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**GRAFTON COUNTY GREENBOOK PROJECT**

**SERVICE GAPS AND DIFFICULTIES ACCESSING SERVICES  
IN GRAFTON COUNTY, NEW HAMPSHIRE**

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August 2006



## **EXECUTIVE SUMMARY**

### **REPORT ON SERVICE GAPS AND DIFFICULTIES ACCESSING SERVICES IN GRAFTON COUNTY, NH**

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The Grafton County Greenbook Project was a five-year federally funded initiative<sup>1</sup> designed to bring together the court system, child protective services, and domestic violence agencies to better address the needs of families when domestic violence and child abuse/neglect co-occur. The Grafton County Greenbook Project had three primary partners: the Grafton County Family Division and District Courts; the New Hampshire Coalition Against Domestic and Sexual Violence (Coalition), including the four crisis centers serving Grafton County; and the New Hampshire Division for Children, Youth, and Families (DCYF).

A variety of research methods were used to inform Project activities and assess practice change among the Project's primary partners over the duration of the Project (2001-2006).

Information on service needs of domestic violence victims and community service gaps in Grafton County was obtained from multiple sources, including interviews with service providers and domestic violence victims and surveys of Grafton County residents. The results indicated that the biggest gaps in services in Grafton County for families impacted by domestic violence and/or child abuse/neglect were the following:

- **Affordable Housing or Housing Assistance:** This is a crucial need for women trying to leave their abuser.
- **Mental Health Services:** Service Gaps include a lack of qualified workers in domestic violence related mental health services for women and children
- **Financial Assistance and Affordable Services:** Women may not be able to leave their abuser because they lack adequate funds to setup an independent household. Paying for rent, food and counseling can be difficult.
- **Legal Assistance:** Women need affordable, informed legal assistance to terminate abusive relationships and get adequate help.

Some primary barriers to obtaining wanted services included the following:

- **A lack of transportation;** A lack of transportation can make access to services more difficult and heighten safety concerns.
- **A lack of health insurance;** Women exposed to acute and enduring domestic violence experience more physical health problems and often experience post-traumatic stress and emotional distress.

Several other gaps in services and barriers to accessing needed services were noted by research participants, including concerns about the inadequacies and lack of appropriateness of responses of police officers to domestic violence victims.

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<sup>1</sup>The Project is funded by the U.S. Department of Justice, U.S. Department of Health & Human Services, and private foundations: Annie E. Casey Foundation, and the Edna McConnell Clark Foundation. Private foundation funding was granted for the Project's first three years only. This Project was made possible through funds awarded under the US Department of Justice Grant Number 2001-WE-VX-K002 administered through the Office on Violence Against Women.

## INTRODUCTION

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This report presents information on service gaps and difficulties accessing services in Grafton County, New Hampshire. The information was obtained for the Grafton County Greenbook Project, a five-year federally funded initiative<sup>2</sup> designed to bring together the court system, child protective services, and domestic violence agencies to better address the needs of families when domestic violence and child abuse/neglect co-occur.

The Project stemmed from a growing awareness that women and children are often victims of violence within the same family. Research shows that in 30%-60% of families where there is an adult victim of violence, there is also a child victim of abuse (Edleson, 1999). Traditionally, public response has been to approach child abuse/neglect and domestic violence as separate and distinct forms of violence, with interventions leading to disparate paths for victims within the same family. In contrast, the Greenbook Project responded to the need for a more comprehensive and coordinated approach to addressing these forms of family violence at the systems level. The recommendations outlined in *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (Schechter & Edleson, 1999), known informally as the *Greenbook*, provided a model for diverse social systems to change their individual practices and to collaborate in a way that enhanced the safety and support of domestic violence victims and abused children. The Greenbook Project was developed to implement these recommendations. Grafton County, one of six Greenbook demonstration sites in the country, was awarded the federal grant in 2000, and began planning specific Greenbook Project activities in 2001. The Grafton County Greenbook Project had three primary partners:

- The Grafton County Family Division and District Courts;
- The New Hampshire Division for Children, Youth, and Families (DCYF);
- The New Hampshire Coalition Against Domestic and Sexual Violence (Coalition), including the four crisis centers serving Grafton County.

The four crisis centers are: Voices Against Violence in Plymouth, The Support Center at Burch House in Littleton, Women's Supportive Services in Claremont, and Women's Information Service in Lebanon.

A significant component of the Greenbook Project involved research and evaluation at the local and national level. For detailed findings on all of the Grafton County Greenbook Project goals see: *Grafton County Greenbook Project Final Evaluation Report on Primary Partner and Cross System Goals*.

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## RESEARCH METHODS

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The Grafton County Greenbook Project gathered specific information on obstacles to accessing needed services as well as on service gaps for families in Grafton County. Information on service gaps and access issues was obtained from several sources, including the following:

- Surveys administered to mothers residing in Grafton County
- Interviews with domestic violence victims
- Interviews with service providers from agencies serving Grafton County

### ***Rural Women's Needs Survey***

The *Rural Women's Needs Survey* was developed by the Greenbook Project research team to gather information about perceived service gaps and obstacles to services. The *Rural Women's Needs Survey* was targeted towards the population of women living in rural communities in Grafton County who were most likely to be in need of community services, such as financially disadvantaged women. Because of the difficulty reaching this population to recruit survey respondents, key individuals were asked for assistance in distributing the self-administered survey. Specifically, the following agencies that serve Grafton County residents were contacted: the Women, Infants, and Children Program (WIC), New Hampshire Health and Human Services, Division of Family Assistance (Temporary Assistance for Needy Families, TANF) and child support offices; town welfare offices, Head Start, and Planned Parenthood. Seven individuals were contacted in March 2003 and seven were contacted in August 2004 to request assistance with the distribution of the survey.

A total of 255 surveys were provided to 14 stakeholders who agreed to assist in their distribution by leaving the surveys in a prominent place for women to take, or by handing them to women with whom they came in contact at work. Just 43 completed surveys, for a response rate of 17%, were received over a period of one and a half years (March 2003-October 2004).

### ***Rural Needs Survey Sample Description***

Survey respondents' ages ranged from 18 to 60, with an average age of 31. Nine of the survey respondents (21%) reported they were victims of domestic violence in the past five years. Thirteen of the survey respondents were single (30%), 21 were married (49%), six were divorced (14%), two were separated (5%) and one was widowed. Respondents had an average of 1.5 children per household. Two survey respondents reported receiving TANF in the past year, 11 reported receiving social security, SSI or disability income (26%), and 25 (58%) reported receiving other state aid (such as food stamps, Healthy Gold for children, or Medicaid) in the past year. 58% of the respondents reported they had completed some college through an advanced degree; only 9% had not graduated high school.

### ***Interviews with Domestic Violence Victims***

We conducted in-person interviews in 2002 and again in 2005 with Grafton County domestic violence victims involved with domestic violence crisis centers, the Division for Children, Youth, and Families (DCYF), and/or the Family Division. All women interviewed were mothers. A total of 55 domestic violence victims participated in the two rounds of interviews/focus groups (See also Appendix and Kopiec & Kaufman Kantor, 2006)

## Interviews with Service Providers

In-person interviews were conducted, either individually or in focus groups, with staff members from domestic violence crisis centers and DCYF district offices in 2002 and again in 2005. A total of 93 service providers participated in the two rounds of interviews/focus groups.

Brief telephone interviews were conducted with other service providers ("key informants") in 2004. Seven individuals from WIC, NH Health and Human Services, and town welfare offices were asked to share their opinions and experiences with services in the community and the difficulties people face in accessing existing services. See Appendix for further details on interviews with service providers.

## RESULTS

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Survey and interview responses pointed to a number of areas in which services are lacking in Grafton County as well as to a number of obstacles to accessing existing services. Although there was a wide variety in research participants' responses, certain types of obstacles and gaps in services emerged repeatedly and across participant type (i.e., service provider, domestic violence victim, and other community member). The most frequently mentioned service gaps are described below.

*One participant reported she did not know how or where to get housing assistance in the area. Another said she could not afford subsidized housing because she owed money to a former landlord and therefore she was not eligible for housing assistance. Others cited long waiting lists—several women stated they have been waiting for nearly two years to obtain subsidized apartments.*

### ■ Affordable Housing

Service providers, domestic violence victims, and mothers living in Grafton County all described affordable housing as the most deficient community resource. Several (key informant) interviewees reported that low-income, subsidized, or simply affordable housing is scarce in Grafton County. Access to affordable housing is

made even more difficult because domestic violence victims may have poor credit histories and/or little work experience. Some key informants reported a lack of short term shelters in the county.

Crisis center advocates and DCYF social workers identified affordable housing as a crucial need of women who are trying to leave abusive partners. One DCYF worker said, "*The homeless shelter does not take children...and it's an incentive for mom to stay in an abusive relationship.*" An advocate explained that domestic violence victims often have bad credit and criminal records as a result of police responding to domestic violence calls, and consequently landlords will not rent to them. Another DCYF worker said that what is needed is a comprehensive relocation program for women to help them get away from their abusers.

In interviews with domestic violence victims, the most commonly reported service that was needed was housing assistance or subsidized housing, and permanent or temporary housing/shelter. One participant reported she did not know how or where to get housing assistance in the area. Another said she could not afford subsidized housing because she owed money to a former landlord and therefore she was not eligible for housing assistance. Others cited long waiting lists—several women stated they have been waiting for nearly two years to

*“I could not get into subsidized housing because it had just had been renovated and they did not want me because they said ‘She’s too risky—domestic violence. She has a protective order. We don’t want her here.’ ”*

obtain subsidized apartments. One woman explained that Temporary Assistance to Needy Families (TANF) benefits for a mother of three children total \$554 per month and the average three bedroom apartment in the area costs more than \$800 per month. Participants also reported difficulty obtaining housing because of their victimization:

*“I could not get into subsidized housing because it had just had been renovated and they did not want me because they said ‘She’s too risky—domestic violence. She has a protective order. We don’t want her here.’ ”*

Fourteen percent of women who responded to the *Rural Needs Survey* said they had wanted housing assistance in the past 5 years but were unable to obtain it. Respondents reported that housing assistance was not obtained due to long waiting lists and/or earning too much to be eligible for assistance but earning too little to find decent, affordable housing. For example, one survey respondent wrote:

*“Finding housing for a family of five (3 bedrooms) is hard and when available, I couldn’t come up with first month rent and security. I make too much to receive any financial services.”*

## ■ **Mental Health Services**

Availability and access to mental health services was one of the most frequently identified gaps in community services according to service providers. Both crisis center advocates and DCYF staff noted a variety of obstacles to mental health treatment, including affordability and the lack of qualified mental health providers, particularly child mental health providers. Service providers also expressed concerns about the quality of what little mental health services are available. They cited lack of domestic violence training and lack of understanding of children’s issues related to domestic violence as major problems. Participants noted the shortage of sufficient, qualified mental health workers to work with children. In addition to concerns about the quality of mental health treatment, the inconsistent quality of psychological evaluations was also a concern.

*Both crisis center advocates and DCYF staff noted a variety of obstacles to mental health treatment, including affordability and the lack of qualified mental health providers, particularly child mental health providers. Service providers also expressed concerns about the quality of what little mental health services are available.*

*According to one participant, the only community mental health center in the area had a waiting list of 118 children at the time she was interviewed.*

Many domestic violence victims interviewed also mentioned that quality, affordable mental health services are lacking in Grafton County. One woman said she had to discontinue her individual therapy so that her son could stay in counseling because she could not afford to pay for both at the same time. Participants reported that health insurance covers only a limited number of therapy sessions. Child therapists are particularly lacking. According to one participant, the only community mental health center in the area had a waiting list of 118 children at the time she was interviewed. The

domestic violence service providers and domestic violence victims interviewed repeatedly expressed the need for support groups for children exposed to domestic violence.

Among the women who responded to the *Rural Needs Survey*, 12% said they wanted mental health services for themselves or their children in the past 5 years but were unable to obtain it.

## ■ **Transportation**

Service providers, key informants, domestic violence victims and other mothers in the community, all frequently identified transportation as one of the major service gaps in Grafton County and as an obstacle to utilizing existing services. According to key informants, individuals in rural areas often have difficulty keeping appointments with service providers to learn about or receive services. As one key informant stated:

*“You have to drive 45 minutes for anything ...and if your car doesn’t work well that’s a long trip.”*

She went on to describe that most of her clients’ vehicles are “20 years old.” Many service providers and domestic violence victims reported that there is no public transportation in most areas of Grafton County.

In focus groups with service providers, participants described how accessing services for women in rural areas is often difficult because they live in such remote locations. In Grafton County, many women in rural areas are physically isolated. Lack of a vehicle was cited by advocates and DCYF staff as a major obstacle to women getting help from the community. Advocates and DCYF staff reported:

*“Transportation is a big one. Especially when you get clients who can’t drive, who don’t drive, or their husband has taken the car to work...”; “Financially it’s really hard around here for transportation, there’s no mass transit, nothing.”; “There’s no bus service, it’s not like someone can walk out of the [crisis center] shelter and take a bus to a job...”*

Among the women who responded to the *Rural Needs Survey*, 21% said they wanted transportation some time in the past 5 years but were unable to obtain it. Survey respondents noted that their difficulties included an inability to afford consistent, reliable transportation, and a lack of any transportation. One woman stated, “*I wouldn’t even know how to get help with transportation for medical reasons, grocery shopping, etc.*”

## ■ **Affordable Legal Assistance**

Among domestic violence victims, one of the most frequent responses to questions about unavailable but needed services was affordable, quality legal representation. Domestic violence victims we spoke with reported that legal information or consultation is needed but unavailable through the crisis centers. One woman said: “*No pro bono attorneys in the state are taking cases right now and you can’t afford a regular attorney, so there are no attorney options out there.*”

*“Transportation is a big one. Especially when you get clients who can’t drive, who don’t drive, or their husband has taken the car to work...”; “Financially it’s really hard around here for transportation, there’s no mass transit, nothing.”; “There’s no bus service, it’s not like someone can walk out of the [crisis center] shelter and take a bus to a job...”*

*Several domestic violence victims that we interviewed reported that they could not obtain financial assistance due to difficulty getting information about who to contact and what to do, and due to stringent eligibility criteria and a lengthy waiting period for Medicaid.*

Women said they needed “legal assistance with everything.” Several mentioned needing assistance in filing contempt charges. For example one woman said:

*“I have filed for contempt on [abuser]. It was thrown out because it was not filed properly; it wasn’t within the time period that it should have been filed. It went over the time period by two days...”*

Another participant said: *“I’ve been turned down by legal aid claiming that the case was too messy and they don’t have the time.”* Another said: *“I’ve had to represent myself pro se to every court hearing... so I’m up until three o’clock in the morning writing my own motions. I don’t know what I’m writing...”*

Among the women who responded to the *Rural Needs Survey*, 14% (n=6) said they wanted legal assistance in the past 5 years but were unable to obtain it.

## ■ Financial Assistance

Service providers, domestic violence victims, and other mothers in the community all identified difficulties obtaining financial assistance. Several domestic violence victims that we interviewed reported that they could not obtain financial assistance due to difficulty getting information about who to contact and what to do, and due to stringent eligibility criteria and a lengthy waiting period for Medicaid. One domestic violence victim explained:

*“I have to wait a month, just for me to get anything, because the criteria is that he has to be out of my home for a month and that’s kind of difficult when you have nothing—to wait a month...I think there should be some kind of exception if you have domestic violence and you are fleeing they should be able to help you out right away...I can’t get anything for a month, no food stamps, I had to cancel my health insurance and my daughter has a toothache and I couldn’t even get her to see a dentist, the dental place wont take you unless you have the actual card....”*

Policies related to state financial assistance were also cited in focus groups with service providers as a barrier to obtaining services. One advocate mentioned the financial problems a victim who wants to leave an abuser faces if DCYF places her children out of her home because she is then ineligible for TANF. There are also waiting periods and criteria for other types of assistance that participants described as difficult for victims:

*“...the fact is she has to have this huge gap of time where she is away from him, not receiving his income so that she’ll be able to receive assistance, and she’ll have to get a job to be eligible for public housing because they require 30% of your income, so you have to have some income, but she won’t have any income showing up.”*

Among the women who responded to the *Rural Needs Survey*, 23% said they wanted financial assistance in the past 5 years but were unable to obtain it.

**Affordability of services.** Many of the service gaps identified by the focus group participants relate to financial struggles that many women have when trying to leave abusive partners. Having enough money to leave their abuser, pay for services if they do not qualify for assistance, and maintain a household are strains that often coincide. One domestic violence advocate said:

*Having enough money to leave their abuser, pay for services if they do not qualify for assistance, and maintain a household are strains that often coincide.*

*“I think some of the resources are there, but I think the financing for those resources is not. We can’t expect our clients, when they’re worrying about where they’re getting their next dollar for food, to go out and spend 75 dollars for an hour’s worth of counseling.”*

The affordability of services such as mental health, substance abuse counseling, and legal services was frequently identified as an obstacle to obtaining needed services.

### ■ **Child Care**

Service providers, domestic violence victims, and other mothers in the community all reported a lack of available child care. Difficulty obtaining child care was also described as an obstacle to obtaining other needed services. For example, one woman reported that she could not undergo needed surgery because she had no one to care for her children while she recovered. Among the women who responded to the *Rural Needs Survey*, 19% said they wanted child care in the past 5 years but were unable to obtain it.

### ■ **Medical Care/Health Care**

Another deficient resource frequently cited by survey and interview participants was the lack of medical care and/or health insurance. The lack of health insurance was also frequently cited as an obstacle to getting needed/wanted services. For example, one woman reported that she had no health insurance and therefore she was unable to obtain needed inpatient substance abuse treatment.

*“I’ve needed assistance for my diabetic supplies (test strips) and Lipitor. It was several dead ends and frustration before I got samples from my physician. It shouldn’t be that hard to get health needs met. I must travel to my clinic a couple of times a month for samples and have put off check-ups because I can’t afford the extra bills.”*

Among the women who responded to the *Rural Needs Survey*, 16% said they wanted medical care in the past 5 years but were unable to obtain it. Examples of respondents’ comments about why they could not obtain medical care included the following:

*“When I left a job for a better position elsewhere, I was not able to get Healthy Kids Insurance for my children because I left the previous job that had health insurance.”*

*“I have had trouble getting Medicaid due to the high spend down.”*

*“I’ve needed assistance for my diabetic supplies (test strips) and Lipitor. It was several dead ends and*

*frustration before I got samples from my physician. It shouldn't be that hard to get health needs met. I must travel to my clinic a couple of times a month for samples and have put off check-ups because I can't afford the extra bills."*

Other service gaps, mentioned less frequently than those described above, but mentioned repeatedly by domestic violence victims and other women in the community, include inpatient substance abuse services, parenting support groups, and affordable education/job training programs. Among the women who responded to the *Rural Needs Survey*, almost a quarter said they wanted education/job training in the past 5 years but were unable to obtain it.

## ■ Law Enforcement

The service providers and domestic violence victims we spoke to reported that inaccessibility of the police in rural areas is a significant obstacle for battered women in danger. Small and part-time local police departments as well as lengthy driving distances were cited as problems in accessing law enforcement:

*"...the police department is usually one guy and then there's the state troopers... it's tough if the one guy doesn't feel like doing anything with domestic violence..."; "...state police come from ..., over an hour away, so police response time can be awful."*

The competence of police personnel in remote rural areas was raised several times as an issue of concern. For example, one crisis center advocate was concerned that small town police departments do not have the resources needed to stay informed about community services and are not aware of existing domestic violence services.

Interview and focus group participants were asked: "What is the one thing that you think should be changed to improve the way women who have experienced violence or abuse by a partner are treated by the "system" (including the courts, child welfare, and domestic violence agencies)?" The most common response to this question among victims of domestic violence was to improve law enforcement responses to victims. Over half (six of eleven) of the court-involved interview participants stated the police response was the one thing they would like to see change. Concerns about police responses were also mentioned in focus groups of domestic violence victims and by a *Rural Survey* respondent who was a victim of domestic violence. The *Rural Survey* respondent reported that she had called the police due to domestic violence and she added the following:

*"The police made it worse. I will not call the police again if this happens. They treated me worse than my boyfriend (abuser) did."*

Comments made in interviews with court-involved victims included statements that the police response was very slow, that police officers were disrespectful, and that a police officer made a victim feel ashamed for pressing charges. Two victims stated the responding police officers were friends with the abusers and joked around with the abuser during a response to a domestic violence call and/or minimized the seriousness of their violence. Other victims who participated in focus groups stated some police were disrespectful, that there was great inconsistency across police departments, and that police needed additional training in responding to domestic violence.

## SUMMARY AND DISCUSSION

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Information on service needs of domestic violence victims and community service gaps in Grafton County was obtained from multiple sources, including interviews with service providers and domestic violence victims and surveys of Grafton County residents. One caveat is that findings are limited by the fact that the sample of research respondents was not randomly selected, and may not necessarily be representative of the broader population of service providers, domestic violence victims, or other Grafton County residents. However, findings on the pressing need for affordable housing and mental health services, for example, are also supported by other studies on New Hampshire services, such as the *Second Report of the Governor's Commission on Child Protection: Strengthening Child Protection Services in New Hampshire: Report on the NH Child Welfare Reform Survey*, December 2004.

Overall, the results indicated that the biggest gaps in services in Grafton County for families impacted by domestic violence and/or child abuse/neglect were affordable housing or housing assistance, mental health services, and financial assistance. The primary barriers to obtaining wanted services included the lack of transportation, and lack of health insurance.

All women need a place to turn to in order to escape abusive, destructive and violent relationships. Shelters provide an important temporary stopgap for women and children but longer-term affordable solutions are needed and Grafton County and the North Country of New Hampshire are underserved areas with pressing needs. However, we also recognize that the limited population size of these communities makes it difficult to take advantage of the economies of scale that can lower the price of housing construction in larger communities (See for example, Bolda et al., 2000). Although this initiative has focused on families experiencing the co-occurrence of domestic violence and child maltreatment, the need for housing transcends these issues, extending for example to the poor and elderly.

New Hampshire is not alone in their need for increased availability of quality mental health services, particularly in regard to child and adolescent psychiatry services (e.g., Kim, 2003). This can take a huge toll on youth, their parents, and ultimately on society. Quality, available physical and mental health services are critically important for women and children who are exposed to and victimized by family abuse and violence. This is so because there are traumatic consequences of being exposed to chronic and acutely severe stressors. Women who experience this type of violence often have significant mental and physical health disorders, need to utilize more health services and even have significantly more surgeries than non-abused women (e.g., Campbell & Lewandowski, 1997; Hastings & Kaufman Kantor 2003). Children exposed to domestic violence and abuse or neglect also are at risk for a wide range of social, emotional, health and behavioral problems. It is therefore essential to improve upon and make accessible, quality services to these vulnerable populations.

To best serve the victims of domestic violence and to limit the enormous human and social toll of abuse and violence, ultimately communities must spearhead the development of innovative and comprehensive prevention, early intervention and implementation of service strategies for underserved women and children. However, Federal and State support is needed to assist with funding mechanisms to address and support the amelioration of these major problems.

## RECOMMENDATIONS

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- There is a need to develop more affordable housing options in areas such as Grafton County, NH. The state should consider exploring existing models in the state and around the country, explore current federal and state funding options (e.g., community development grants), renovation of existing older housing, and possible alternative living arrangements and new models of lower cost housing construction to increase the availability of affordable housing.
- The state should explore ways to expand mental health services, for children and adults, particularly in rural areas of the state such as Grafton County. Some strategies might include developing high quality, innovative demonstration programs which can draw federal support, providing incentives to draw professionals with mental health specializations, developing mechanisms for teleconferencing with experts, and increasing the availability of conferences and special trainings in Grafton County.
- The state, in particular, Grafton County, should consider projects to develop public transportation services and a range of services such as prompt access to public financial assistance and services which serve to reduce the marginality of abused women such as education and employment services, and medical and legal advocacy services.
- There should be access to competent legal counsel, and an appropriately responsive criminal justice system in cases involving domestic violence. Strategies to improving the current situation might include mandatory and ongoing training on domestic violence for the bar, pro bono systems of representation, and for law enforcement personnel, improved coordination between relevant systems such as by developing community or regional task forces, improved referral networks for women relevant to legal services, and developing new, revised protocols and procedures for responding to these crimes which insure offender accountability and take into account victim assessments of need.

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## **APPENDIX**

### ***1. Rural Women's Needs Survey***

### ***2. Methodology***



## RURAL WOMEN'S NEEDS SURVEY

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1. What is your marital status? (Check one)
  - (1) \_\_\_ Single
  - (2) \_\_\_ Married
  - (3) \_\_\_ Divorced
  - (4) \_\_\_ Separated
  - (5) \_\_\_ Widowed
  
2. How old are you? \_\_\_\_\_
  
3. Not including yourself, how many adults live in your household who are 18 years old or older?  
\_\_\_\_\_
  
4. How many children live in your household who are 17 years old or younger? \_\_\_\_\_
  
5. What is the last year of school that you completed?
  - (1) \_\_\_ 7<sup>th</sup> grade or less
  - (2) \_\_\_ 8<sup>th</sup> grade
  - (3) \_\_\_ Some High School or GED
  - (4) \_\_\_ High School Graduate
  - (5) \_\_\_ Some College
  - (6) \_\_\_ College Graduate
  - (7) \_\_\_ Post-B.A. Training
  - (8) \_\_\_ Advanced Degree
  
6. How long have you lived in your neighborhood? \_\_\_\_\_
  
7. What were your sources of income for the last year? (Check all that apply)
  - (1) \_\_\_ Wages, salary, tips
  - (2) \_\_\_ Self-employed, consulting, sell goods from home
  - (3) \_\_\_ Alimony
  - (4) \_\_\_ Child support
  - (5) \_\_\_ TANF
  - (6) \_\_\_ Other state aid (food stamps, Medicaid, unemployment, Worker's Comp, adoption subsidy, Healthy Gold for Kids, etc.)
  - (7) \_\_\_ SSI, social security or disability
  - (8) \_\_\_ Rental income
  - (9) \_\_\_ Scholarship/student stipend
  - (10) \_\_\_ Parents
  - (11) \_\_\_ Siblings
  - (12) \_\_\_ Other (Specify): \_\_\_\_\_

8. Do you have access to a car that you can drive? \_\_\_\_\_

9. Please tell us about the kind of help you can get from people who are or who are not living with you. For each statement below, check whether you strongly disagree, disagree, agree or strongly agree:

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
A. I don't have as many friends/family to help with the baby (my children) as I would like.	_____	_____	_____	_____
B. I feel very cut off from other people	_____	_____	_____	_____
C. My income is often not enough for basic needs (rent, food, clothing, transportation, etc.).	_____	_____	_____	_____
D. Someone I'm close to makes me feel confident in myself.	_____	_____	_____	_____
E. There is someone I can talk to openly about anything.	_____	_____	_____	_____
F. There is someone I can talk to about problems in my relationship.	_____	_____	_____	_____
G. I have someone to borrow money from in an emergency.	_____	_____	_____	_____
H. I have someone to take care of my child/children for several hours if needed.	_____	_____	_____	_____
I. I have someone who helps me around the house.	_____	_____	_____	_____
J. I have someone I can count on in times of need.	_____	_____	_____	_____

10. In the past 5 years have you ever been in a relationship (dating or married) where you were pushed, shoved, grabbed, slapped, beaten, hit or otherwise hurt by your partner in the relationship?

(1) \_\_\_\_\_ yes (if yes, go to question 10a.)

(0) \_\_\_\_\_ no (if no, go to question #11)

10a. Did you ever call the police on the person who hurt you?

(1) \_\_\_\_\_ yes

(0) \_\_\_\_\_ no

10b. Did you get a protective order (restraining order) against the person who hit or physically hurt you?

(1) \_\_\_\_\_ yes

(0) \_\_\_\_\_ no

11. Please tell us whether you or your family has wanted any of these services in the last 5 years (**Check all that apply**). Then, tell us whether you or your family got any of these services in the last 5 years (**Check all that apply**).

	Wanted?	Got?
1. Mental Health/Counseling for Self		
2. Mental Health/Counseling for Partner		
3. Mental Health/Counseling for Child/ren		
4. Parenting Education/ Parenting Classes		
5. Family Mediation		
6. Educational Programs for Self		
7. Educational Programs for Partner		
8. School Program for Child's Special Needs		
9. Job Training/Job Placement for Self		
10. Housing Placement/Subsidized Housing		
11. Substance Abuse Treatment		
12. Domestic Violence and Sexual Assault Services		
a. Hotline		
b. Women's Support Group		
c. Shelter		
d. Court Advocacy/Legal Referral		
13. Anger Management for Violent Partner		
14. Batterer Intervention for Violent Partner		
15. Daycare for Children		
16. Financial Assistance		
17. Medical/Healthcare		
18. Child Support Payment Assistance		
19. Legal Services		
20. Food Pantry		
21. Transportation		

12. Have you ever experienced problems getting any of the above services?

(1) \_\_\_ yes (if yes, go to question #13)

(0) \_\_\_ no (if no, skip question #13)

13. What kinds of problems have you had getting any of the above services?

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## METHODOLOGY

### **Focus Groups and Interviews with Domestic Violence Victims**

We gathered information from three sub-groups of domestic violence victims who have children:

- victims using crisis center services;
- victims involved with DCYF; and
- victims seeking protective orders from the Family Division.

We conducted focus groups and interviews with victims to explore their experiences with the court system, DCYF, crisis centers, and other community services.

#### **Focus Groups of Crisis Center Clients**

Eligibility for participation in the focus groups included the following: Any adult mother victimized by an intimate partner who: 1) used a Greenbook-involved crisis center's services; and 2) had children living in her home (as the primary residence) during a period when domestic violence occurred.

**Recruitment of crisis center client focus group participants.** Time one and time two focus group participants were recruited from three of the four domestic violence crisis centers participating in the Project.<sup>3</sup> Three time one focus groups were conducted in January and February of 2003. There were 11 participants.

Three time two focus groups were conducted in the summer of 2005. There were 14 participants.

**Procedure.** Each focus group was approximately 90 minutes in duration. Participants were given a brief, anonymous questionnaire to fill out at the beginning of each group to obtain background and demographic information. Next, a set of pre-determined issues were covered in each group, but as with the other focus groups, a rigid structure was not imposed. Caution is needed in generalizing from these focus group results for several reasons: The number of participants is very small; the groups are not statistically representative samples; and the ideas and opinions expressed by participants are not necessarily representative of all domestic violence victims involved with crisis centers serving Grafton County. We were unable to compare the characteristics of participants to non-participants to determine if they differed in important ways.

**Sample description.** Time one and time two participants in focus groups of crisis center clients were similar in terms of demographic and other background characteristics. (See Table 1 for details.)

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<sup>3</sup> Efforts to recruit focus group participants from the fourth crisis center at time one and time two were unsuccessful.

**Table 1. Selected Characteristics of Participants in Focus Groups with Crisis Center Clients**

<b>Characteristic</b>	<b>Time One (2002) (n=11)</b>	<b>Time Two (2005) (n=14)</b>
<b>Age</b>	Range: 23-44 Average: 34	Range: 20-46 Average: 34
<b>Race/ethnicity</b>	African-American: 1 White, non-Hispanic: 10	White, non-Hispanic: 14
<b>Education</b>	Range: 8 <sup>th</sup> grade – advanced degree; Most frequent: some college	Range: some high school – advanced degree; Most frequent: some college
<b>Children</b>	Children living with participant: 8 Children living with father: 2 Children in foster care: 1	Children living with participant: 11 Children living with father: 1 Children living with extended family: 2

All but two of the time one and time two participants reported they were no longer living with the abusive partner for whom they sought help from the crisis center. A majority of the time one and time two participants reported their current involvement with the crisis center was not the first time they sought help for domestic violence. Most of the participants were active in the group discussions and appeared forthcoming in sharing their ideas and experiences. Several noted that it was beneficial for them to talk about the issues covered in the group.

### **Individual Interviews with DCYF-Involved Domestic Violence Survivors**

Individual interviews, instead of focus groups, were conducted with adult domestic violence victims involved with DCYF. This methodological decision was made because this population was likely to be difficult to recruit in numbers sufficient for participation in focus groups. The interviews consisted of open-ended questions that were asked of all participants and they lasted approximately one hour. All but two interviews took place in the home of the interviewee.

**Recruitment of DCYF-involved interview participants.** At each wave of data collection, we attempted to recruit interview participants through word of mouth and written information distributed by Grafton County DCYF workers and DVSs. DCYF workers (time one only) and DVSs were asked to deliver letters to their adult clients (ages 18 and older), informing them about the study and inviting them to contact us to schedule an interview. Eligibility for participation was limited to adult women (mothers) who were involved with DCYF and who had been victims of domestic violence. DCYF workers and DVSs explained to women that the interview was completely separate from their involvement with DCYF.

**Time one sample recruitment.** We conducted eight interviews with DCYF-involved victims of domestic violence in the winter/spring of 2003. One interviewee was recruited through a local crisis center. The other seven interviewees were recruited through the DVSs working in two of the three DCYF district offices that serve Grafton County. Staff turnover interfered with recruitment of interviewees at the third district office, with the result being that most interviewees (five) were recruited via one particular DVS. We do not know how many letters were distributed to women by CPSWs, but none of the interviewees who contacted us stated that they learned about the study through a CPSW.

**Time two sample recruitment.** We conducted eleven interviews with DCYF-involved survivors of domestic violence in the summer of 2005. All interviewees were recruited through the DVSSs working in the three DCYF district offices that serve Grafton County.

The baseline and comparison samples are limited in size, highly self-selective, and potentially biased. Possibly, women were motivated to participate because they had some grievance to communicate. Interviewees' reported experiences with DCYF, crisis centers, and/or the courts may be unique and not reflective of the experiences of all women involved with these systems.

**DCYF-involved interview sample description.** Time one and time two DCYF-involved interviewees were similar on most demographic and other background characteristics. (See Table 2 for details.)

**Table 2. Selected Characteristics of DCYF-Involved Domestic Violence Victims**

<b>Characteristic</b>	<b>Time One (2003) (n=8)</b>	<b>Time Two (2005) (n=11)</b>
<b>Age</b>	Range: 29-44 Average: 35	Range: 21-47 Average: 35
<b>Race/ethnicity</b>	White, non-Hispanic: 8 (100%)	White, non-Hispanic: 11 (100%)
<b>Education</b>	Range: some high school – some college; Most frequent: high school graduate	Range: some high school – college graduate; Average: high school graduate
<b>Children</b>	Children living with participant: 5 Children in foster care: 3 Termination of parental rights: 1	Children living with participant: 5 Children in foster care: 4 Children living with father: 2 Termination of parental rights: 2
<b>Abusive Partner's Relation</b>	Ex-husband: 2 Ex-boyfriend: 3 Husband: 2 Cohabiting Partner: 1	Ex-husband: 4 Ex-boyfriend: 7
<b>Type of Involvement with DCYF</b>	Assessment Only (unfounded): 2 Founded, DV victim charged with abuse or neglect: 6	Assessment Only (unfounded): 1 Founded, DV victim charged with abuse or neglect: 8 Founded, DV victim not charged with abuse/neglect: 1 Unknown (assessment incomplete): 1
<b>Number of Months Case was Open*</b>	Range: 1 month – 24 months Average: 9 months	Range: 2 months – 22 months Average: 9 months

\*at the time of the interview

**Time one sample.** The number of children women had ranged from one child to four children. Three of the women had all their children currently placed in foster care. Two of these women reported their DCYF case plans involved reunification with their children. The other woman's parental rights had been terminated. All of the other interviewees' children were living with them.

The majority (five) of the women were no longer living with, or in relationships with, the partners who abused them.

**Time two sample.** The number of children women had ranged from one child to seven children, with three children being the average. Seven of the women had one or more of their children currently (at time of the interview) removed from their custody.<sup>4</sup> Three of the seven women who had children removed from their care reported their DCYF case plans involved reunification with their children. Two woman's parental rights were being terminated and the other two had DCYF case plans that involved other long term placements for their children.

### **Individual Interviews with Domestic Violence Victims Petitioning the Court for Protective Orders (Court-involved Interview Participants)**

We conducted interviews with domestic violence victims petitioning the court for protective orders. The purpose of these interviews was to determine if victims' perceptions of the court changed over the life of the Project. In addition to learning about various aspects of victims' experiences with the court system, we asked women about community services needed and utilized (for their self or their children); community services' accessibility and effectiveness; visitation orders; and experiences with crisis center services and DCYF.

We were unable to recruit any participants from this population for a second wave of interviews. Because we have no comparison data, methodology and results from these interviews are briefly summarized in this evaluation report. See *Baseline Evaluation Report: Primary Partner and Cross System Goals (2004)* for a full report on results from interviews with domestic violence survivors petitioning the court for protective orders.

**Sample recruitment and description.** Individual interviews, instead of focus groups, were conducted with domestic violence victims involved with the court because this population was likely to be difficult to recruit in numbers sufficient for participation in focus groups. The interviews consisted of both open-ended and closed-ended questions that were asked of all participants. The interviews lasted approximately one hour. Most of the interviews took place in the home of the interviewee.

We began attempts to recruit court-involved interview participants in March of 2003, using a variety of strategies, such as having court assistants distribute information about the study to petitioners. After many months without any volunteers, eleven court-involved survivors participated in interviews between January and July of 2004. See Table 3 for a summary of demographic data on court-involved interviewees.

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<sup>4</sup> Removals included foster care placement (four cases) and mandated moves to live with another biological parent (two cases).

**Table 3. Selected Characteristics of Court-Involved Domestic Violence Victims**

Characteristic	N=11
Age	Range: 22-41 Average: 31
Race/ethnicity	White, non-Hispanic: 10 Hispanic: 1
Education	Range: some high school – some college; Most frequent: some college
Abusive Partner's Relation*	Husband: 3 Cohabiting Partner: 6 Boyfriend: 2

\*at the time of they filed the petition for a protective order

### Interviews with Employees of Social Services

In addition to requesting assistance with distribution of the survey, seven individuals (from WIC, DHHS, and town welfare offices) were asked to share their opinions and experiences with services in the community and the difficulties people face in accessing existing services to supplement what we learned from victims, DCYF staff and crisis center staff, and from the *Rural Women's Needs Survey*. Brief structured interviews were conducted over the telephone.

### Focus Groups with DCYF Staff and Crisis Center Advocates

Two rounds of focus groups and interviews with child protective service workers (CPSWs) and domestic violence advocates (advocates) were conducted in the spring of 2002 and in the summer of 2005. The purpose of the focus groups and interviews was to determine if there have been any changes in how CPSWs and advocates view various aspects of their work with parents and children who are affected by domestic violence and/or child abuse and neglect. Participants were asked about current practices and perceptions of their knowledge of, and collaboration with, other systems in providing services to families affected by the co-occurrence. Table 4 shows the number of focus groups and the number of participants at time one and time two.

**Table 4. CPSW and Advocate Focus Group Participants**

Type of Group	Time One ( 2002)	Time Two (2005)
DCYF Staff	<b>3 groups; n=26</b>	<b>3 groups; n=29</b>
Crisis Center Advocates	<b>4 groups; n=12</b>	<b>4 groups; n=20</b>

Each focus group was approximately one and a half hours long. A set of pre-determined issues were covered in each group, but a rigid structure was not imposed. This approach allowed some variability in the discussion and provided an opportunity for new information to emerge. Although there appeared to be a general consensus on a number of points, caution is needed in generalizing from focus group results because the groups are not statistically representative

samples and the ideas and opinions expressed by participants are not necessarily representative of all advocates or DCYF staff.

### **Focus Group Recruitment and Participants<sup>5</sup>**

**DCYF focus groups.** To recruit DCYF staff members for focus groups, we attended staff meetings at each DCYF district office serving Grafton County, gave an overview of the Project, and invited family assessment workers and family service workers to attend a focus group.

DCYF focus group participants consisted of family service workers, assessment workers, foster care co-coordinators, MSW interns, attorneys, and some others. The time one and time two DCYF focus group participants were similar in terms of years of experience. In both rounds of DCYF focus groups, participants had a wide range in the number of years of experience working for DCYF—from less than one year through 20 years. The majority of participants had worked for DCYF for less than three years. (See Appendix A-2 for further details regarding the focus group participants.)

**Focus groups with advocates.** We used multiple strategies to recruit advocates for focus groups, including mailings to staff members and asking the agency director to advertise the focus group.

The time one and time two focus groups were comprised of volunteers and paid staff, hotline volunteers, court advocates, outreach coordinators, child advocates, and shelter advocates. The number of years working as an advocate ranged from less than one year through fifteen years, but most had been in their current position less than two years. Among the time two participants, only 20% (four out of 20) had been an advocate for five or more years.

Staff attrition among advocates and CPSWs made it impossible for many participants to reflect back over the years and comment on practices before and after Greenbook.

### **Individual Interviews with Domestic Violence Specialists<sup>6</sup>**

We conducted two rounds of interviews with the three Domestic Violence Specialists (DVS) serving Grafton County. At the beginning and end of the Project, each DVS was called to request her participation in an individual face-to-face interview. The interviews consisted of open-ended questions that were asked of all DVSs and they lasted from one to two hours. The DVSs we interviewed in 2002 had been in their current positions from less than one year through four-and-a-half years. There was a complete turnover of individuals in the DVS position from 2002 to 2005. The DVSs we interviewed in 2005 had been in their current positions from one through three years.

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<sup>5</sup> The majority of focus group participants from DCYF and domestic violence agencies were female, which is consistent with the employee gender distribution in these occupations. The pronoun “she” is used throughout this report in reference to staff participants to protect the identities of the few male participants.

<sup>6</sup> The job of the Domestic Violence Specialist (DVS), formerly called the Domestic Violence Program Specialist, predates the Greenbook Project in New Hampshire. The DVS is a domestic violence advocate employed by the local domestic violence crisis center (funded through the Domestic Violence Rural Enhancement Project) who is placed in each of the DCYF District Offices to enhance collaboration between the two systems and improve services to battered mothers of abused and neglected children. Further information on the DVS position can be found in Chapter 1.