



Developing Culturally-Relevant Responses To Domestic Abuse:

Asha Family Services, Inc.

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Published by

**National Resource Center on Domestic Violence
Harrisburg, PA**

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Supported with funding from the National Center for Injury Prevention and Control
of the Centers for Disease Control and Prevention.

ASHA FAMILY SERVICES, INC.

Asha Family Services, Inc., is a comprehensive family violence intervention and prevention agency located in Milwaukee, WI. Asha, the first and only recognized culturally-specific family violence intervention and prevention program in Wisconsin, employs methods specific to African American families. Asha (a Swahili and Indian word meaning “Life” and “Hope”) is a private, nonprofit, spiritually-based agency. Asha is also a state-licensed outpatient mental health and substance abuse treatment clinic. Asha employs a holistic family approach and through collaborative efforts strives to provide effective, comprehensive family violence, mental health, HIV/AIDS education and counseling and substance abuse intervention and prevention.

Asha is a Swahili and Indian word meaning “LIFE” and “HOPE.”

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

The National Resource Center on Domestic Violence (NRCDV) was founded in 1993 as a key component in a national network of domestic violence resource centers established through the Violence Against Women Act and funded by the U.S. Department of Health and Human Services.

As a source of comprehensive information, training and technical assistance on community response to and prevention of domestic violence, the NRCDV supports the capacity of organizations and individuals working to end violence in the lives of women and their children. The NRCDV's first priority is to proactively support the work of national, state and local domestic violence programs. It also places an emphasis on increasing organizational responsiveness to the needs identified by communities of color and other traditionally underserved populations. The NRCDV is a project of the Pennsylvania Coalition Against Domestic Violence, a pioneering leader in policy development, training and technical assistance in the movement to end domestic violence.

This paper is one of a series prepared for the Public Education Technical Assistance (PE) Project of the NRCDV. The PE Project was initiated with funding from the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC) to support the public education efforts of state coalitions, community programs and others working to end domestic violence. A major activity of the project includes coordination of a series of demonstration projects to develop new approaches for domestic violence public education.



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For additional information on these and other public education efforts, contact:

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ABOUT THE AUTHOR

Antonia A. Vann: Ms Vann is Chief Executive Officer and Founder of Asha Family Services, Inc. Ms. Vann, an African American woman, formerly battered wife and survivor, has worked in the area of violence against women and children since 1985. She is a nationally-certified domestic violence counselor and counselor trainer. Ms. Vann developed and guided Asha's programming through her personal life experiences, spiritual convictions and education and training under the guidance of an academic Board of Directors and a host of nationally-recognized experts in the field. For over 18 years, Ms. Vann has worked with thousands of battered and abused women. Her efforts at Asha are intended to provide redress, justice and healing for those individuals who have suffered the long-term effects of partner and family abuse. For over 10 years, Ms. Vann has worked intensely with female victims in three prison systems and conducts classes for incarcerated male offenders. Ms. Vann actively contributes to local, state and national efforts to end violence against women and children, including advocacy for the inclusion of culturally-specific treatment approaches (when appropriate) for victims and perpetrators of domestic violence who are people of color.

Ms. Vann's other involvements include: Co-Chair, Milwaukee Commission on Domestic Violence and Sexual Assault; Member, National Steering Committee on Domestic Violence in the African American Community; Advisory Committee Member for the Maternal and Child Health Advisory Committee. She co-authored a chapter in the State of Black Milwaukee (February 2000) published by the Milwaukee Urban League and the University of Wisconsin, Milwaukee; Proceedings of the Institute on Domestic Violence in the African American Community, 1995, 1997, 1999 and 2000; and co-authored a Culturally-Specific Curriculum Guide designed for teachers and service providers working with African American youth.

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The contents of this publication may be reprinted with the following acknowledgement:

This material was reprinted from the National Resource Center on Domestic Violence publication, *Developing Culturally-Relevant Responses to Domestic Abuse: Asha Family Services, Inc.*, by Antonia A. Vann.

ACKNOWLEDGEMENTS

My desire in this paper is to share my personal experiences, work and lessons learned during the development and growth of Asha Family Services, Inc., a domestic abuse agency. I am a survivor of domestic abuse as well as other societal ills. The husband I reluctantly chose for myself in the early 1980s was not only abusive, but also addicted to cocaine. The drama surrounding the insidious world of illegal drug use and sales greatly magnified the abusive character that already existed. I was in grave danger. Via unusual circumstances, a praying mother and a loving father, I got out of the relationship and began the long road to healing, self-discovery and self-sufficiency. I wish to express my deep and loving gratitude to my mother (Maxine), grandmother (Ms. Bessie), and my aunt (Elsie) for their tireless prayers, love, teachings and path they've laid to guide me. To my father (Moses) and brothers and sisters for their encouragement, love and care. To my children (Niani, Demetrius and Lauren) who endured a workaholic mom in the early years and provided sweat equity to do this work that "helps other people." To my new husband (Michael) for his support, prayers of protection and comfort as well as much work in writing and reviewing material, establishing Asha's clinic, donating books and materials for fundraising to the Sisters program and training staff to provide culturally-competent services as well as enduring the many trips and meetings I must take in the furtherance of this work. I am ever thankful to God for the direction He has on my life. I thank the Lord Jesus Christ for His protection, love, mercy and grace.

Establishing Asha Family Services, Inc., is my charge in life. It is an awesome gift from God. Its survival and continual thriving are due to the assistance, investment, belief and support of many like-minded individuals, including: members of the Board of Directors of Asha Family Services, Inc., and past Board chair, Dr. Patricia McManus, for embracing the vision and continuing support, guidance and encouragement; the National Steering Committee on Domestic Violence in the African American Community for their encouragement, work and commitment to ending violence against women and children in the African American community. To Oliver J. Williams and Raven Mason (Resmaa) for support, training, education and their contribution of work in designing a non-traditional abuser treatment program for African American males. I thank an awesome staff at Asha for their tireless work and commitment to serve the community we love, in supporting one another as we strive for excellence and for making me look good.

I want to be clear that these pages reflect my thoughts, experiences and knowledge; I do not claim to speak for all African American women who are or have ever been victims. However, I am attempting to offer authentic experiences of many African American women – women like me. I continuously study, research and train for my work with African American women, men, children and families. Being African American alone does not qualify me to work with African Americans; we cannot all be lumped into the same group. To be effective necessitates my having an understanding of the heterogeneity of African American populations as well as the complex dynamics of violence and other life issues for African Americans. I do know that access to culturally-responsive services is important to many people of color. Conversely, not all people of color, including some African Americans, respond to or accept culturally-relevant services. This work has indeed been a grand learning experience.

It is my hope that other domestic abuse programs and agencies that are currently developing or would like to develop culturally-responsive programming will find useful information and strategies within this document. I welcome you to share our evolution and view the work in progress at www.ashafamilyservices.com.

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NEED FOR CULTURALLY-RESPONSIVE SERVICES

Asha Family Services, Inc., (Asha) was the first and is the only domestic abuse program in Wisconsin specifically designed to serve the needs of African Americans. Asha is a community-based, private, nonprofit organization governed by people of color committed to providing effective, comprehensive intervention services and prevention efforts to persons and families affected by violence in their homes. Guided by the notion that the most effective methods for increasing the safety and self-determination of women of color are grounded in the social, political and economic realities of their community, Asha has been in the national forefront of supporting and promoting culturally-responsive strategies.

Located in the heart of Milwaukee, WI, Asha's service area and surrounding communities are among those with the highest number of reported cases of domestic violence. This area is also home to very low- and moderate-income African Americans and other communities of color. Violence is often experienced within the context of multiple, complex and competing life issues. For many, domestic abuse is but one on a list of many life issues African Americans are dealing with at any given time. As such, Asha's service development over the past decade has been led by victim-identified priorities that include alcohol and other drug abuse, mental illness, poverty and welfare system changes, and women who have histories of abuse yet also have involvement with the criminal justice system. Dealing with domestic abuse and victimization will often come in through the "back door" of providing for other victim-identified needs.

Many African American women who are abused will not seek redress from abuse via traditional domestic violence programs. African Americans and other communities of color often believe traditional program services are based largely on the values, beliefs, culture and worldviews of White, middle-class women. They work well for the population they were created by and for, but African Americans are different from their

White counterparts in many areas. While they may share the common experiences of violence, their perceptions of, responses to, and needs can be very different. Some of the historical philosophies and service approaches that have guided domestic abuse programs have not been effective when working with many women of color. Asha was formed to offer these women another option – a comprehensive, integrated system of support provided by women who share common ancestry, experiences, culture and spiritual practices.

Violence is often experienced within the context of multiple, complex and competing life issues. For many, domestic abuse is but one on a list of many life issues African Americans are dealing with at any given time.

NEED FOR SEXUAL ASSAULT AND DOMESTIC ABUSE SERVICES IN MILWAUKEE

The need for culturally-relevant services to women experiencing sexual assault and domestic abuse in Milwaukee is significant. The U.S. Census Bureau (Census 2000 Summary) estimates the Milwaukee population to be 596,974, with the highest number of African American female-headed households in the state living in or around the city. In fact, 70 percent of Wisconsin's African American population, or 37.3 percent of the total Milwaukee (city) population, make up this community. Recent statistics on sexual assault and domestic abuse incidents filed with the District Attorney's office show the following:

Sexual Assault Cases

During 1999, the Milwaukee County District Attorney's Sensitive Crimes Unit reviewed a total of 964 reported cases of sexual assault. Of those, 849 were female victims and 115 were males. Racial breakdown of the total number includes:

☒ White	.419
☒ African American	.439
☒ Hispanic	.89
☒ Asian	.13
☒ Native American	.2
☒ Other	.2


The data further indicated that, based on total reported sexual assault cases, 93 percent of victims knew their perpetrator and 97 percent of the assaults were perpetrated by a single offender in each assault. A majority (61.9 percent) took place in the home of either the victim or offender. The Milwaukee County District Attorney's Office Sensitive Crimes Unit indicated that the number of cases reviewed annually has remained fairly constant with 854 reported cases in 1998, 964 cases in 1999 and 924 cases in 2000. Advocates know that the number of cases reviewed and reported does not accurately reflect the reality of what is happening locally, statewide or nationally.

Sexual assault counseling services offered by Asha are a vital and necessary program component. This need was first evident in 1994 and again in 1998 as Asha interviewed all of its female clients and found that a majority (over 80 percent) had suffered some type of sexual assault that went unreported. More than 60 percent of clients who disclosed an incident further indicated to advocates and case managers that there had been multiple incidents of rape or other sexual assaults that had occurred during childhood and again, as adults, that went unreported.

Domestic Abuse Cases

In 1999, the Milwaukee County District Attorney's Office reviewed 9,277 new cases of domestic violence for criminal charges (Domestic Violence Complaint Unit Report, December 1999). Charges were issued in 60 percent (5,585) domestic violence cases, and charges were not issued in 39 percent (3,599) of the cases – no criminal prosecution was pursued through the legal system. Of the total cases reviewed by this office, the breakdown was as follows:

- ☒ African American females5,203
- ☒ Caucasian females2,608
- ☒ Hispanic females61
- ☒ Native American females31

 **Note:** The remainder of this group included: men, respondents who identified as “unknown race” and a small percentage of victims who identified as Asian, Native Hawaiian and other Pacific Islander.

Based on these numbers, African American females constitute a significant proportion of persons who seek recourse within the Milwaukee justice system. Again, advocates know these numbers only begin to tell the story. The numbers don't indicate, for example, what happens to the women who make up the 39 percent of cases where charges are not issued.

Restraining/Protection Orders

Restraining or protection orders are part of the responsibilities of the Milwaukee-based Task Force on Family Violence. In 1999, the Task Force assisted 3,941 people with filing restraining/protection orders. Of that total, approximately 84 percent were female and 16 percent were male. Data indicated the following profile:

- | | |
|--|------------------------------|
| ☒ 1,735 African American females | ☒ 312 African American males |
| ☒ 1,114 White females | ☒ 285 White males |
| ☒ 302 Latina females | ☒ 48 Latino males |
| ☒ 41 Native American females | ☒ 5 Native American males |
| ☒ 26 Asian females | ☒ 7 Asian males |
| ☒ 66 females who either chose another category or whose race was unknown | |

The seeds for Asha's formation were planted during the late 1980s when the Executive Director was then working as a legal advocate for the Task Force on Family Violence. Working with many African American women who were coming into the Courthouse office to file restraining orders, she was finding that this group constituted the highest proportion of victims who did not follow through with the process. She began to ask women why this was occurring and, in addition to more familiar responses – “He said he was sorry” and “He was drunk and is alright now” – a number of women responded with “I file this piece of paper and then what? It won't protect me. You want me to hold him accountable but then who's going to help me find housing or feed my kids?”

BARRIERS TO TRADITIONAL DOMESTIC ABUSE SERVICES

African American women refer to multiple barriers in using traditional domestic abuse services. Those listed below are not new or exhaustive; they have been cited by African American women for many years and continue to be seen by many as obstacles today.

Racism and Discrimination

The history of pervasive racism and discrimination against African Americans has resulted in a general fear of mistreatment and an overall mistrust of systems, including criminal justice, welfare, social services, political, etc. Many African American women view traditional domestic violence services as extensions of a system that has sought to keep them in an oppressed state. That mistrust extends to individuals who are deemed to be part of the “system.” Domestic abuse agencies historically have been run by White women and are often viewed as connected to the systemic oppression responsible for allowing disparity and discrimination against African Americans and other groups of color. If an agency has not instituted policies and practices to mitigate the effects of this, or engaged staff in training to become culturally competent, then they are perceived as perpetuating the class differences where White-controlled agencies provide services to the Black “have-nots.”

“Understanding racism and its profound impact on economics, culture, family, psyche and the spirit of African Americans is vital to providing mental health and other like services to African Americans.”

Dr. David Satcher, U.S. Surgeon General, 2001

Both African American women and men are taught to be leery of governmental and social service systems. Police and other elements of the criminal justice system traditionally have not been friends to African Americans. When a Black woman calls the police and participates in the prosecution of her batterer, it is frequently seen as being disloyal and deliberately placing a partner in a system that holds a dim view of both of them. Many, if not the majority of African Americans, see continuing discrimination and racism occurring today. Courts, jails and prisons throughout the country are filled with higher percentages of African Americans even though they make up a far smaller portion of the population. The current

practice of racial profiling is a good example of systemic racism. A study conducted by the American Civil Liberties Union illustrates the dangers of racial profiling by exposing a phenomenon that has come to be called “DWB” or Driving While Black. While African Americans make up 16 percent of all drivers nationally, they constitute 74 percent of the drivers stopped by police. The mistrust many African Americans feel continues to be fed by revelations like these.



Different Cultural Beliefs

According to a number of African American scholars and sociologists who study the cultural dynamics of African Americans, many African Americans are not comfortable fully self-disclosing when they come to an agency for help where counselors, therapists and staff are not like themselves. They know their own life experiences, opportunities and worldviews are often not the same as people from other cultural backgrounds. Issues such as language barriers and misunderstanding a victim's perception of what she experienced, different beliefs about parenting styles, importance of the extended family network and others further contribute to a sense of alienation. (Citations for various authors works are contained in the References on page31).

Failure to Recognize Life Context

Traditional program approaches frequently fail to encompass the larger context in which African American women experience violence. Violence may be one issue on a list of many that African American women are coping with at any given time. Some do not even rank it as the most important; generational cycles of abuse in families and communities have served to normalize some of these behaviors. The failure to understand the context of African American intimate partner violence (her reality) then results in the omission of content when attempting to serve the needs of this population. These omissions most often result in not being able to provide the connectedness necessary for healing. Dr. Carl Bell, a psychiatrist specializing in culturally-specific treatment methodology for African Americans, asserts that to develop a genuine relationship with the victim of partner abuse, a healer must be both welcoming and thoroughly familiar with the context in which the victim and perpetrator exist. To be truly responsive to the needs of African American women, the healer needs an understanding of the experience as the victim experiences it and not the way a provider may mythologize it based on faulty perceptions.

Lack of Comprehensive Services

When there is not recognition of the many competing life issues that may be present in a woman's life, providers do not address or make additional options available to women for dealing with them. It has been Asha's experience that rarely does domestic abuse present as the only issue in the lives of women that come to us. Failing to meet other needs, particularly health-related concerns, including reproductive health and mental health issues such as depression and anxiety, will impact the effectiveness of services.

Alcohol and Other Drug Abuse Problems

A woman and/or her abuser may have involvement with alcohol and illegal substances. Many domestic abuse programs will not extend services to women with alcohol and substance abuse problems. Because of an addiction, her name may be flagged and she may not be permitted to come to a shelter program or return to a shelter program due to prior substance/alcohol use.



Victim-Based Focus

Throughout the country, a majority of domestic abuse programs are based on traditional feminist philosophy and beliefs. This is not the basis of many African Americans' belief systems. For many African American women, it is problematic to accept "victim-focused" services that exclude her partner and children. The practice is to put "him" in jail, adding to what some perceive as further destruction of Black families and his becoming immersed in the criminal justice system, further limiting his options. Asha's experience with African American women dictates the need to include "him" in separate services that are not necessarily punitive but informational and educational – there has to be something more than just punishment. Therefore, not separating sisters from brothers was a decision Asha made from its inception.

Dr. Oliver J. Williams, Executive Director of the National Institute on Domestic Violence in the African American Community, states, "You cannot talk about "his" issues to the exclusion of "hers." Deal with it in a dichotomy – a blended approach. Recognize issues associated with Black men and Black women. Both are important."

...not separating sisters from brothers was a decision Asha made from its inception.

Religious Exclusion

A common thread that also runs through many traditional programs is to exclude any religious overtones or references. Many people believe mainstream religion has responded dismally to domestic violence. While that sentiment has also been expressed within the African American community, many African Americans have been raised to value and sustain a deep sense of connection to their God – a connection that goes beyond any one practice or philosophy. So as not to be seen as a religious fanatic or crazy, an African American woman may not share or practice her religious customs or faith tradition – practices which give comfort and strength to many.

Lack of Access to Services in Her Community

A women will seek help first from those she trusts – family and friends in her community – who may or may not, depending on their awareness and understanding, make the situation worse. Without additional places for her to turn for help beyond the familial network, she remains stuck and isolated in a situation that can turn lethal.

ORGANIZATIONAL DEVELOPMENT

Mission

Through its mission statement, philosophy, services and approach, Asha strives to meet various needs that exist within communities of color, recognizing the importance of shared cultural values, history, language, experience, traditions and spirituality of people of color. Since 1989, program goals have focused on facilitating safety, healing and empowerment for individuals and families, as reflected in Asha's mission statement.

Asha Family Services also believes in the provision of a continuum of care, not only for the transformation, restoration and empowerment of injured families, but also for a range of clientele, including persons at higher risk for HIV infection and other communicable diseases, mental health and substance abuse outpatients, and those incarcerated and transitioning back into the community. A healthy and vibrant community is a reflection of the strong, healthy, vibrant and resourceful families residing in it, and Asha is committed to promoting this positive symbiotic relationship.

Philosophy

Asha Family Services proceeds from the assumption that the total person – mind, body and spirit – must be recognized and attended to for restoration. Therefore, Asha's approach is holistic, meaning an individual is not assessed on the basis of a single issue, but by the unique combination of circumstances and needs that each presents.

Asha operates from a “spirit base” and men and women are encouraged to connect or reconnect with their own spirituality as an important component in the recovery and healing process. Religion and spirituality are not necessarily viewed as the same and may or may not be connected. Religion centers on a formal doctrine and structure and is institutionally-based with spiritual aspects. Asha's philosophy embraces spirituality that is not based on a particular doctrine or set of practices, but is focused on the transformation of an individual's spirit as the vehicle that leads to individual change, connection, wholeness, personal meaning and depth.

Asha Mission Statement

Asha Family Services, Inc., believes in the preservation and strengthening of the African American family. To this end, we are committed to the provision of a spiritually-based, holistic and culturally-responsive service designed to end violence against African American women and children specifically, families of other communities of color and all families in general. Our belief is that in order to adequately address family violence and promote healthy living, we must treat the abuser as well as the abused.

Structure

■ STAFF

At this writing, Asha employs a staff of 32 people whose backgrounds, training and skills provide for an authentic understanding of the community they serve. The current staffing pattern includes 10 victim advocates/care coordinators; six abuser treatment staff; nine licensed clinical staff (including those who hold Ph.D., M.D., M.S., M.S.W., C.A.D.C.III and B.S.) who specialize in treating domestic abuse and sexual assault victims, provide mental health counseling, alcohol/substance abuse treatment, and HIV/AIDS education and counseling. Asha holds a State of Wisconsin license for outpatient mental health and substance abuse treatment. Additionally, there are five staff positions dedicated to providing children's services and six administrative personnel.

■ LOCATIONS

Asha is housed in two separate community-based offices – the administrative offices and the Community Care Center. Both are located on a main artery of the city that offers easy access for clients. In March 1998, two additional outreach offices were established through a subcontract with an agency responsible for implementing Wisconsin's Welfare-to-Work program and are located in Milwaukee's central city as well.

■ CLIENT BASE

Asha's total client population in all programs was approximately 4,500 in 2000. Asha annually provides direct services to over 3,000 individuals impacted by domestic abuse and that number continues to rise. During 2000, a majority (90 percent) of the client population was African American women living in female-headed households with household income at or below the federal poverty guidelines for extremely low or very low income levels. In 2001, this group comprised 75 percent of Asha's total client base and 25 percent were identifying as Caucasian, American Indian and Latino. This change was due in part to the development of a culturally-specific group for Native women and an intensive expansion into several women's correctional facilities in the state. Positive word-of-mouth affirming Asha's work within these facilities has prompted women from other racial groups to join various programs at Asha. However, African American women constitute 95 percent of those who participate in the Welfare-to-Work program.

ORGANIZATIONAL HISTORY

Asha began its formation in 1989 and was first known as the Asha Women of Color Project. The current Chief Executive Officer envisioned it as an outgrowth of both her own experiences as a formerly battered wife and from working with many other African American women searching for help with issues of domestic abuse. Initial guidance for this endeavor came from a former instructor and advisor at the University of Wisconsin-Milwaukee and other academics and businesswomen soon joined him. This loose-knit advisory group offered tremendous guidance and support during the initial challenges of creating this organization that was envisioned to uniquely serve the needs of African Americans. Asha was first housed in a small cubicle of donated space from the 20+ year-old Harambee Ombudsman Project, an African American-governed, community-based housing program.

The first grant was received in 1991 from the City of Milwaukee Block Grant Administration and was used to hire two victim services advocates to work with a client base that quickly grew to over 70 women and 40 children. Proposal content for program and service development came from the women who were involved in the Women of Color support groups – the first service component of Asha that later became known as **Sister Circles**. The initial intent of the Asha Women of Color Project was to develop a multi-ethnic organization where women of color would develop and administer their own services. Therefore, including battered and formerly battered African American women in every decision around programs and services, as well as the policies and philosophies that would guide this developing agency, cannot be overstated.

The need to build a strong, highly visible case for the unique needs of African American women and families was the driving force behind most activities during those early years of development. After many years of increasing pressure to allow communities to develop their own programs and services, national, state and local leaders were finally beginning to recognize a community's right to self-determination. Within the domestic abuse field, there was increasing recognition that women of color were not being well-served by existing providers. Coupled with scholars (although few in number at that time) whose work supported the need for culturally-responsive services, the stage was set for funding culturally-specific efforts such as Asha. It was essential to have Asha's representation at tables where policies, program standards and funding were decided; it was essential to have the realities of African American women who were battered and living with violence represented at the table. Staff networked tirelessly with individuals and agencies throughout Milwaukee and the state, making friends and allies and offering Asha's knowledge and tools in working with African Americans, as well as writing and speaking with city officials, state legislators and members of Congress.

Beyond building a political and public base for culturally-responsive services, there were challenges that came from traditional service providers. While some resistance was anticipated, staff were unprepared for the intensity of some responses. A crucial education campaign had to be waged among many colleagues, not just in Wisconsin but throughout the battered women's movement nationally, to raise awareness about how violence impacts women of color differently and calls for a different set of strategies in response. Programs perceived Asha's presence as a threat to their financial resources and feared they would have to split already meager funding with a new program. The phrase "unnecessary duplication of

services” was often heard as a way of justifying the resistance. Some felt the agency was infringing on their turf as they were already serving the population Asha was targeting. Asha countered that mindset – believing that services which provide safety and opportunity for women from communities of color, whether African American, Latina, Asian, Native American and others, must evolve from a different set of social, political, cultural and economic realities. They may look different from traditional programming. The intent was not to take away from existing services, but rather to offer women additional options for safety and assistance. Ultimately, Asha was supported by other domestic abuse agencies and always had the support of larger established African American agencies, including the Black Health Coalition of Wisconsin, which is comprised of dozens of older established agencies that focus on health care issues in communities of color.

In 1994, after five years of incubation at Harambee, the still fragile Asha Family Services opened its own doors. Additional funding and support was secured to stabilize our victim services, initiate the abuser treatment component and apply for nonprofit status. Many of the advisors during the first years agreed to formally sit as the governing body (on state and federal applications) as Asha prepared to incorporate as a nonprofit, 501(C) 3 organization. (Many of these individuals remain as board members today.) A mission statement was developed with a great deal of thought and care (see page 9). The new Board of Directors decided to favor the use

The new Board of Directors decided to favor the use of the term “domestic abuse.” For many in the African American community, domestic abuse encompasses not only the acts of physical and sexual violence, but also the long-term insidious effects of emotional and/or psychological abuse that women may experience whether or not they are physically injured.

of the term “domestic abuse.” For many in the African American community, domestic abuse encompasses not only the acts of physical and sexual violence, but also the long-term insidious effects of emotional and/or psychological abuse that women may experience whether or not they are physically injured. The Board and staff also indicated that Asha would provide a comprehensive, family-focused system of services – treating the abuser as well as the abused.

The President and CEO of the Milwaukee Women’s Center offered to provide fiscal services and administrative guidance. This

partnership with the largest domestic abuse agency in Wisconsin was affirming in those early years. The linchpin was the ongoing education and mutual respect that developed between the two agencies. Through this effort, Asha expanded its collaborative involvement to include all domestic abuse and related agencies in the city of Milwaukee. For the first time, directors of the four domestic abuse agencies in Milwaukee (including Asha) began to meet on a regular basis to strategize, learn about each other, respect each other’s differences and discuss individual concerns. These efforts paved the way for better coordination of services that benefited all victims. In addition, all four agencies held voting seats on the Milwaukee Commission on Domestic Violence and Sexual Assault, an active, progressive coordinated community response committee. Over the years, several collaborative efforts came about through these partnerships as a result of new funding guidelines that encouraged participation with minority agencies and helped stabilize Asha’s funding base.

SERVICE DEVELOPMENT

The staff and Board view Asha's service design as fluid and ever-evolving responses to the lives of women and families in the community. Guided by the realities of the client base, the agency was led to places where other domestic abuse service providers had not gone. That often meant working with women in non-traditional domestic abuse service areas, including prisons, jails, drug houses, drug treatment programs and community-based agencies that were working with survivors of domestic and sexual abuse. Over the past decade, service development has been influenced significantly by the inclusion of three original components that have allowed staff to deal with abuse and victimization by going in through the "back door" of other victim-identified priorities. These include the correctional system, alcohol/substance abuse issues and welfare reform. The most recent component is the sex trade industry.

Correctional System

From the earliest days, Asha was concerned with the correctional system as it related to women who were victims of abuse and men who were perpetrators. Working directly with this population was a unique niche in the agency's service development. Experience showed that many of the female victims and perpetrators Asha was beginning to serve had pre- or post-incarceration issues. The discouraging reality is that African American men and women make-up the majority population in prisons and jails, even though constituting a much smaller percentage of the general population. As early as 1990, Asha's Director began to pave the road into the correctional system by offering support group services for incarcerated women who were identified by the State Department of Corrections as having a history of abuse. Now, over 10 years later, Asha's Corrections Care Continuum has evolved into a multi-phase project that includes onsite support group sessions for incarcerated women, support groups conducted at Asha where incarcerated women are transported one day per week (escorted by a corrections officer), and case management or transition services that assist women re-entering the community after their release. Asha also began inroads within men's correctional facilities. This contact was initiated at about the same time as it was made for the women, and informational and education sessions were delivered to groups of incarcerated men. Asha continues to provide educational classes to men on the impact of domestic abuse and its consequences to their children, partners, themselves and the community.

Alcohol/Substance Abuse Issues

The second major service inclusion was alcohol and other drug use/ abuse and sales. The large number of African Americans, who suffer chemical addiction as well as the sociological and economic conditions that invite or support addictive behavior, creates a heavy burden on communities already beset by racism, poverty and unequal access to resources. Many of the women we saw who were in abusive situations had histories of alcohol and/or substance abuse as well as histories of early childhood trauma. Many came from homes beset with violence and generational cycles of addiction. As children, many were sexually abused by family members or friends of the family. Getting a woman safe and out of harm's way is always the first order of business but it is difficult, if not impossible, to work with someone reeking of alcohol or clearly "high" on something. "Using" significantly impairs a woman's ability to make right (or better) choices for herself and her children. Staff could not begin to address the experiences of violence in the life of an adult woman without first addressing her use of

chemicals. This premise was equally applicable to the men Asha worked with. Efficacy in this work dictated a more comprehensive approach that would address alcohol and substance abuse as well as co-occurring mental health disorders. In 1995, Asha formally applied for a state license to operate a clinic staffed with qualified practitioners who could provide culturally-responsive drug abuse treatment and mental health services.

Welfare Reform

A third area that took on significant importance in the lives of Asha's clients and further expanded services was welfare reform. During the late 1990s, Wisconsin began instituting some of the most drastic and far-reaching changes to its welfare laws of any state in the country. The changes included in the Welfare-to-Work Initiative, or W-2 as it came to be known, caused panic in domestic abuse and other human service agencies. Not only were clients trying to survive abusive situations, but would now be expected to become self-sufficient within a rigid timeframe as part of this new law. Despair escalated for many poor African American sisters who were in emotional and physical crises. Many clients, and even some advocates, did not believe welfare assistance would be cut for recipients who failed to move into the workforce to support themselves and their children. Asha's case management skills had to include knowledge of complex laws and revised benefit eligibility criteria. One young woman comes to mind: At age 25, she was the mother of seven children by multiple fathers. Pregnant with her eighth child, she came into Asha after an assault by her current boyfriend. She refused to believe her welfare check would be halted. She was wrong. Through significant staff efforts, she was seven months into a job and going to school in the evenings by the time W-2 went into effect. This is a thumbnail sketch of the mammoth task staff had to take on as 95 percent of Asha's clients were on welfare at the time. Some women with education and work histories were successfully assisted in beginning school and/or finding eventual employment. Many qualified for childcare and food stamps, however, most still live below the poverty level.

During the initial launch of W-2, Asha was sought out for specialized service delivery by the largest W-2 agency in Milwaukee. Not having any track record or particular knowledge of a target population that was nearly 100 percent African American, this agency was looking for a subcontractor to provide specialized services to this population. In March 1998, in partnership with this agency, Asha launched SOAR – Solutions & Options Applied with Respect – that would address various “barriers to employment,” including domestic abuse, mental health and substance abuse/addictions.

Sex Trade Industry

The newest (and still developing) component to this effort is **Somebody's Daughter (SD)**. SD is designed to intervene and offer support to women involved in the sex industry. A woman may not be a mother, sister, aunt or wife, but she is Somebody's Daughter. The project provides street outreach and Asha anticipates establishing a home base right in the red light district where women can access help. SD will provide a warm, non-judgmental place that will offer victim support groups, substance abuse and mental health services, prevention information, HIV/AIDS and other Sexually-Transmitted Disease (STD) screenings and referrals, case management, systems advocacy and safe house access. Supported by clinical staff, SD is run primarily by reformed women who have left the sex trade industry. (See page 19 for more information on SD)

CURRENT PROGRAMS AND SERVICES

Over the course of the past 12 years, Asha has developed a range of integrated services for victims (women and children), male perpetrators and families. Asha's service delivery is driven by the identified needs of the community and a commitment to providing effective, long-term help for families experiencing violence in the home. Beginning with basic domestic abuse services, outpatient services and corrections outreach, increased funding over the years has allowed Asha to put a little more "meat" on the bones.

Sister Circles

Asha's "flagship" program is designed by and for African American women to provide a safe place to exchange ideas and experiences by helping eliminate fears and foster feelings of friendship, sisterhood and trust between women who share the same group ancestry. **Sister Circles** facilitate healing, self-development and love. Participants receive domestic abuse and sexual assault prevention information, safety planning and HIV/AIDS and STD information and referrals. Services are provided through peer support counseling, clinical staff counseling, systems advocacy and case management sessions that are tailored to the individual and her family. On-site childcare with meals and round-trip transportation is provided. Asha also hosts Sister Circle groups for incarcerated women.

Women are supported and encouraged not only to deal with life challenges but also to develop healthy and healing rituals. This includes such simple activities as regularly taking fragrant bubble baths by candlelight; appreciating the ministering properties of soothing music; reading and listening to inspirational materials; taking walks, meditating or communing with God; or just enjoying non-demanding "girlfriend" times with quality friends. An event that is roundly enjoyed is what staff fondly call "shopping the boutiques" – boutiques being thrift or second hand clothing/furnishing stores.

All of these activities are designed to foster a sense of self-worth and begin a process of empowering women to value themselves in a world that devalues their worth. For many injured individuals who crave soothing, these are good practices to promote as opposed to encouraging reliance on medications. They seem to be particularly effective for women transitioning from a correctional facility and women are given "pamper" gifts, such as bath salts, candles, perfume, make-up, hair products, deodorant and fragrant lotions.

[Sister Circles]...designed by and for African American women to provide a safe place to exchange ideas and experiences by helping eliminate fears and foster feelings of friendship, sisterhood and trust between women who share the same group ancestry.

Children's Advocacy Project

This Project provides direct services, advocacy, education, support and facilitation of healing for children who witness or are victims of family abuse. The goals are:

- ☒ to break the fear and isolation of children who experience violence and other abuses in the home
- ☒ to teach children how to protect themselves by developing safety and support systems
- ☒ to promote emotional and physical health as well as strengthening the self-esteem of children who are exposed to this kind of violence

For many children growing up in an environment of domestic abuse, Dr. Gloria Johnson-Powell contends: "Parental efficacy is difficult when the parents are in crisis. Children receive inappropriate models of interpersonal styles to emulate." The dangers for children are not just of physical abuse – intentional or in the line of fire – but they may also learn how to be a victim or a victimizer. They learn how they should treat their partners or how to expect to be treated. They too become anesthetized to the existence of violence. They learn to master the use of power and control. Many children exposed to family violence develop psychosomatic disorders such as stuttering, anxiety, fear, sleep disruption, bed-wetting and other social problems.


Ujima Men's Educational Program

This non-traditional, 24-week abuser treatment program was created by and for African American men. Program design and curriculum are specifically geared toward African American men who are experiencing problems with expressions of anger, conflict resolution and physical violence toward their partners. Men receive domestic abuse and sexual assault education as well as education on intimate partner relationships, substance abuse and HIV/AIDS/STD education and referral.

Ujima is an important part of the work at Asha. It is about African American men holding African American men accountable for their abusive behaviors. The primary goal of Ujima is to keep women and children safe and out of harm's way. Ujima also addresses the unique daily issues faced by African American men. There are day, evening and weekend groups. Costs are based on a sliding-scale fee.

Brother To Brother (BTB) Fatherhood and Responsibility Program

BTB is both a stand-alone program and an aftercare program for Ujima participants. It is a resource designed specifically for self-development, relationship development (partner and children), parenting and healing for many African American males in their relationships with women, children and the community. Many African Americans lack a sense of their own worth and pride in their heritage. It is not uncommon for many to have internalized the sense of inferiority with which the larger society historically has viewed them. It should not be surprising that the potential of many of those abused as well as the abusers has not been adequately developed. Until an understanding is nurtured in each individual as to who they are, what they are capable of doing for themselves, their family and their community, and



ways to effectively interact and communicate with their partners and the larger society, attempts to treat other problems will not be as successful.

BTB facilitates accountability and responsibility for men to their children, their partners and community. It is a support and educational resource where individuals find training, guidance, information, education, spiritual development and a camaraderie which fosters a sense of friendship, brotherhood and trust between men of their same group ancestry. BTB is spirit-based and focuses on moral correctness that has no label.

Ujima Jr.

Ujima Jr. is an “alternative to aggression” course for African American males between the ages of 13 and 17 years old. This 16-week course is designed to promote emotional competence, including the expression, understanding and regulation of emotions, such as anger, as well as alternative thinking strategies. Ujima Jr. provides training, instruction and education in the areas of self-management, social interaction skill development, substance abuse, HIV/AIDS and other STD education and information, healthy/non-abusive male/female relationships and identification and alternatives to abusive/controlling behaviors. African American men teach and hold African American boys accountable.

Family and Individual Case Management

Care-coordinators and advocates provide intense case management that includes in-home services for victims. Case managers assist families in accessing services as well as managing case plans and monitoring progress. Staff provide direct assistance with housing and relocation as well as employment, computer skills development, emergency food and basic household needs.

HIV/AIDS Community Outreach and Education

Outreach workers, known as Disease Intervention Specialists (DIS), aggressively seek, locate and engage individuals within the African American community who are at higher risk for HIV infection. Through trust, genuine concern and strong connections, workers are effective in getting individuals to immediately test for their HIV status. DIS workers provide direct support and assistance with referrals for treatment and counseling. They also provide education and training on HIV/AIDS and other STDs in schools, agencies and churches throughout the community.

Outpatient Mental Health/Substance Abuse Treatment Clinic

Asha’s state-licensed outpatient mental health and substance abuse treatment clinic is housed independently from Asha’s main administrative offices. It is located within our Community/Customer Care Center in a community-based location that is easily accessible to the target population. Located on two major bus transit routes, this center houses all client-services as well as offers integrated access to a pediatrician, medical doctors, ob-gyn care, an employment agency and clothing bank. Clinic staff specialize in providing family, group and individual counseling, substance abuse treatment, mental health treatment, anger and stress management, sexual assault counseling and perpetrator treatment for youth and adults. Staff assist program participants in prioritizing needs based on their immediate concerns, provide them with options they may not have considered or known of, and support them in their choices.

The clinic receives referrals from internal agency programs, word-of-mouth, Milwaukee County Social Services Mental Health and Substance Abuse, Children's Court and other community agencies. Clinic fees are paid by the referring agency, grants, insurance and self-pay. Domestic abuse victim services for women and children are free.

Community Outreach

Presentations and workshops are made to schools, churches, agencies and businesses regarding the complex issues of family violence and working with African American populations.

Corrections Care Continuum (CCC)

The corrections outreach program has evolved into a continuum of services for incarcerated women. They include the following:

■ SUPPORT GROUPS

While incarcerated, Sister Circle support groups are offered as confidential places for women to exchange ideas and experiences, help eliminate fears and foster feelings of friendship, respect and trust between the women and better prepare them for re-entry into the community. Sister Circle members may problem-solve and explore issues including past domestic abuse and sexual assault victimization, substance abuse addictions, grief, anger, guilt and parenting via spiritually-based peer support counseling with trained personnel. It is hoped that group members will be able to rely emotionally on each other as sources of positive focus, support and encouragement during their time of incarceration. Primary goals include:

- ☒ to focus on productive use of their "time" and decrease negative behaviors and attitudes
- ☒ to facilitate self-development and healing
- ☒ to better prepare women for re-entry into their community

It is hoped that group members will be able to rely emotionally on each other as sources of positive focus, support and encouragement during their time of incarceration.

Group members develop a sense of responsibility and accountability to both themselves and other group members.

Internal groups may meet once or twice a week for one to two hours per session (evenings and/or weekends). Asha provides staff on a biweekly basis to co-facilitate groups and also works to develop group facilitation skills with selected inmate participants so groups can be held during the alternate weeks. In-custody groups are established and maintained with an open-ended curriculum, allowing the free entry of women throughout the duration, and are never in conflict with Department of Corrections or prison security, policy and procedures. Asha currently works within three state facilities for women, each within a two-hour drive. Family violence education groups also are conducted on a regular basis for incarcerated men.

■ **POST-INCARCERATION CASE MANAGEMENT SERVICES**

A second link in the continuum provides case management services for both women and men who are released. This is designed to facilitate a smooth and supportive transition back into the community and family. CCC serves as an after-care program for ex-offenders who have completed treatment programs while in custody.


■ **SOMEBODY'S DAUGHTER (SD)**

The third and newest component of the CCC focuses on street outreach for women involved in the sex industry, retail theft and drug use. The intent is to increase the types of supports that will assist these women and prevent incarceration or reduce recidivism. SD utilizes reformed prostitutes, drug abusers and other women with like experiences to provide outreach, support and offer women a way out of the streets. Asha is currently collecting information from incarcerated and recently-released women who have histories of such activities to gain information about their experiences. Examples of typical questions include: "Say you are out for the evening, working the streets, but wishing things were different for you. If you knew of a place in the red light district (or on the stroll) that was offering ongoing help to individuals in your business, what would it take for you to go in the door?" "What would it need to offer?" "What information or supports do women in these circumstances need?" Women who are incarcerated will frequently cite the fact that when they were in crisis they had no one to call.

SD is staffed primarily by advocates and reformed women, who have left the sex trade industry, joined by appropriate clinical staff. It is designed to operate during the evening and night hours. Security and support is provided by the Brothers Against Domestic Violence (BADV), a nonprofit, bodyguard organization that also provides home security assistance and safe escort for women going to court and other needed services. BADV is an outstanding rising new organization whose mission is to keep women and children safe. (BADV is being housed and incubated at Asha Family Services, Inc.)

Solutions & Options Applied with Respect (SOAR)

SOAR provides a one-stop service center for Welfare-to-Work (W-2) job seekers in partnership with a Workforce Development agency. Experienced and highly skilled clinical staff provide assessments, individual and group counseling on domestic abuse, mental health and substance abuse treatment to job seekers who are experiencing barriers to employment. Staff provide systems advocacy for SSI, disability and other benefits. SOAR Staff additionally provide training to W-2 staff on the complex issues of family violence in the lives of job seekers and on using screening tools to better assess job seekers for histories of domestic abuse and substance abuse/addiction.

 **Note:** Asha retained an office in the Domestic Violence Unit of the District Attorney's Office for many years. Opened in 1993, the office served victims who were seeking assistance from the District Attorney's Office and the domestic abuse courts. In December 2000, the difficult decision was made to close in order to redirect staff time and resources to respond to a rapid increase in victim calls, crisis calls that were coming from medical personnel at community clinics, and an increased need for victims services within the corrections outreach program.




Working with Pregnant Women

The heightened vulnerability of pregnant women is a particular concern for providers as increasing research continues to spark concern. An article that appeared in a 2000 newsletter published by Sojourner Truth House, a domestic abuse shelter program, raised serious concerns over the high rate of infant mortality from low birth weight reported by women using shelter services. The Black Health Coalition of Wisconsin (BHC), led by Executive Director Dr. Patricia McManus, has been at the forefront of statewide research, long recognizing the inter-relatedness of domestic abuse and birth outcomes. BHC has researched the very limited or non-existence of prenatal care accessed by many African American women and provides funding to support direct services to prenatal and postpartum women.

As a recent partner in a BHC research grant, staff at Asha are able to screen for a variety of physical and mental health problems, including pre-and postpartum depression for women incarcerated in the Milwaukee County Jail, as well as every pregnant women who is participating in a program at Asha. Staff also conduct mental health and substance abuse counseling groups with women in the jail.

There are many indirect negative health effects from abuse during pregnancy including: extreme stress, inadequate prenatal care, complicated obstetrical and gynecological histories, depression, suicide attempts and substance abuse. Eating disorders or poor weight gain during pregnancy are relatively common among the abused women seen by Asha's clinical staff. Although some studies report a decrease in the use of substances during pregnancy, some African American women who are abused show increases in the use of substances, often a combination of substances. The use of tobacco may increase as well as alcohol, crack cocaine and/or marijuana. Although the majority abstain, some pregnant clients of Asha report that they increased their use of substances or started reusing substances after episodes of abuse as a way of self-medicating the pain of hopelessness and being in an abusive relationship. For most of these women, substance abuse started in their youth. Many report not being able to accurately assess their substance use and staff believe this is due in part to existing in a crisis situation and the accompanying depression. Asha's experience, however, is that the women who increase their substance use tend to be in the minority and most pregnant women with support do abstain from the use of harmful chemicals during pregnancy. For African American women who abuse substances, this is different. Where there is an addiction, there are often episodes of "use" throughout their pregnancies. This may be true for other populations as well.

 **Note:** This is Asha's experience, we do not know if this holds true for all or most pregnant African American women who use substances.)

Other factors such as poverty, poor housing, lack of education and access to medical services may contribute more to the overall high incidence of low birth weight births (BHC Infant Mortality Research). Currently, BHC is looking at the outcomes for African American women who experience abuse while pregnant.

REACHING OUT TO COMMUNITIES OF COLOR

Assess Community and Agency Readiness

Until a community's isolation and denial is broken down and there is access to information and services that are appropriate and effective, a victim may not receive any long term healing and redress. To assess and determine the needs that are of most value to a community requires the development and/or use of specialized "tools." There are different community and individual assessment tools that are available through bookstores, libraries, universities and resource centers as well as on the Internet. There is no need to re-invent the wheel as existing resources can be tweaked and massaged to fit particular needs. Developing any tool to assess for victim services must include input from advocates and victims alike.

Several factors should be considered even before initiating a formal assessment process:

- ☒ Can you clearly define who you are developing services for?
- ☒ Are you considered a trusted resource by the target community, e.g., do you have a track record of other service provision, are you seen as part of the community, or are you thought of as an outsider?
- ☒ Who is providing input on the design of such services?
- ☒ What are you intending to provide for the community?
- ☒ What will the community gain?
- ☒ What do you expect in return from the community?

Identify Allies

Anticipate and be prepared for resistance or obstacles that will come from other service providers. It will help to identify potential friends and allies in the community who are willing to work with you. For example, Asha is connected and/or affiliated with the largest African American service providers in the city of Milwaukee, as part of the African American Service Providers Alliance. Relationships are continually nurtured with individuals and agencies that also interface with Asha's client population, e.g., Child Welfare Bureau, W-2 agencies, Department of Corrections, local clergy, various health services, county and city governments and their subcontractors. Many of the CEOs and executive directors of networking agencies, as well as African American governed agencies who make up the Alliance, have become allies, friends and partners.

Promote a Coordinated Community Response (CCR)

Service design must have the community involved at the planning stage. For domestic abuse service development, a CCR network/team is an important way to go. After making contacts and networking, invite all the "players" to the table, including existing providers, formerly battered women, community-based agencies, police, representatives from the District Attorney's Office, judges, probation and parole staff, clergy, legislators and public officials, leaders from the target community, businesses, child welfare agencies, mental health and health providers, school representatives and public defenders. There may be other important partners to include in your jurisdiction. Invite everyone to the table and allow them the option of self-selecting out. (Make certain, however, that the target community has a majority representation at the table.) This method casts a wide net and will lessen the chances of

tokenism, whether actual or perceived. It also provides a comprehensive picture of the opportunities and challenges. Conduct meetings in the target community and be mindful of the particular gathering customs, such as food and timeframe. Do not be swayed into promising more than you can deliver and do what you say you are going to do.

Plan for a Long-Term Commitment

The impact of incorporating culturally-responsive services into an existing program could constitute another paper. Suffice to say that this endeavor will greatly impact an agency's existing services and personnel. There is no quick and dirty way to expedite it or hurriedly throw together a "culturally-responsive" project and expect it to become an effective part of your program. Efficacy in service delivery demands planned and focused strategies. It is a commitment that will cost time, money and may mean relinquishing some degree of power and control to make space for additional ideas, worldviews, philosophies, etc.

Some initial questions to start the internal dialogue may include:

- ☒ What is your agency really about?
- ☒ What role have you played, not just in oppression, but in the exclusion or isolation of the group you wish to develop culturally-specific services for?
- ☒ How does this population view you?
- ☒ How do you view them?
- ☒ Where do agency staff and board stand on issues of race and racism? (This will need to be addressed as an on-going process.)
- ☒ Are you really the best entity to do this work?

Depending on the answers to these questions, the best course of action may be to partner with or support a more appropriate group to provide culturally-responsive services.

Strive to Become Culturally Competent

Asha's origin is within the community it serves; however, when an agency is not, the entire organization must take steps to become culturally competent. Educate staff and Board to the history and culture of the target group, including the various subgroups and cultures that are part of the larger group. Work from top of the agency down in assuring a balanced number of individuals are on board who both reflect the target population and have decision-making power. As stated earlier, all African Americans cannot be lumped into one group. Simply being African American does not guarantee that an individual can work effectively with or represent other African Americans. Ethnicity alone does not make for a good advocate or competent counselor with other people in the community. Individuals need training and education and this is true for all communities of people.

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DESIGNING AND DEVELOPING CULTURALLY-RELEVANT SERVICES

For agencies that undertake the challenges of starting or designing a program to incorporate culturally-responsive service delivery, there are some basic philosophies and strategies that will acknowledge and respond to some of the differences between cultures. The following recommendations are based on Asha's experience and work with literally thousands of African Americans over the past decade and are also supported by the available literature (although limited) that is specific to serving African American families.

Environment/Culture

One of the first things to consider is the physical location and the environment where participants will come for services. Ask the following questions: Is your agency located within the target group's community? Many people of color lack access to services in their community. Are you situated on or close to a main bus line for those who rely on public transportation? Is your facility clean, warm and inviting? Are the walls painted with soothing, healing and quieting colors? Are the chairs comfortable? Is the art or other information on the walls of the office reflective of your clientele? Materials on display should reflect the philosophies and values of an organization. Is the structure of the office conducive to private and confidential conversation? A former employee of Asha volunteered her time and shared the expense to decorate common areas, group rooms and offices with beautiful fabrics, plants, statues, flowers, wall hangings, draperies, books, pictures, rugs and candles – all for the comfort of our special visitors. Attention to detail in creating an inviting environment tells clients they are valuable to you. People entering Asha offices are greeted with warmth, dignity and respect. There is a separate children's area where program staff attend to the children of women coming in for appointments, as well as "walk-ins" who are looking for someone to talk to. Food such as sandwiches, soups and cereal are always on hand and available to women and their children.

Attention to detail in creating an inviting environment tells clients they are valuable to you. People entering Asha offices are greeted with warmth, dignity and respect.

Representative Staff and Board

It is essential for providers who serve a large minority population to assure that their staff reflect those they serve. This is just as important for the governing body and administration of the agency that will set policy for these folks. The organizational leadership must actively seek out and recruit staff and Board members who are able to represent authentic realities of clients and their varying needs. Without this understanding and input, programs cannot begin to create appropriate responses.

Woman-Defined Advocacy

Service providers must allow the client to identify the priorities in her life. For domestic abuse victims, the priority may not be the violence. This community has learned to live with varying levels of violence and, depending on the particular environment, has learned to normalize it. Issues she may prioritize instead could be safer or better housing, concerns with her children, employment, substance abuse, her partner needing help, pending legal matters, incarceration, etc. Providers may have to deal simultaneously with multiple issues that are occurring in her life, not just one issue. In essence – hear what women are saying and respond to it.

Respectful Interactions

African American women may place different emphasis and meaning on certain types of behaviors that will be viewed as either respectful or disrespectful. Sensing a lack of respect will stop any effective connection immediately. Be mindful of voice tones and never raise your voice to a client or discuss any part of a person's situation with other people around or within earshot. Never demonize or dehumanize a woman's partner, relatives or others. Remember that this society has a very low opinion of the partners of African American women and they are painfully aware of this impression. Focus on her. Let her know "Your safety is a concern"; "You don't deserve that"; "You are valuable"; "You have a right to feel safe in your home"; "It is not okay to be abused"; and "Let me share what is available, how it works and you can let me know what you want to do."

Dr. Peter Bell and Dr. Francis Brisbane, founders of the Institute on Black Chemical Addiction and writers of culturally-specific methods for treating African Americans, suggest that when working with African American female victims, do not display pity and do not lean heavily on sympathy. Many African Americans view pity and sympathy from the dominant society as patronizing and will become passive and not participate. Others will see it as an opportunity to manipulate the process to get what they want.

Dr. Gloria Johnson-Powell (1999) states that providers must become "competent." Johnson-Powell says in order to become clinically competent, one must become culturally competent. To become culturally competent means becoming involved in the ongoing practice of acquiring education, training and understanding of the population being served and to value and respect differences within and between groups of people. She states that:

- ☒ ethnicity is vital to each individual
- ☒ knowing yourself is essential to the treatment of others
- ☒ understanding diversity within groups is critical

Religious Tolerance

Do not mistake an African American's reliance on religion as being obsessive or fanatical when it is not. Religion plays heavily in the lives of many African Americans. Service providers must support and make space for women who rely on religious and spiritual practices.

To become culturally competent means becoming involved in the ongoing practice of acquiring education, training and understanding of the population being served and to value and respect differences within and between groups of people.

Effectively Responding to Cultural Dynamics

Many of the women Asha works with have chemical dependency issues or are in some stage of recovery. An increase in the use and abuse of substances may well have become a way for an abused woman to cope with what is not going well in her life (although many began abusing substances long before they met the individual who is currently abusing them). If counselors and other staff are not familiar with cultural dynamics, the ability to deal effectively with this group of women can be easily compromised. For example, participants may say “Black folks (men/women) do that this way” or “It’s a Black thing” or “Black folks don’t do that,” etc. These are the kinds of excuses that someone not familiar with particular cultural conventions may accept as being true. This allows participants to avoid treatment and fall back on excuses to justify not participating. Dr. Bell asserts that the way to address this behavior is by first becoming familiar with and understanding the cultural issues that surround clients. Counselors who understand and are familiar with the context of their clients’ lives will be better able to make objective assessments and determine the extent to which they are real or being used as excuses.

Differing Help-Seeking Behaviors

Recognize that African American women may exhibit different help-seeking behaviors. Systems can and do re-victimize Black women often because of their responses to violence. Many African American women do not display stereotypical behaviors. Fear, loss of control and feeling trapped will often result in anger and withdrawal in many women. These responses, when not viewed as valid reactions to a chaotic and traumatic environment, perpetuate the angry, aggressive or violent stereotypes that traditionally have been played out through multiple levels of the media.

Help-seeking behaviors also include the practice of who one looks to and trusts for receiving information. African American women will rely heavily on family and close friends and positive word-of-mouth has been the most effective method for bringing women into Asha. Significant numbers of clients are walk-ins or referrals from women who bring their friends, daughters, sisters and other relatives. Survivors have also been sent to Asha by their partners, brothers or other family members who are incarcerated. Dr. Osei Mensah Aborampah, (University of Wisconsin/Milwaukee) details this process in his work on Black family structures. Many African American domestic abuse victims will first seek help from relatives, friends and churches. These sources can (and often do) say things to compound a victim’s dilemma. Church leaders, lacking accurate information, often do not understand the complex dynamics of abuse. Rev. Dr. Al Miles, author of *Domestic Violence: What Every Pastor Needs to Know*, also asserts that “Clergy people have often not been helpful in dealing with the problem of domestic abuse. While many women affirm the overall value of their religious faith, few say that spiritual leaders have supported their struggle to leave an abusive situation. In fact, several women have said their pastors’ responses have stifled their healing process.”

This indicates the need for significant outreach and education to combat the level of misinformation that exists within the community. Whether that misinformation comes from family, friends or church leaders, it ultimately results in increasing a victim’s sense of isolation and not seeking safety services elsewhere. This is where prevention efforts in the form of public education campaigns can serve to increase a community’s collective knowledge base that in turn will impact an individual’s decision-making process.

Mental Health Issues and African American Women Who Are in Abusive Relationships

Through clinical training, work with licensed clinicians and extensive experience, Asha believes that many mental health issues are similar for all women who are in violent relationships, regardless of race. However, for African American women, additional factors including denial and isolation (politically, economically and socially) compound and exacerbate this experience. Oftentimes, this population will present with dual diagnoses: clinical depression as well as substance abuse and/or other anxiety disorders. Mood and anxiety disorders are often misdiagnosed. Depression in African Americans may look more like anger than actual profound sadness, and domestic abuse providers will often focus on the visible anger or perceived resistance. In Asha's experience, many women present with "adjustment disorder" or "dysthymic disorder" – a low grade, long-term depression that includes mood disturbances (situational depression). Staff see women who present with both acute and chronic adjustment disorders, display marked distress in excess of what would be expected from exposure to the stressor, or show significant impairment in social, occupational or academic functioning. (These diagnoses are described in the Diagnostic Criteria from DSM-IV.)

■ EATING DISORDERS

Eating disorders (whether anorexia or over-eating) often go hand-in-hand with depression in many individuals; this is no exception for African American women. Women may report over- or under-eating, low energy, fatigue, low self-esteem, difficulty making decisions and hopelessness that has lasted for as long as they can remember. Therapist and victim advocate Gwendolyn Lindsey and other clinicians who work with African American abuse victims hold the opinion that while women may have developed mental disorders over the years, abuse and neglect may lapse the person deeper into psychosis.

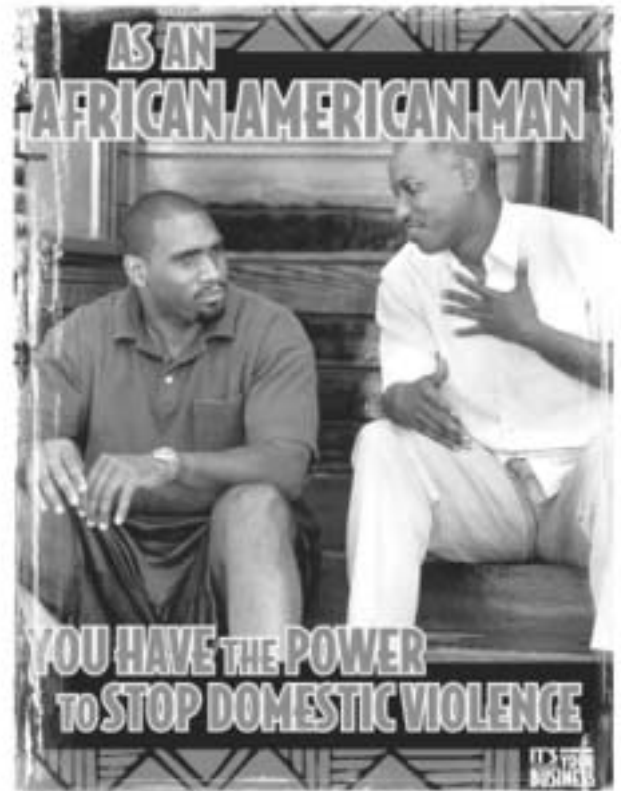
■ POST-TRAUMATIC STRESS DISORDER

Post-Traumatic Stress Disorder (PTSD) is another mental health disorder that may be present. Many women diagnosed with PTSD report feelings of intense psychological distress, difficulty falling or staying asleep, irritability or outbursts of anger, hyper-vigilance or exaggerated startle response. To illustrate: an advocate who was in the process of a one-on-one session with a survivor raised her hand in an attempt to brush away a leaf that was lodged in the woman's hair. The woman flinched and quickly moved out of her seat with a wide-eyed expression of fear. (She later chuckled at her own response.) This is a time to be very conscious of an individual's "space" – the immediate area surrounding the person. Many are not trusting or "touchy feely" kind of people and do not want their "space" invaded unless invited. Intense training/consulting with licensed therapists and counselors who have considerable experience with this population is highly advisable. Look for those individuals who are respected both by the target group and by other like professionals.

DEVELOPING CULTURALLY-RELEVANT PUBLIC EDUCATION CAMPAIGNS

Should an agency decide to take on the challenges and rewards of instituting culturally-responsive services, then appropriate public awareness campaigns can be extremely effective in communities of color to begin breaking down walls of isolation and combating misinformation. Research shows that the use of visuals combining entertainment and education is an effective vehicle for awareness. Shefner-Rogers and Rogers (1997) define this approach as “the intentional incorporation of educational messages in such entertainment genres as soap operas, dramas and comedies that are disseminated through radio, television, film, theatre, popular music and comic books.” Forms of popular entertainment are crafted to convey messages that stimulate the adoption of new attitudes and behaviors for health promotion purposes – in this case, domestic abuse prevention. People understand and are receptive to educational messages presented in the context of entertainment experiences. Until Asha’s use of the Family Violence Prevention Fund advertising campaign, **It’s Your Business**, there had never been a public education campaign specifically targeting domestic abuse in the African American community in Milwaukee. The prevalence of reported domestic abuse incidents to police in the city (over 1,000 calls each month) suggests both a lack of awareness and a denial of partner abuse. Battered and abused women from this community are isolated, as is the entire community. They are politically isolated, unable to have stronger voices for self-governance; socially isolated from relevant educational campaigns on many pressing issues including HIV/AIDS and other social ills; and financially isolated with little or no funding to develop services by and for African Americans.

The **It’s Your Business** domestic violence awareness campaign was originally developed by the Family Violence Prevention Fund in San Francisco and the Advertising Council, in collaboration with the Institute on Domestic Violence in the African American Community. Asha was granted the rights to sponsor and run the campaign in Milwaukee from October to December 2000. The central message of this campaign was that domestic abuse IS everyone’s issue – not a private matter, but a community issue and it is appropriate to intervene and stop the behavior. The goal was to reduce the level of denial while increasing awareness and providing information and resources on where to go for help. The target audience for the campaign was African American men and women, ages 18 to 45.



The campaign saturated the community, using multiple strategies that included a radio micro-drama series, along with billboards, posters, palm size victim safety cards listing all local domestic abuse/sexual assault services, metro bus transit cards and business information packets. Even nail files and ink pens were distributed. Asha partnered with IMPACT Community Information Line, a 24-hour crisis and social service information/hotline, to accept calls and collect data. The centerpiece of the activity was the radio micro-drama consisting of 12 episodes. The series aired on three Milwaukee radio stations (WKKV-FM, WMCS-AM and WJYI JOY 1340). Per the national Media Audit Ranker Report, each of these stations includes a significant listening audience of African Americans: WKKV has an African American listening audience of over 50,000; WMCS over 27,700; and Gospel Station WJYI JOY 1340 over 4,000. Together, the audience reaches into seven counties around Milwaukee.


The campaign included 10,000 posters with the message **Domestic Violence Has No Place In Our Community** from the National Steering Committee on Domestic Violence in the African American Community; 10,000 Safe Space window stickers mailed and delivered to stores and businesses frequented by the target group; 25,000 brochures; 25,000 palm size victim safety cards; 5,000 ink pens and 5,000 nail files all containing the campaign logo and call line numbers. These items were widely dispersed to businesses and services such as hair and nail salons, barber shops, beauty supply stores, check cashing facilities, restaurants, gas-n-go stations, clothing stores, liquor stores, corner stores, churches, recreation facilities, health clinics, doctors' offices

The use of culturally-specific public education tools such as *It's Your Business* holds great promise for prevention and intervention efforts for African Americans by reducing the level of denial, increasing awareness of domestic abuse as well as providing concrete information on what individuals can do support and remove a sister from harm's way. It also generates discussion within the community.

and social services agencies. By targeting such a variety of services that people use on a regular basis, significantly more individuals were reached than through a traditional outreach campaign. Placed in community areas and on specific bus lines, the visuals conveying this message reached close to 733,000 adults and it is estimated that the 50 bus transit cards were seen over 1 million times. (See Appendix F on page 45 for Sample Materials.)

The use of culturally-specific public education tools such as ***It's Your Business*** holds great promise for prevention and intervention efforts for

African Americans by reducing the level of denial, increasing awareness of domestic abuse as well as providing concrete information on what individuals can do to support and remove a sister from harm's way. It also generates discussion within the community.



A few years prior to this campaign, the Centers for Disease Control and Prevention funded a large public awareness campaign through the Milwaukee Women’s Center (MWC). The **Safe At Home** project was a five-year demonstration project that resulted in an award-winning partner violence campaign. The project successfully enhanced collaboration and coordination of service delivery between domestic abuse and sexual assault service providers as well as improved coordination with law enforcement and the criminal justice system. From Asha’s perspective, this project helped launch the agency’s batterer treatment services with a provision for funding and formal inclusion in the courts and probation and parole for referrals to the agency.

Evaluation of the effectiveness showed the campaign’s success in spreading information on community resources and in promoting calls for help from victims and perpetrators. Survey results obtained in this project concluded in part that “...across all surveys there were significant differences in responses between racial/ethnic and gender groups.”

Recommendations in the **Safe at Home** report include: “Differences in attitudes across groups suggest that the most effective community education efforts target specific population groups.” The **It’s Your Business** campaign is a good example of an effective public outreach effort targeted to a particular community. Other such efforts need to be developed.

FUTURE PLANS

Providing long-term effective responses to client-identified needs will continue to drive Asha's programming and service development. Three major activities are planned or underway:

- ☒ Asha opened an additional office during the summer of 2002. Encouraged for many years by people who have witnessed the growth and success of the agency, Asha made the decision to open an additional facility in Madison, the state capitol.
- ☒ Developing a training component – Asha will provide local and national training in providing culturally-specific treatment methods for African Americans in the areas of domestic abuse, mental health and substance abuse treatment.
- ☒ Asha plans to open a community-based facility that offers long-term transitional housing along with child care and a range of services that will better meet the needs of women they serve. Finding safe, affordable housing for low-income people is an ongoing challenge for providers and becomes an even greater challenge for women with histories of incarceration and addiction who need longer-term supports.

FINAL THOUGHT

Dr. Gloria Johnson-Powell (1998) provided a powerful observation of the destructiveness of domestic abuse to African American communities:

“Because of the cyclical effect it has on interpersonal relationships, including the parent-child dynamic, domestic violence accounts for the bulk of the walking wounded in African American communities. Stressful environments increase the likelihood of emotional disturbances and mental illness for parents, children and communities. With less access to health and human services to meet the needs of families and children in so many African American communities, the cycle of poor interpersonal relationships, stress, and other economic issues facing so many families puts African American communities in danger of perpetuating a persistent underclass and a self destructive process that will deter African American children from participation in the global economy of the next century.”

This work is important to the community and to the country. It is about survival of the family and community. It is not easy work. There will be no comfort zones but for the strength of the survivors and the community in which you work. But it may also prove to be one of the greatest things you ever do. Be blessed.

– Antonia A. Vann

REFERENCES

Aborampah, Mensa Osei. (2000). *The State of Black Milwaukee: The Black Family*. Milwaukee WI: Urban League.

Bell, Carl & Mattis, Jacqueline. (1999). *The Importance of Cultural Competence in Ministering to African American Victims of Domestic Violence*. Proceedings from the Institute on Domestic Violence in the African American Community (2000). Washington DC: U.S. Dept. of Health and Human Services.

Bell, Peter. (first pub. 1990). *Chemical Dependency and the African American – Counseling Strategies and Community Issues*. Hazleden, Minnesota.

Johnson-Powell, Gloria. (1999). *Social and Cultural Context of Domestic Violence in the African American Community: Consequences for Child Development*. Proceedings from the National Institute on Domestic Violence in the African American Community, Washington DC: U.S. Dept. Health & Human Services.

Johnson-Powell, Gloria. (Proceedings from Institute on Domestic Violence in the African American Community, San Francisco; (1998). Keynote address.)

Miles, Al. (2000). *Domestic Violence – What Every Pastor Needs to Know*. Minneapolis, MN: Fortress Press.

Richie, Beth. (1996). *Compelled To Crime – The Gender Entrapment of Battered Black Women*. New York: Routledge Press.

U.S. Department of Health and Human Services (Sponsor). (1996, 1998, 1999, 2000) *Proceedings from the Institute on Domestic Violence in the African American Community*. Washington DC: Administration for Children and Families, Office of Community Services.

Williams, Oliver J. (1995). *Treatment for African American Men Who Batter*. CURA Reporter, 25 (3), 6-10.

Williams, Oliver J. & Becker, L.R. (1994). *Partner Abuse Programs and Cultural Competence: The Results of a National Study*. *Violence and Victims*, 9 (3), 287-296.

**To obtain additional information in areas of cultural competence,
see the bibliography located at the Web site of the
Steering Committee of the National Institute on Domestic Violence
in the African American Community: www.dvinstitute.org.**

APPENDIX

Appendix A: 2000-2001 Client Summary Profile

Appendix B: Domestic Violence Intake Form

Appendix C: Women's Issues Project Corrections Care Continuum

Appendix D: Safety in the Workplace Policy

Appendix E: Domestic Abuse Victims/Abusers Services – Training Standards

Appendix F: “It’s Your Business” Public Education Campaign Sample Materials

2000-2001 CLIENT SUMMARY PROFILE

Asha Family Services, Inc Programs and Services	2000	2001
Women of Color "Sister Circle" Groups	105	565
Domestic Violence - Intakes	183	280
Children's Program - Intakes	75	131
Children's Program - Groups	65	72
SOAR - Intakes 28th Street	80	326
SOAR - Intakes 76th Street	27	0
AODA - Intakes	86	47
Ujima Men's Educational Program - Intakes	162	282
JCAP - Juvenile Court Assessment Program	101	215
FTJOP - First Time Juvenile Offender Program	157	72
Domestic Abuse District Attorney's Office and Court Advocacy Program	390*	0
Women in Corrections - Served	174	755
HIV Client Education	2,019	110
HIV Clients Tested	243	110
Community Education Sessions	162	67
Client Transportation	1,070	955
TOTAL	5,099	3,987

* In previous years, we had two advocates in this location. In 2000, we had one. In December 2000, we transitioned from the District Attorney's Office location.

DOMESTIC VIOLENCE INTAKE FORM

Asha Family Services, Inc.

Date: _____

CLIENT

ABUSER

Name: _____ Age: _____ Name: _____ Age: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Sex: _____ Race: _____ Sex: _____ Race: _____

Phone (H): _____ Phone (W): _____ Phone (H): _____ Phone (W): _____

Alternative: _____ (Relationship) _____ Alternative: _____ (Relationship) _____

Social Security #: _____ Social Security #: _____

EMERGENCY CONTACT PERSON

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone (H): _____ Phone (W): _____

1. Are you considered Head of Household? yes no
2. Number of children in household: _____ Ages: _____/_____/_____/_____/_____/_____/_____/_____/_____
3. Number of children in relationship: _____ Ages: _____/_____/_____/_____/_____/_____/_____/_____/_____
4. Did a domestic abuse situation bring you to Asha? yes no
If no, skip to question #15
5. How long have you known your abuser? _____ months _____ years
6. How many times has the abuse occurred in the relationship?
 Once 2-5 times 6 or more times
7. Was the abuse reported each time? yes no most times
8. Has the abuser ever been arrested for domestic violence or any other crime against you? yes no
9. What was he/she charged with? _____
10. Is the abuser on probation/parole? yes no
11. If yes, agent's name: _____ phone #: _____
Location: _____
12. Describe injuries:
past: _____
present: _____

Domestic Violence Intake Form (continued)

13. Did the abuser use/threaten to use a weapon? yes no If yes, what kind? _____
14. Does the abuser use alcohol and/or drugs? yes no name/substance(s) _____
15. Do you have any present/past substance abuse problems? yes no
16. What substance(s) do/did you use? _____
17. Have you ever stayed in a shelter? yes no Which one? _____
18. Do you have your own driver's license? yes no
19. Do you have access to a vehicle? yes no
20. Are you a student? yes no Where? _____
21. Are you on medication? yes no
If yes, for what purpose? _____
22. Have you ever had contact with the legal system? yes no
23. If yes, please briefly explain: _____

24. Do you have a probation/parole agent? yes no If yes, agent's name: _____
phone#: _____ location: _____
25. List your goals:
1. _____
2. _____
3. _____
26. List your hobbies:
1. _____
2. _____
3. _____
27. List your strengths:
1. _____
2. _____
3. _____
28. List your weaknesses:
1. _____
2. _____
3. _____
29. Do you have any special concerns or needs for yourself/children? _____

WOMEN'S ISSUES PROJECT CORRECTIONS CARE CONTINUUM

Asha Family Services, Inc.
6001 W. Center St., Suite 97LL, Milwaukee, WI 53210
(414) 875-1511

Women's Issues or "Sister Circle" Groups is Phase I in a continuum of care. While in custody, established groups create a safe and confidential place to exchange ideas and experiences of members by helping to eliminate fears and foster feelings of friendship, respect and trust between women in a prison setting. Sister Circle members may problem-solve and explore issues including past domestic abuse and sexual assault victimization, substance abuse addictions, grief and anger, and parenting issues, via spiritually-based peer support counseling with trained personnel. Sister Circle group members will use each other as a source of positive support and encouragement during their time of incarceration. Primary goals include: (1) to assist women in focusing on productive use of their "time" and decreasing negative behaviors and attitudes throughout that course and (2) to facilitate the self-development and healing of group members. Group members develop a sense of responsibility and accountability to themselves and other group members. Internal groups may meet one to two times per week for one to two hours per session (evenings and/or weekends). Asha Family Services, Inc., provides staff on a bi-weekly basis to co-facilitate groups. Staff are experienced and skilled in relevant topic areas and provide all materials needed for group sessions. Staff also develop group facilitation skills with selected inmate participants to host their own groups on alternate weeks. Phase II is the next link and serves as a mechanism to assist women re-entering the community via Asha's Corrections Care Continuum. Upon release, the Care Continuum offers a comprehensive menu of services designed to facilitate a smoother and supported transition back into the community. In-custody groups are established and maintained with an open-ended curriculum, allowing the free entry of women throughout the groups' duration and are never in conflict with D.O.C. security, policy and procedures.

Asha Women's Groups are currently conducted at John Burke Center (Waupun), Ellsworth Correctional Facility (Union Grove) and Milwaukee Women's Correctional Facility.

TOPICS

- Anger management/Conflict resolution
- Spiritual development/Self development
- Goal setting/Dealing with "guilt" and "shame"
- Depression/Getting the best out of "doing time"
- Surviving sexual assault
- Problem-solving and communication skill development
- Surviving domestic violence
- AODA relapse prevention/FEAR
- Surviving the loss of a loved one
- Parenting development
- Alone is not always lonely
- Relationship development/Establishing "friends"
- Trust
- Victim and victimizing
- HIV/AIDS/STD education and prevention
- Post-incarceration challenges (Including how to stay out!)
- Community resources
- Illegal sales – sex, drugs, retail, modeling and pornography

Hebrews 13:3
NIV

*"Remember those in prison as if you were their fellow prisoners,
and those who are mistreated as if you yourselves were suffering."*

SAFETY IN THE WORKPLACE POLICY

This company has a policy of zero (0) tolerance for violence. If you engage in any violent act, threatening language or threat of an act of violence that includes joking about a violent act or threat, you are in direct violation of this policy and your employment or participation will be immediately terminated.

Violence includes:

Physical injury or harm to another, hitting, shoving, grabbing, pushing, choking, kicking, harassment, intimidation and other threatening body language, bullying, inappropriate sexual contact, brandishing weapons or threatening to use a weapon, foul assaultive language, and talking about engaging in any kind of violence. The intent of a zero tolerance policy ensures that anyone associated with this agency, including participants and employees, never feel threatened with harm and violence.

Inspection:

The desk, telephones and computers are properties of this business; We reserve the right to enter or inspect your work area. Fax, copier or mail systems are intended for business. Private conversations overheard or any messages retrieved that constitute a threat of violence against another will be used as a basis for termination.

Reporting violence:

Employees and participants are encouraged to report any incident that may involve a violation of this company's Safety Policies that are designed to provide a safe and comfortable environment for all. Concerns are to be presented to a supervisor immediately. All reports will be investigated and information will be kept confidential.

Incident Management:

In the event of an incident of violence or threat of violence, this company will provide initial support services or referrals to relevant recipients and to appropriate sources of said violence.

In cases where direct contact is not practical or possible, support information will be communicated through other available resources.

DOMESTIC ABUSE VICTIMS/ABUSERS SERVICES – TRAINING STANDARDS

Asha Family Services, Inc.

SECTION I

1. **Victim Services:** Advocates/Care Coordinators and any other staff working with women or girls should have documented a minimum:

Area A: 50 hours of Domestic Abuse Victim Education/Training. This can be achieved through some video review (6 hours max) and debriefing; inservice; individual on-the-job (under supervision); in/out-of-city/state trainings; material review and debriefing; advocates' meetings with inservice presentations. (See Training Areas below). 16 hours must be specific to Sexual Assault education/training. A comprehensive DV test is administered after probationary period and Area A is complete.

Area B: 16 hours of Abusive Behaviors Education and Information. (Abuser dynamics, characteristics, etc.) This includes observation (4 hours) of Ujima Groups that have progressed past the first quarter of the group. (Clients must always be asked prior to the date of scheduled observation by a female).

Area C: 150 hours of supervised co-facilitation of groups and co-assistance with experienced advocate who has successfully completed the above hours. 20 hours specific to program curriculum training.

Area D: Required Text Review – Ongoing activity (DV/SA) This area is not included in the above described hours.

Each staff person may have a specialty area they are encouraged and supported to expand as it relates directly to the population they are working with – e.g. Sexual Assault Education, HIV/AIDS Education, Anger, Grief, Youth Services, AODA, Corrections, Older Abused Women, Employment/Housing Specialist, etc.

SECTION II

2. **Abuser Treatment Services:** Men's Services Specialists working with men or boys shall have documented a minimum:

Area A: 50 hours of Abuser/Batterer Treatment education and training. This can be achieved through video review and debriefing; inservice; individual on-the-job; in/out of-state trainings; material review and debriefing; regular department meetings with inservice presentations. (6 additional hours in victim-specific education as it relates to emotional abuse and physical abuse.) A comprehensive DV test is administered after probationary period and Area A is complete.

Area B: 20 hours of domestic abuse victim education and information. (Victim dynamics, characteristics, etc.) This includes observation (2 hours) of Sister Circle groups (when permitted by clients). As most available DV materials are from a victim's perspective, these hours are reduced yet increased in Area A.

Area C: 150 hours of supervised co-facilitation of groups and co-assistance with experienced staff who have successfully completed the above hours. 20 hours specific to program curriculum training.

Domestic Abuse Victim/Abuser Services – Training Standards *(continued)*

Area D: Required Text Review. Ongoing activity (DV/SA) This area is not included in the above described hours.

Each staff person may have a specialty area they are encouraged and supported to expand as it relates directly to the population they are working with – e.g. SA Education, HIV/AIDS Education, Youth Services, Anger, Grief, Mental Health, AODA, Corrections, etc.

MANDATORY AREAS: Area A requirement must include the following:

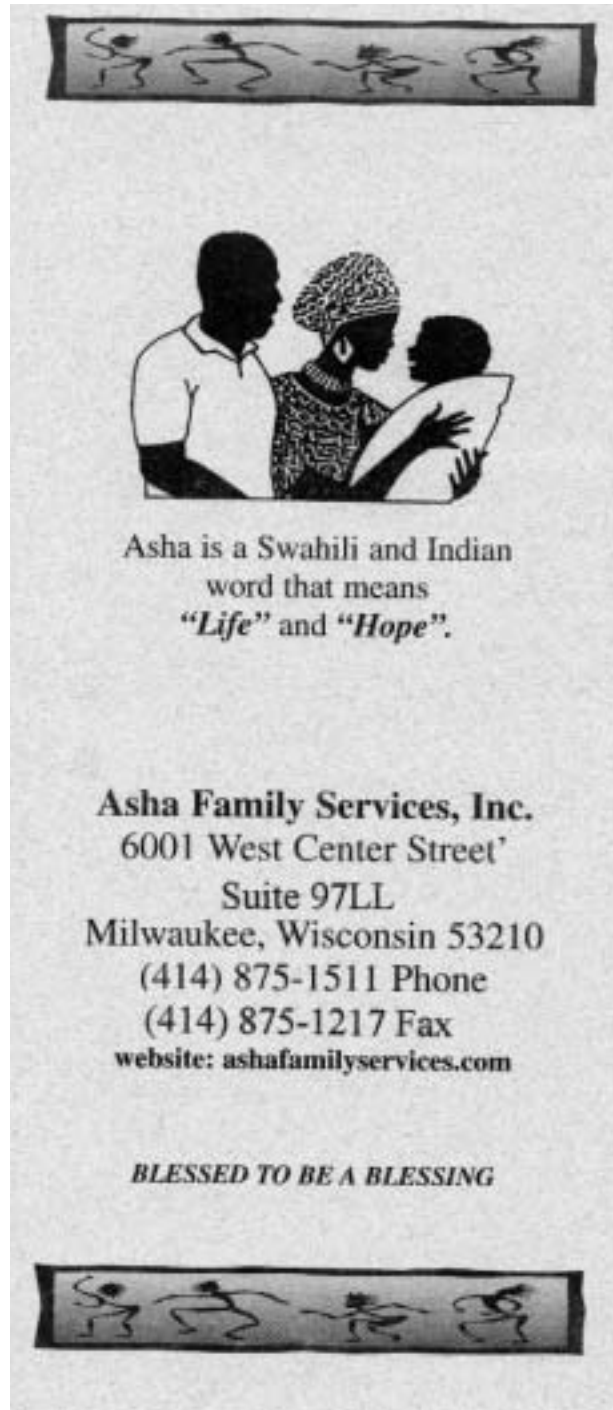
- a. DV 101 (Victim Dynamics – what is DV, why women stay, power & control, safety planning, intersecting factors, service provider network/community resources, etc.)
- b. Sexual Assault
- c. Basic Advocacy
- d. Restraining Order Process (Visit TFFV)
- e. District Attorney's Office Process (Visit Domestic Violence Unit with Sojourner Truth House staff)
- f. Case Management with Documentation
- g. Group Facilitation with Follow-up Procedures
- h. Active Ongoing Participation on an Approved Network Committee Related to Your Area
- i. Community Resources

Required Text Review: Each area has several texts that are required reading and will be provided by the program supervisors.

Once the above hours are met for Section I or II, the staff person shall be given a Training Certificate of completion that details the hours of completed training in their above respective areas A, B, C for either Domestic Abuse Victim Services or Abusive Behaviors Treatment Services.

Expect ongoing in-house staff development exercises during staff meetings and bi-weekly department staffing. All agency staff will be tested on the above.

“IT’S YOUR BUSINESS” PUBLIC EDUCATION CAMPAIGN SAMPLE MATERIALS



Asha is a Swahili and Indian word that means
“Life” and “Hope”.

Asha Family Services, Inc.
6001 West Center Street
Suite 97LL
Milwaukee, Wisconsin 53210
(414) 875-1511 Phone
(414) 875-1217 Fax
website: ashafamilyservices.com

BLESSED TO BE A BLESSING

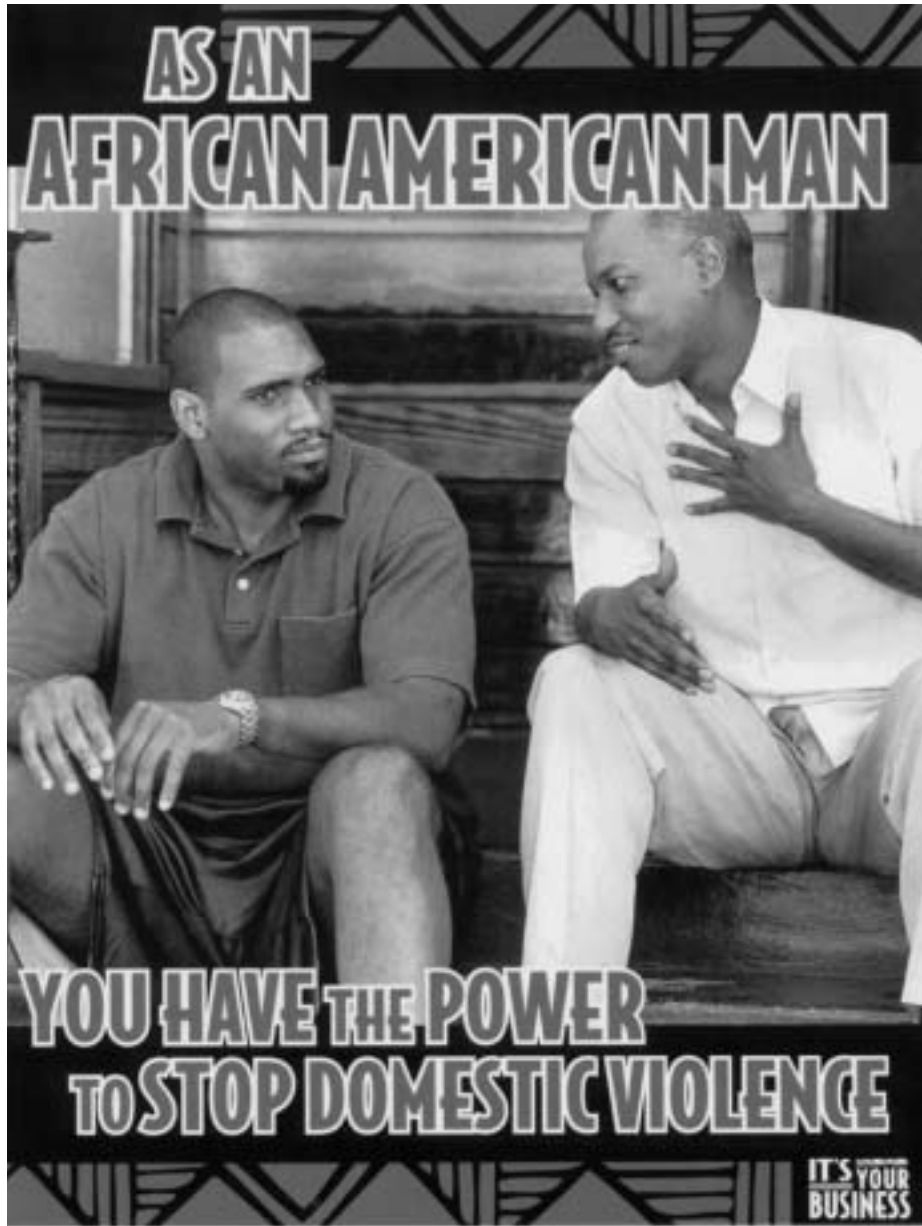
Brochure

“IT’S YOUR BUSINESS” PUBLIC EDUCATION CAMPAIGN SAMPLE MATERIALS (continued)



Poster

“IT’S YOUR BUSINESS” PUBLIC EDUCATION CAMPAIGN SAMPLE MATERIALS (continued)



Poster

“IT’S YOUR BUSINESS” PUBLIC EDUCATION CAMPAIGN SAMPLE MATERIALS (continued)



Encourage boys to treat girls and women with respect and dignity at all times.

Booklet



Confronting abusive men you know and urging them to get help is the best way to demonstrate your friendship.

Asha Family Services, Inc.

Administrative Offices

6040 W. Lisbon Ave, Suite 200
Milwaukee, WI 53210
Phone: (414)449-1511
Fax: (414)449-2066

Community/Customer Services

6001 W. Center St., Suite 97LL
Milwaukee, WI 53210
Phone: (414) 875-1511
Fax: (414) 875-1226

www.ashafamilyservices.com

National Resource Center on Domestic Violence

6400 Flank Drive, Suite 1300
Harrisburg, PA 17112-2791
Phone: (800) 537-2238
TTY: (800) 553-2508
Fax: (717) 545-9456
www.nrcdv.org