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# Violence Against Women in Philadelphia - A Report to the City

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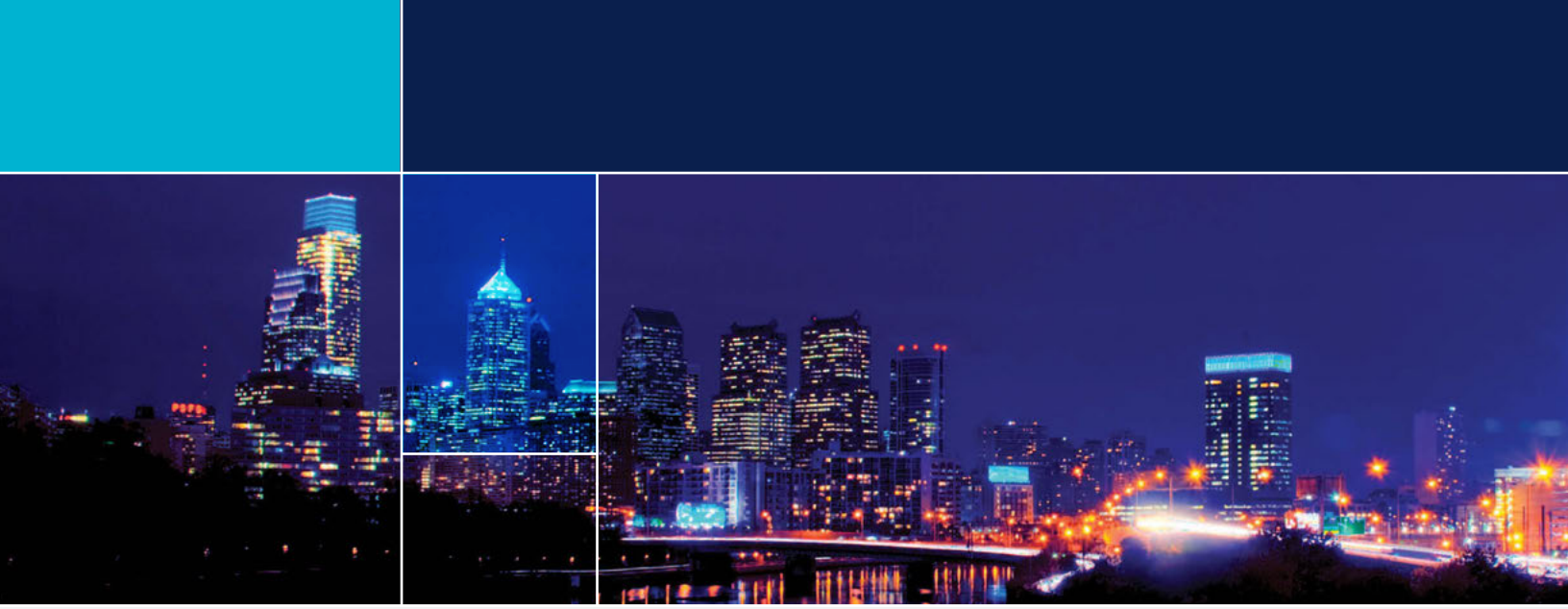
# Violence Against Women in Philadelphia - A Report to the City

## **Disciplines**

Public Affairs, Public Policy and Public Administration | Social and Behavioral Sciences

## **Comments**

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# **Violence Against Women in Philadelphia –**

A Report to the City

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## Violence Against Women in Philadelphia: A Report to the City

Violence is a problem not just for those who experience it but also for the agencies and systems that serve the city. This report is designed to provide a snapshot of the work done by Philadelphia government agencies and non-profit organizations to address violence against women.

In a recent WHYY interview,<sup>1</sup> Thomas McLellan, founder and executive director of Philadelphia's Research Treatment Institute and former Deputy Director of the Office of National Drug Control Policy under the Obama administration, noted that

- » The health care system doesn't wait until someone with diabetes has lost his or her sight or lost a toe before beginning to intervene and treat diabetes.
- » Treatment is not a favor. It is a necessity.
- » Stigma prevents people – and not just victims – from talking about it.


Dr. McClellan was talking about alcohol but he could well have been talking about domestic violence.

For the purposes of this report, violence against women is defined as sexual assault and acts and threats of physical, sexual, and emotional abuse by a current or former partner. These are not the only people harmed by such violence but the definition puts the focus on those who are most likely to be injured by such acts and to both need and seek services.

This report highlights the work of agencies and organizations with which victims, and in some cases perpetrators, are most likely to have contact. The domestic violence and sexual assault related work of several agencies – emergency medical services (ambulances), housing, legal aid, the school system, agencies serving elders, immigrants, and disabled persons, etc. – is not represented in this report although they meet specific, important needs.

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1. WHYY, Voices in the Family, August 13, 2012



The agencies included in this report use a range of terms to refer to the people they serve. By and large, the chapters employ language (e.g., patient, plaintiff, client) favored by those working in the sector. In general, the report refers to the victims as victims; with the help of the agencies, they can become survivors.

Each of the agencies makes its own contribution. Of all the sectors and agencies, the importance of Philadelphia's health systems demands a commitment to improve the services they provide. Their practices and procedures have led to incomplete data, as you will see in this report, but more importantly, opportunities to identify and intervene with abusers and victims are routinely missed. Better coordination across and within systems is needed and suggestions for such efforts can be found in the recommendations section of many chapters. At this point, the agency doing the most proactive work in terms of practices and procedures as well as collaboration with other agencies may well be the Philadelphia Police Department.

To put the report in context, in these difficult economic times, agencies and organizations – and the people they serve – must do what they can with the money they have. Substantial government funding cuts to non-profit human service agencies have resulted in staff and program cuts. State funding has been cut for the full spectrum of programs and services as well as funding that goes directly to victims. For example, the General Assistance program (a last resort cash assistance program offering minimal benefits – around \$200 per month – to certain adults without children, including victims of domestic violence) was entirely eliminated in the 2011-2012 budget year, with no alternatives for domestic violence victims who relied


on the program. Thus, many programs carry an even heavier burden on behalf of the victims they serve.

A constructive response to these hardships will be bolstered by collaborative efforts. The Domestic Violence Law Enforcement Committee is an example of one such effort. Meeting monthly since 2006, the Committee brings together non-profit social service agencies, criminal justice agencies, and others to coordinate law enforcement related activities associated with domestic violence and to assure collaboration between law enforcement and victim advocacy agencies.

Law enforcement is the primary public framework used to address violence against women even though such violence has a substantial impact on a wide range of city services and programs, including public health, behavioral health, homelessness, and child welfare. Thus, simply put, a broader view is essential to reduce victimization and its multiple costs. Meaningful participation and coordination among health and human services, law enforcement, victim advocacy, and other agencies is needed. In order for successful collaboration to occur, each agency and organization must contribute what they can for the good of the whole.

Each chapter contains numbers and other information provided by the agency or agencies. Each chapter was developed in consultation with agency staff and they were actively involved in and have signed-off on the version that appears in this report. That said, any errors are my own.

~ *Susan B. Sorenson*  
*October 11, 2012*





## Acknowledgments

Violence Against Women in Philadelphia: A Report to the City is the product of the work of many people from many agencies. Their active participation indicates a strong commitment to the topic.

I begin by thanking the University of Pennsylvania students who helped launch the project – Elizabeth Sivitz (lead), Yair Schiffy, Jia Xue, and Kendra Birdsall – and the funders who made the work possible – the Philadelphia Foundation and the Trustee’s Council of Penn Women.

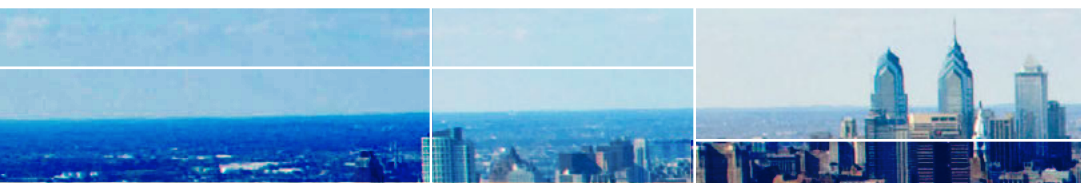
Special thanks to Carol Tracy, of the Women’s Law Project, who, for several years, has championed the importance of a multi-sector response to violence against women and to Jeannine Lisitski, of Women Against Abuse, who has added her voice to this perspective and who contributed to this document in more ways than can be counted.

I appreciate the active participation of each and apologize to any whose contribution has inadvertently not been acknowledged herein.



## Individuals and agencies, in no particular order, who contributed to the report in multiple ways include:

- » Ana Lisa Yoder and Bia Vieira of the Philadelphia Foundation
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- » Vashti Bledsoe of Lutheran Settlement House
- » Roberta Hacker of Women in Transition
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- » Nicole Lindemyer of the Pennsylvania Coalition Against Domestic Violence
- » Rose Malinowski Weingartner of the Philadelphia Health Management Corporation
- » Kim Nieves of the Administrative Office of Pennsylvania Courts
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## Philadelphia Police Department

In the midst of a domestic violence incident, the victim, neighbors or others who see or hear it may call the police for assistance. In 2011, the Philadelphia Police Department received 1,685,313 “911” calls for assistance. Calls for “Investigation of Person” is the most common call for police service (330,732), “Disturbances in Houses” is second. There were 204,956 calls for “disturbance in houses” of which 145,904 were determined by the dispatcher to be domestic violence related. Response time for domestic violence calls is 16 minutes from dispatch to arrival.<sup>1</sup>

1. These numbers, as well as all others in this chapter, were provided by the Philadelphia Police Department, 2012.



## Department policy requires officers to:

Transport the victim (or arrange for the victim to be transported) to the Detective Division, a shelter or medical facility.

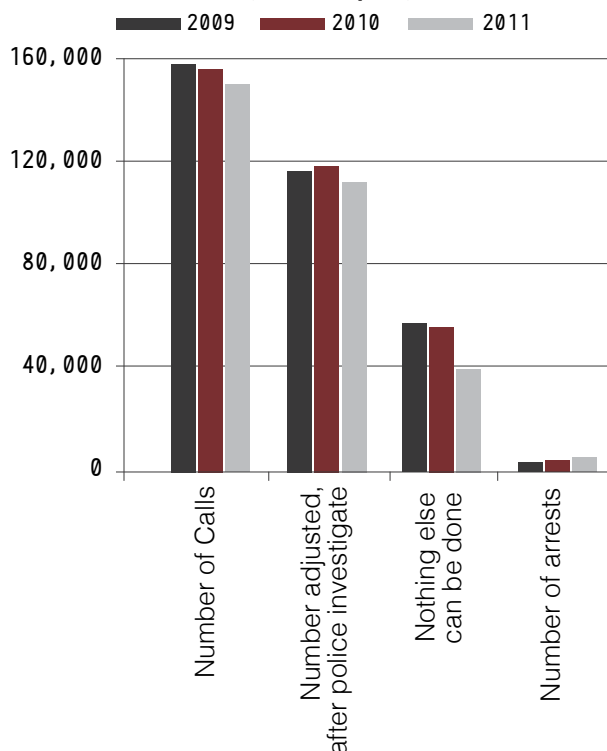
- » Inform victims of available domestic violence resources. Police give victims business-card-size cards that list local domestic violence and sexual assault hotlines and service providers. This is required whether or not medical care is indicated for or accepted by the victim.
- » File a Philadelphia Police Department Domestic Violence Report.
- » Provide the victim with information about Protection From Abuse Orders, a legal remedy that is available to all people in which a judge or commissioner orders the abuser to stay away from the victim or risk arrest.
- » Confiscate any weapons on the scene that were used in the alleged offense.

Department policy is, like that of many other police departments across the nation, to make an arrest in these cases. The policy is known as mandatory arrest. Officers can arrest without warrant if there is probable cause or if a felony charge has been alleged. Sometimes it is not clear whether an arrest is indicated and, in many cases, the suspected assailant has left before police arrive. To determine if there is sufficient evidence for an arrest, cases that are deemed

to merit further investigation are investigated by a special team of detectives, called “dom” (for domestic violence) detectives. These detectives make arrests if the officer could not because the perpetrator was not on the scene. “Dom” detectives examine whether probable cause exists to issue a warrant.

As shown in Figure 1, the number of domestic violence calls has dropped from 157,176 in 2009 (when the department started keeping track of these calls) to 145,904 in 2011. The number of arrests increased substantially from 4,927 to 6,256 during this same time. In 2011, of the 145,904 domestic violence calls received by the police, an estimated 291,808 officers (2 officers per call) were dispatched, and 6,256 arrests were made.

**Figure 1. Outcome of calls for assistance, domestic disturbance, Philadelphia, 2009-2011**



While the number of total domestic offenses has increased since 2005, the percent of arrests made has increased even more. (See Table 1.)

**Table 1. Uniform Crime Reports domestic offenses,<sup>2</sup> arrests, and clearances, Philadelphia, 2005-2011**

	Total	Arrests		Clearance	
		Number	Percent	Number	Percent
2005	11,444	4,738	41.0	7,672	67.0
2006	11,033	4,701	42.6	7,243	65.6
2007	10,765	4,617	42.9	7,283	67.7
2008	10,838	5,222	48.2	7,535	69.5
2009	10,540	4,927	46.7	7,923	75.2
2010	10,984	5,952	54.2	7,642	69.6
2011	12,551	6,256	49.8	9,390	74.8

In addition to the Department’s role in responding to calls, officers also play a key role in serving Protection from Abuse Orders. As a civil order, PFAs legally require that the defendant be served in person. Officers will serve the order on behalf of the plaintiff if requested. And, of course, the Department has an integral role in domestic violence homicides.

2. Includes UCR codes 100 (murder), 212 (rape), 407, 408, 409, 410, 417, 418 (aggravated assault), 815 (simple assault), 2676 (PFA violation–Uniform arr.), 2686 (PFA violation)

## Recent Positive Action

In 2010, the Philadelphia Police Department, with the help of local domestic violence agencies and others, began to revise its on-scene evidence collection form for domestic violence calls.

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The existing generic form had been in use since 1978 and had little room for information. The new form, which requires responding officers to complete a checklist and mark a body map to indicate injured areas, was piloted in one police division and, after further revision and training, rolled out citywide in 2011. The new form helps officers to more fully record specific acts of violence. For example, from July 1, 2011 through June 30, 2012, using the form that asks about specific behaviors and injuries, officers recorded 1338 nonfatal strangulation incidents – officers responded to one nonfatal strangulation by an intimate

partner every six and a half hours. Detailed on-scene information is helpful in many ways: the “dom” detectives have streamlined information; the District Attorney’s Office has a more complete picture of the assault which should lead to better decisions about which charges, if any, to file; and in court, the responding officer and the victim, both of whom most likely have dealt with multiple such assaults, can better remember the one specific assault. The Department is continuing to monitor the use of the form to ensure its thorough and successful implementation.



## Recommended Actions

- » The Philadelphia Police Department should begin to “flag” calls for assistance that involve an intimate partner. This is common practice in many other metropolitan police departments. Doing so will allow the Department to address questions routinely raised by their data. For example, the number of “911” calls involving domestic violence as it is commonly defined by others (e.g., a wife beaten by her husband) cannot be determined by the Department without substantial effort.
- » The Philadelphia Police Department should lead an effort to develop a city-wide database that will allow a case to be tracked through the system. Not all agencies and service providers can participate (confidentiality requirements prevent, for example, health providers and domestic violence and rape crisis agencies from disclosing any information about any patient or client) but criminal justice and law enforcement information can be linked. A matter of public record, linking information across agencies will help identify perpetrators that merit particular attention.
- » The Philadelphia Police Department is encouraged to explore and implement the online posting of photographs and other information about persons wanted for domestic violence offenses in Philadelphia, specifically, domestic felonies and misdemeanors and repeated violations of protection from abuse orders. This action is consistent with the Department’s current online posting of wanted persons, builds on their growing use of electronic and social media, and engages the public, which has responded favorably to the Department’s increased online presence.
- » The Philadelphia Police Department should continue its positive and constructive relationship with the city’s domestic violence and rape crisis agencies. Philadelphia is one of the few, if not the sole, city in which victim advocates are allowed to review every rape case. And the Philadelphia Police Department involves local domestic violence agencies in efforts to improve all services to victims with the goal of reducing violence against women.

## Family Court: Protection From Abuse Orders

To ensure their safety, many victims of domestic violence seek restraining orders against their abusers. In Philadelphia, these restraining orders are called Protection from Abuse Orders (PFAs) and are granted by the Domestic Relations Section of Family Court. Family Court, a civil court, is one of the three major divisions of the Court of Common Pleas in Philadelphia. The Domestic Relations Division of Family Court is responsible for all civil family law matters, including temporary and final PFA orders. The Philadelphia Municipal Court's Emergency PFA Filing Site is responsible for emergency orders (which are issued in cases of immediate and present danger and last only until the end of the next business day) when Family Court is closed (i.e., on weekends, nights, and holidays). Thus, the system was designed for 24/7 access.

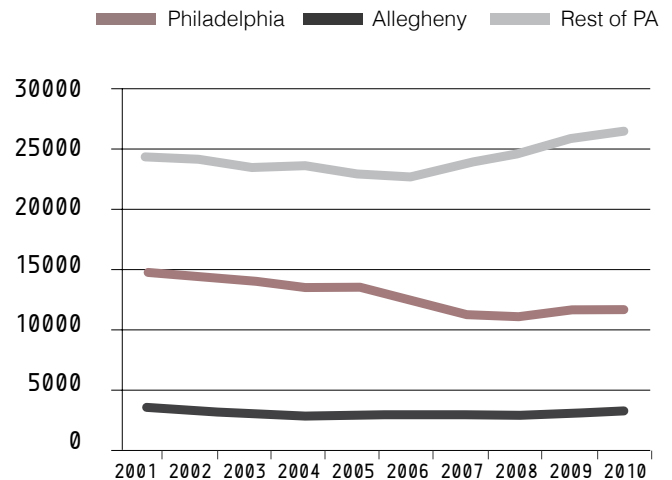


As can be seen in Figure 1, while the number of PFA petitions filed has remained relatively stable or increased elsewhere in the Commonwealth during the past ten years, the number of PFA petitions filed in Philadelphia has decreased.

The picture is similar for Emergency PFA orders. Petitions for an Emergency PFA in Philadelphia dropped by 28% – from 4452 to 3194 petitions – from 2001 to 2010. Annual Caseload Statistics reports from the Pennsylvania Administrative Office of the Courts indicate that almost all of the emergency petitions are granted. Emergency PFAs are particularly important given that research shows that the highest risk time for a woman to be killed by her male intimate is when she is trying to end the relationship.<sup>2</sup>

Although a final hearing is required to be scheduled within ten days of the filing of a petition, the process may require multiple appearances in court. A victim may need to return to court repeatedly due to difficulties serving the papers on the defendant,<sup>3</sup> continuances, the scheduling of status conferences by the judge, or

Figure 1. Petitions filed for a Protection From Abuse order<sup>1</sup>



if the defendant does not appear as scheduled. Each appearance requires the petitioner to make associated arrangements for child care and/or time off from work.<sup>4</sup> People without a lawyer also must prepare for the hearing as best they can, which may involve subpoenaing witnesses and obtaining necessary documentation. An attorney is not necessary to file a petition for a PFA,<sup>5</sup> and a great majority of the petitioners (about four of five<sup>6</sup>) represent themselves at trial.

1. Data reported in the figures in this chapter were obtained from annual Caseload Statistics reports of the Administrative Office of Pennsylvania Courts at <http://www.pacourts.us/T/AOPC/ResearchandStatistics.htm>

2. Wilson M, Daly M. Spousal homicide risk and estrangement. *Violence & Victims*, 1993, 8:3-16.

3. These papers give the defendant notice of the hearing and the temporary order, if one has been issued.

4. In 2009 the City of Philadelphia adopted the Entitlement to Leave Due to Domestic or Sexual Violence Ordinance. The ordinance allows victims to receive unpaid time off work to attend court or seek assistance if they give their employers 48 hours' notice.

5. Staff at the Family Court and the Emergency Filing Site located at the Criminal Justice Center provide assistance.

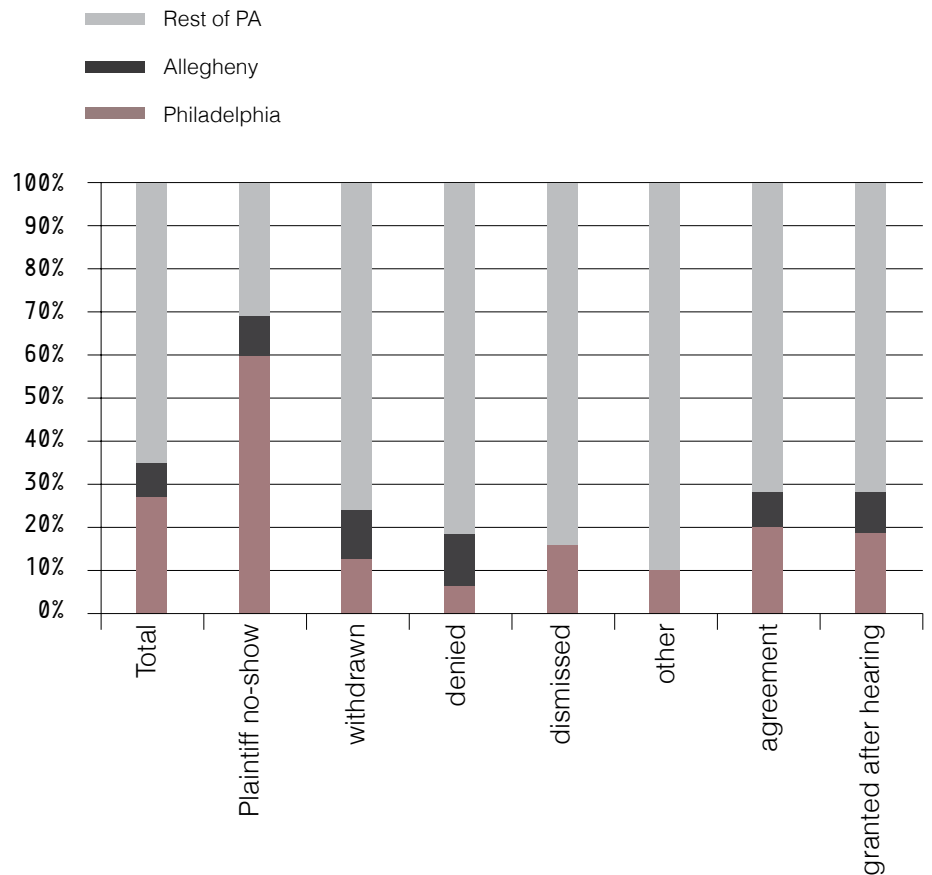
6. Justice in the Domestic Relations Division of Philadelphia Family Court: A report to the community. Women's Law Project, April 2003. Judge Margaret Murphy, Supervising Judge of Family Court, states that this is an accurate estimate for current (2012) applicants, too.



Among those who seek help from the Philadelphia Family Court for protection from abuse, two out of every three do not pursue the entry of a Final Protection from Abuse Order:<sup>7</sup> most (55%) do not return at all<sup>8</sup> on an individual petition, although many later file new petitions and begin the process again. A substantial minority (11%) of the 11,623 annual petitioners withdraws their petitions. A total of 16% come to some sort of agreement or stipulation. Only one of ten of the total petitioners (10%) is granted an order after an evidentiary hearing before a judge. Thus, about one fourth (26%) who initially petition the court are granted an order after a hearing or by agreement.

In 2010, Philadelphia accounted for 28% (n=11,623) of the Commonwealth’s new petitions for a PFA. But it accounts for 61% of the no-shows and only 20% of the stipulations and 19% of the orders issued after an evidentiary hearing. In other words, when compared to Allegheny County (Pittsburgh) and the rest<sup>9</sup> of the state, the no-show rate is higher than expected and the rate of obtaining a PFA by agreement or after a hearing is lower than expected.

**Figure 2. Petitions for a PFA filed in Philadelphia, Allegheny, and other counties in Pennsylvania: Total cases and case outcomes, 2010**



7. According to Pennsylvania law, a “final” order is in effect for three years.

8. Philadelphia’s Family Court has investigated why petitioners do not follow through and identified five primary reasons: “fear that continued action to prevent abuse will result in reprisal of domestic violence, economic dependence on the alleged abuser, continued emotional attachment to the alleged abuser and hope for reconciliation, a psychological state of acceptance assumed by the petitioners known as ‘learned helplessness’, and finally, a reluctance to defy their religious or cultural standards.” Unpublished paper prepared by Elsbeth Koefer, Class of 2013, Duquesne Law School, while a law intern with the Domestic Violence Unit of Family Court, August 2, 2011. In addition, Judge Ida Chen, in her own survey of petitioners, found that the “chaotic and unpredictable lifestyles” that many victims face impede their ability to pursue a PFA.

16 9. The “rest of the state” refers to all PA counties other than Allegheny and Philadelphia.

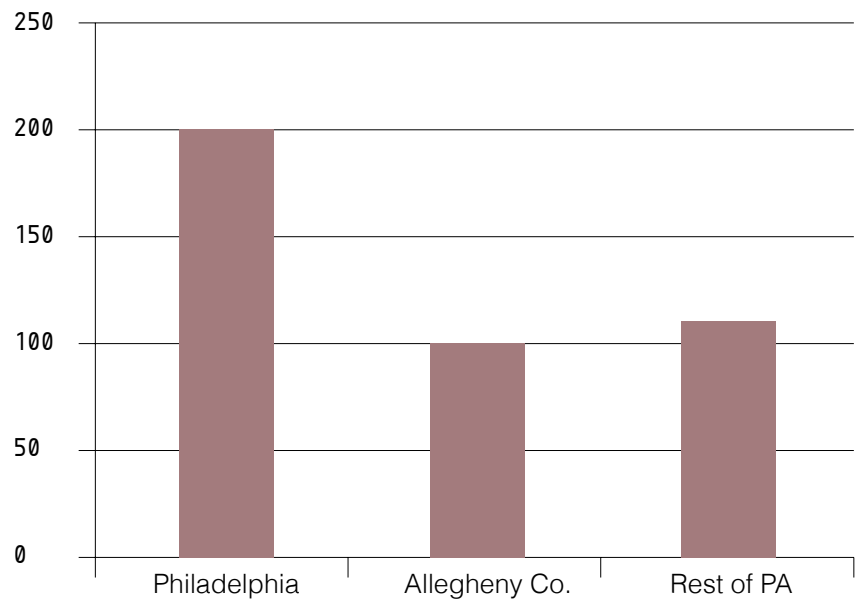
Nonetheless, the rate of PFA issuance is highest in Philadelphia. In fact, as shown in Figure 3, the number of Final Orders issued per 100,000 persons is about twice as high in Philadelphia as in Allegheny County or elsewhere in Pennsylvania.

The PFA process itself places burdens on and raises safety concerns for petitioners. Petitioners often wait for extended periods of time in court for a hearing; all hearings are scheduled at a single time in the morning and again in the afternoon. Court staff, dealing with small courtrooms and waiting rooms, work to segregate the parties and to provide adequate security staff. Although there have been no reported violent incidents by or against those waiting in Family Court

for their PFA hearing, the abuser may intimidate the petitioner in other ways in close quarters.<sup>10</sup> The petitioner also risks further abuse when attempting to serve court papers on the defendant. According to Pennsylvania law, petitioners are responsible for serving the papers.

The process is complex, particularly for the more than one in five Philadelphia residents who lack basic literacy skills.<sup>11</sup> Women Against Abuse (WAA) and Philadelphia Legal Assistance provide free representation to people requesting a PFA but have limited capacity. WAA recently implemented a program which stations an attorney in each of the PFA courtrooms in Family Court. In FY2012, the program provided free legal assistance to 587 people who filed for a PFA.

Figure 3. Protection From Abuse orders issued, per 100,000 persons, 2010



10. Per Judge Margaret Murphy, Supervising Judge of the Family Court.

11. State and county estimates of low literacy. National Center for Education Statistics, 2003. Available at: <http://nces.ed.gov/naal/estimates/index.aspx>

In Philadelphia, two full-time judges are primarily responsible for hearing all civil PFA cases, with ten trial days per week (i.e., two full-day court lists each day) devoted exclusively to PFA petitions. In addition, cases of indirect criminal contempt of civil PFAs are heard by Domestic Relations Judges at the Criminal Justice Center two days each week. The judges participate in two statewide conferences each year as well as self-initiated in-service trainings over a lunch hour each month. Topics addressed in collaboration with local experts and community-based agencies have included stalking, drug and mental health

issues, as well as intimate partner abuse among the elderly, those in same-sex relationships, and those with disabilities.

**A new Family Court facility for the city of Philadelphia is under construction with completion slated for late 2014. The design of the new building, at Arch & 15th, will help avoid many of the space and security concerns that occur in the current facility.**

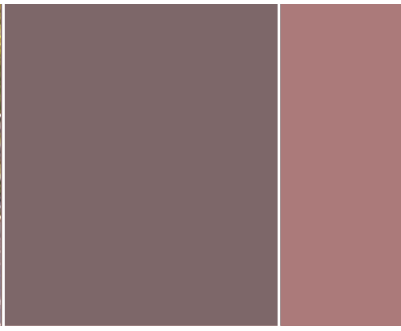
## Recent Positive Action

Philadelphia's Family Court has taken a leadership role in addressing the needs of the increasingly diverse population of the Commonwealth.

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The first such effort, translating the Final Protection From Abuse Order into Spanish, occurred at the suggestion of a Family Court judge in 1989. In 1994, an interpreter's manual was developed for PFA cases. Most recently, a Family Court judge participated in an effort to translate 15 PFA documents (applications for a petition, final orders, and others) into 11 languages. In addition to English, the

forms are now available in Arabic, Chinese, French, Haitian Creole, Khmer, Korean, Polish, Portuguese, Russian, Spanish, and Vietnamese. It is anticipated that the new forms will be posted on the website of the Administrative Office of the Pennsylvania Courts in the coming months and join others that are already available for statewide use.



## Recommended Actions

- » Improve scheduling and other procedures so that more judicial time can be allocated to each petition.
- » Take the opportunity offered by the construction of the new family court to include and staff a self-help center to provide information to those without legal representation, specifically, information that will help them navigate the court system, comply with court procedures, and prepare for court.
- » Continue semi-annual meetings of court personnel to discuss and review PFA procedures and protocols in order to address systemic problems, study proposed rule changes, and learn about changes in state law.



## Health: Department of Public Health, Behavioral Health, & Hospital Emergency Departments

Health care providers often are the first, and sometimes only, contact that victims of any sort of violence have with authorities. This holds true for victims of sexual assault and domestic violence as well as victims of assaults by strangers.



# According to a 2011 report from the Centers for Disease Control and Prevention, 17.3% of Pennsylvania women were injured and/or sought medical care at some point in their lifetimes due to a sexual assault or intimate partner violence.<sup>1</sup>

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On the arguable assumption that the victimizations occur evenly across the state, this means that about 140,000 Philadelphia women have been injured and/or sought medical care for a sexual assault or intimate partner violence. To provide a comparison point, about 100,000 of the women and girls currently living in Philadelphia are expected to develop, and presumably need care for, breast cancer at some point in their lives.<sup>2</sup>

An obvious reason for seeking medical care is for the emergency treatment of injuries sustained in an assault by an intimate partner. For the care of such injuries, many turn to hospital emergency departments. In 2010 in the U.S., about one in four (24.3%) women and one in five (19.5%) men

sought care in an emergency department.<sup>3</sup> Men were more likely than women to seek emergency care due to an intentional injury (84.6 vs. 67.7 per 10,000 persons).<sup>4</sup> By contrast, more women than men (9.6% vs. 6.0%) visited an emergency department two or more times.<sup>4</sup>

According to the Pennsylvania Department of Health, in FY2011, Philadelphia had 16 hospitals that provided emergency services in 1,000,155 emergency department visits.<sup>5</sup> Fewer than one tenth of the visits by persons under age 65 are considered non-urgent<sup>6</sup> and about one third of all visits are for injuries.<sup>7</sup>

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1. Table 7.6 from the CDC's 2010 Summary Report of the National Intimate Partner and Sexual Violence Survey, which can be accessed at [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf)

2. Estimate based on numbers provided by the National Cancer Institute at <http://seer.cancer.gov/statfacts/html/breast.html#risk> and the U.S. Census at <http://quickfacts.census.gov/qfd/states/42/42101.html>

3. Table 94 from Health 2011, United States, National Center for Health Statistics, which can be accessed at: <http://www.cdc.gov/nchs/data/hus/hus11.pdf#094>

4. Table 95 from Health 2011, United States, National Center for Health Statistics, which can be accessed at: <http://www.cdc.gov/nchs/data/hus/hus11.pdf#095>

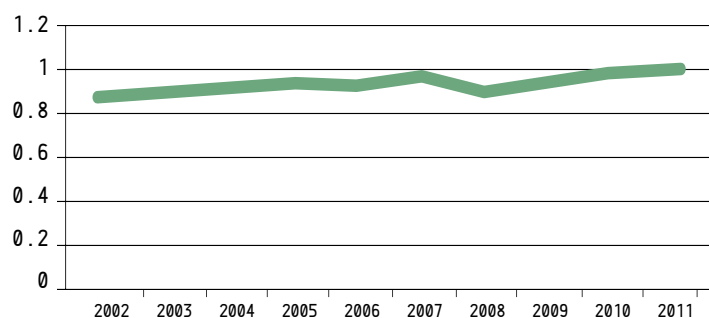
5. Report 4: Emergency services capability and utilization. Available at: <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596752&mode=2>

6. Garcia TC, Bernstein AB, Bush MA. Emergency department visits and visitors: Who used the emergency room in 2007? NCHS Data Brief, May 2010. Available at: <http://www.cdc.gov/nchs/data/databriefs/db38.pdf>

7. CDC FactStats. Emergency Department Visits, <http://www.cdc.gov/nchs/fastats/ervisits.htm>

Given the percentage of all visits thought to be due to interpersonal violence (1.5%),<sup>8</sup> the percentage of those visits by adult women (39.1%),<sup>8</sup> and the percentage of those visits that are believed to be for sexual assault or injuries from intimate partner violence (36.8%),<sup>8</sup> over 2,000 of the Philadelphia hospital emergency department visits in FY2011 were likely by women who were assaulted by a spouse, ex-spouse, boyfriend, or ex-boyfriend. According to recent research, nearly three fourths are not identified as victims of abuse.<sup>9</sup>

**Figure 1. Visits to Philadelphia emergency departments, in millions<sup>5</sup>**



The Philadelphia region is home to dozens of hospitals. All are required by the Joint Commission for the Accreditation of Healthcare Organizations (commonly referred to as JCAHO) to have a protocol to screen and refer victims of domestic violence. In the late 1990s, most area hospitals had some protocol in place,

and nearly 60% reported they had routine screening procedures.<sup>10</sup> Current screening and intervention practices are not systematically documented across area hospitals. Each emergency department can determine its own protocol; no uniform screening protocol exists in Philadelphia.<sup>11</sup>

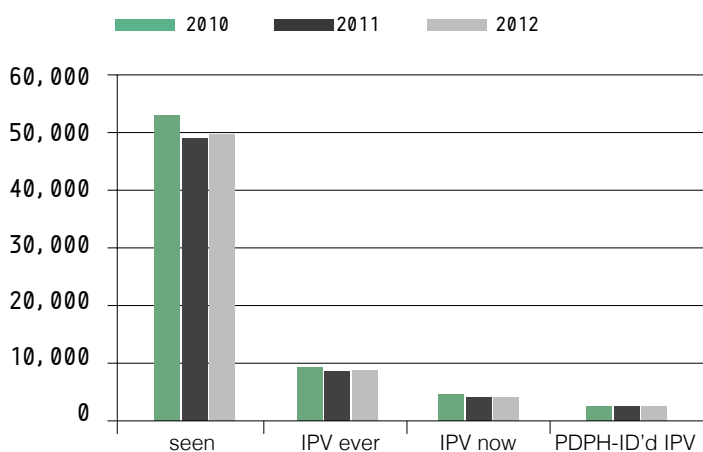
Sometimes the reason a person seeks emergency or routine health care is not, or at least does not appear to be, connected to his or her experience with abuse. However, many of the health issues (both acute and chronic) may be related to intimate partner violence. For example, abuse and the fear of subsequent abuse is a source of chronic stress which is associated with multiple chronic health conditions and, in turn, can exacerbate those health problems.<sup>12</sup>

**By assessing patients who may be possible victims of abuse or neglect, health care fills an important role in helping to protect patients.**

In FY2012, the Philadelphia Department of Public Health ambulatory health centers served 84,364 people. A total of 49,548 of those people are women.<sup>13</sup> The portion of women identified as victims of intimate partner violence is shown in Figure 2. To our knowledge, systematic screening for perpetrators does not occur.

8. Rand MR. Violence-related injuries treated in hospital emergency departments. Bureau of Justice Statistics, August 1997.  
 9. Rhodes K, et al. Intimate partner violence identification and response: Time for a change in strategy. *Journal of General Internal Medicine*, 2011;26:894-899.  
 10. Tracy C, Fromson T. Domestic Violence Task Force, City of Philadelphia, Year One Report – March 15, 2005. Women’s Law Project, 2005.  
 11. Karin Rhodes, MD, emergency department physician, Hospital of the University of Pennsylvania, July 18, 2012; Lisitski JL. Philadelphia hospital emergency department protocol and response to intimate partner violence. Byrn Mawr College, May 2010.  
 12. Campbell JC. Health consequences of intimate partner violence. *Lancet*, 2002; 359:1331-6.  
 13. Numbers provided by the Philadelphia Department of Public Health, 2012..

**Figure 2. Philadelphia Department of Public Health, women seen and intimate partner violence,<sup>14</sup> 2010-2012**



A University of Pennsylvania study, conducted in partnership with the Institute for Safe Families and funded by The First Hospital Foundation, provides useful information regarding screening in city health centers and its support among staff as well as patient satisfaction.<sup>15</sup> The study in four city health centers found that, when appropriate identification procedures were in place, 6.5% of the women patients were current victims of intimate partner violence. When the screening procedures were removed, the identification rate dropped precipitously. (Note that in 2011 the positive screen rate for current domestic violence, done by center social workers, was about 2.5%.<sup>15</sup>) Patient satisfaction with the health care visit was nearly 20% higher when the screening was in place. Among the more than 200 PDPH staff members who were surveyed, 80% said that it was important to screen female patients for violence/abuse at routine visits.

This is good news because a policy and protocol developed by the Institute for Safe Families and put in place by the Department in 2000 requires Department staff to screen patients for domestic violence on an annual basis. Some (those with HIV/AIDS, multiple partners, a pregnancy, etc.) are to be screened more often according to the policy.

For 16 years, the Department of Public Health has engaged the services of the Institute for Safe Families to meet many of their needs when it comes to intimate partner and other forms of family violence. Most of the work has been through Ambulatory Health Services, the City Community Health Centers that provide adult, pediatric and family planning services. ISF provides training, consultation and technical assistance to the Department as well as conducts education, research, and prevention-oriented events that are available to Department staff.

Among the nearly 3,000 women who were screened in the recent UPenn-ISF study, the largest co-occurring issue was a mental health problem. This information is particularly relevant for the Department of Behavioral Health.

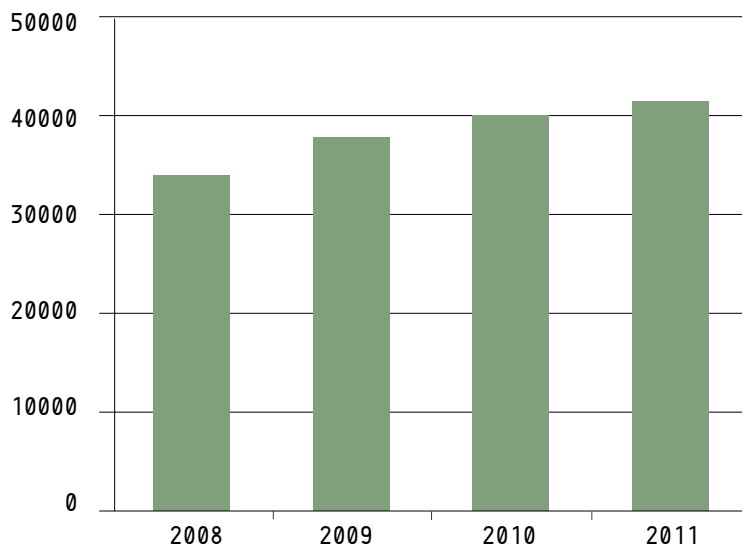
14. Seen: provided by PDPH; IPV ever: % per CDC;<sup>1</sup> IPV now: % per Rhodes;<sup>15</sup> PDPH-ID'd IPV: % calculated from numbers provided by PDPH

15. Rhodes KV. Community health center intervention for intimate partner violence: A report prepared for the Institute for Safe Families. Sept. 2011. Department of Emergency Medicine and School of Social Policy & Practice, University of Pennsylvania.



The number of people served by the Department of Behavioral Health is substantial. They served 106,866 adults in 2011;<sup>16</sup> over one third of their clients are adult women. The Department of Behavioral Health does not monitor the number of people it serves who are victims or perpetrators of intimate partner violence.

Figure 3. Adult women served, Philadelphia Department of Behavioral Health, FY2008 - FY2011<sup>15</sup>



## Recent Positive Action

### The Philadelphia Department of Public Health has established a “pediatric champion” program.

In eight ambulatory health centers, a pediatrician is working to develop expertise that is related to intimate partner violence, specifically, children’s exposure to domestic violence and other toxic stressors that affect

healthy brain development and childhood health and well-being. This project is expected enhance the anticipatory guidance pediatricians provide to their patients.

24 16. Numbers were provided by the Department of Behavioral Health.

# Recommended Actions

- » Philadelphia hospital emergency departments should work together to create uniform screening, intervention and documentation protocols for domestic violence victimization and perpetration. Documentation and intervention processes should be streamlined (e.g., documentation should be electronic) so as to facilitate collaboration among institutions and increase the likelihood of eventual successful intervention.
- » Area hospital emergency departments should establish and maintain a connection with local domestic violence advocacy organizations – organizations that serve batterers as well as victims – to receive information and facilitate training and technical support.
- » The Philadelphia Department of Public Health should include checkboxes on its initial visit and follow-up visit forms to ask about sexual assault, intimate partner violence, in-home, or other forms of violence. This is in keeping with long-standing practice at many other health departments<sup>17</sup> and consistent with PDPH practice of asking about other potentially sensitive topics (e.g., alcoholism, drug addiction, abortion) on its forms. Such information will alert health center staff about a chronic condition that, left untreated, will negatively affect the patient's health. Moreover, if such information is gathered systematically, whenever the medical records are made electronic, it will help the Department assess prevalence and monitor the success of their efforts.
- » The Department of Behavioral Health, likewise, should include such checkboxes on their forms for the same reasons. Doing so is consistent with the DBH priority, outlined in guidelines adopted about a year ago,<sup>18</sup> to provide high quality trauma-informed services.
- » On the assumption that it will be several years before PDPH and DBH records will be made electronic, both departments are encouraged to explore the use of text analytics with their records. Such techniques will help the departments better understand the scope and nature of the domestic violence and sexual assault experiences by their service populations and their physical and behavioral health needs.
- » The Department of Behavioral Health and Department of Public Health should explore the possibility of partnering in their efforts. For example, DBH could have on-site behavioral health consultants in each of the eight DPH ambulatory health centers to respond to domestic violence and related concerns revealed during initial and follow-up visits for health care. Such coordination may reduce the burden domestic violence and sexual assault places on both systems and may reduce perpetration and improve the physical and mental health of victims.

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17 For example, Strategic Plan for Injury Prevention and Control in California, 1993-1997. California Department of Health Services, 1992.

18 Transformation: Practice guidelines for recovery and resilience oriented treatment. Department of Behavioral Health and Intellectual Disability Services, undated.

## District Attorney's Office

The District Attorney's Office has a specialized unit – the Family Violence & Sexual Assault Unit – that prosecutes domestic violence cases in Philadelphia, as well as all cases of adult sex crimes, child sexual and physical abuse, child pornography and non-compliance with Megan's Law. The Unit is comprised of a Chief, Assistant Chief and fourteen Assistant District Attorneys. The prosecutors are supported by three District Attorney Detectives, two Victim-Witness Advocates, and five paralegals.



# The Family Violence & Sexual Assault Unit has an open caseload of approximately 1,000 felony cases that are scheduled for a jury or bench trial in the Court of Common Pleas.<sup>1</sup>

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About 40% (i.e., 400 at any given time) of these very serious felony cases involve intimate partner violence that results in serious bodily injury and includes shootings, stabbings, strangulations and/or rape.

The remaining felony domestic violence cases – those that do not involve serious bodily injury or sexual violence – are prosecuted in non-jury trials. They are tried before a judge in a special trial room. Prosecutors try about 25 such cases each week.

Of the Unit's 16 prosecutors, three to four work exclusively and full-time on presenting preliminary hearings on felony domestic violence

cases and prosecuting misdemeanor domestic violence cases in Municipal Court.<sup>2</sup> These three or four attorneys staff the Domestic Violence Courtrooms that are in session eight times a week and handle approximately 50 domestic violence cases on each list (about 400 cases a week). Because of the high volume of cases, other prosecutors in the Unit sometimes staff these courtrooms as well.

One day a week, the Unit also handles preliminary hearings for the prosecution of felony sexual offenders. Many of these cases involve domestic as well as sexual violence.

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1. All numbers reported herein were provided by the District Attorney's Office, 2012.

2. After a defendant is arrested for a felony, a preliminary hearing is conducted at which a Municipal Court judge hears testimony and rules whether a prima facie case has been met at which point the defendant is bound over for a full trial in the Court of Common Pleas.



## Recent Positive Action

The Unit recently obtained a Family Justice Grant from the Pennsylvania Commission on Crime and Delinquency to fund two new positions to better serve domestic violence victims and to continue to improve the prosecution efforts in these cases.

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The first position is linked to the Juvenile Unit and focuses on domestic violence involving children as eyewitnesses or victims. An experienced domestic violence prosecutor is assigned to a special courtroom and trains and supervises newer prosecutors to better handle cases involving children. These are among the most serious cases. The second position will staff a new facility, expected to open in June 2013, which will house police, child protective service investigators, medical personnel and forensic interviewers, in the same location. Child victims or witnesses to domestic violence, as well as adult victims of domestic violence sexual assault will go to one location to receive all services rather

than the present situation which requires victims to visit multiple locations for several interviews and referrals. The goal of the new facility is to reduce the risk of re-traumatizing children involved in domestic violence and to better coordinate the investigation of child sexual and physical abuse cases, as well as adult domestic violence sexual assault cases. Co-locating these agencies and personnel is expected to improve investigatory coordination and encourage teamwork, which can result in stronger investigations, speedier resolutions, and more efficient prosecutions of domestic violence and sexual assault offenders.

# Recommended Actions

- » The District Attorney's Office should monitor the effectiveness of a newly developed diversionary program. The program is designed so that misdemeanor offenders who are less violent immediately receive batterers' treatment and other treatment for three to six months as an alternative to full prosecution. As is common across the country, many domestic violence victims choose not to cooperate with prosecution because a conviction will not serve her family's needs or because she is being threatened with further abuse if she does cooperate. Rather than simply dismissing these cases, the diversionary program will provide batterers' and drug and alcohol treatment to the offender with the goal of stopping further abuse.
- » The District Attorney's Office should request that a single Municipal Court Judge be assigned to hear compliance listings on diverted cases and to supervise all defendants on domestic violence probation for misdemeanor cases. If implemented, most of the city's domestic violence probationers will be under the supervision of a single judge who will know their history and become familiar with the family dynamic in order to best hold the offender in compliance and prevent further abuse of the victim and her family.
- » The District Attorney's Office should continue to advocate for resources by which to appropriately staff the Family Violence & Sexual Assault Unit. The Unit is struggling in several areas:
  - » The city's funding of the District Attorney's Office remains well below the funding provided to prosecutor offices in other jurisdictions.
  - » The number of domestic violence cases entering the criminal justice system continues to rise with the Philadelphia Police Department employing an empirically-proven strategy of arresting offenders whenever there is evidence of a domestic assault.
  - » Implementing and monitoring the new diversionary program will put additional strains on the Unit's staffing.
  - » Legislative extensions of the statute of limitations on child abuse cases coupled with publicity about recent high-profile cases have contributed to an increased number of reports of sexual and physical abuse of children, which places more demands on the Unit.
  - » During the past summer, budget constraints were cited as the reason that the Defenders' Association stopped staffing several critical courtrooms. Among those cut were the two Domestic Violence courtrooms where felony preliminary hearings and misdemeanor trials were conducted a total of six days a week.

The end result of these factors is a substantial delay in resolving domestic violence cases, which puts victims at continued and sometimes greater risk.

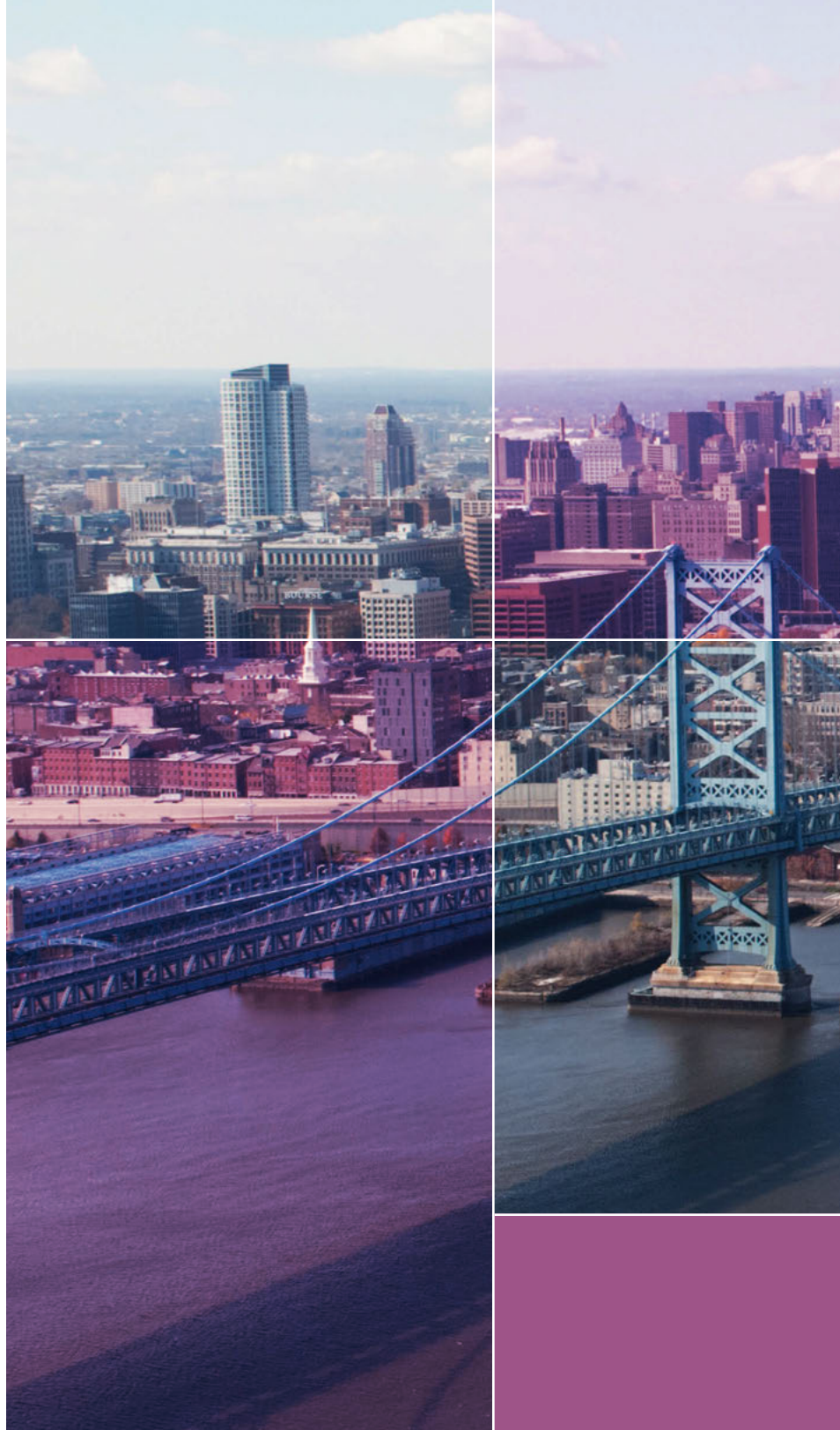
## Rape Crisis Center

According to the Centers for Disease Control and Prevention, nearly one in five U.S. women has been raped at some time during her lifetime.<sup>1</sup> Most of the assaults are not reflected in law enforcement statistics. According to the U.S. Department of Justice, from 2006-2010, two-thirds of the rapes and sexual assaults in the country were not reported to police.<sup>2</sup> Most often, if a woman is sexually assaulted, it is by a man she knows – her male intimate, date or acquaintance.<sup>1</sup>

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1. Black MC, et al. The National Intimate Partner and Sexual Violence Survey: 2010 summary report. Centers for Disease Control and Prevention, November 2011.

2. Langton L, Berzofsky M, Krebs C, Smiley-McDonald H. Victimization not reported to police, 2006-2010. Bureau of Justice Statistics, August 2012.



## Philadelphia is home to one of the first rape crisis centers in the United States.

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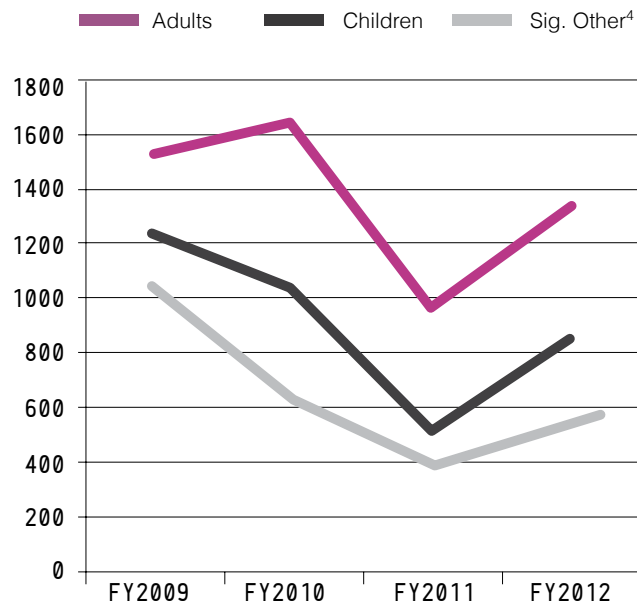
Established in 1971, Women Organized Against Rape (WOAR) is a non-profit organization and rape crisis center that provides a 24-hour hotline, counseling, prevention education, and rights advocacy with the goal of ending sexual violence against women.

WOAR is Philadelphia's only rape crisis center. It is comprised of two major departments: direct services and education. Through their direct services, WOAR operates a 24-hour hotline, provides free counseling in Spanish and English to any victim of sexual abuse or assault, provides hospital and court accompaniments, and conducts outreach to minority communities. Through their education department, they provide training for schools, social service organizations, and the community at large on issues related to sexual violence.

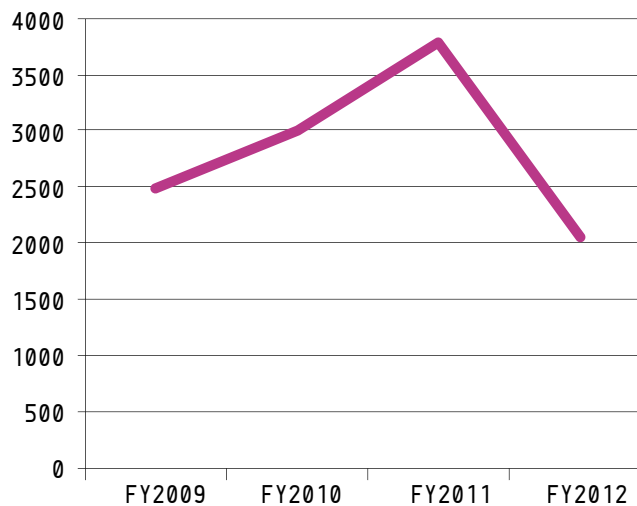
In FY 2011-2012, WOAR provided 13,037 service hours to 2,740 new clients.<sup>3</sup> Over half of the clients were adult women victims; the remainder consisted of 859 child victims and 544 significant others of victims (e.g., a man whose wife was raped by a stranger, a woman whose teenage daughter was the victim of date rape). In that same year, WOAR also answered 2,055 hotline calls, trained 1,751 professionals, and was involved in 1,753 trainings to 34,839 local school children, teachers, and administrators, 4,363 people at colleges and universities, and 5,629 community members. As shown in Figures 1 and 2, these numbers have fluctuated widely in recent years, largely because funding cutbacks and restorations have affected the agency’s capacity to provide services.

In January 2012, the U.S. Department of Justice, under pressure from Philadelphia’s Women’s Law Project and others, expanded its legal definition of rape from “the carnal knowledge of a female, forcibly and against her will” to a broader definition.<sup>5</sup> The new definition includes other forms of sexual assault (e.g., penetration by an object, drug-facilitated assaults) as well as the rape of men. The expansion of the federal definition may impact organizations such as WOAR in ways that have yet to be determined.

**Figure 1. Number of people served, WOAR, FY2009-FY2012**



**Figure 2. Rape crisis hotline calls, Philadelphia, FY2009-FY2012**



3. Numbers reported in this chapter were provided by Women Organized Against Rape, 2012

4. Significant others who received treatment include, for example, a man whose wife was raped by a stranger and a woman whose teenage daughter was the victim of date rape.

5. Attorney General Eric Holder announces revisions to the Uniform Crime Report’s definition of rape. January 6, 2012. Available at: <http://www.fbi.gov/news/pressrel/press-releases/attorney-general-eric-holder-announces-revisions-to-the-uniform-crime-reports-definition-of-rape>



## Recent Positive Action

### WOAR has made substantial efforts to reach out to the Latino communities in Philadelphia.

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Through working with the Mexican consulate general and establishing a sister agency in Guadalajara, Mexico, WOAR has established a strong connection with the Latino immigrant community in the city. Their outreach model has been adopted across the Commonwealth.

## Recommended Actions

- » WOAR should continue its leadership role with the Philadelphia Sexual Assault Committee. One recent success is the establishment, in May 2011, of a state-of-the-art facility for the forensic examination of victims of sexual assault.
- » Philadelphia's population has become increasingly diverse in the past decade. Many populations groups, such as West Africans and Korean immigrants, have few services for victims of sexual assault. We recommend that WOAR work to restore funding to reach out to and deliver services to the increasingly diverse population of Philadelphia.
- » Immediate post-assault counseling can help reduce long-term mental health problems. On average, the wait time for on-going counseling services at WOAR is three to four months. With more staff – there are currently only 4 counselors – the waitlist could be reduced and new programs initiated.
- » Because many adolescents and adults are turning to the Internet and social media for information, it is imperative for WOAR to expand their presence in these areas. We recommend that additional training and staffing be implemented to address this growing need.

## Domestic Violence Programs

Sometimes a woman who is being abused by her intimate partner wants help from an agency, but not from police or the courts or medical personnel. Domestic violence service programs meet that need. A survivor can seek and use services free of charge and confidentially. In fact, Pennsylvania law prohibits programs from releasing information to anyone unless the survivor has granted written permission to do so.

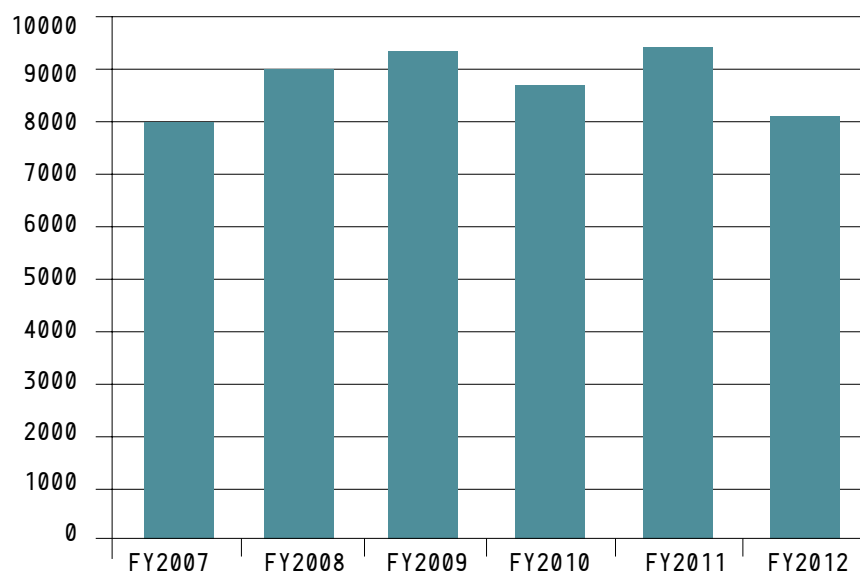


# The Pennsylvania Coalition Against Domestic Violence has qualified four agencies in Philadelphia to provide services to individuals victimized by domestic violence, as well as to provide advocacy and community education.

Established in 2005, the Philadelphia Domestic Violence Hotline is a bilingual, 24-hour, toll-free service operated collaboratively by the four domestic violence programs. Trained staff members are prepared to provide crisis intervention, safety planning, information and referrals, and access to emergency shelter. As shown in Figure 1, the number of calls received in the past six fiscal years ranged from a low of

8,011 in 2007 to a high of 9,515 in 2011.<sup>1</sup> Of those served, 49% were African American, 16% were Latina, 14% were Caucasian, 1% were Asian, and 20% were of an unknown ethnic background. Although calls came from friends, relatives, third-party professionals and occasionally an abuser, most of the calls were from someone who was being victimized by domestic violence (81% in FY2012).

**Figure 1. Hotline calls answered by Philadelphia's four domestic violence agencies, FY2007-FY2012**



1. Numbers reported in this chapter were provided by Congreso, Lutheran Settlement House, Women Against Abuse, and Women in Transition.

In addition to collaborating on the hotline, each agency provides a special service:

- » Congreso De Latinos Unidos' Latina Domestic Violence Program, established in 1993, meets the unique needs of Spanish-speaking survivors of domestic violence. The program was the first program in the state to provide specific outreach and services to the Latino community in a culturally specific and linguistically appropriate way. Currently the program provides, in Spanish, trauma-informed individual advocacy and counseling services for adults and children and support groups for adults, children, and caregivers. Mental health services are offered to individuals age 4 years and up. They provide community outreach and education as well as offer trainings to medical and social service professionals about how to screen and respond to survivors of domestic violence.
- » Lutheran Settlement House's Bilingual Domestic Violence Program, established in 1977, was one of the first domestic violence programs in Pennsylvania to offer bilingual services. The program provides in-person individual and group counseling, advocacy, and education, and training about domestic violence for youth, community groups, congregations, and professionals. They also have a transitional housing program for battered women and their children. The extensive work of the Bilingual Domestic Violence Program is possible because of partnerships with multiple organizations including St. Christopher's Hospital for Children, Children's Hospital of Philadelphia, the School District of Philadelphia, and the Pennsylvania Board of Probation and Parole.
- » Women Against Abuse, founded in 1976, was one of the first domestic violence agencies in the country. They operate Philadelphia's only emergency shelter for victims of domestic violence, the nation's first legal center dedicated to the needs of victims of domestic violence, and the Southeastern Region's first transitional housing program. Their residential programs include comprehensive services (case management, behavioral health services, etc.) to help victims recover from abuse and move toward safety and long-term stability. The legal center provides free attorney representation, court advocacy, and telephone counseling for legal issues related to intimate partner violence, including help with protection from abuse orders and child custody.
- » Women In Transition, founded in 1971, promotes the economic independence and emotional well-being of women and children through a broad range of programs and services. The program is the only organization in the Southeastern Region that addresses both domestic violence and substance abuse. The agency is primarily an early intervention and prevention agency that helps women identify, early on, the domestic or substance abuse in their lives and make long-lasting changes for themselves and their children. WIT provides telephone counseling, intake assessments and referrals, counseling and advocacy services, and peer support groups, as well as a comprehensive community education and training program.

In 2011, the four agencies together provided 12,128 individuals with 26,766 hours of counseling and advocacy assistance and provided 587 adults and children with 32,508 nights of shelter care. Their community education and training reached 17,988 individuals. And volunteers provided 4,725 hours of service.

## Recent Positive Action

### In August of 2011, the Women Against Abuse Legal Center provided leadership in launching the Telephone Outreach Program.

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The program receives information about '911' calls for domestic violence and flags victims who are believed to be at particularly high risk of severe injury. (Such indicators include repeated calls for assistance, the abuser's use of nonfatal strangulation and weapons against the victim, and the abuser's violation of a Protection From Abuse order.) Highly trained volunteers then contact the victims to help with safety planning, identify legal options, and make referrals to local domestic violence and other human service

programs. During FY 2012, 2,638 individuals were successfully contacted and provided with information. Nearly all expressed appreciation for the information and support. The initiative is an important collaboration between domestic violence service providers and the Philadelphia Police Department.



## Recommended Actions

- » The four domestic violence service organizations should continue to work with the private and public sectors to identify individuals who can effectively champion the cause of reducing intimate partner violence in Philadelphia.
- » The organizations should continue to develop collaborative relationships in the city. Policies addressing domestic violence as well as agreed-upon protocols to guide practice are central to success. Key city partners include law enforcement (police, prosecutors, defenders, probation and parole, etc.), health and human services (the departments of health, behavioral health, child welfare, addictions services, hospitals, private providers), and housing and shelter (supportive housing, shelter network, housing authority, women's community revitalization program, private providers). Some agencies don't yet recognize that they are stakeholders and their active participation is necessary to reduce violence against women in Philadelphia.
- » The four domestic violence service organizations should collaborate to make most efficient use of their limited resources. They have a proven record of success in their collaborative work with, for example, the hotline and they could explore additional ways that they could work together.
- » The organizations should consider expanding their efforts to affect policy. New and existing ordinances and laws would benefit from their input.

## Domestic Violence Shelter

Philadelphia has one emergency shelter for victims of domestic violence. Operated by Women Against Abuse, the shelter provides temporary housing for abused women and their children and helps them cope with the trauma of violence and establishes the groundwork for long term safety. The shelter can accommodate up to 100 people (85 beds and 15 cribs)<sup>1</sup> for up to 90 days. Residents are provided with 24-hour security, three meals a day, case management, individual and group counseling, residential support, relocation assistance, adult education and job readiness referrals, behavioral health services, a computer lab, and an exercise room. About half of the shelter's residents are children and they are provided a child-friendly space, health assessments, after-school and summer-school programs, and on-site childcare.

1. Unless otherwise noted, numbers reported in this chapter were provided by Women Against Abuse, 2012

In 2011, the emergency domestic violence shelter served 637 people and denied 8,465 requests for shelter due to a lack of space. Because the domestic violence emergency shelter is almost always at full capacity, many domestic violence victims seek refuge in the general homeless shelter system. Philadelphia's Office of Supportive Housing (OSH) found that domestic violence victims fill 37% of the family shelter beds in general homeless shelters.

### **The domestic violence shelter and general shelters for homeless people differ in important ways.**

First, the domestic violence shelter provides a trauma-informed model of care that is critical to meet the needs of children and adults recovering from intimate partner violence. All staff participate in a mandatory 45-hour training on the dynamics of domestic violence and how to create safety in this context to ensure the competent delivery of specialized services. For example, if a victim's abuser has been stalking her, trained shelter staff can help her organize safe transportation to and from work and can take precautions with electronic devices, whereas a general shelter staff member may not be attuned to or knowledgeable about such measures. Second, unlike shelters for the homeless, the location

of the emergency domestic violence shelter is confidential. By reducing the potential for confrontations by abusers, safety is increased for all – the woman herself, other shelter residents, and staff. Finally, only domestic violence service providers are subject to Pennsylvania's confidentiality regulations which require providers to refuse requests for information about victims, including court orders and Federal, State and Local requirements for participation in electronic data systems. These protections cannot be provided by general homeless shelters.

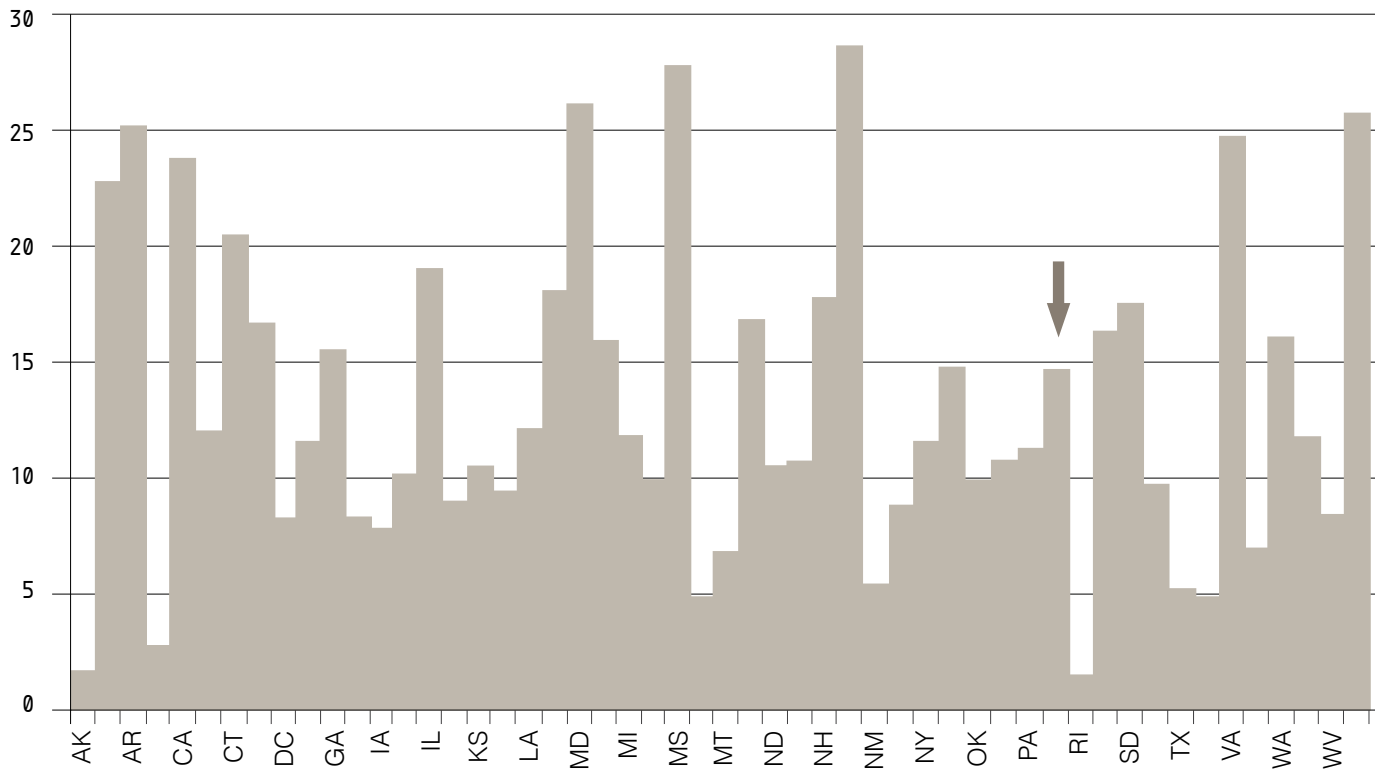
In Philadelphia, there are 15,260 people per domestic violence emergency shelter bed. As shown in Figure 1, per population, Philadelphia has fewer shelter beds than all but nine U.S. states.<sup>2</sup> The state of Ohio was essentially tied with Philadelphia. Those with worse ratios were Alabama, Connecticut, Illinois, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, and Virginia.

Other nearby major cities – Baltimore, Washington D.C., and Pittsburgh – have more shelter beds for their population (see Figure 2).

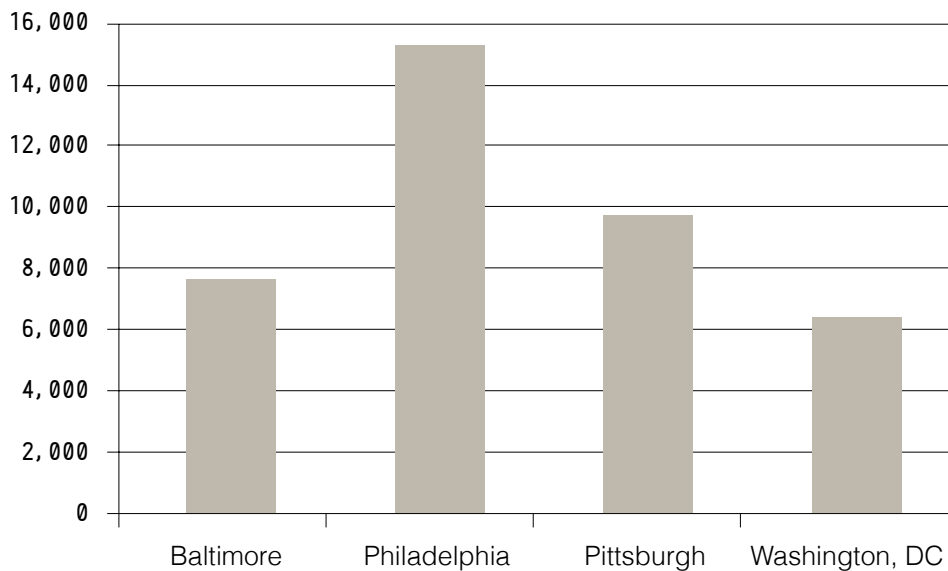
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2. Testimony presented to the Public Safety Committee of City Council, Susan B. Sorenson, March 19, 2012. Domestic violence counts 2011. Washington, D.C.: National Network to End Domestic Violence, 2012. Available at: [www.nnedv.org/census](http://www.nnedv.org/census)  
U.S. Census Bureau. The 2012 Statistical Abstract. Available at: <http://www.census.gov/compendia/statab/cats/population.html>  
The comparison assumed that all of a state's beds were filled. It also did not include the state ratios that were based on <100% participation of a state's programs; the missing programs were expected to increase the number of beds and, thus, reduce the ratio by an unknown amount.

**Figure 1. Persons (in thousands) per domestic violence emergency shelter bed, U.S. states and Philadelphia (arrow), 2011<sup>2</sup>**



**Figure 2. Persons per emergency shelter bed, Philadelphia and comparison cities, 2009**



## Recent Positive Action

The City Council's Committee on Public Safety held hearings on March 19, 2012 to investigate the availability of emergency shelter in Philadelphia for victims of domestic violence. Fifteen domestic violence agency staff, survivors, and university researchers provided testimony. Members of the public safety committee learned about the serious shortage of domestic violence emergency shelter in Philadelphia.

## Recommended Actions

- » Philadelphia's capacity to provide emergency shelter for victims of domestic violence should be increased to a level comparable to that provided elsewhere. Such action is expected to reduce the number of people who return to a violent home when domestic violence emergency shelter space is not available.
- » Philadelphia should develop and maintain an effective collaboration with neighboring counties to provide emergency shelter for victims of domestic violence. When Philadelphia's domestic violence emergency shelter cannot meet the demand, neighboring counties likely shelter Philadelphia residents. To ascertain the extent of the support that other counties provide, the county of residence should be noted at shelters in the region and aggregate data made public.



## Domestic Abuse Perpetrator Counseling

In order to address violence and abuse against women one must also look at programs that seek to help victims by intervening and attempting to reform offenders of domestic abuse. Menergy, the only battering intervention program in Philadelphia affiliated with the Domestic Abuse and Battering Intervention Network of Pennsylvania,<sup>1</sup> is one such program.

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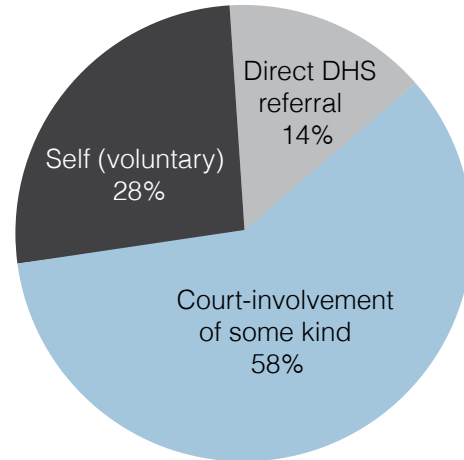
1. Lois Fasnach, Training Specialist/Legal Advocate, Pennsylvania Coalition Against Domestic Violence, Harrisburg, PA

Menergy's clients include those who come voluntarily, those who are directly referred by the Department of Human Services (DHS), and those who are referred by the court system. Those referred by the court are referred either by family court (in response to, for example, a child custody dispute or a Protection From Abuse order) or by criminal court (in response to, for example, probation or misdemeanor domestic violence cases).

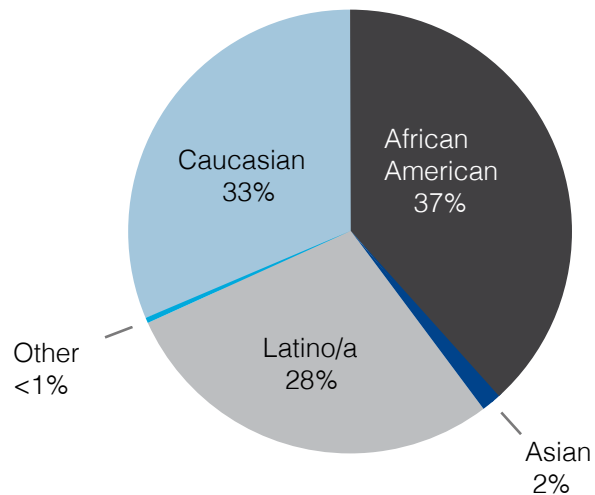
**Menergy helps men and women who abuse a partner change their ways.**

Working out of offices in North and Northwest Philadelphia, the agency screens about 400 people a year.<sup>2</sup> Some people are not appropriate for the program, some drop out, some are deemed as isolated incidents that do not call for further intervention, and some turn out to be victims of domestic violence themselves. About 180 English- and Spanish-speaking clients are accepted into the group treatment portion of the program.

Referral source of those accepted into the program, 2011



Ethnicity of those accepted for treatment, 2011



44 2. Unless otherwise noted, numbers reported in this chapter were provided by Menergy, 2012

Menergy focuses on intervening in incidents of domestic or intimate partner violence by working with individuals who have exhibited abusive behaviors. Though some of their clients are female, a majority are male (88% vs. 12% in 2011). Their clients are similar in ethnicity to the population of Philadelphia: non-Hispanic White: 33% of clients and 37% of Philadelphia; African American: 37% of clients and 44% of Philadelphia; Latino/a: 28% of clients and 13% of Philadelphia, a percentage that is higher likely because of the availability of services in Spanish. The agency's clients are substantially more likely than the average person in Philadelphia to be unemployed (38% vs. 10%).<sup>3</sup> Over 40% of their clients are married to or living with a female partner.

Menergy sets itself apart from anger management counseling because it accepts only those with a history of domestic violence / intimate partner abuse and their clients do not necessarily have anger management issues.

Initial contact typically occurs over the phone. The next step is intake into the program, which involves individual sessions between

a Menergy staff member and the client to explain the process. Menergy sets a condition on participation: they will contact the victim to corroborate information and will assist the victim in any way possible. Clients are responsible for providing contact information for victims. In the first session, Menergy staff conduct a role-playing exercise where the client answers the questions as if they were the victim of the abuse.

Although the effectiveness of batterer intervention programs is hotly debated, Menergy reaches a group that other organizations do not. Through continued contact, programs such as Menergy have a unique ability to improve the lives of women in abusive situations by checking with the both the victim and the offender to monitor the violence.

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3. U.S. Census accessed July 17, 2012 at <http://quickfacts.census.gov/qfd/states/42/42101.html>

4. U.S. Department of Labor accessed July 17, 2012 at <http://www.bls.gov/ro3/urphl.htm>

## Recent Positive Action

Menergy is an active collaborator with other agencies and the community at large.

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Menergy works closely with domestic violence organizations in the city and is a member of Philadelphia's Domestic Violence Task Force. The agency also conducts training in the community on how to respond to abusive behavior.

## Recommended Actions

- » Menergy should continue to work with the multiple systems involved with domestic abuse offenders (courts, etc.) to establish clear, agreed-upon policies about treatment. In general, the best approach is a program specializing in domestic abuse offender treatment. Those affiliated with the statewide network of domestic violence and battering intervention programs promote specific care standards. Other options (e.g., pastoral counseling, anger management) are of limited or unknown efficacy when it comes to reducing domestic violence. Another advantage of domestic abuse offender programs is that they focus on victims as well as offenders. They require partner contact and maintain accountable relationships with victim advocacy programs to promote greater safety for victims.
- » Many court-mandated clients who do not complete the program do so without consequence. Menergy should continue to work with the Philadelphia legal system (e.g., courts, probation) to develop and maintain a proper check-in process that provides information directly to authorities. The full cooperation and participation of the courts, including the application of sanctions for those who do not fulfill the court order, is necessary for success.



## Department of Human Services

Child abuse and intimate partner violence often occur in the same family. In one-fourth to over one-half of child abuse cases, the child also is exposed to domestic violence against his or her parent.<sup>1</sup> Witnessing domestic violence as a child has been shown to be a risk factor for a variety of negative health outcomes during adulthood.<sup>2</sup>

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1. Appel AE, Holden GW. The co-occurrence of spouse and physical child abuse: a review and appraisal. *Journal of Family Psychology*, 1998;12:578-599.

2. Felitti VJ, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 1998;14:245-58.



# The mission of the Department of Human Services (DHS) is to provide and promote safety, permanency and well-being for children at risk of abuse, neglect and delinquency.

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Although DHS does not investigate incidents of intimate partner violence directly, DHS does investigate suspected child abuse and/or neglect that may be associated with an intimate partner violence incident. These reports often come to the attention of DHS via mandated reporters such as police officers. If a law enforcement officer investigating such an incident suspects that children in the home are not safe, as a mandated reporter, the officer is required to call the DHS hotline. In addition to law enforcement officers, Pennsylvania law mandates school teachers and administrators, physicians and nurses, dentists, clergy (except under certain circumstances), and many others to report possible cases to DHS. DHS investigates the reports.

Victims of domestic violence typically leave their abusers multiple times before the leave-taking is final. The role of DHS is to assess and protect the safety of children. Once a family becomes involved with DHS due to domestic violence or other issues, the primary goal is to maintain the safety of the child(ren) in the home. If this cannot be done, DHS will place the child(ren) in out-of-home care, often with family.

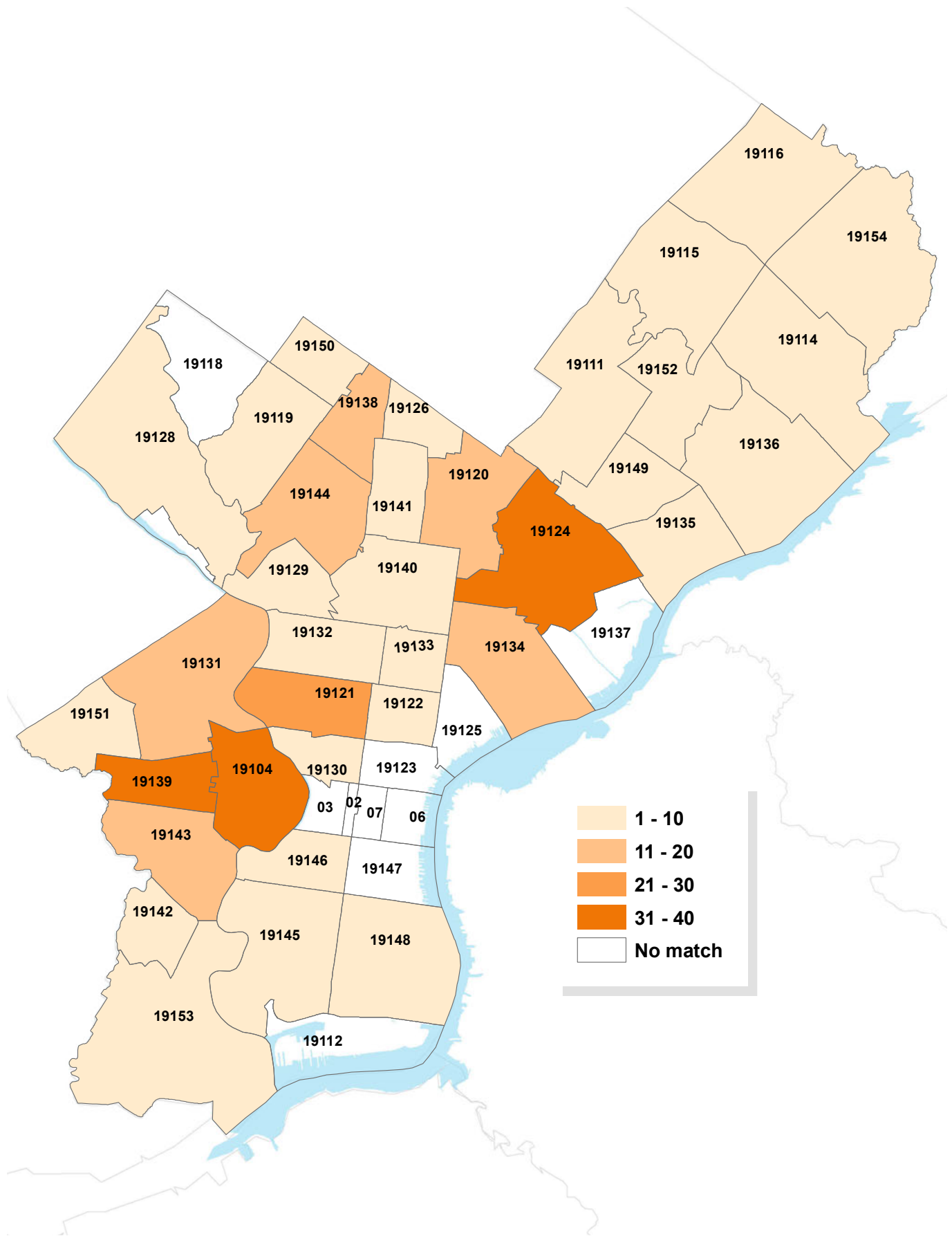
Philadelphia's DHS serves approximately 100,000 children and their families with prevention and formal child welfare services each year.<sup>3</sup> As shown in the figure to the right, some neighborhoods are high in co-occurrence (i.e., addresses where there was a DHS child abuse case and a domestic violence arrest). Nearly two thirds of the addresses that had both are located in five zip codes – 19124, 19139, 19104, 19121, and 19144.

Carol Spigner Wilson, co-chair of Philadelphia's Child Welfare Review Panel following the Danieal Kelley case, led efforts to develop a groundbreaking publication, "Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice"<sup>4</sup> – informally known as "The Greenbook" because of its green cover – in 1999 while working at the Children's Bureau in DHHS. It continues to serve as a valuable guide to caseworkers and judges.

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3. These numbers and the map were provided by the Department of Human Services, 2012

48 4. <http://www.thegreenbook.info/init.htm>




## Recent Positive Action

Improving Outcomes for Children, a new DHS initiative slated for the first phase of implementation in 2013, will allow for more children, youth and families to receive services in their neighborhoods. These services will include programs to assist families dealing with domestic violence. Community Umbrella Agencies will be responsible for delivering these services and providing case management for families in the formal child welfare system.

## Recommended Actions

- » DHS should continue its efforts to reduce the number of children exposed to domestic violence and continue to provide services to stabilize families who may be experiencing domestic violence with a goal of reducing the number of children placed in out of home care.
- » So that more women who are battered have a place to go with their children, DHS should actively support efforts to increase the number of domestic violence shelter beds in Philadelphia.
- » DHS is encouraged to strengthen their working relationships with domestic violence service providers with the goal of collaborating on service delivery for children who witness domestic violence.
- » DHS is encouraged to include prevention services for families at risk of domestic violence as part of their Improving Outcomes for Children initiative.

## Veterans Affairs Medical Center



The Philadelphia region is home to over 20,000 female military veterans.<sup>1</sup> Research suggests that there are higher rates of intimate partner violence and sexual assault victimization among women who have served in the military (vs. same-age women who have not).<sup>2</sup> If these rates hold for women veterans in the Philadelphia region, there are 4,800-9,800 women veterans in the city who have been sexually assaulted and about 3,700-6,600 who have been the victim of intimate partner violence.

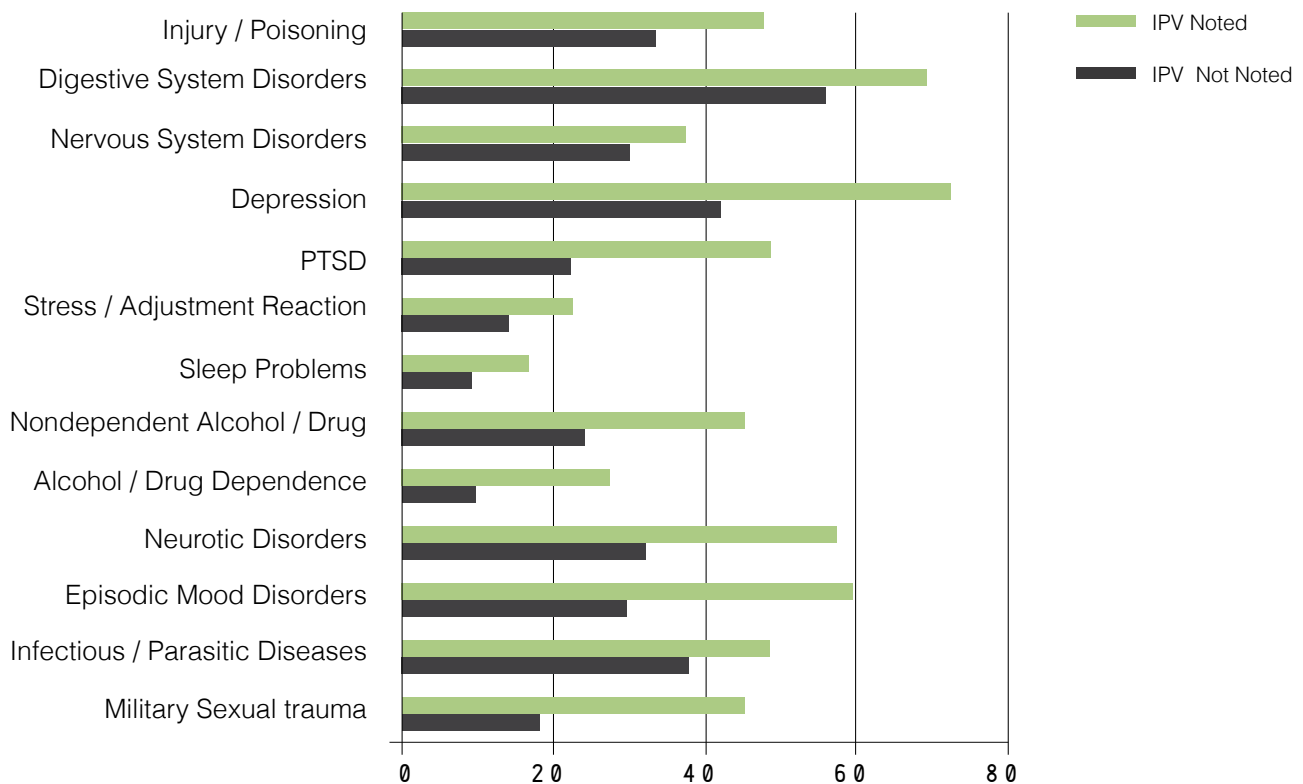
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1. Numbers reported herein were provided by the Philadelphia Veteran Affairs Medical Center.

2. Dichter et al. Intimate partner violence victimization among women veterans and associated heart health risks. *Women's Health Issues*, 2011;21:S190-S194. and Zinzow et al. Trauma among female veterans: A critical review. *Trauma, Violence, & Abuse*, 2007;8:384-400.

Research currently underway indicates that women veterans in Philadelphia have high rates of lifetime IPV exposure and extensive healthcare needs.<sup>3</sup> Women veteran patients at the Philadelphia VA Medical Center who have (vs. don't have) documentation of IPV in their medical records have higher rates of healthcare service use, including emergency department visits. Additionally, these women veteran patients have higher rates of a variety of health conditions. (See Figure 1.)

**Figure 1. Health conditions of women veteran patients, by intimate partner violence history, Philadelphia, 2005-2009<sup>2</sup>**



The Philadelphia Veteran’s Affairs Medical Center provides health care and social services to veterans in the city of Philadelphia and six surrounding counties. The Women Veterans Health Center focuses on the physical, mental, and emotional wellbeing of female veterans, and screens for psychosocial issues that impact women’s health. The Center continues to expand and develop to meet the needs of the growing population of women veterans.

3. Dichter M, Marcus S. Intimate partner violence victimization among women veterans. Data presented at the 2012 VA HSR&D/ QUERI conference, July 18, 2012.



## Recent Positive Action

The Philadelphia VA Medical Center has a comprehensive and specialized Women's Health Clinic as well as a full-time Women Veterans' Program Manager to help female veterans access and coordinate health and social services, including those related to experiences of intimate partner and sexual violence. In addition, the VA screens all patients for exposure to sexual assault or harassment during military service (military sexual trauma) and a Military Sexual Trauma Coordinator at the Philadelphia VA Medical Center helps patients access medical and mental health services related to such exposures, at no cost to the veteran. The VA is currently funding research at the Philadelphia VA Medical Center to develop a greater understanding of women veterans' exposure to intimate partner and sexual violence and implement effective prevention and intervention programs.

## Recommended Actions

- » The Philadelphia VA Medical Center screens for sexual assault during military service but does not universally and routinely screen for sexual assault outside of military service nor for intimate partner violence. We recommend that the VA routinely screen for intimate partner violence and sexual assault that is not specific to military service.
- » Many women veterans seek health and social services outside of the VA system. They may not choose to use the VA or be eligible for certain services. We recommend that the VA continue to educate organizations about women veterans, their issues/problems, and available resources, particularly those community-based organizations and city agencies that serve victimized women.
- » We recommend that the VA work with community-based agencies to coordinate care and best meet the needs of Philadelphia's women veterans. As a first step, the VA should work with community-based agencies to develop a way to determine the veteran status of women who are seeking their services and to help women veterans connect with VA services as appropriate. Likewise, the VA should utilize community-based services to meet the needs of women veterans in VA care as necessary. These recommendations, of course, require the collaboration and cooperation of community-based agencies who serve victimized women.

## Colleges & Universities

Philadelphia is home to more than 100,000 students who attend one of the 31 colleges and universities in the area.<sup>1</sup> The educational institutions range from small, elite music and art schools to religious universities and theological seminaries to publicly-funded and private institutions.

Women who are in college have higher rates of sexual assault victimization than women who are not in college; about one in twenty U.S. female college students is sexually assaulted each year.<sup>2</sup> If this national estimate holds true in Philadelphia, then more than 2,000 women will be sexually assaulted each year while attending Philadelphia-area four-year colleges.

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1. Enrollment numbers available at <http://www.collegeboard.org/>

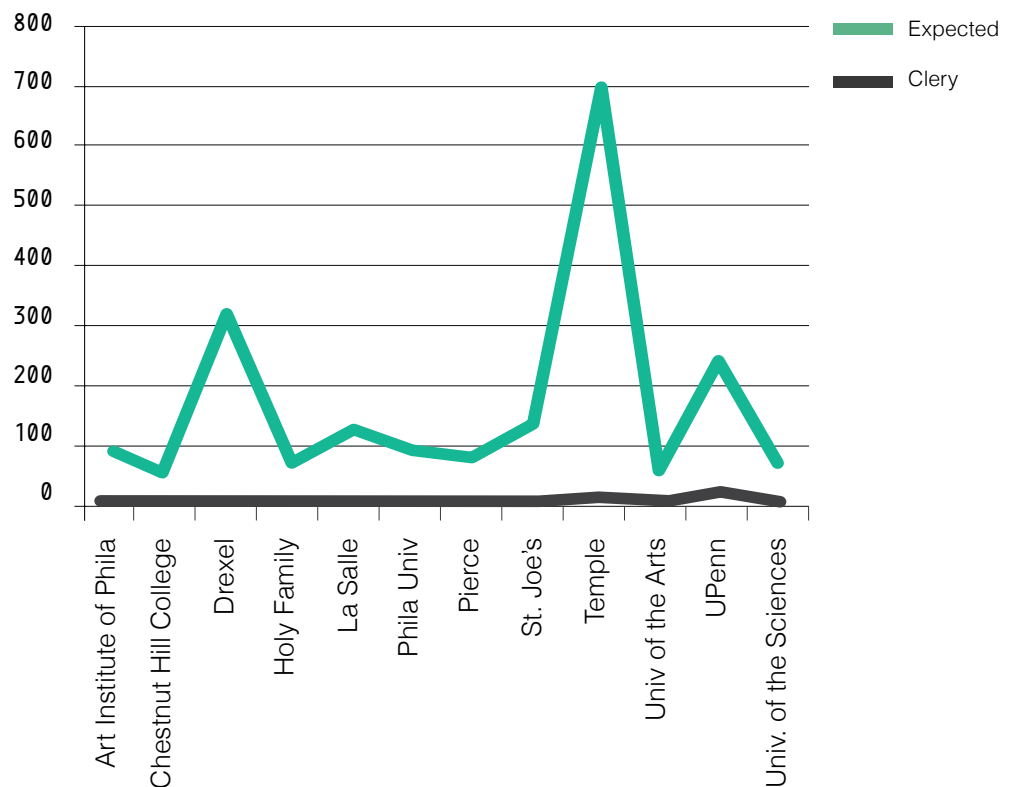
2. 4.9% per Fisher BS, Cullen FT, & Turner MG. The sexual victimization of college women. Report to the National Institute of Justice, December 2000., National Institute of Justice, 2000



Every college and university is required by the federal Clery Act, named for a Lehigh University student who was raped and murdered by another student, to record and report annual statistics about crimes on campus, including violence against women. Sexual assaults are believed to be the least reported crime and they are particularly underreported when the victim knows the perpetrator or alcohol is involved, both of which are common on college campuses. Because of the low victim disclosure and disincentives for colleges to report, the official Clery numbers are substantial underestimates. Figure 1 compares the two numbers for

Philadelphia-area colleges and universities with more than 1,000 students for the most recent year for which data are available. The discrepancy ranged from a low of 13 estimated assaults for every Clery-reported assault at the University of Pennsylvania to a high of 324 estimated assaults for every Clery-reported assault at Drexel University. Although the expected number is higher at Temple University, their Clery number also is higher; they have an estimated 100 assaults for each Clery-reported assault. The observed discrepancy is not unique to Philadelphia or unique to Pennsylvania.<sup>3</sup>

**Figure 1. Expected<sup>2</sup> vs. Clery-reported numbers<sup>4</sup> of forcible sexual assaults, Philadelphia-area four-year colleges and universities with at least 1,000 women students**



3. Roebuck J, Snyder S. PSU's problems with Clery Act. The Philadelphia Inquirer, July 31, 2012.

4. Clery numbers were obtained from online reports of each university (e.g., [http://www.upenn.edu/almanac/volumes/v58/n03/pdf\\_n03/AnnualSecurityReport2011.pdf](http://www.upenn.edu/almanac/volumes/v58/n03/pdf_n03/AnnualSecurityReport2011.pdf))

In a study at the University of Pennsylvania, two thirds of the undergraduates reported that they know a victim of sexual assault and over half reported that they know someone who perpetrated a sexual assault.<sup>5</sup> This level of knowledge was evident among beginning first-year students, suggesting that sexual assault during high school is widespread.

Most of the colleges and universities offer procedural and contact information on their websites about what students should do if they are the victim of a crime. They also provide specialized information about sexual assault. Each of the websites emphasizes not to shower or clean up after surviving a sexual assault because it could contaminate potential evidence. For example, Philadelphia University's website offers a bulleted list of "What to do first if you have been sexually assaulted."

Most universities rely on their campus security force, the Philadelphia Police Department, and counseling services to handle the needs of victims. Some universities have on-site resources for victim support. The University of Pennsylvania, Drexel University, and perhaps others, for example, offer special victim support and intervention services to aid victims throughout the recovery process. They offer accompaniment to criminal court or university hearings and ensure follow up care. Many universities in the area rely on community-based non-profit organizations to provide services to their students. Several websites provide links to Women Organized Against Rape and Women Against Abuse and, in some cases, these community-based organizations fill a gap in the services of a college or university.

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5. Sorenson SB, Joshi M, Sivitz E. Knowing a sexual assault perpetrator or victim: Differences among college students. Under review for publication, 2012.

## Recent Positive Action

Many area colleges and universities hold events to increase awareness of and conversations about sexual assault. These events include Take Back the Night and media campaigns to spur discussion about consent. These often are organized by the women's center on campus and involve multiple student groups. Educational workshops and training for students and faculty have been shown to reduce the acceptance of myths about rape and to foster a campus environment more supportive of victims and less tolerant of sexual assault.<sup>6</sup>

## Recommended Actions

- » In April 2011, the U.S. Department of Justice issued a “Dear Colleague” letter to remind colleges and universities that Title IX covers sexual violence and of their responsibility to take immediate and effective action.<sup>7</sup> Little is known about the nature and scope of sexual assault on Philadelphia college campuses. In addition to providing a benchmark for assessing the quality of their Clery numbers, such research could help determine the specific needs of college students in Philadelphia and how to better serve them.
- » Most, albeit not all, campus efforts regarding violence against women, like this chapter, focus on sexual assault. Given the high rates of intimate partner violence – including physical assault and stalking – among college-age persons, colleges and universities should endeavor to address violence against women in a comprehensive manner.
- » Regardless of the type or size of college or university, many of the issues related to intimate partner violence and sexual assault are similar. Cross-campus consortiums can facilitate the dissemination of information and collaborative work. For example, the West Philadelphia Campus Community Consortium to Reduce Violence Against Women operated during the course of a federally-funded project. Universities should consider whether such consortiums merit the allocation of staff time for semi-regular meetings.

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6. Anderson LA, Whiston SC. Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, 2005; 29:374-388.

7. See <http://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-201104.html>



## Medical Examiner's Office

The Philadelphia Medical Examiner's Office investigates deaths that occur in Philadelphia and fall under its jurisdiction. The Office is expected to determine cause and manner of death for all possible homicides and suicides. Because some women die at the hands of their abusers and because victims of domestic violence are believed to be more likely to commit suicide, post-mortem investigation and death review can provide important information on how to prevent deaths in the future.<sup>1</sup>



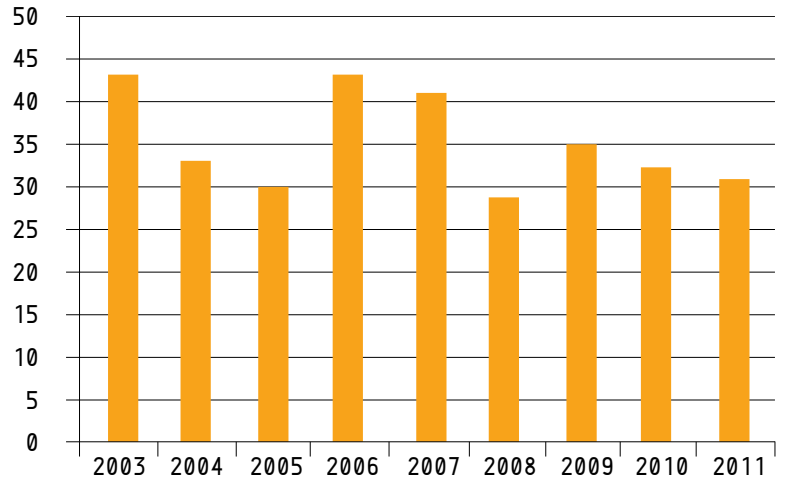
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1. Websdale D. Reviewing Domestic Violence Deaths, NIJ Journal, issue no. 250, National Institute of Justice, November 2003.

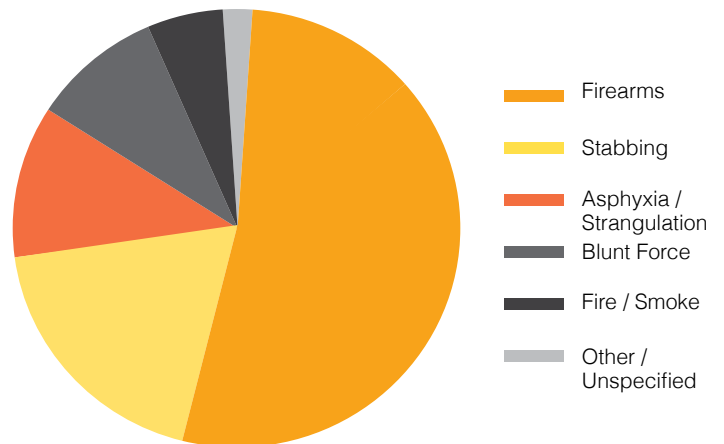
Founded in 1996 and disbanded in 2007 due to budget limitations, the Philadelphia Women’s Death Review Team (PWDRT) was a multi-agency, multi-disciplinary team headed by the Philadelphia Department of Public Health in an effort to prevent future violence-related deaths of women. The PWDRT attempted to identify the degree to which intimate partner violence contributed to the community’s mortality and identified patterns and trends in violence-related deaths of women. Although the PWDRT did not deal exclusively with victims of intimate partner violence, they found that in their sample of 83 homicides from 2004-2006, 32 were intimate partner homicides. Since 2006, there has been no tracking through by the Philadelphia Department of Public Health (of which the Medical Examiner’s Office is a part) of whether or not a homicide is related to intimate partner violence.

Data from the Medical Examiner’s Office on the homicides of women in the past nine years, regardless of whether the death was related to intimate partner violence, indicate that, on average, a 15- to 60-year old woman is murdered in Philadelphia every ten days. (See Figure 1.) As shown in Figure 2, the most common way women are killed in Philadelphia is with a gun (55%) or knife (20%) or by being strangled (10%) or beaten to death (9%).

**Figure 1. Homicides of females (ages 15-60), Philadelphia, 2003-2011<sup>2</sup>**



**Figure 2. Cause of death among 15-60 year old female homicide victims, Philadelphia, 2003-2011<sup>2</sup>**



2. These data were provided by the Philadelphia Department of Public Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.



## Recent Positive Action

In April 2012, the Medical Examiner's Office organized a stakeholders' meeting with other city agencies and local community partners to explore the possibility of starting an Intimate Partner Violence Fatality Review Team for Philadelphia. At that meeting, it was agreed that a team would be convened on a trial basis with the Philadelphia Police Department being the lead agency.

## Recommended Actions

- » Continue efforts to restart the Philadelphia Women's Death Review Team in the form of an Intimate Partner Violence Fatality Review Team. It may be helpful to learn from other counties with successful teams.
- » Establish clear criteria for identifying women whose deaths were due to intimate partner violence and deceased women who had been victims of intimate partner violence while alive.
- » Consider developing as full a picture as possible of the life of each deceased woman reviewed by the Death Review Team. For example, was she sexually abused as a child?, raised in a household with domestic violence?, etc. Such information can supplement the snapshot of the fatal incident to provide information on which to base decisions about where, when, and how to engage in potentially effective prevention.
- » Issue brief regular reports (e.g., every six months) to city government agencies regarding the occurrence of intimate partner violence fatalities in Philadelphia during that time period. Post the report on the Medical Examiner's website so that it can be easily accessed by members of the public.
- » Issue periodic in-depth reports about the deaths of women in Philadelphia. Include recommendations for policymakers and others with the goal of preventing future deaths.

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