Indiana Report

2011 Action Plan

Domestic Violence

and

Sexual Assault Services

Introduction

Every five years a committee of domestic and sexual violence victim service providers, coalitions, and vested state agencies come together to update and produce a five year plan. This plan is the impetus for funding decisions, program development and implementation, and attention to unserved and marginalized communities and populations. Due to the need for in-depth assessment of existing services, gaps, and priority determinations a white paper has been developed to guide the implementation of programming for Indiana regarding services and treatment for victims of domestic and sexual violence for the next year. This white paper ensures that funding and services will not be disrupted. It is anticipated that a full five year plan will be completed and distributed by December 2011.

Issues

Domestic Violence

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone.

In many situations the terms domestic violence and family violence are used interchangeably. The overall impact on the family extends beyond the enormous physical, psychological, and economic injury to the abused; this type of violence affects families, friends, and communities.[1]

Sexual Assault

Sexual Assault is when someone touches any part of another person's body in a sexual way, even through clothes, without that person's consent.

Sexual violence ranks as a significant public health problem in the United States. The American Medical Association refers to sexual violence at a “silent violent epidemic.”[2]

[1] U.S. Department of Health and Human Services. (2005). *Violence and minority women*. Retrieved May 7, 2006, from http://www.4woman.gov/minority/violence/

[2] Ladson S, Johnson CF, Doty RE. Do physicians recognize sexual abuse? Am J Dis Child. 1987 Apr;141(4):411–415

Adolescent Dating Violence

Dating violence is controlling, abusive, and aggressive behavior in a romantic relationship. It occurs in both heterosexual and homosexual relationships and can include verbal, emotional, physical, or sexual abuse, or a combination of these behaviors.

Young women between the ages of 16 and 24 experience the highest rate of victimization by an intimate partner (16 per 1,000 compared to an overall per capita rate of 6 per 1,000 among women in general).[3] Although dating violence affects women and men of all ages, it is well documented that adolescent females age 16 to 24 are particularly vulnerable, with one out of five having experienced some form of physical or sexual violence. [4]

Child Abuse and Maltreatment

Child abuse and maltreatment consist of "any act or failure to act that endangers a child's physical, emotional, or social development."[5] The major types of child maltreatment are: physical abuse, sexual abuse, emotional abuse, child exploitation, and neglect.[6] Children of both genders and from groups of all ages, ethnicities, races, and socioeconomic levels are at risk for child maltreatment. Children who experience abuse and/or neglect are at greater risk for long-term health problems including: smoking, alcohol and substance abuse, eating disorders, mental health problems, suicide, risk taking sexual behavior, mental and/or physical disability, and chronic medical problems. Children who are exposed to domestic violence also are more likely to experience behavioral problems and mental health disorders and become perpetrators or victims of domestic violence in adulthood.[7]

[3] U.S. Department of Justice, Bureau of Justice Statistics. (2001). *Intimate partner violence and age of victim, 1993-99* (Publication No. NCJ 187635). Washington, DC: Author.
[4] Family Violence Prevention Fund. (2006). *The facts on teenagers and intimate partner violence.* Retrieved May 21, 2006, from www.endabuse.org/resources/facts/teenagers.pdf
[5] Benedictis, T., Jaffe, J., & Segal, J. (2004). *Child abuse: Types, signs, symptoms, causes and help.* Retrieved May 8, 2006, from http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm
[6] Ibid.
[7] Saltzman, K. M., Holden, G. W., & Holohan, C. J. (2005). The psychobiology of children exposed to marital violence. *Journal of Clinical Child and Adolescent Psychology, 34,* 129-139

Elder Abuse

Elder mistreatment is a widespread and complex public health problem that includes physical and sexual abuse, psychological abuse, financial exploitation, and neglect by self and others.[8] Neglect is the most prevalent form of elder abuse, accounting for 60 to 70% of elder abuse cases that are reported to Adult Protective Services annually.[9] Elder self-neglect, which is also a form of maltreatment, is very common, comprising nearly half of all abuse cases and two-thirds of neglect cases referred to Adult Protective Services for investigation. It is estimated that in the United States, 1.5 to 2.5 million older persons are abused each year (2 to 10%).[10]

[8] Fulmer, T., Paveza, G., Abraham, I., & Fairchild, S. (2000). Elder neglect assessment in the emergency department. *Journal of Emergency Nursing, 26*, 436-443.
[9] Lachs, M. S., Williams, C. S., OBrien, S., & Pillemer, K. A. (2002). Adult Protective Service use and nursing home placement. *Gerontologist, 42*, 734-736.
[10] Dolan, V. F. (1999). Risk factors for elder abuse. *Journal of Insurance Medicine 31*, 13-20.

Indiana Statistics

Violence against women, specifically domestic violence, sexual assault[1] and stalking, is a serious issue for Indiana. The Indiana Coalition Against Domestic Violence (ICADV) is the statewide coalition whose mission is to eradicate domestic violence. ICADV collected data from the domestic violence shelters in the state. Based on that data, ICADV reports that 4,461 adults and 3,895 children were served in an emergency shelter from July 1, 2008 to June 30, 2009. The demographics of the women served in emergency shelters show that most were abused by their boyfriends (42.5%) or spouse (27.7%). The age range with the highest victimization was 23-35 years old (35.8%), followed by those aged 36-46 (23.7%) and 18-24 (20.6%). Many of the victims were Caucasian (62.5%) or African-American (24.4%) and the overwhelming majority of victims had an income of $15,000 or less (76%). During this one-year period, there were 53 domestic violence related deaths in Indiana, which is a decline from 65 deaths in the previous year.[2]

The Indiana Coalition Against Sexual Assault (INCASA) is the state coalition for the anti-sexual violence movement. Their mission is to provide education, advocacy and support regarding sexual violence in Indiana. They also collect data from all the rape crisis service providers in Indiana. For 2009, 30 service providers provided services to 5,253 primary and secondary victims of sex crimes. Of those victims, 3,307 of them were primary victims and 1,881 were adult females.

[1] In this plan rape and sexual assault will be used interchangeably to refer to any nonconsensual sexual contact between two or more individuals.

[2] Information retrieved from Indiana Coalition Against Domestic Violence's website at http://www.violenceresource.org/stats08-09.pdf.

Statistics Continued

- Information provided by STOP subgrantees is another resource to help gauge the number of victims of domestic violence, sexual assault and stalking in Indiana. All subgrantees that receive STOP grant awards are required to complete an annual report which includes information on the number of victims served. In 2007, 41 victim services agencies served 11,598 victims. In 2008, 42 victim services agencies provided services to 11,418 victims. Tables 9 & 10 to the right shows more details on victims served.[11]

Table 9: Victims Receiving Services, 2007

Type of Victimization	Victims/survivors served	
	Number	Percent
Domestic Violence	10,247	89.9%
Sexual Assault	987	8.5%
Stalking	184	1.6%
Total	11,598	100%

Table 10: Victims Receiving Services, 2008

Type of Victimization	Victims/survivors served	
	Number	Percent
Domestic Violence	10,329	90.5%
Sexual Assault	901	7.9%
Stalking	188	1.6%
Total	11,418	100%

[11] Information retrieved from the Indiana Criminal Justice Institute Indiana STOP Implementation Plan 2010.
Information retrieved from Indiana Coalition Against Domestic Violence's website at http://www.violenceresource.org/stats08-09.pdf.
Information retrieved from the Indiana Criminal Justice Institute Indiana STOP Implementation Plan 2010.

Funding for Programs

- This action plan is focused on four funding streams administered by the Indiana Criminal Justice Institute and overseen by the Domestic Violence Prevention and Treatment Council.

- **Domestic Violence Prevention & Treatment Funds**
- **Federal Family Violence Prevention and Services**
- **Preventive Health and Health Services Block Funds**
- **Social Services Block Funds**

FUNDING PRIORITIES

The **first goal** is to stabilize the residential and non-residential services statewide network in terms of funding, staffing, and quality and level of service by:

1) funding domestic violence residential services according to a formula that incorporates size and capacity, number of counties served, community need (population and geographic demographics), score on peer review, ancillary services, unit cost, average occupancy rate and cost of living;
2) funding domestic violence non-residential services according to a formula that incorporates size, number of counties served, community need (population and geographic demographics), ancillary services, unit cost and cost of living;
3) promoting collaborations on the state and local levels between the coalition/rape crisis programs and entities serving underserved, high-risk, special needs, and general populations
4) providing technical assistance in development of programming, evaluation, and expansion to include dual service delivery.

The **second goal** is to expand basic domestic violence services throughout the state to under and unserved areas. Basic services are defined as 1) ready access to residential services. Every county must have residential services located either within the county or in a contiguous county; and 2) non-residential services within each county, defined as 24-hour crisis intervention; information and referral; support and advocacy; face to face services a minimum of forty hours per week; and transportation. Basic services will be expanded by:

1) conducting research to identify the specific areas of need within the state;
2) establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc. to build support for and facilitate the development of services;
3) providing technical assistance; and
4) facilitating the development of residential services in Southwest Region (Knox, Daviess and Martin)

FUNDING PRIORITIES

The **third goal** is to ensure sexual assault victim advocacy services are available statewide for victims within a reasonable distance provided through a multi-disciplinary team approach which includes a rape crisis center meeting the legal definition of a rape crisis center, defined as providing or ensuring that the full continuum of care from the onset of crisis to the completion of healing is available. This will be accomplished by:

1) promoting the ongoing implementation of Sexual Assault Response Teams in each county;
2) maintaining and building upon the existing statewide networks and develop strategies to include non-traditional entities in the continuum;
3) supporting the implementation of the certification program for sexual assault victim advocates.
4) supporting the ongoing and expansion of direct services to victims of sexual violence with an emphasis on ensuring that victims in all 92 counties have access to direct services.
5) creating or expanding prevention education, public awareness, training for professionals, and resources that will address the issues of domestic violence, teen dating violence sexual assault, rape, and attempted rape.

FUNDING PRIORITIES

The **fourth goal** is to develop a more comprehensive statewide service delivery system characterized by a continuum of services in each county. The continuum would include services for victims, batterers, children/family members, and the community at large such as batterers' intervention groups, sex offender treatment programs, victims' assistance/non-residential services for victims, children's' services, transitional housing, support and counseling services for intact families, prevention programs, etc. The continuum would also include the active involvement in identification and intervention of families affected by domestic violence and/or sexual assault by faith based, law enforcement, mental health or medical professionals, school faculty, offices of the Department of Child Services Division, health departments, attorneys, and other points of contact with families or persons in positions of authority. Services will be facilitated by:

1) conducting research to identify the services needed throughout the state, with particular attention to services for:
   a) children
   b) batterers
   c) victims requiring services other than residential
   d) immigrant victims
   e) families choosing to remain unified or reunifying
2) coordinating necessary services for and interaction with those affected by domestic violence or sexual assault with other existing state and voluntary programs;
3) establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc. to build support for and facilitate the development of services and a multi-disciplinary approach;
4) providing technical assistance in the development of services, funding, and standards;
5) promoting programs/services which empower adults and children; and
6) supporting the continuing education of professionals from multiple disciplines regarding domestic violence and/or sexual assault.
7) supporting the ongoing effort to more effectively collect data for sex offenses or domestic violence crimes.

Recommendations

The Domestic Violence Prevention and Treatment Council will be focused on the development of a five year plan with assessment and analysis of existing services, gaps, and priorities. This plan will be available by December 2011.