

## **Reforming California Domestic Violence Policy**

### **Health and Safety Code: 124250**

(See draft of amendments after the following)

During 2006 a very broad coalition of experts had written letters and position papers, signed a petition and testified before legislative committees on [AB 2051](#); Cohn; Domestic Violence, opposing the bill unless amended to include all victims of domestic violence regardless of gender or sexual orientation.

Even though the bill was signed into law without the amendments we wanted; we were able to make substantial progress and gain much needed ground for reforms by educating policy makers, Governor Arnold Schwarzenegger and his staff regarding the realities of domestic violence.

The Governor's staff informed lobbyist & policy consultant Michael Robinson that the Governor signed AB 2051 because he believed it moved DV policy in a direction of becoming more inclusive. High level staff in the Governor's office confirmed he firmly believes that we should strive to address the needs of all victims of domestic violence regardless of gender or sexual orientation. More significantly his office indicated that they are interested in working with the Legislature, NFVLR and other stakeholder groups to develop a policy that will better serve the entire population during the 2007/2008 legislative session.

Our reasons for the requested reforms are very simple and have strong merits:

- Ø The current statutes do not reflect the overwhelming body of empirical data that shows men are domestic violence victims also. The Center for Disease Control data alone shows males represent at least 36 percent of all DV victims.  
Source: <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm> .
- Ø Even California's own Department of Justice (DOJ) data shows that women represent a high percentage of Domestic Violence related arrests. Females represented 19.7 percent of all DV related arrests during 2004. The data shows similar rates going back to the late 1990's.  
Source: <http://safestate.org/index.cfm?navid=753> .
- Ø Children of male victims are being denied the same range of services that are offered to female victims simply because their victimized parent is a male.
- Ø The current statute language suggests that only lesbian, bisexual and transgendered women are violent in their intimate partner relationships. There is no data to support this and sexual orientation or gender has nothing to do with intimate partner violence. Heterosexual women are also perpetrators of intimate partner violence.
- Ø Federal law under the Violence Against Women Act was amended in 2005 to include male victims with a requirement that grants and funding for services be gender neutral.
- Ø Current domestic violence policies for training and victim services are hindering the abilities of experts and treatments providers to reduce domestic violence in our state.

Please contact lobbyist & policy consultant Michael Robinson at (916) 223-6143 [info@nfvlr.org](mailto:info@nfvlr.org) for further information or questions regarding draft language.

**Requested Amendments Draft:2007/2008 Session  
California Health & Safety Code 124250  
Gender Inclusive Domestic Violence Policy**

Section 124250 of the Health and Safety Code is amended to read:

124250. (a) The following definitions shall apply for purposes of this section:

(1) "Domestic violence" means the infliction or threat of physical harm against past or present adult or adolescent female or male intimate partners, and shall include physical, sexual, and psychological abuse against ~~the a~~ woman or man, and is a part of a pattern of assaultive, coercive, and controlling behaviors directed at achieving compliance from or control over, ~~thata~~ woman or man.

(2) Domestic Violence "Victim[s]" means any adult or adolescent female, male, woman or man regardless of sexual orientation in an intimate partner relationship where an act or acts of domestic violence from (a) (1) have been perpetrated against them.

~~(23)~~ "Shelter-based" means an established system of services where battered ~~women-victim's~~ and their children may be provided safe or confidential emergency housing on a 24-hour basis, including, but not limited to, hotel or motel arrangements, haven, and safe houses.

~~(34)~~ "Emergency shelter" means a confidential or safe location that provides emergency housing on a 24-hour basis for battered ~~women~~ victim's and their children.

(b) The Maternal and Child Health Branch of the State Department of Health Services shall administer a comprehensive shelter-based services grant program to battered ~~women's-victim's~~ shelters pursuant to this section.

(c) The Maternal and Child Health Branch shall administer grants, awarded as the result of a request for application process, to battered ~~women's-victim's~~ shelters that propose to maintain shelters or services previously granted funding pursuant to this section, to expand existing services or create new services, and to establish new battered ~~women's-victim's~~ shelters to provide services, in any of the following four areas:

(1) Emergency shelter to ~~women-victim's~~ and their children escaping violent family situations.

(2) Transitional housing programs to help ~~women-victim's~~ and their children find housing and jobs so that they are not forced to choose between returning to a violent relationship or becoming homeless. The programs may offer up to 18 months of housing, case management, job training and placement, counseling, support groups, and classes in parenting and family budgeting.

(3) Legal and other types of advocacy and representation to help ~~women-victim's~~ and their children pursue the appropriate legal options.

(4) Other support services for battered ~~women-victim's~~ and their children.

(d) (1) The Maternal and Child Health Branch of the State Department of Health Services shall conduct a minimum of one site visit per grant term to each agency funded to provide shelter-based services to battered ~~women-victim's~~ and their children. The purpose of the site visit shall be a performance assessment of, and technical assistance for, each agency visited. The performance assessment shall include, but need not be limited to, a review of all of the following:

- (A) Progress in meeting program goals and objectives.
- (B) Agency organization and facilities.
- (C) Personnel policies, files, and training.
- (D) Recordkeeping, budgeting, and expenditures.
- (E) Documentation, data collection, and client confidentiality.

(2) Subsequent to each site visit conducted under paragraph (1), the Maternal and Child Health Branch shall provide a written report to the agency summarizing the agency's performance, any deficiencies noted, and any corrective action needed.

(3) Where an agency receives funding from both the Maternal and Child Health Branch of the State Department of Health Services and the Domestic Violence Branch of the Office of Criminal Justice Planning during any grant cycle, the Maternal and Child Health Branch and the Domestic Violence Branch shall, to the extent feasible, coordinate agency site visits and share performance assessment data with the goal of improving efficiency, eliminating duplication, and reducing administrative costs.

(e) In implementing the grant program pursuant to this section, the State Department of Health Services shall consult with an advisory council that shall remain in existence until January 1, 2010. The council shall be composed of not to exceed 13 voting members and two nonvoting ex officio members appointed as follows:

- (1) Seven members appointed by the Governor.
- (2) Three members appointed by the Speaker of the Assembly.
- (3) Three members appointed by the Senate Committee on Rules.
- (4) Two nonvoting ex officio members who shall be Members of the

Legislature, one appointed by the Speaker of the Assembly and one appointed by the Senate Committee on Rules. Any Member of the Legislature appointed to the council shall meet with, and participate in the activities of, the council to the extent that participation is not incompatible with his or her position as a Member of the Legislature.

The membership of the council shall consist of domestic violence advocates, battered ~~women-victim's~~ service providers, and representatives of ~~women's-victim's~~ organizations, law enforcement, and other groups involved with domestic violence, and at least one representative of service providers serving the heterosexual male, female and lesbian, gay, bisexual, and transgender community for purposes of domestic violence. At least one-half of the council membership shall consist of domestic violence advocates or battered ~~women-victim's~~ service providers from organizations such as the California Partnership to End Domestic Violence, Family Violence Treatment And Education Association, and Antelope Valley Domestic Violence Council.

It is the intent of the Legislature that the council membership reflect the ethnic, racial, cultural, gender and geographic diversity of the state.

(f) The department shall collaborate closely with the council in the development of funding priorities, the framing of the Request for Proposals, and the solicitation of proposals.

(g) (1) The Maternal and Child Health Branch of the State Department of Health Services shall administer grants, awarded as the result of a request for application process, to agencies to conduct demonstration projects to serve battered ~~women-victim's~~ and their children, including, but not limited to, creative and innovative service approaches, such as community response teams and pilot projects to develop new interventions emphasizing prevention and education, and other support projects identified by the advisory council.

(2) For purposes of this subdivision, "agency" means a state agency, a local government, a community-based organization, or a nonprofit organization.

(h) It is the intent of the Legislature that services funded by

this program include services for battered ~~women-victim's~~ in underserved communities, including the heterosexual male, lesbian, gay, bisexual, and transgender community, and ethnic and racial communities. Therefore, the Maternal and Child Health Branch of the State Department of Health Services shall do all of the following:

(1) Fund shelters pursuant to this section that reflect the ethnic, racial, economic, cultural, and geographic diversity of the state.

(2) Target geographic areas and ethnic and racial communities of the state whereby, based on a needs assessment, it is determined that no shelter-based services for battered ~~women-victim's~~ exist or that additional resources are necessary.

(i) The director may award additional grants to shelter-based agencies when it is determined that there exists a critical need for shelter or shelter-based services.

(j) As a condition of receiving funding pursuant to this section, battered ~~women's-victim's~~ shelters shall do all of the following:

(1) Provide matching funds or in-kind contributions equivalent to not less than 20 percent of the grant they would receive. The matching funds or in-kind contributions may come from other governmental or private sources.

(2) Ensure that appropriate staff and volunteers having client contact meet the definition of "domestic violence counselor" as specified in subdivision (a) of Section 1037.1 of the Evidence Code. The minimum training specified in paragraph (2) of subdivision (a) of Section 1037.1 of the Evidence Code shall be provided to those staff and volunteers who do not meet the requirements of paragraph (1) of subdivision (a) of Section 1037.1 of the Evidence Code.