups toward completion of the project's activities, (2) to assess the quantity of victims served from the target populations, (3) to assess the quantity of victims that could not be served, (4) to assess the completion and quality of the trainings, (5) to assess the completion of the subgrant awards, and (6) to produce a written report of the evaluation findings.

Table 1
WVCADV Rural Grant Project Goals and Objectives, 2002-2004

Goal 1:	To continue the operations of the Advisory Councils and to expand their role in assisting in the assessment of the project's effectiveness in implementing the Councils' recommendations.
Objective 1:	To conduct meetings with the existing Advisory Councils.
Objective 2:	To implement the recommendations of the four Advisory Councils.
Objective 3:	Expand the training program for domestic violence service providers and community responders.
Objective 4:	To develop and distribute domestic violence public information and education materials directed specifically at the four traditionally underserved groups.
Goal 2:	To research, educate, and train on the co-existence of child victimization and domestic violence.
Objective 1:	To coordinate meetings of the Domestic Violence/Child Victimization Study and Policy Workgroup.
Goal 3:	To expand the provision of services to underserved populations on the local level.
Objective 1:	Fund local pilot projects in four rural areas of West Virginia.
Goal 4:	To provide support and technical assistance to the four pilot projects providing direct services to the underserved communities.
Objective 1:	To include pilot project advocates on the Advisory Council.
Objective 2:	To assist in coordinating and collaborative efforts involving advocates who provide specific outreach and services to underserved communities.
Objective 3:	To encourage the involvement of pilot project advocates in training initiatives and outreach activities.

Advisory Council and Workgroup Accomplishments

To assist the Coalition in its mission to enhance the provision of services to diverse and traditionally underserved populations and children in rural areas, four advisory councils as well as a study and policy workgroup were established under the previous rural grant project. Each of these groups remained active during the 2002-2004 grant period to assist with implementing their recommendations, expand training programs, and develop and distribute public information and education materials. In addition, a Domestic Violence/Adult Protective Services Study and Policy Workgroup was convened during this grant period.

The four advisory councils, representing the four underserved populations, met at least three times per year. The joint council composed of members of all four advisory councils met at least once per year. In addition to implementing their specific recommendations, all of the councils worked to distribute the public awareness materials developed under the previous grant, and to review and revise the materials for a second distribution. The councils also expressed an interest in assessing the effectiveness of the materials that were distributed throughout the community beginning in October 2000. A survey was developed by the councils to determine if community members had seen the materials and if they were being used. Council members were asked to survey people in their communities specifically trying to capture the opinions of those representing the underserved communities.

The People of Color Advisory Council worked on the library display project, the clothesline project, and on strengthening their networking to incorporate more domestic violence advocates. The library display was identified as a unique way to reach out to those in very rural areas of the state. In cooperation with the Library Commission, the display was developed incorporating the public awareness materials produced by the rural grant as well as a comprehensive listing of resources available to address domestic violence and underserved communities. Libraries would coordinate with the local licensed domestic violence program to display the

materials at least twice a year. In addition, the display could be loaned out to local groups for meetings or other community events.

The People in Later Life and People with Disabilities Advisory Councils joined together to develop public information and education materials to specifically address the relationship between caregiver stress and domestic violence. The materials would address legitimate stress experienced by caregivers while sending the message that stress is not an excuse for violent behavior. The council focused on caregivers who provide care outside of institutional settings; however, it was also determined that workers in institutional settings needed training on the dynamics of domestic violence. The campaign which consisted of a play, video, and brochures, would serve to make communities more aware of the dynamics of abusive and controlling caregivers.

The LGBT Advisory Council's main focus was on planning the June 2004 training. Objectives of the training included understanding how gender roles impact relationships in general and LGBT relationships specifically, recognizing phobias and how they effect services to LGBT communities, and challenging participants to take a leadership role in the community to establish a safe and supportive network for LGBT victims of domestic violence.

In addition to the training, the LGBT council focused more specifically on understanding gender and transgender realities. Transgender realities were incorporated into the public awareness materials, training initiatives, and discussions with the WVCADV Board of Directors and member programs. The council also incorporated sexual assault issues into outreach and training initiatives.

The Domestic Violence/Child Victimization Study and Policy Workgroup continued to meet and develop a greater understanding of the appropriate response to co-occurrence cases during the grant period. By the end of the 2000-2002 grant period, the workgroup had drafted an interim report detailing the status of their deliberations and making recommendations for addressing domestic violence and child victimization in West Virginia. One of the recommendations included the need for statewide consistent cross-training among the disciplines involved

in cases of family violence. Toward that end, a training subcommittee was formed to assist with curriculum development and implementation of the statewide training on the co-occurrence of domestic violence and child victimization.

The curriculum was developed to cross-train various disciplines on each others perspectives, roles, and responsibilities in responding to cases of family violence. A statewide group of multidisciplinary trainers were then provided a three-day training on the curriculum and skill-based training techniques. The trainers could then provide trainings to front line workers in domestic violence programs, child protective services, law enforcement, and the courts statewide. The WVCADV contracted with the Department of Health and Human Resources (DHHR) training division to provide a series of ten regional multidisciplinary trainings.

Due to the complexity of the issue, the workgroup was not prepared to make recommendations for major statewide policy changes at the end of the 2000-2002 grant period. Instead the workgroup felt that further research and education on current policy and practice was necessary. They also wanted to encourage more representatives from all disciplines to come together to consider and discuss the issues. Therefore, the process of holding educational forums was continued from the previous grant period. Topics addressed in the forums included: working with victims of domestic violence in the family court system, batterers as parents, policy considerations, and the co-occurrence of domestic violence and child victimization as experienced by an adult survivor.

The workgroup continued to study current policy and law with regard to domestic violence and child victimization to determine areas for further system improvements. Protective order and pro se divorce forms were reviewed by the group. It was recommended that changes be made to allow petitioners to request “supervised visitation” and “no visitation.” The workgroup also recommended that judges enter a finding pursuant to the Supreme Court ruling stating that there must be supervised visitation when there is domestic violence “sufficient to disturb the children” until the batterer can prove that the violence is under control. Additionally,

draft legislation was initiated to allow battered women to participate in child abuse and neglect cases without being adjudicated at fault. A change in CPS protocol also resulted from basic domestic violence trainings conducted by the outreach specialist. At the end of the grant period the workgroup was drafting their deliberations and recommendations for the report, “Evolving Guidelines for Responding to the Co-occurrence of Domestic Violence and Child Victimization in West Virginia” (Table 2, shown on pages 10-11).

The new study and policy workgroup on domestic violence and adult protective services worked to establish and educate themselves on the issues during this grant period. The People in Later Life and People with Disabilities Advisory Councils established the following goals for the workgroup: (1) to provide information on DHHR adult services statewide policy and practice, (2) to understand the adult services training and develop a training structure that addresses domestic violence in later life, (3) to understand the issues that arise when working with victims of domestic violence in later life, and (4) to understand the roles of domestic violence advocates, APS social workers, law enforcement, and other providers when responding to domestic violence in later life.

Three forums were held to educate the workgroup on the perspectives and roles of each discipline involved. The educational forums addressed the policy, practice, and intersection with victimization of people in later life and other vulnerable adults of Adult Protective Services (APS), the domestic violence network, and the criminal justice system.

Table 2

Evolving Guidelines for Responding to the Co-occurrence of Domestic Violence and Child Victimization in WV

While many communities respond to the co-occurrence of domestic violence and child victimization by providing services to victims, the following *Guidelines for Evolving Practice* for addressing the complex overlap of domestic violence and child victimization in West Virginia were developed by the Domestic Violence/Child Victimization Study and Policy Workgroup. The guidelines address prevention, education, intervention, community and policy strategies that provide services for victims while holding perpetrators accountable for abusive behaviors.

Prevention

There is a need to discuss and determine effective prevention of domestic violence and child victimization. Effective prevention components include risk assessment, early intervention services, public awareness/education and school-based education/intervention services.

Education and Training

Multidisciplinary (particularly those mandated by WV code to participate in Multidisciplinary Treatment Teams) training on the response to the co-occurrence of domestic violence and child victimization is recommended. Effective training is provided both to a multidisciplinary audience by a multidisciplinary training team as well as training within disciplines about their specific role and response. Key elements of effective training include providing all disciplines with information on: indicators to look for, what questions to ask, what is a helpful response, what are credible referrals/resources, and what is meaningful follow-up.

The development of advanced training on working with batterers as parents is encouraged. Effective training includes information on services that hold batterers accountable while teaching about the impact of battering on children and dangers of services that have the unintended consequences of promoting batterer power and control, increasing access to the adult victim and increasing detrimental effects of batterers on children.

Advanced training on trauma informed and trauma centered services is recommended. These services

include prevention education, support services while safety is being achieved and trauma centered therapeutic services for adult and child victims once safety has been achieved.

Judicial benchbooks on domestic violence in Family court and on Child abuse and neglect in Circuit court are in need of review and possible revision to reflect the co-occurrence of domestic violence and child victimization.

There is a need to provide judicial and community training on the importance of treating CPS workers with respect and appreciating the conditions and mandates CPS workers must endure.

Intervention Services: Individual and Family Centered

Due to the complexity of the co-occurrence between domestic violence and child victimization, effective intervention services recognize both the needs, safety and accountability of individuals and their interrelationships within the family unit. Intervention services with any individual family member impacts all family members.

The following recommendations address intervention services:

There is a need to incorporate into existing services (Batterer Intervention and Prevention Programs, Domestic Violence Programs, Child Protective Services, etc.), parenting education for batterers and adult victims designed to address the power and control issues that are destructive to children of batterers. There are currently no specific parental education services for batterers in West Virginia and a few specific parent education programs for battered women.

There is a need to incorporate into existing services (Batterer Intervention and Prevention Programs, Domestic Violence Programs, Child Protective Services, etc.), specific intervention strategies for teen batterers who are also victims. These services are designed to hold the batterer accountable for abusive behaviors while recognizing and treating the teen for trauma they have experienced.

There is need for the development of supervised visitation services throughout WV. Unsupervised

visitation can cause considerable psychological and physical harm to children. However, children love their parents and often desire a relationship with the batterer. The child needs safe contact with the batterer (safety from physical, sexual, and psychological abuse). Batterers are more likely to physically and sexually abuse their children. Abuse does not stop with the separation of the batterer and adult victim.

Child Protection case identification by child's name promotes a child-centered response and deters attitudinal blame for maltreatment on the adult victim.

Coordinated Community Response

There is a need to incorporate into community responses appropriate services for batterers. The frequent practice of using services that are available, but not appropriate ("using what we have") can jeopardize the family's safety and well-being. "Appropriate" services for batterers include:

Familiarizing community groups with the focus of Batterer Intervention and Prevention (BIPPS) programs and encourage appropriate referrals;

Educating community groups on the unintended consequences of using programs that are not designed for batterers that can be used by batterers to maintain controlling and abusive tactics;

Developing new services that confront and hold batterers accountable for their abusive tactics and promote healing and safe relationships with children;

Families experiencing domestic violence and child victimization who are involved with the judicial system in West Virginia may experience three different court systems (magistrate, family and circuit) depending on the nature of the family's situation. The three court systems do not cross-reference cases, have different powers of contempt and have specific and concurrent jurisdiction issues. Victim safety and perpetrator accountability are sometimes compromised by the lack of a unified court response. Therefore, there is a need for this Workgroup to conduct deliberations on the benefits and concerns of unifying the current court system;

The Multidisciplinary Team meetings are a mandated and integral part of child abuse and neglect practice. However, they are not consistently coordinated or

facilitated across the state. Where MDT meetings are well-coordinated and facilitated, family safety and well-being and compliance with federal child welfare standards are improved. There is a need to provide for objective, trained and experienced MDT coordinators/facilitators throughout WV.

Policy Change

The current staffing crisis within the WVDHHR child welfare system has a significant impact on victim safety and perpetrator accountability. There is a need to restructure the CPS worker job classification to:

Require a minimal level of experience to provide competent services;

Increase the salary scale commensurate with the job skills required and personal risk and overtime required to perform the job duties;

Provide incentives for achieving higher work standards and appreciation for difficult and hazardous duties;

Provide supervision/mentoring and team building to support new and tenured workers; and

Adopt caseload standards and options for overtime/on-call work to maintain reasonable workloads and work hours.

There is a need to consider legislative change that allows a no fault finding of "battered" for adult victims of domestic violence in abuse and neglect proceedings. Such a finding would:

Hold the batterer accountable for the abuse to the adult victim and abuse/neglect/exposure to the children;

Allow the adult victim to participate in the case with an attorney but without a fault finding (if there was no fault);

Allow the court to find fault with the adult victim if there are other abuse/neglect findings; and

Allow the court to terminate parental rights with adult victim if abuse/neglect or non-cooperation warrants such action.

There may be a need to review the current statutes dealing with visitation and consider stronger rebuttable presumption language to protect children from unsupervised visitation with batterers.

Underserved Victims

The database maintained by the West Virginia Coalition Against Domestic Violence was used to determine the number of victims served from each of the underserved communities. The rural grant defines these communities slightly different than they are collected in the database. As a result, these data are limited in several ways. First, the elderly population is defined for the purposes of the rural grant project as age 55 and older. However, victim age was presented in earlier versions of the Coalition's data by age group. Thus the age group 60 and older was used in earlier years and continues to be used for consistency. Second, for the purposes of the rural grant project, people of color is defined to include Hispanics, Asians, African-Americans, Native Americans, and all other non-Caucasian groups. All known race categories other than white were totaled from the Coalition data to obtain the number of victims served for this group. Third, the intent was for the service provider to make the determination regarding disabilities; however, in some cases self-reporting may have occurred. Fourth, the variable relationship status, not sexual orientation, of the victim is collected in the database. Only those victims who reported their relationship status as gay/lesbian partner were included as a count of those victims representing the LGBT community. An indicator for sexual orientation has been added to the database, but is not yet being collected by the programs. The numbers shown, therefore, are likely to underrepresent victims served from the LGBT community.

Table 3
Underserved Victims Compared to All Unique Victims

	Unique Victims	Underserved Victims	
1999-2000	16,275	2,208	13.6%
2000-2001	18,201	2,390	13.1%
2001-2002	19,062	2,604	13.7%
2002-2003	18,791	2,794	14.9%
2003-2004	18,579	2,719	14.6%

The total number of unique victims representing at least one of the underserved communities was obtained from the Coalition database for each fiscal year (July 1 - June 30). Underserved cases were selected if ethnicity was other than white, the age was greater than 59, a physical or mental disability was indicated, or the relationship status was lesbian/gay partner.

Table 3 shows the total number of unique victims served by the 13 licensed domestic violence programs for each fiscal year and the number and percentage of those that were victims from underserved communities. Unique victims representing the underserved communities averaged about 14.0% of all victims served over the last five fiscal years. While the total number of unique victims served decreased by 1.4% during FY02-03, the number the victims representing the underserved communities actually increased by 7.3%. Nearly 15.0% of all victims served during this time represented at least one underserved community. Both the total number of unique

Table 4
Unique Victims Served Representing Each Underserved Community

	FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04
Age 60 and Older	255	314	261	364	375
Other than White	720	792	879	981	1,049
Disabled	1,525	1,566	1,747	1,758	1,609
Gay/Lesbian Partner	14	33	57	59	41

Note: Victims representing multiple groups are included in each total.

victims served and those representing underserved communities decreased slightly in FY03-04. Underserved victims still accounted for 14.6% of all victims served during this period.

Table 4 shows the distribution of unique victims served for each of the four underserved communities by fiscal year. Victims who represent more than one underserved group are counted in each category in this table. More victims that were elderly or people of color received services in FY02-03 and FY03-04. The number of disabled victims served dropped slightly in FY03-04 after increases in both FY01-02 and FY02-03. The number of LGBT victims served was also down in FY03-04. However, caution should be taken in interpreting this result due to the low numbers and indirect measurement (relationship status as opposed to sexual orientation) being used for this group.

The number of unique underserved victims served by domestic violence program and the percentage change for fiscal years 2001-2002, 2002-2003, and 2003-2004

are shown in Table 5. Those programs receiving funds for a local rural grant pilot project during the 2002-2004 grant period are highlighted in the table.

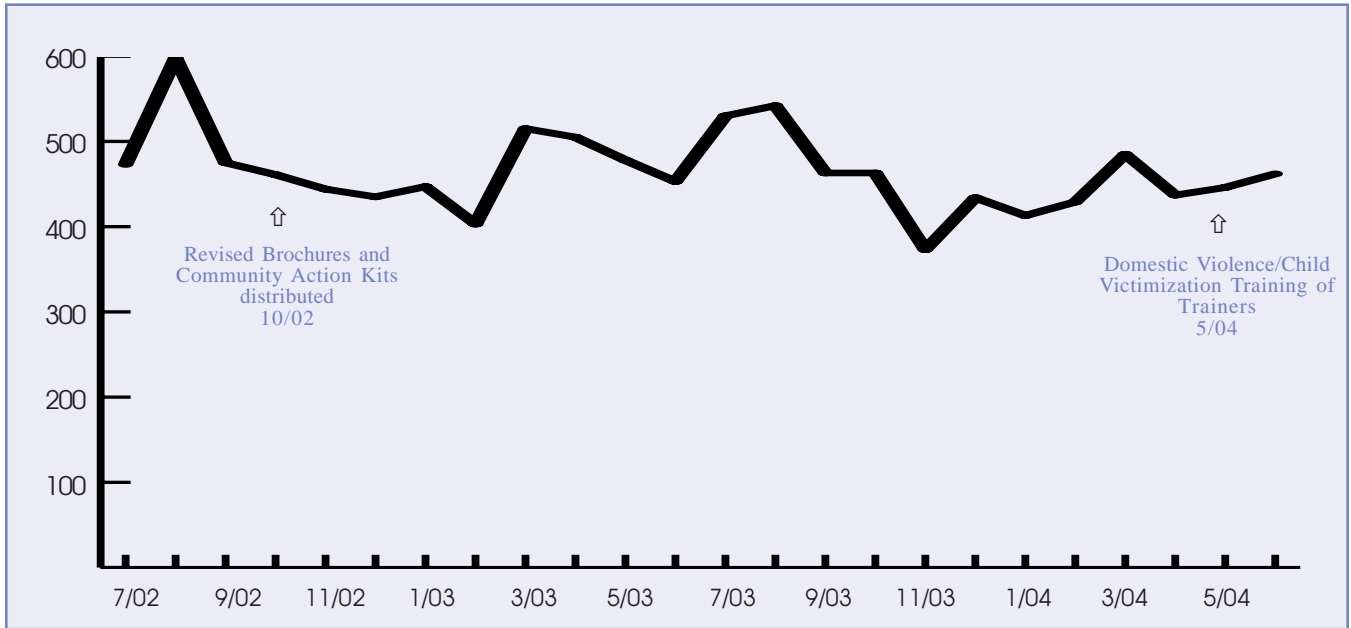
Three programs increased services to underserved victims in FY03-04. Two of these programs, Family Refuge Center and HOPE, Inc., had funded local rural grant projects. The third, Resolve Family Abuse Program, served more underserved victims than any other program in FY03-04. The Rape and Domestic Violence Information Center served about the same number of underserved victims in FY02-03 and FY03-04. The remaining program with a funded local rural grant project, Shenandoah Women’s Center, served fewer underserved victims in FY03-04.

To provide a more detailed look at the change in the number of underserved victims served over time, all victim contacts in the database were analyzed. There were a total of 70,259 victim contacts for services between July 2002 and June 2004. Of these, 11,164 (15.9%) were victims who represented at least one of the four

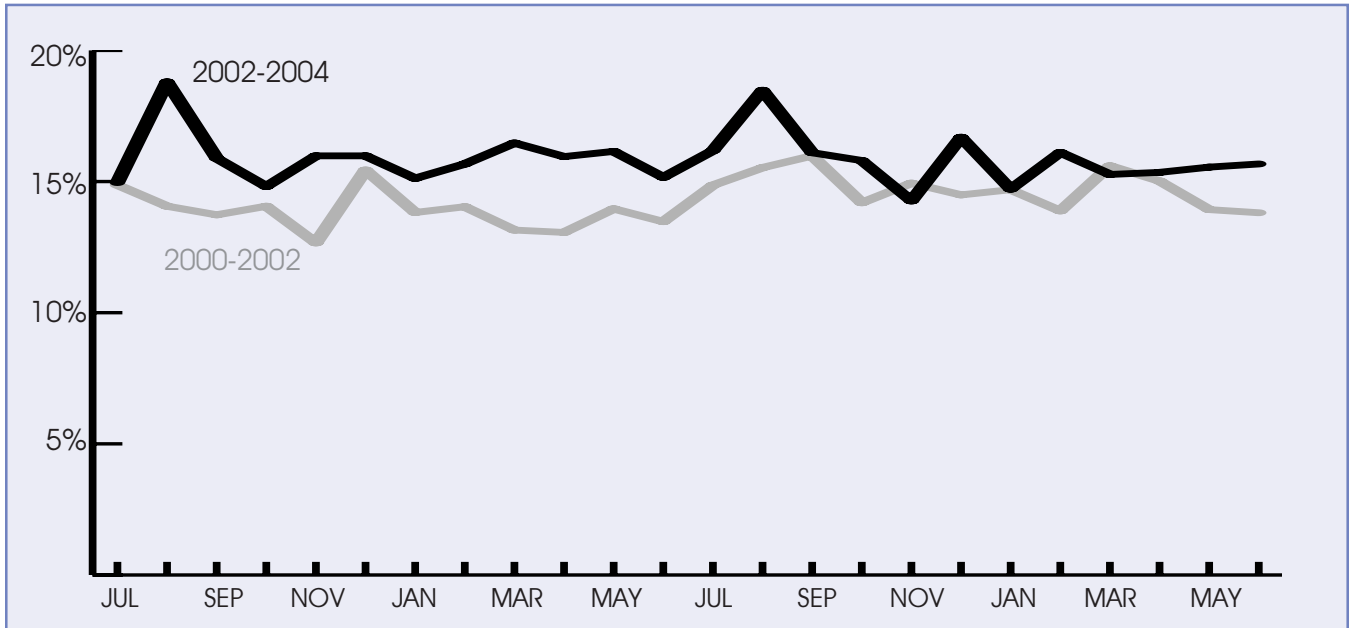
Table 5
Unique Underserved Victims Served by DV Program

	FY 01-02		FY 02-03		FY 03-04	
	#	% change	#	% change	#	% change
Branches, Inc.	86	-12%	123	43%	97	-21%
Family Crisis Center	55	22%	42	-24%	27	-36%
Family Crisis Intervention Center	147	24%	157	7%	143	-9%
<i>Family Refuge Center</i>	<i>219</i>	<i>26%</i>	<i>239</i>	<i>9%</i>	<i>278</i>	<i>16%</i>
Family Violence Prevention Program	144	-1%	152	6%	150	-1%
<i>HOPE, Inc.</i>	<i>161</i>	<i>25%</i>	<i>180</i>	<i>12%</i>	<i>214</i>	<i>19%</i>
<i>Rape & Domestic Violence Information Center</i>	<i>208</i>	<i>16%</i>	<i>222</i>	<i>7%</i>	<i>221</i>	<i>0%</i>
Resolve Family Abuse Program	288	-9%	385	34%	435	13%
Stop Abusive Family Environments	394	28%	386	-2%	345	-11%
<i>Shenandoah Women’s Center</i>	<i>177</i>	<i>31%</i>	<i>197</i>	<i>11%</i>	<i>176</i>	<i>-11%</i>
Tug Valley Recovery Shelter	219	-7%	213	-3%	160	-25%
Women’s Aid in Crisis	137	5%	133	-3%	126	-5%
Women’s Resource Center	369	-1%	365	-1%	347	-5%
Total	2,604	9%	2,794	7%	2,719	-3%

Graph 1
 Contacts for Services by Victims Representing the Underserved Communities, 2002-2004



Graph 2
 Underserved Contacts as a Percentage of All Contacts for Services, 2000-2002 & 2002-2004



underserved communities. Graph 1 illustrates the contacts for services by underserved victims on a timeline with key events occurring during the grant period. Contacts for services by underserved victims are shown as a percentage of all victim contacts in Graph 2 for both July 2000 to June 2002 and July 2002 to June 2004.

Victims representing the underserved communities made an average of 465 contacts for services monthly between July 2002 to June 2004. This represents a 10.2% increase over the 422 average monthly contacts seen from July 2000 to June 2002. Contacts were at their highest in August of 2002 (598). During this month, 18.8% of all contacts for services were made by underserved victims. The fewest contacts for services were made in November 2003 (373).

The brochures and community action kits that were revised during the previous grant period were distributed throughout the state in October 2002 as underserved victim contacts were on the decline (Graph 1). Victim contacts increased between February and August 2003. An additional decline was seen through October 2003 when contacts started rising again. The multidisciplinary training on the co-occurrence of domestic violence and child victimization started in May 2004 with the initial training of trainers session.

The number of underserved victim contacts as a percentage of all contacts for services was slightly higher during FY02-04 than FY00-02 (Graph 2). Between July 2002 and June 2004, an average of 15.9% of all contacts for services each month were victims representing an underserved community. Underserved victims represented an average of 14.3% of all contacts for services from July 2000 through June 2002.

In addition to collecting information on the number of underserved victims receiving services, a form was developed and implemented in October 2002 to collect information concerning requests for services that could not be met. The purpose of the form was to identify any needs of domestic violence victims in rural communities and the state that were not being met. Additionally, the forms would show if clients who could not be served were receiving referrals to other agencies or programs in the community.

The four local pilot projects were asked to report cases where a victim sought services that were beyond the resources of their program. Initially, all clients who could not be completely served were to be reported. The form was quickly revised to only include clients who requested and did not receive domestic violence and/or sexual assault services that are typically available from the program. The service(s) requested, the reason it could not be provided, any referrals that were made, and the underserved community(s) that the victim represents were to be indicated on the form.

Information obtained from these forms was limited. Although advocates often share stories of needs that can not be met with current program resources, no apparent gaps in services were revealed by the forms. Initially, the forms included requests for services that are not meant to be provided by domestic violence programs, such as legal or medical services. When the form was restricted to include only requests for typical domestic violence and/or sexual assault services, only 19 cases were reported during the grant period. Forms were, however, not submitted consistently for the entire 24 month period by each of the pilot projects. Of those reported cases, the most common situation was that the program could not provide shelter services to clients due to mental health or drug problems or with medical conditions prohibiting them from caring for themselves.

Due to the lack of information obtained from these forms and the implementation of new federal reporting requirements that include similar information, the forms were discontinued for the 2004-2006 grant period.

Domestic Violence/Child Victimization Cross Disciplinary Training

The second goal of the rural grant project was to research, educate, and train on the co-occurrence of domestic violence and child victimization. To accomplish this, the outreach specialist with the WVCADV organized a study and policy workgroup consisting of representatives from the courts, child protective services, victim advocates, law enforcement, and other interested parties. The group began meeting during the previous grant period. After receiving a series of educational forums presented by national experts and much deliberation, the workgroup recommended in their interim report that consistent cross training among disciplines on family violence was needed statewide.

The workgroup and training subcommittee developed a curriculum based on their research and education to cross-train various disciplines on each others perspectives, roles, and responsibilities in responding to cases of family violence. A training of trainers was held in May 2004. The multidisciplinary trainers were taught the curriculum so that it could be provided statewide to front line workers in domestic violence programs, child protective services, law enforcement, and the courts. The WVCADV then contracted with the Department of Health and Human Resources (DHHR) training division to provide a series of ten regional multidisciplinary trainings beginning in September 2004.

To evaluate the training curriculum developed by the workgroup, a pre/post survey was designed to be administered to participants of selected trainings. Participants of the final training held in Charleston in December 2004 were chosen as the pre-training group. The survey was administered to this group on site before their one day training started. From the 97 participants listed on the sign-in sheets, 85 surveys were completed and returned. Participants of the Clarksburg, Huntington, and Shepardstown trainings held in September/October 2004 were selected as the post-training group. Surveys were to be mailed to this group; however, due to a delays encountered in obtaining the mailing addresses from DHHR this was not possible before the end of the grant period.

The responses from the 85 pre-training surveys were analyzed and the results follow. Once addresses are provided by DHHR, the post-training survey will be conducted after the closing of this grant period. It will then be possible to analyze the pre and post-training survey responses together as originally intended. Those results will be published in a separate report.

Table 6 illustrates the demographic characteristics of the pre-training survey participants. Most participants are white females between the ages of 30 and 39. Nearly 60.0% indicated that they are married. The majority have a Bachelor's degree (80.2%). Social work, psychology, and criminal justice were the most common fields of study.

When interpreting the remaining results from the training surveys, it should be noted that the majority of participants work in positions under or related to the DHHR. As shown in Table 6, CPS workers, youth services workers, other DHHR workers, and CPS supervisors make up 88.2% of all participants. Only 7 DV advocates, 2 judges, and 1 law enforcement officer attended this particular training and completed a survey. Most of those in the "other DHHR" category are foster care workers.

Participants indicated that they had worked in their current position an average of 3.5 years. They reported working in any position dealing with domestic violence or child victimization an average of 7.6 years.

Just under 45.0% of participants reported that they frequently work with cases that involve the co-occurrence of domestic violence and child victimization (Graph 3). These types of cases are encountered very frequently by 9.5% of participants. Only 5.4% reported that they never worked with co-occurrence cases.

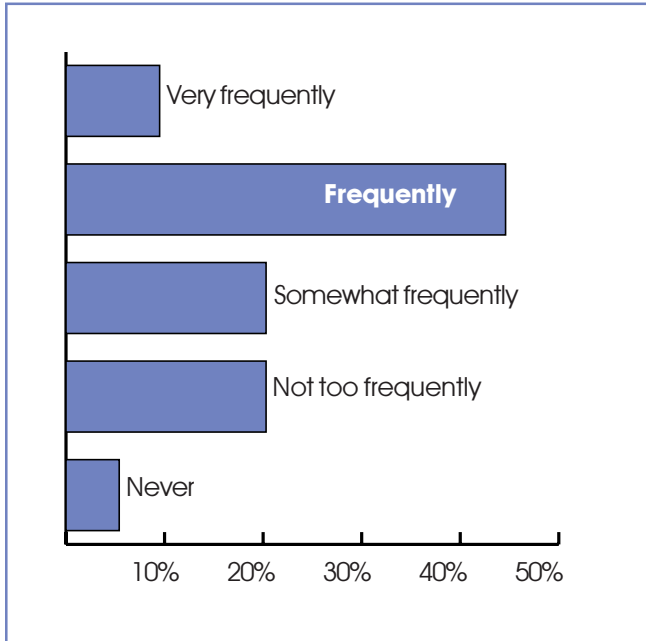
Nearly 70.0% of participants indicated that collaboration is very important in serving the needs of families affected by the co-occurrence of domestic violence and child victimization (Graph 4). Only 1.2% thought that collaboration was not too important when dealing with these cases.

Participants were next asked about the extent to which they encountered situations where it is necessary to collaborate with representatives from various agency types in the handling of co-occurrence cases. Table 7 shows how often participants reported collaborating with DV advocates, CPS workers, law enforcement, defense attorneys, prosecutors, and judges.

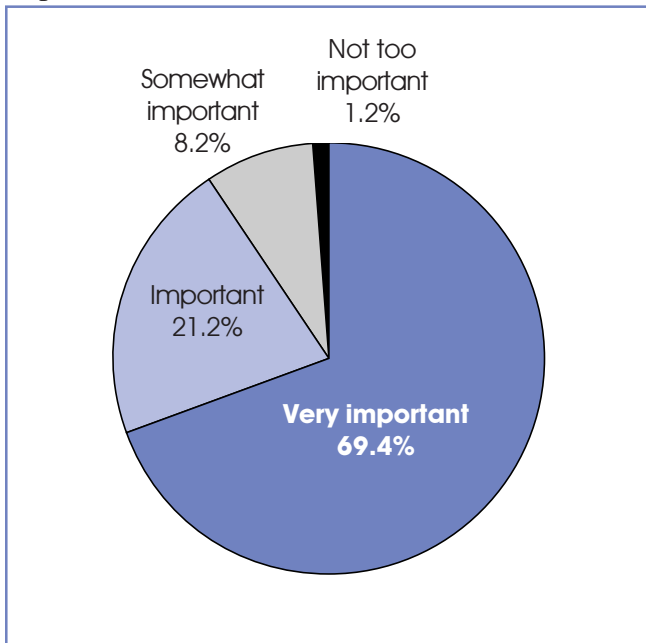
Table 6
Demographic Characteristics of Pre Training Survey Participants (N = 85)

Gender	N	%	Race	N	%
Female	63	76.8%	White	74	91.4%
Male	19	23.2%	Nonwhite	7	8.6%
Total	82	100.0%	Total	81	100.0%
Age	N	%	Mean Age	35.4	
20 to 29	19	25.3%	Standard Deviation	8.7	
30 to 39	36	48.0%			
40 to 49	14	18.7%			
50 and over	6	8.0%			
Total	75	100.0%			
Marital Status	N	%	Education Level	N	%
Married	47	58.8%	High School	2	2.5%
Single	12	15.0%	Associate's	3	3.7%
Seriously Involved	10	12.5%	Bachelor's	65	80.2%
Divorced	9	11.3%	Master's	8	9.9%
Separated	1	1.3%	LLB, JD	2	2.5%
Widowed	1	1.3%	EdD, PhD	1	1.2%
Total	80	100.0%	Total	81	100.0%
Field of Study	N	%	Current Position	N	%
Social Work	24	27.0%	CPS Worker	35	41.2%
Psychology	24	27.0%	Youth Services	17	20.0%
Criminal Justice	14	15.7%	Other DHHR	13	15.3%
Sociology	6	6.7%	CPS Supervisor	10	11.8%
Counseling	5	5.6%	DV Advocate	7	8.2%
Law	3	3.4%	Judge	2	2.4%
Other	13	14.6%	Law Enforcement	1	1.2%
Total	89*	100.0%	Total	85	100.0%
Mean Years in Current Position	3.5		Mean Years in any DV or CV Related Position	7.6	
Standard Deviation	4.1		Standard Deviation	6.9	
*Participants could mark more than one field of study. This resulted in an N greater than the total number of participants.					

Graph 3
How Often Participants Currently Work with Co-occurrence Cases



Graph 4
Importance of Collaboration in Co-occurrence Cases



Participants reported the least amount of collaboration with DV advocates. Over one-third (35.0%) of participants never collaborate with DV advocates, while 32.5% had contacted advocates a few times in the past six months.

Participants were most likely to collaborate with CPS workers. Keep in mind that many of the participants are themselves CPS workers. It should, therefore, be expected that they would have frequent contact with others in their own agency. Over half (53.7%) of participants reported collaborating daily with CPS workers.

About forty percent of participants indicated that they collaborated with prosecutors (43.9%), defense attorneys (37.8%), and law enforcement (37.3%) on a weekly basis.

Results for judges were mixed with 29.6% of participants reporting monthly collaborations, 25.9% weekly collaborations, and 22.2% reporting a few times in the past 6 months.

Training participants were then asked to further define the type of contact they had recently had with representatives from the same types of agencies. The highest level of contact, ranging on a scale from none at all to scheduled coordinated community meetings, was determined for each agency type. The results are shown in Table 8.

Participants most often reported having no contact (36.7%) with DV advocates. Just under 20.0% indicated that informal contact as needed (19.0%) was the closest contact they had with advocates.

Regular contact with specific workers (46.8%) was reported most frequently for CPS workers. Another 19.0% indicated the highest level of contact with CPS workers, scheduled coordinated community meetings.

Participants most frequently reported having regular contact with specific workers for prosecutors (37.0%), judges (34.2%), and defense attorneys (31.3%). Just over one-fourth of participants indicated that scheduled coordinated community meetings (25.9%) were the highest level of contact they had with prosecutors. Informal contact as needed (35.8%) was reported most often for law enforcement.

Graph 5 illustrates how training participants rated their recent collaborations with representatives from each of the agency types. Participants were asked to indicate whether they had positive or negative views regarding collaborations with each group.

Table 7

How often participants encountered situations where it was necessary to collaborate with representatives of each of the agency types in the handling of co-occurrence cases

	DV Advocates	CPS Workers	Law Enforcement	Defense Attorneys	Prosecutors	Judges
	(N = 80)	(N = 82)	(N = 83)	(N = 82)	(N = 82)	(N = 81)
Never	35.0%	4.9%	12.0%	14.6%	11.0%	11.1%
A few times, in past 6 months	32.5%	14.6%	21.7%	20.7%	12.2%	22.2%
Monthly	13.8%	13.4%	19.3%	18.3%	22.0%	29.6%
Weekly	13.8%	13.4%	37.3%	37.8%	43.9%	25.9%
Daily	5.0%	53.7%	9.6%	8.5%	11.0%	11.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 8

Type of contact participants had with representatives of each of the agency types in the handling of co-occurrence cases

	DV Advocates	CPS Workers	Law Enforcement	Defense Attorneys	Prosecutors	Judges
	(N = 79)	(N = 79)	(N = 81)	(N = 80)	(N = 81)	(N = 79)
No Contact	36.7%	7.6%	8.6%	13.8%	8.6%	11.4%
Provide/obtain general information	8.9%	7.6%	16.0%	11.3%	12.3%	13.9%
Refer clients to/from	11.4%	11.4%	6.2%	7.5%	3.7%	5.1%
Informal contact as needed	19.0%	7.6%	35.8%	18.8%	12.3%	16.5%
Regular contact with specific workers	11.4%	46.8%	17.3%	31.3%	37.0%	34.2%
Scheduled coordinated community meetings	12.7%	19.0%	16.0%	17.5%	25.9%	19.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

In general, participants reported positive views toward collaborations with all groups. Collaborations with CPS workers and prosecutors were each rated positive by 80.0% (68) of training participants. Negative views toward collaborations with defense attorneys were reported by 13.6% (11) of participants. Only 4.7% (4) participants rated their collaborations with DV advocates as negative; however, 36.5% (31) had no opinion or did not rate these collaborations.

To assess participants knowledge level of topics to be addressed by the training, they were asked to rate nineteen items on a scale of 1 (not knowledgeable at all) to 5 (very knowledgeable). Table 9 shows the results for this assessment with the items ranked in order from most to least knowledgeable.

Participants reported that they were more knowledgeable about topics concerning child victimization than domestic violence. Over 80.0% indicated that they

were knowledgeable about the effects on children of removal from their home and the processing of allegations of child abuse/neglect by DHHR. At least two-thirds of participants also felt that they were knowledgeable in the areas of assessing risk of harm to children of batterers, the processing of child abuse/neglect cases by the courts, safety planning for children exposed to domestic violence, and the impact of witnessing battering on children.

Many of the participants were not too knowledgeable concerning two of the primary issues to be addressed by the training. Nearly 40.0% of participants reported that they were not too knowledgeable about the co-occurrence of domestic violence and child victimization, while 58.3% were not too knowledgeable about coordinated community responses. In addition, participants were not too knowledgeable about interagency differences in methods of safety planning (59.5%) or risk assessment and lethality (69.0%). Participants were least knowledgeable concerning the prosecution of domestic violence cases (25.0%).

Finally, participants were asked about barriers they had encountered when collaborating with other agency representatives and factors they felt were important for achieving successful outcomes to co-occurrence cases. Participants were asked to indicate the extent to which they felt that items provided on the survey instrument were barriers to collaborative efforts. A list of items that may be important for ensuring successful outcomes was also provided. Participants indicated how important they believed that each was.

High turn-over rates for workers, time constraints, and too few staff were identified as the top three barriers by over 70.0% of participants. Less than half of participants agreed that the remaining items represented major barriers to collaborative efforts. Only about 40.0% thought that differences in agency mandates, different priorities in the handling of cases, agency policies/procedures, accessibility of counterparts, confidentiality restrictions or requirements, or lack of contact between

Graph 5
Attitudes of participants toward recent collaborations with representatives from each agency type

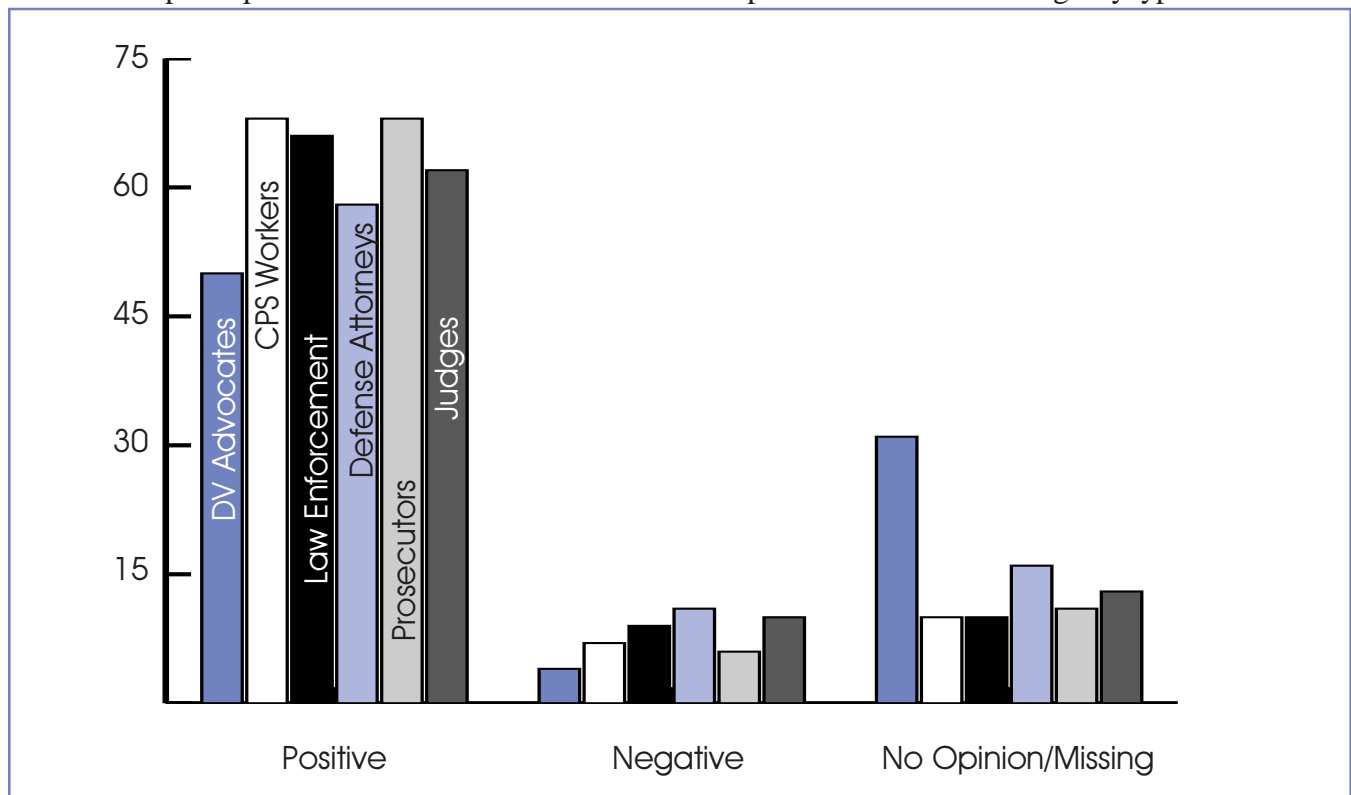


Table 9
Training Participants Current Knowledge Level in Areas Related to the Co-occurrence of Domestic Violence and Child Victimization

	Knowledgeable	Not too knowledgeable
The effects on children of removal from their home (N = 84)	82.1%	17.9%
The processing of allegations of child abuse/neglect by DHHR (N = 84)	82.1%	17.9%
Assessing risk of harm to children of batterers (N = 84)	70.2%	29.8%
The processing of child abuse/neglect cases by the courts (N = 83)	68.7%	31.3%
Safety planning for children exposed to DV (N = 84)	66.7%	33.3%
The impact of witnessing battering on children (N = 84)	66.7%	33.3%
The co-occurrence of domestic violence and child victimization (N = 84)	60.7%	39.3%
Investigation of child abuse/neglect cases by law enforcement (N = 84)	56.0%	44.0%
Factors that influence decision making of DV victims (N = 84)	54.8%	45.2%
Safety planning for adult victims of DV (N = 84)	45.2%	54.8%
Assessing risk of harm to adult victims of DV (N = 84)	44.0%	56.0%
WV child victimization case law (N = 83)	43.4%	56.6%
Coordinated community responses (N = 84)	41.7%	58.3%
Interagency differences in methods of safety planning (N = 84)	40.5%	59.5%
The legal rights of victims of domestic violence (N = 84)	36.9%	63.1%
Investigation of domestic violence cases by law enforcement (N = 84)	35.7%	64.3%
Differences between the behavioral and legal definitions of DV (N = 84)	33.3%	66.7%
Interagency differences in risk assessment and lethality (N = 84)	31.0%	69.0%
Prosecution of domestic violence cases (N = 84)	25.0%	75.0%

Knowledgeable includes responses of knowledgeable and very knowledgeable. Not too knowledgeable includes responses of not at all knowledgeable, not too knowledgeable, and somewhat knowledgeable.

agencies were barriers. Failed collaborations in the past was identified as a barrier by the fewest number of participants.

Greater accountability for batterers, better enforcement of protection orders, and greater communication between service providers were identified as the three most important items for ensuring successful outcomes in co-occurrence cases. Over half of all participants thought that each of the 15 items listed were “very important” for successful outcomes. Nearly seventy percent of participants identified better treatment/ counseling services for batterers (71.6%), enhancing access to victim service programs (71.3%), improvement

of services for victims (70.0%), and building trusting relationships among agency representatives (69.1%) as “very important” for ensuring successful outcomes.

On the other hand, about 40.0% of participants thought that increasing cross-training among disciplines was “not too important.” Nearly 45.0% thought that developing new or modifying current laws was “not too important.” Enhancing family case management practices was thought to be the least important item listed with 48.1% of participants identifying it as “not too important.”

Local Pilot Projects

During the 2002-2004 grant period, four pilot projects were funded in rural areas of the state to expand the provision of services to underserved populations at the local level. The statewide project coordinator at the WVCADV provided support and technical assistance to the pilot projects in their efforts to provide direct services to the underserved populations. Pilot project advocates were encouraged to also participate in the statewide advisory council meetings, training initiatives, and outreach activities.

Table 10 illustrates the goals and target population established by each the four local pilot projects. People in later life were targeted by all four of the local projects in specific rural counties. People with disabilities were also included in HOPE's project in Lewis County. Shenandoah Women's Center identified people of color as their target underserved population in the eastern panhandle counties. Specifically, they sought to improve services to the Hispanic community in Berkeley County and the African American community in Jefferson County.

Table 10
Target Population and Goals of the Local Pilot Projects

<p>Family Refuge Center People in Later Life Greenbrier, Monroe, and Pocahontas counties</p> <ol style="list-style-type: none">1. To provide outreach education to members of the community who are involved with the elderly population.2. To provide education about domestic violence and possible interventions to the elderly population.3. To provide advocacy to the elderly population.4. To begin to educate on the abuse of the disabled population as a parallel to elderly abuse.5. Training for staff of FRC relating to the abuse of the underserved populations, specifically elder abuse.	<p>Rape & Domestic Violence Information Center People in Later Life Taylor County</p> <ol style="list-style-type: none">1. To increase the ability of 50 health care and social service providers to identify and intervene in cases of elder abuse by providing training and a manual.2. To increase awareness of abuse toward the elderly in 15 agencies in Taylor County.3. To increase services to persons in later life from 1 client to 20 clients in Taylor County.
<p>HOPE, Inc. People in Later Life and People with Disabilities Lewis County</p> <ol style="list-style-type: none">1. To provide comprehensive crisis intervention, advocacy, and supportive counseling to elderly, disabled, and educationally disadvantaged victims of domestic violence and sexual violence in Lewis County.2. To increase public awareness of problems specific to elderly, disabled, and educationally disadvantaged populations relative to issues of abuse and victims services.3. To collaborate with other organizations and agencies that focus on serving elderly, disabled, and educationally disadvantaged populations.	<p>Shenandoah Women's Center People in Later Life Morgan County</p> <ol style="list-style-type: none">1. Increase services to elderly victim population by 20%.2. Implement a coordinated community response to elderly victims of domestic violence and sexual assault.3. Improve services to elderly victims of domestic violence and sexual assault.
	<p>People of Color-Hispanic Community Berkeley County</p> <ol style="list-style-type: none">1. Increase service to Hispanic victim population by 20%.2. Improve services to Hispanic victims of domestic violence and sexual assault.
	<p>People of Color-African American Community Jefferson County</p> <ol style="list-style-type: none">1. Increase services to the African American victim population by 20%.2. Improve services to African American victims of domestic violence and sexual assault.

Table 11
Underserved Victims Served by the Local Pilot Projects

Family Refuge Center				Rape & Domestic Violence Information Center			
	FY01-02	FY02-03	FY03-04		FY01-02	FY02-03	FY03-04
Total Underserved	219	239	278	Total Underserved	208	222	221
Total Elderly	20	31	31	Total Elderly	17	26	35
Elderly from Target Counties	20	30	29	Elderly from Target County	1	3	1
HOPE, Inc.				Shenandoah Women's Center			
	FY01-02	FY02-03	FY03-04		FY01-02	FY02-03	FY03-04
Total Underserved	161	180	214	Total Underserved	177	197	176
Total Elderly	16	26	24	Total Elderly	15	20	13
Elderly from Target County	0	0	4	Elderly from Target County	1	1	4
Total Disabled	115	124	149	Total People of Color	95	107	98
Disabled from Target County	6	12	7	People of Color from Target Counties	84	86	89

Notes: All data were obtained from the unique victims table in the WVCADV Database. Total underserved includes all victims served who represented at least one of the four underserved populations as defined under the rural grant.

Monthly progress reports submitted to the Division of Criminal Justice Services' grant administrator were obtained and reviewed to assess the activities of the pilot projects toward completion of their goals. The progress reports provided only a brief overview of the pilot project advocates' activities during the grant period. It was therefore difficult to determine if the all of the goals, particularly those indicating quantitative measures, were realized. Data from the WVCADV database were available to show the number of victims from the target populations served by the four local pilot projects (Table 11). Caution should however be used in interpreting the results of the analysis of these data as an indication of project success or failure.

Overall 16.2% more victims representing the four underserved communities received services from domestic violence programs with funded rural grant projects in FY03-04 than in FY01-02, prior to their funding. Table 11 shows a detailed breakdown of the number of victims seeking services from each of the funded programs target populations. Victims requesting services on multiple occasions are counted only once per

fiscal year in these data. Home county of the victim as listed in the WVCADV database was used to determine the number of underserved victims from the program's targeted county(s).

More elderly victims were served by the Family Refuge Center between FY01-02 and FY03-04 and more of the victims were from the target counties. A total of 31 elderly victims received services in FY03-04, 29 of which indicated that they were from Greenbrier, Monroe, or Pocahontas County. HOPE served 24 elderly and 149 disabled victims in FY03-04; however, only a small proportion of those were from Lewis County. Likewise, only 1 of the 35 elderly victims served by the Rape and Domestic Violence Information Center was from their target county (Taylor). Nearly all of the people of color (which includes all nonwhites) served by Shenandoah Women's Center were from Berkeley or Jefferson County. In FY03-04, 4 of the 13 elderly victims seeking services from Shenandoah were from Morgan County.

The Family Refuge Center focused the activities of their project on people in later life in Greenbrier, Monroe, and Pocahontas counties. Activities centered on linking

with various agencies and community organizations that provide services to the elderly. These agencies/organizations included senior centers, county committees on aging, family resource networks, independent living facilities, hospitals, nursing homes, hospice, churches, and AARP. Educational programs were developed and presented to these agencies and community groups throughout the grant period.

A workshop on elderly issues was held in March 2004. The workshop addressed legislation affecting the elderly, pain management, the Ombudsman program, and abuse and domestic violence involving the elderly. Continuing education credits were available for nursing home administrators, counselors, domestic violence advocates, nurses, and social workers attending the workshop.

The activities of the local project conducted by HOPE, Inc. focused on people in later life and people with disabilities in Lewis County. Outreach and educational programs through community organizations for elderly and disabled persons were the primary activities of the project. The outreach advocate routinely met with and distributed educational materials to elderly groups at local elderly housing complexes and the senior centers. Volunteers representing the elderly and disabled populations were also recruited, trained, and supervised by the outreach advocate to assist with community activities. In January 2003 a training was co-facilitated with local law enforcement to help seniors identify how they are vulnerable to become victims of identity theft.

The outreach advocate participated in talk radio sessions and interviews at local radio stations as another way to reach out to the rural population that may not be able to get out to the community meetings. Domestic violence, protective orders, and elder abuse were topics of the discussions. Listeners were also able to call in with questions.

The Rape and Domestic Violence Information Center focused the activities of their project on people in later life in Taylor County. In addition to increasing awareness and services to people in later life, the project was to increase health care and social service providers ability to identify and intervene in cases of elder abuse. To accomplish this a manual was developed and distributed for identifying elder abuse. Trainings were then conducted in September and October 2003 for health care workers,

social workers, senior center staff, and domestic violence advocates. Materials were later shared with surrounding counties that also had an interest and need for this training.

The outreach advocate continued to maintain a presence in the community throughout the grant period. Brochures and posters were regularly placed at locations visited by seniors to raise awareness. The outreach advocate also had ongoing contact with groups of seniors through monthly Bingo at the senior center. Presentations on later life issues were held at senior centers, churches, women's clubs, veteran's centers, health care facilities, and correctional facilities during the grant period.

Shenandoah Women's Center developed their local project to focus on three different underserved communities in three counties, people in later life in Morgan County, the Hispanic community in Berkeley County, and the African American community in Jefferson County. The project was to improve and increase services to victims of domestic violence and sexual assault in each of these three communities.

Distributing public information and education materials and building relationships in each of the communities seemed to be the primary activities of the outreach advocate. Elder abuse materials were distributed on an ongoing basis to local hospitals, police departments, courthouses, senior centers, and home health agencies in Morgan County. Trainings were held at health care facilities to assist them in identifying domestic violence cases in the elderly population.

Reaching out to the Hispanic community was made easier by locating volunteers to translate Spanish in Berkeley County. A volunteer was available to translate for clients at the office as well as to translate materials for distribution throughout the community. The outreach advocate also participated in the planning of the Hispanic Heritage Festival with the Hispanic Coalition Group. Shenandoah Women's Center was present at the festival to distribute educational materials.

In Jefferson County brochures and information were distributed to local law enforcement, health care providers, churches and area businesses on an ongoing basis. Relationships were built with local African American churches in order to reach out to this underserved population. Efforts were also made to recruit volunteers to work with the African American community.

