EMPOWERING VICTIMS OF DOMESTIC VIOLENCE



HEALTH AND WELL-BEING

ABOUT THIS REPORT

Social Impact Research (SIR) reports are a resource to help donors and funders learn about specific social issues affecting at-risk populations and identify high-performing organizations that are addressing those issues. Drawing on current research and interviews with experts representing government, academia, nonprofits, and foundations, social issue reports provide an

overview of the issue, populations affected by it, approaches to address it, and investment recommendations on how donors and funders can take action. The report is complemented by state reports that frame the issue in the local context and the guide to giving that provides criteria to evaluate organizations working to address the issue.

DEFINITION

Domestic violence, or intimate partner violence, is a willful single occurrence or a pattern of abusive behavior employing coercion, threat, intimidation, isolation, power or fear that results in physical, psychological or emotional trauma. This report focuses on abuse perpetrated by males against their female partners.

SOCIAL ISSUE REPORT SUMMARY

Investment in programs that empower victims of domestic violence presents a significant opportunity for social impact:

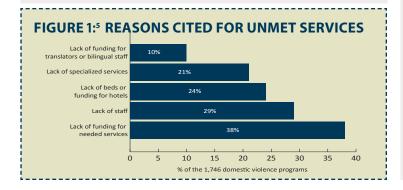
- 85 percent of domestic violence victims are women.¹ Although violence is manifested differently, women of all ages, nationalities, economic classes, and ethnic groups are affected.² For more on the scope of the issue, see page 2.
- High-performing organizations use the empowerment approach, which places the change agency with the victims, to help them cope with abuse, plan for safety, and develop self-esteem. **For more on the recommended approach, see page 3.**
- Although, the cost of domestic violence exceeds \$5.8 billion annually, many victims do not receive adequate treatment. Effective investment in the issue can improve and coordinate services. For more on the return on investment, see page 4.

FACTS: DOMESTIC VIOLENCE IN THE UNITED STATES

The National Network to End Domestic Violence annually conducts a survey of domestic violence programs to measure the scope of services requested in a single day.

On September 15, 2010, 1,746 out of 1,920 shelters in the U.S., or 91 percent, participated in the survey. **They reported that:**⁴

80,189	Total number of domestic violence victims who requested services
70,648	Victims whose requests for services were met
9,541	Victims whose requests for services were not met



SOCIAL ISSUE INDICATORS

SIR emphasizes the importance of data collection and outcome tracking to gauge progress on a given social issue. In the case of addressing domestic violence, current indicators are insufficient due to the difficulty of establishing a direct cause and effect relationship between the variables. For example, an increase in the number of domestic violence incidents that are reported is often used as an indicator of progress on assisting victims. However, external forces render this indicator ineffective:

- The data (domestic violence incidents) are chronically underreported or even unreported because of shame, social taboos, and fear of further abuse.
- An increase in the number of women who report domestic violence annually could represent two possible scenarios: more women are reporting violence because of increased community awareness and support, or abuse incidents are increasing. It is difficult to tell with accuracy which of these factors is affecting the indicator and to what degree.
- The indicator places the inference of blame on the victim by suggesting that violence can be ended by leaving. The empowerment approach, whose goal is to encourage and support victims, is built upon post-victimization assistance and risk minimization through education, knowledge, and counseling. The goal of these services is not to end the violence perpetrated against victims, but to provide assistance and adequate services.

SOCIAL ISSUE OVERVIEW: WHY EMPOWERING VICTIMS OF DOMESTIC VIOLENCE IS CRITICAL

In the 1960s and 1970s, second wave feminism and the Battered Women's Movement brought domestic violence into the public sphere. Activists in the movement advocated for greater public attention to domestic violence against women and began providing services to victims by offering their homes as early versions of shelters. Over the last thirty years, the federal government has increasingly taken action to reduce domestic violence and provide services for its victims. The Violence Against Women Act (VAWA), signed into law in 1994 and sanctioned both in 2000 and 2005, is due for another authorization in 2011. The VAWA set forth the federal government's policy towards domestic violence, certified funding for support services provided by nonprofits and medical clinics, and established the Office on Violence Against Women within the U.S. Department of Justice.

According to the most recent survey by the Department of Justice, 1.9 million women are assaulted annually, of which 68 percent are abused by an intimate partner, defined as a spouse, former spouse, cohabiter, or former cohabiter. Historically, females have been victimized most often by someone they know.7 Although women of all demographics are susceptible to domestic violence, they encounter it differently based on social, ethnic, and economic divergences. Specifically, women of low socioeconomic status tend to experience it more frequently and more severely while also having fewer resources and lacking access to services to protect themselves.8 Structural barriers such as poverty, low educational attainment, and lack of access to information make escaping violence more difficult as these barriers limit women's knowledge of available resources and their abilities to be financially independent.⁹ A study conducted by the Better Homes Fund from 1992 to 1995, found that rates of violent victimization were significantly higher for women on long-term welfare than those who were on short-term welfare (figure 2).¹⁰

FIGURE 2: PERCENTAGE OF WOMEN ON WELFARE EXPERIENCING DOMESTIC VIOLENCE

HOMELESS		HOUSED	
Short-term Welfare	Long-term Welfare	Short-term Welfare	Long-term Welfare
66.7%	81.7%	58.6%	63.2%

*The study includes women who have been eligible to receive welfare for five years or more.

EFFECTS OF DOMESTIC VIOLENCE ON WOMEN

Domestic violence has severe emotional and physical implications for women. Emotional health consequences of abuse include depression and post-traumatic stress disorder, both of which fundamentally affect the quality of a woman's daily life and can require long-term counseling and group therapy to overcome. The physical effects of abuse are also extensive; deep bruises, broken or fractured bones, chronic pain, and gastrointestinal symptoms are common. Physical trauma causes poor health, deprives the victim of a socially productive life, negatively affects employment, and increases use of medical services. Severe cases of domestic violence can also result in death – 40 to 60 percent of murders of women in North America are committed by intimate partners, ¹¹

which on average translate to three women per day.¹²

EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

Childhood exposure to domestic violence may also lead to severe short and long-term consequences, including a higher risk of violent behavior and long-term behavioral, emotional, and psychological symptoms of abuse. Witnessing violence between parents or caretakers is the strongest risk factor of transmitting violent behavior; this is especially true of boys, who are twice as likely to abuse their own partners during adulthood. Of children who have been exposed to violence, 63 percent fare worse in behavioral, academic, and social functioning than those not exposed to domestic violence. Children are also more likely to either internalize behavioral problems, leading to withdrawal, anxiety, and depression, or externalize them, leading to aggression, delinquency, and hyperactivity.

PROVISION OF SERVICES

To serve the victims of domestic violence, organizations provide two basic types of services: services to address physical and emotional trauma and services to reduce violence by enabling women to leave an abusive relationship. Women who have experienced domestic violence require a crisis hotline to call in an emergency, medical treatment, and social support in the forms of one-on-one and group therapy. Leaving an abusive relationship can be exceedingly difficult and inadequate services to help women plan for and cope after leaving makes it even more difficult. Communities play a vital role in enabling women to escape violence by offering safe housing, childcare, employment, and food since victims may not have independent incomes or alternative housing options. Additionally, victims may fear for their and their children's safety since it is not uncommon for women to be beaten or killed after leaving an abusive partner.¹⁶ Nonprofits can empower victims to protect themselves from harm by providing information that help women find temporary or permanent shelter, offering financial support and workforce training, and providing legal advocacy.

OTHER TYPES OF DOMESTIC VIOLENCE

This report focuses on the more common type of intimate partner violence, abuse perpetrated by males against their female partners. However, it is important to note that samesex domestic violence and abuse perpetrated by females against their male partners does occur, though the two are highly debated in terms of frequency and intensity.

A study conducted by the National Coalition of Anti-Violence Programs on same-sex domestic violence estimates that 25 to 33 percent of all gay and lesbian relationships involve physical or psychological abuse.¹⁷ At the same time, an aggregate California State University study of 247 scholarly investigations representing close to 240,200 women reveals that women are just as physically aggressive as men in their relationships.¹⁸ Even with such extensive studies, the frequency and effects of these types of domestic violence are highly contested issues and require more research.

RECOMMENDED APPROACH TO EMPOWERING VICTIMS OF DOMESTIC VIOLENCE

Addressing domestic violence requires a coordinated community response that includes healthcare facilities, law enforcement agencies, nonprofit organizations, schools that serve victims' children, and effective public policy. Expert consensus suggests that empowerment is the most effective approach to provide necessary services to victims. Started by activists who offered their homes as shelters to women victims of domestic violence, this approach has evolved since the 1960's and 1970's to what it is today: a comprehensive collaboration among various service providers to ensure that needs of victims are met.

EMPOWERMENT APPROACH

Empowerment theory underpins services provided by many clinics, shelters, and nonprofit organizations. This approach is grounded in the belief that victims of domestic violence should have access to information, education, and other necessary social and economic support to make informed decisions that best reflect their interests and needs. Rather than attempting to eliminate the violence, which is not controlled by victims, the

empowerment approach uses knowledge dissemination, training, and counseling to create a set of services that victims control, such as post-victimization assistance and risk minimization. This approach can also be extended to communities, allowing them to take action collaboratively to prevent domestic violence and report and treat cases that do occur.

Recognizing that women consider their own cultural, religious, and personal interests and obligations when making decisions, organizations promote victims' empowerment by putting the agency of change in their hands in a safe and sustainable manner. For example, a woman may choose not to file a restraining order against her abuser and the medical clinic will respect this decision, but may choose to restrict the abuser's presence from the clinic premises out of concern for the woman and her co-inhabitants. This balance is difficult to achieve and depends on well-trained, knowledgeable, and adept staff members and volunteers. No matter what type of service organizations and clinics provide for victims, all high-performing service provision is driven by the empowerment approach.

COMPONENTS OF THE RECOMMENDED APPROACH

SIR identified four components of effective services for victims of domestic violence: community awareness and advocacy, crisis and pre-crisis services, medium and long-term services, and children's services. These components are rarely provided by one organization, but rather require the seamless integration of multiple providers. Empowerment of victims is the critical underlying element to ensure effective provision of all four components. The end goal is to instill self-esteem and confidence in the women, enabling them to make sound personal decisions and protect themselves.

- Community Awareness and Advocacy: Awareness and advocacy initiatives include a variety of programs to improve community response, reduce domestic violence, increase public attention, and inform victims of their options. Initiatives take many forms, including publicity campaigns, public presentations, and the creation of community networks. Nonprofit workers can be directly involved in presenting information or may enlist community or religious organizations to spread information. These initiatives support, strengthen, and encourage victims to seek out assistance and knowledge while reducing stigma associated with victimization.
- are necessary to respond quickly and effectively to the physical and emotional trauma and prevent future violence. A confidential 24-hour toll-free hotline provides information and referrals for victims or women who are in danger of becoming victims. High-performing hotlines offer guidance on safety planning, referrals, legal rights and advocacy, and resources to better understand the issue. Hotlines do not encourage women to leave the abusive environment, but present the options available to foster sustainable change; those who choose to leave are

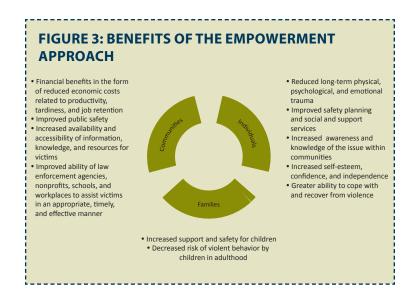
- referred to nearest shelters, medical clinics, group therapy, and other crisis services.
- Medium and Long-term Services: Once the immediate needs of victims are met by crisis services, nonprofits focus on the provision of services to address the long-term welfare of victims. Long-term services include counseling, legal and medical advocacy, and assistance in establishing financial, economic, and social independence. Counseling is designed to improve victims' coping skills, decrease social isolation, increase self-esteem and confidence, and reduce self-blame, and is most valuable when counselors use reflective listening and statements of empathy.¹⁹ Legal and medical advocacy focus on the provision of knowledge, information, and referrals for victims seeking legal advice and physical and psychiatric care. Services that help establish independence can include permanent supportive housing, education, and English language courses. Since these services are usually provided by supportive agencies, it is vital for organizations to have well-developed networks and referral systems to ensure all women can participate in such programs.
- Children's Services: Many women will not seek assistance without knowing that their children will also receive care. High-performing nonprofits have separate counseling and support groups for children who have either witnessed or experienced domestic violence. This therapy is tailored to the child's age-group, ranging from infants to teenagers. Counseling helps children to cope with violence, learn about safety plans, and reduce self-blame for domestic violence. In addition to counseling, nonprofits often have daycares that provide for the children's needs while allowing women to seek employment and/or workforce training.

RETURN ON INVESTMENT

Return on investment to prevent domestic violence is difficult to measure because of the challenges in establishing a direct causeand-effect relationship between the indicators and measurement variables. External variables such as social stigma, lack of community awareness, unreported or underreported cases, and implications of tracking victims in the long term all make inferring a correlation difficult. However, programs that use the empowerment approach to mitigate the effects of domestic violence and include all four components of the recommended approach, either individually or through partnerships, have a profound impact at the individual, family, and community levels. While the return on investment in programs that use the empowerment approach are often tangible, such as reduced healthcare costs and higher productivity, many are intangible, such as better quality of life and a socially productive and healthy life.

A two-year study conducted on 278 women from a midwest shelter program helping victims access community resources and support, create safety plans, and locate advocacy services found that women experienced decreased physical violence and depression, increased quality of life, and higher social support.²⁰ The participants in the study were interviewed six times over the two years and maintained a 95 percent retention rate in the study. When these women were provided with seamless advocacy services based on the empowerment approach, they were able to protect themselves from harm and take charge of their lives. The advocacy services were distributed by the community organizations, and included housing, employment, legal assistance, education, transportation, childcare, healthcare, material goods, and social support. The Michigan State

University professors who administered the study noted that 25% of the women receiving community-based advocacy services experienced no violence across a two-year post-service provision period. They also concluded that women who worked with advocates reported higher levels of social support and selfconfidence. 21 Such programs significantly deter the high economic costs of domestic violence, which are estimated to be nearly \$6 billion in lost productivity and medical and mental healthcare expenses by the Department of Health and Human Services.²²



RETURN ON INVESTMENT

Some of the monetary effects of domestic violence that impact the public arise primarily from the cost of providing services for victims and the cost of lost productivity. Current cost estimates focus on medical costs and productivity, and do not account for the cost of legal services for law enforcement because they are not aggregated. Improving the response to domestic violence presents the opportunity to reduce some of the costs outlined below.

Government

- In 1995, domestic violence resulted in \$4.1 billion in medical and mental healthcare costs and \$1.8 billion in lost productivity.²³
- Annually, approximately \$2.2 million is spent to treat medical injuries due to domestic violence.²⁴

Communities and Families

- In 1995, nearly 18 percent of victims reported missing paid work days, which totaled more than 5 million missed work days by all victims.25
 - More than 10 percent of victims missed days of housework, including childcare and domestic work, which totaled close to 4 million missed days by all victims.²⁶
- The medical costs totaled approximately \$20,000 for each physical assault requiring care.²⁷
- In 2007, female victims of domestic violence represented 65 percent of the workforce experiencing abuse and had 26 percent higher rate of absenteeism and tardiness than non-victims.²⁸
- In 2005, 60 percent of the 120 victims surveyed reported losing their jobs (fired or quit) due to domestic violence.²⁹

Although the services that nonprofits provide cannot eliminate domestic violence, the expected returns of intangible benefits like increased safety planning and awareness of available resources have the potential to reduce the social and economic impact of abuse.

INVESTMENT RECOMMENDATION

Investment in programs that use the empowerment approach to mitigate the effects of domestic violence yield significant benefits at all levels of society: individual, family, and community. Organizations that provide all four of the components of the recommended approach place the agency of change in the victims' hands by helping them access knowledge and resources. Together, the four components reduce harm to the victims and enable them to cope with abuse, plan for safety, and better their well-being.

Nonprofits' use of the recommended approach is necessary but not sufficient to advance the provision of services to victims. In order to be successful, the nature of the field requires organizations to build trusting and lasting alliances with other stakeholders. High performing nonprofits build cross-sectoral partnerships with government and law enforcement agencies, private sector organizations, educational institutions, and medical facilities to foster collaboration, and increase impact. For example, in New York, nonprofits such as the Family Justice Centers are working with law enforcement agencies and healthcare centers to provide adequate services to victims of domestic violence. 30 Similarly, in Massachusetts, the Governor's Council to Address Sexual and Domestic Violence is creating policy initiatives to ensure collaborative response by shelters, law enforcement agencies, treatment service providers, and medical clinics.31

SIR recommends providing unrestricted or flexible funding to organizations that are implementing the recommended approach. This allows them to use funds for a wide range of activities, including delivering programs, building their infrastructure,

and spreading best practices. Nonprofits may seek to implement a more rigorous data tracking mechanism to improve program effectiveness or choose to engage in research, publishing, and convening to spread information about a particularly successful program to others in their field.

COMPONENTS OF THE RECOMMENDED APPROACH

Organizations working to mitigate effects of domestic violence provide services for victims in coordinated partnerships. These services include:

- Community Awareness and Advocacy to inform women about available resources and facilitate and encourage a community-level response.
- Crisis and Pre-Crisis Services to remove women from abusive environments as quickly as possible.
- Medium and Long-Term Services to help victims cope with emotional, psychological, and physical trauma, restore self-esteem, and build independence.
- Children's Services to enable mothers to seek help for themselves and their children and address trauma experienced by children exposed to domestic violence.

TAKE ACTION

As described in the facts section, on September 15, 2010, domestic violence programs were unable to provide services requested by 9,541 victims due to a lack of funding, insufficient staff, shortage of shelter beds, and an inability to provide specialized services.³² This inability to provide services as demanded demonstrates a gap in funding and in service provision to meet the needs of domestic violence victims. Philanthropy can help fill this gap. SIR recommends that donors and funders learn more about the needs of the local organizations to make targeted budgetary decisions.

Volunteer

- Receive training to answer calls at a local hotline
- Become a trained mentor or tutor for children who have been or are exposed to domestic violence
- Provide translation services in communities with prominent immigrant populations

Donate

- Donate necessary funds to meet program shortages of supplies and staff, or enable programs to provide supplementary services
- Donate a cell phone to help women access crisis services
- Donate items that shelters need such as clothing, bedding, and canned goods

Advocate and Inform

- Participate in community awareness initiatives to inform the public about domestic violence and victims about resources and services available to support them
- Provide funding to improve and expand existing and emerging innovations and research to foster systemic change, such as better understanding the connections between homelessness and domestic violence.³³ Another example is community mobilization, which works toward lessening the stigma surrounding domestic violence and making it a concern for entire communities, not just individual families.³⁴

REFERENCES FOR FURTHER RESEARCH

ORGANIZATION	WEBSITE
National Coalition Against Domestic Violence	www.ncadv.org
National Domestic Violence Hotline	www.thehotline.org
National Network to End Domestic Violence	www.nnedv.org
National Organization for Women	www.now.org
National Resource Center on Domestic Violence	www.nrcdv.ora

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This report was authored by:

Andrew Ofstehage, Research Fellow Ankita Gandhi, Research Fellow Jared Sholk, Program Assistant Anne Radday, Senior Manager of Research Colette Stanzler, Director

Social Issue Expert Interviewees:

Judy Beckler, St. Mary's Center for Women and Children
Jeff Edleson, University of Minnesota
Janet Fender, Domestic Violence Unit, Department of Transitional Assistance
Sheridan Haines, Governor's Council to Address Sexual Assault and Domestic Violence
Rebecca Macy, University of North Carolina
Brian Namey, National Alliance to End Domestic Abuse
Lucia Rivieccio, STEPS to End Family Violence Edwin Gould Services for Children and
Families
Aisha Shillingford, Close to Home
Cris Sullivan, Michigan State University
Aimee Thompson, Close to Home

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