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From Case to Cause: My Name Is Jess Overton

Donna McIntosh

Jess Overton averted her eyes and said in a tired voice, "What choice do I have if that's the rule. As long as he is safe from his father, I can live with it for the time being." Valerie Gunther, the Intake and Services social worker for Safe Sanctuary Domestic Violence Services, was completing an intake interview admission into the congregate emergency shelter for Jess and her children. In the middle of explaining an admissions policy, Valerie told Jess that her eldest son Nick could not be admitted to the shelter because he was 15. "We have had to institute a no admissions policy for young adolescent males because we have found they are often aggressive and violent. This behavior makes the other residents upset and unsafe since most of our residents are trying to escape these types of behaviors. I know it's a tough call and it may feel like this policy is breaking up your family, but Nick will be housed in an emergency home host family with our youth services program. He will still be part of this agency, and the social worker for the youth services program and I will work together to ensure that you, Nick and your other children spend time together every day."

Jess thought for a minute and said to Valerie, "You have to know that I am really scared that this is going to be interpreted by David, his lawyers, and the judge, as my abandoning Nick. I am worried that David might use this to get custody of Nick." Valerie explained that the family court judges were very aware of this shelter policy and that most domestic violence shelters in the state had similar policies. Valerie handed Jess the shelter's information about the emergency home host family program for teens in crisis while she put in a call to the youth program to transport Nick to the host home. Valerie said, "I will give you a few moments to talk to Nick here in the office and then we can talk about some other services and strategies while you are here in the shelter with us."

A half hour later a youth worker came to transport Nick to the host home. The worker informed Valerie that Nick would be in a host home two towns over, near the end of the county line, so his location would not be readily known. Valerie handed the youth worker the consent for shelter care for Nick, signed by Nick and his mother. She also gave the worker at the school an enrollment form so Nick could enroll the next day at the school where the host home was located. Nick and his mother walked to the door together, and Nick looked uncomfortably aware of the workers and residents as his mom hugged him and gave him a kiss on the cheek. He said goodbye to his brother Marty and sister Shannon, and left with the youth worker.

Valerie showed Jess and the children to their bedroom, helped them get supplies, and introduced them to the rest of the residents and staff. After lunch, Valerie asked Jess to join her in the office while her children participated in afternoon play time with the other shelter children. "Marty and Shannon seem to be having fun with the other kids. I just checked on them." Jess was smiling, but Valerie could see the apprehension and worry on her face. Valerie said, "Come, sit down, Jess, and we'll talk while the children are playing." Jess sat down with Valerie and sighed, "I suppose I should tell you a little more about my background." Valerie said that eligibility for admission to the shelter really depended on what was currently going on with her family and on the presence of domestic violence which threatened members of the family. She also told Jess that residents sometimes give a history of how the problem started, so if she felt comfortable, she could talk about that. Through the conversation between Jess and Valerie, the following information was developed.

Jess Overton: Her Case

Jess reported that she is the eldest of four children. She has three brothers, Peter, Stephen, and Alex. Her parents live alone on a small farm about 200 miles west. Her brother, Alex, is the closest to her age, and they remain in close contact despite the fact he lives in California. Alex is aware of the violence that has gone on in her marriage. However, she has little contact with Peter and Stephen and hasn't heard from them in years.

Jess's father ruled his family in a strict and diligent manner. Physical discipline was the rule. She was an honor student throughout school. School was important to her father. He expected all of his children to be honor students and to do their best.

When Jess was 16, she tried to kill herself by taking some of her mother's pills. She ended up in a unit of the local psychiatric hospital for six days but refused to go to a counselor. When she was discharged, she decided she wanted to get out of her house.

She was 18 and working at a hardware store when she met David. At age 19, she married David, and by age 20 she gave birth to Nick. She and David moved to another

part of the state shortly after Nick was born and remained there ever since.

David was a regional marketing director for a large national firm. He did well during his early years with the company, traveled a lot, and received several promotions. He enjoyed his work. During this time, two other children were born, Marty, now age 10, and Shannon, age 6. Jess had two miscarriages between Nick and Marty, brought on from daily physical beatings from David. After Shannon was born, David stopped hitting her for a long while, and Jess was hopeful that things would improve. The physical beatings had started when she became pregnant with Nick and were the worst whenever she was pregnant. After the first miscarriage, Jess signed herself into the local psychiatric unit of the hospital because she had become obsessed with dying. She also felt like her marriage was re-creating the problems she had experienced during her childhood. She worried a great deal about leaving Nick alone with his father.

She tried to leave David once, shortly after Nick was born. Her brother, Alex, took her and the children to his house in South Carolina. Alex was a newlywed and Jess's and Nick's presence placed a stress on his relationship with his wife. She went back to David with the children after Alex learned through his job as a police officer that David had received temporary custody of the children. According to Alex, David had used Jess's past suicide attempts and hospitalizations as a means of obtaining custody.

After that, David told her she could leave anytime she wanted but "without any money, anything from the house, and certainly not with my kids." David further informed her that state law could terminate a parent's rights based solely on a parent's mental health status. Since then, Jess never tried leaving again.

But yesterday, David had gone too far when he hit Marty and left bruises all over him. Two years earlier, Marty had been diagnosed with an emotional disturbance. He was in a special educational program in his school and was receiving Supplemental Security Income (SSI) for his disability. David was always "on Marty's case," and he often told Marty that he could never do anything right. David called Marty "crazy" and "retarded," claiming that Marty couldn't possibly be his child because he would never have such a messed-up kid.

When David was hitting Marty, Jess jumped between them. David hit her several times on the head and twisted her left arm until she heard something snap. She left early the next morning and went to her physician's office. Marty's face and back were bruised and Jess's head ached. She couldn't move her arm, and it was severely swollen.

The doctor reported no broken bones and asked her how it happened. Jess told her the truth; she was finished lying for David. The doctor said that she would have to report the incident to the state's Child Abuse Hotline.

As for the abuse that Jess suffered, the doctor said that she would quietly refer her to the domestic violence shelter in the area, but officially, she was using a diagnosis under the category of Mental Health.

Jess panicked when she heard the words "mental health." Her first reaction was that she would end up being hospitalized and that David would get the children. The doctor informed her that if she reported a diagnosis of Domestic Violence to Jess's health insurance carrier, her claim would be denied. However, if she reported that Jess's injuries were the result of a home accident related to past mental illness, and if there was a follow-up recommendation for mental health services the insurance company would pay. The doctor said that managed care policies were interpreting domestic violence as a "pre-existing condition" and not a health-related illness. Consequently, they were rejecting medical claims on that basis. The doctor explained that as a physician, she was required by law to ask her about domestic violence based on the injuries she saw. However, Jess would need to go to the county mental health clinic or a private therapist if she wanted the claim for this emergency service to be paid since the insurance carrier was recognizing domestic violence under a mental illness diagnosis.

Reluctantly, Jess went to the hospital's outpatient mental health clinic. As soon as she told them she was in a violent relationship, the clinic staff told her she had no mental health problems, that it was a family violence issue and needed to be taken care of by the local shelter service. Jess wondered why it was so complicated but realized that this was the necessary route she had to take to be linked to the Safe Sanctuary Domestic Violence Services. Still, she wasn't quite sure what all of these different policies and laws meant. The bottom line for her was that David not get the children and hurt them again.

Individual and Family Needs

As Jess finished her story, Valerie quietly said, "Jess, thank you for sharing all of that with me. I am glad that despite having to go to several places, you found out about the shelter services and made it here today. The staff will be meeting tomorrow morning with you to help establish a plan, and we will be working from what you have shared with me today."

The shelter staff routinely met within 72 hours of each intake to review the information for each resident and to work with the resident to establish a prioritized service plan. Generally, a shelter stay was only 30 days, although it could be extended for up to 90 days if the local county Department of Children and Family Services approved the extension. To be eligible for services, a resident had to establish that there was some form of family violence

present in the home. Together, Jess and Valerie decided that the following needs should be addressed:

1. Jess should complete an application for public assistance for supported housing.
2. Jess should enroll Marty and Shannon in the shelter's school district and see that Marty's special education plan was transferred from his previous school.
3. Valerie and Jess would need to determine the status of the child abuse report filed by the doctor.
4. Jess and the program's court advocate should file a petition with family court to advocate for custody of the children.
5. Jess should establish a plan with the shelter staff to maintain daily contact with her son Nick.
6. Jess should participate in the program's individual and group counseling services.

At the end of the process, Valerie looked at Jess in a concerned way and said, "Jess, I have to ask this question as well. You have made suicide attempts in the past and I'm concerned about that. I wonder, no I worry that you might consider that again." Jess looked directly at Valerie and said, "My children need me now more than ever. I'm scared of what David is capable of, especially when he finds out that I am filing for custody. Right now, I am fine. If that changes, I will let you know."

Staff Meeting—Day 2 in the Shelter

The staff of the shelter met early the next morning for a general staff meeting and then for Jess's case review. During the general staff meeting, Valerie reported her concerns about some disturbing policy practices brought to light by Jess's intake and history. Janet Rockwell, the Sanctuary's director and chair of the meeting, asked Valerie not to recap Jess's case, but rather to speak about the policies.

Jess Overton: Her Cause

Valerie addressed the group:

> Yesterday, after I met with Jess, I learned that her physician would not properly diagnose her injuries as resulting from domestic violence. The physician noted that if she did so, Jess's insurance company would not pay for her visit because they could classify the diagnosis as a preexisting condition and not health related. Instead, she was referred to the mental health clinic for counseling, and was refused services because it is their policy that domestic violence should be handled through services such as ours. Later that night, I compiled data from our intakes for the last six months. I found that every referral from our local mental health clinic was due to a refusal on their part to provide mental health services for victims of domestic violence. My contact at the clinic informed me that it is the clinic's policy not to serve any women who disclose domestic violence as their primary problem. When I pressed him further as to why, he told me that two years ago, the State Association Against Family Violence had lobbied hard at the state level to avoid diagnosing persons experiencing domestic violence as mentally ill. The association wanted to acknowledge that persons who were violent to other family members were the ones who needed treatment, not the victims.
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> A different but related issue came to my attention. Over the last five years, a number of women across the state had their parental rights severed by family courts due to diagnoses of mental illness. These cases were more accurately described as domestic violence. However, in the absence of proof that domestic violence had occurred, the mothers who were victims lost custody of their children. Custody in those cases was awarded to the fathers, but many of those kids ended up in foster care when their fathers later abused them.

Valerie seemed to have gotten the attention of the group. However, the policy issues she had researched were not entirely clear to her yet. Despite spending the better part of last evening researching, she felt that she didn't know enough about the complex issues at work in Jess's case. Valerie continued,

> I interviewed someone at the County Prosecutor's Office and she told me "off the record" that the County Prosecutor's Office did not acknowledge the "Battered Wife Syndrome" diagnosis used as a criterion for determining parental fitness for abused women who were seeking custody of their children. Apparently, the county prosecutor told the Mental Health Clinic director that the county legislators and many state legislators agreed that such a diagnosis would only be a sanction for women to take matters into their own hands instead of using the system that exists. However, my contact also said that if asked directly, these policymakers would "tone down the rhetoric" and cite their longstanding support of funds for domestic violence shelters and services.
>
> I also learned that at the clinic our reputation may be in question. They feel that we have a practice of refusing readmission to former residents who were admitted to the hospital for psychiatric reasons, by claiming that we are not equipped to deal with these types of problems. My contact at the clinic expressed a desire to work on this issue, but was concerned that policies existed because of political reasons.

Janet Rockwell, the director of Safe Sanctuary Services, nodded thoughtfully and took notes. She particularly wondered about the physician's comment about domestic violence being a "preexisting condition" and wondered if this was an "official" position of the health care industry about domestic violence. She addressed the group as well as Valerie: "Valerie, I don't know. I haven't heard of such a thing, but we could call the other shelters and the State Association and find out." Janet asked if Valerie or the other staff had other concerns regarding these policies and laws.

The program's court advocate, Nancy Miller, shook her head in frustration, "I deal with these mixed messages

every day in court with the women from this shelter. Valerie, if you haven't come up against this policy issue yet, you might with Jess's child, Marty. He's on SSI, and I understand that if he's not in an approved special education program, and sometimes even when children are, the federal government is disallowing them SSI. We had better work fast to ensure that Marty stays in the special individualized education plan from his previous school district."

Valerie was not sure she followed what Nancy was saying and asked for clarification. Nancy reported that in the last couple of years, the federal government had changed eligibility standards for SSI for children with emotional disturbances and was cutting off thousands of children from benefits. The premise behind this policy practice was that too many children were being labeled emotionally disturbed and receiving SSI, and that a fair number of these children weren't emotionally disturbed at all, but had been coaxed by their parents to display the behaviors that would make them eligible for SSI. In the next federal legislative session, this issue was on the agenda, and it was anticipated that the federal regulations would be modified to further tighten eligibility and eliminate several thousand more children from benefits.

Valerie had been with Safe Sanctuary Domestic Violence Services for only six months, and she never realized that she would have to know and be involved in so many state and federal policies and interpretations to do this job. She didn't want to do policy advocacy. She wanted to do her job of conducting intake and counseling services for women and children trying to escape violence in their lives. She realized that advocating for individuals and families was a complicated matter, and she felt inadequate and uninformed. She hardly understood it herself and wondered how she would ever be able to explain it all to Jess.

Sensing that the staff members were feeling overwhelmed by the complexity of the policies and laws involved in this situation, Janet suggested that the next large staff meeting, scheduled in two weeks, be dedicated to discussing what could be done about working for policy clarification and change. She also suggested that staff members who would soon be attending the next meeting of the State Association against Family Violence attempt to get their concerns on the Association's meeting agenda. Janet felt it was important for staff at all levels to understand the policies and laws affecting their work and to work toward influencing policy.

Nancy Miller sighed as she noted, "It's my job to know all of these policies as they affect our consumers of service. As I talk with other advocates in shelters across the state, I hear them saying the same thing. The policies are changing daily, and noncompliance with them is the norm. We all feel like we have to be policy advocates in addition to case advocates for our consumers. It seems like an impossible task."

Jess: Case Advocacy

Jess and the staff met to establish her service needs and plan on how to work toward her goals. Valerie began the meeting by acknowledging to Jess that her situation had brought up many larger policy issues, which could potentially affect many women in her position. Valerie did know that right now, Jess's needs had to come first. A child protective worker had called and was scheduled to come the next day in order to talk to Jess and the children. Valerie had helped Jess enroll the children in a new school district, and plans were discussed for their first day at the new school. Jess arranged for Nick to spend time with her, Marty, and Shannon at the Family Program located at the organization's main office. In addition, Jess disclosed that she would like to establish her own household and find a job or a training program to attend. The staff discussed these goals with Jess and worked on identifying a prioritized list of tasks that needed to be accomplished. Jess came out of the meeting with some optimistic feelings for a change.

Day 5 in Shelter

"Unbelievable! I didn't think this would be a problem. Since his diagnosis of a learning disability three years ago, Marty has been in the same school without any challenge to his diagnosis. Why now, when he and I need it least?" Jess's face flushed, and she paced around the office. Valerie reassured her, "We don't know yet, Jess, they might enroll him in the half-day resource room he needs or supply him with the in-class computer. If they won't, we can talk to the parent advocate at school or can request a hearing before the school board. For now, we are fortunate the school even enrolled him. The social worker from our Youth Services Department, the one who is working with Nick, told me that enrolling children in a different school district while they are in a temporary shelter didn't happen until the 1987 Federal Stewart McKinney Law mandated school enrollment, regardless of the temporary nature of residency. So Marty's in school. Next, I will accompany you, if you like, to the Individualized Educational Plan meeting for Marty next Monday."

Jess just sighed again, "I don't have the energy to fight right now. Yes, Marty is in school, and I don't want you to think I am not grateful. How well do they think he will do if he doesn't have the right educational plan. He'll fall behind quickly!" Valerie just listened as Jess yelled, "It seems like everyone knows I'm down on my luck, and they are working hard to drive me back to David!" Valerie gulped, and asked, "Is that what it feels like? Are you thinking this would all be easier if you just went back to David?" Valerie had heard this statement often in the six months she had been at the job. It was hard work and a

seemingly uphill battle for women to reestablish themselves independently from their violent partners. More and more, Valerie was appreciating the impact that various policies had on people's lives and on her own abilities and skills to help women break free from violent relationships.

Day 10 in Shelter

As she returned from family court, Jess exclaimed, "I feel like it's two steps forward and one back! Today, I was granted temporary custody of the children, the child abuse report against me was unfounded, but they are still investigating David. The children's law guardians told me not to worry about losing custody because of my mental health history. They said Judge Richardson was an understanding judge who didn't stigmatize mental health problems and certainly was well aware of the effects of domestic violence on victims." Valerie questioned, "Yes, but what's bothering you?"

"This is all great," said Jess, "but then the judge granted supervised visitation with the children for David until the child protective investigation is done. I don't want him anywhere near the kids. I can't let that happen. I won't comply with that visitation order. I don't care what happens. He can't visit them if he can't find us."

"Jess, a lot of that's great and we can only take one day at a time. The person who supervises the visitation is appointed by the judge. Whatever David says or does to the children is reported to the judge. I'm sure his attorney has told David that he will have to be on his best behavior if he hopes to continue to see his children. Work with Nancy on strategy and ask her questions if you are concerned. Nancy has contacts with the Law Clinic at the local Law School. They often give free legal advice and strategy to Nancy and residents here." Jess looked a little more relieved.

Later that day Valerie received some bad news. She asked Jess to join her in the office, and she proceeded to tell her about Marty. "I had a call from Marty's school today, and I thought you should know. They decided that they do not want to have Marty evaluated by their school psychologist and that Marty will have to remain in his current classroom. They justify their position on the basis that he is technically 'homeless,' will probably be only temporarily in the school district, and they cannot justify the expenditure of time and resources for such a situation. They also reported that his school records have still not arrived from his former school. Now, I checked with Janet, our director, who tells me that this is not completely legal, but that some schools choose to interpret the federal mandates regarding the special educational rights of children in their own way. In fact, Nancy, our advocate, tells me that many school districts across the state disagree with this practice and are forming a coalition to overturn federal mandates for special education."

Valerie continued, "As for Marty, we do have a recourse. We can request a hearing with the school board and if that doesn't work, we can refer the issue to the State Education Department. Nancy will be helping you with that process." Jess fell heavily into a chair in the office and started crying. Valerie let her cry and came to sit by Jess and held her hand.

Day 21 in Shelter

The school district had rejected Marty's special educational plan after Valerie and Jess presented their case to the school board. The board noted that Marty had functioned well in a grade level below where he was placed in his other school. They felt it appeared he had no special education needs, but rather, was inappropriately advanced before he was prepared. The next step was to appeal to the State Education Department. Jess felt she wanted time to talk to Marty about the decision and to talk to a lawyer at the Law Clinic.

Day 30 in Shelter

During this past month, the job coordinator for the shelter had helped Jess enroll in a training program at the local college. Jess was going to be a lab technician. It was always something she wanted to do, but her parents had told her that they didn't have the money and that she didn't have the talent to pursue this career. She was scheduled to enter a transitional apartment on the outskirts of the city in three days. There, she would have a two-bedroom apartment and could stay for up to 18 months while she worked to get back on her feet. Valerie contacted a furniture-recycling program and helped Jess to get beds, a couch, and a small kitchen table and chairs for the apartment. Jess felt she could furnish the apartment a little at a time and was excited about her upcoming move.

David was still fighting Jess in court for custody of the children. Nick, her eldest son, had refused to visit with his father, and Jess wasn't pushing this with Nick. Marty and Shannon still went every week to the Courthouse, where in a special small room, they saw their father for an hour. Sometimes Shannon cried in her sleep for her daddy. That's when Jess found it most difficult to be on her own. For a while, Jess couldn't think about anything but the good times with David. She wouldn't tell the staff because she felt they wouldn't understand, but Jess still had feelings of love for David—even though she feared and sometimes hated him. He still wasn't paying any child support, but with the help she was getting from social services, they were petitioning the Court for back child support and future payments for the children. She still hadn't done anything about Marty's educational plan, but she intended

to, after they settled in the apartment. Just yesterday, she had received a letter from the regional Social Security Office informing her that because Marty was no longer receiving special educational services for an emotional disturbance, his SSI benefits would be terminated effective the first of next month. She was sure the school had informed the Social Security Administration, though Nancy had assured her no law required the school to do so. She was still within the appeal dates for both the educational and the SSI benefits decision. She was going to appeal both. She needed Marty, Nick, and Shannon to know she wasn't a quitter, and she would fight for herself and them.

She went downstairs where the staff and other residents were throwing her and the children a goodbye/good luck party. She would miss the other women in the shelter but had already decided to keep coming to the support group. During cake and ice cream, Valerie and Janet approached Jess. Janet said, "Jess, I know Valerie has brought this up with you in the past, but I would like to extend a special invitation for you to testify at the spring forum on domestic violence. You have worked very hard in the short while you have been here and have done well, even when it all seemed uphill and people were using policy roadblocks along the way. Valerie will be staying in touch."

Janet added, "Valerie and I are attending the monthly State Association meeting soon, and we will keep you posted. It might be helpful if you come to an Association meeting; there are a number of us there who have been where you are today. The Association knows the most powerful voice sometimes comes from someone who has lived through the experience of domestic violence. Please consider joining us? Enough said, let's have more cake and ice cream!"

Jess: Cause Advocacy

Valerie, Nancy Miller, and Janet Rockwell rode in Janet's car to the State Association meeting. This was the first time in her professional career that Valerie had ever attended a statewide association meeting of any kind. She was feeling nervous but convinced that for Jess, and other women in similar situations, she had to speak up about some of the policy issues Jess's case had presented.

Janet parked in front of the building and turned to Valerie, "Valerie, it is important for you to speak up about these issues. I support you and your efforts, but I also want you to be aware that at these meetings you aren't just speaking for Jess's experience and your point of view. You are a voice for our organization, so if you are unsure about anything, I am right beside you and will help if needed." Valerie wasn't sure what Janet's real concern was, but she was starting to understand that the "politics" of her organization were also at work in this case.

Valerie's presentation included the following issues, and she requested that the Association develop positions on these issues and discuss them with legislators during the next state legislative session.

1. Managed Care, Health Care Coverage, and Domestic Violence: the status of domestic violence in the health care field. Is it considered a nonhealth-related preexisting condition and uninsured?
2. How can we ensure that victims of domestic violence are medically treated and covered by insurance? How can accurate documentation of domestic violence be established by medical practitioners?
3. How can we ensure that victims of domestic violence and their children receive necessary mental health services and domestic violence services without receiving a label that could hinder their legal rights and their well-being?
4. What are the legal rights of parents with mental illness, and how does the child protective system evaluate their abilities to care for their children?
5. How can the association help to clarify the diagnosis of "Battered Wife Syndrome," and how do the legal and mental health definitions differ?
6. What are the rights of children who are homeless and who need special education placements in schools? How can their rights be upheld, especially if they are receiving SSI benefits?
7. What are the educational barriers faced by children from families who are homeless, including issues of school enrollment, transportation, transfer of records, and safety issues?
8. Is it possible to revisit the policy of not admitting male children who are 14 and older to shelters for domestic violence?

Association representatives in attendance discussed these issues briefly, many of them noting that they had also experienced some of these policy issues. Valerie learned that some of these concerns were being addressed with the State Coalition for Mental Health. Both groups were planning to appear at a legislative hearing next spring.

The Association president, Amanda Greenfield, asked Valerie if she would be willing to supply written and oral testimony at that hearing. She also asked Valerie if she could find someone who could testify about these policies from a "service consumer" perspective. Valerie said that she had a person in mind and would get back to her about her willingness and availability to testify.

Amanda Greenfield told Valerie that many programs were being asked to look at aggregate data for the past year to see if their consumers were encountering difficulties with the policies Valerie had noted. She also noted that the Association was working with BSW students from a Social Work Research course at the local college

and that they were hoping to develop a survey to be used to collect data on some of these policy issues.

Jess: From Case to Cause

Spring the Following Year

Valerie was standing in the foyer of the legislative hearing room watching hundreds of people from all walks of life streaming into the room in anticipation of the domestic violence forum. She couldn't believe how involved she had become in policy issues in just a few short months. It certainly was not where she would have envisioned herself. She derived her greatest satisfaction from working directly with the women and children. However, Jess Overton had taught her that one or two people can start a "chain reaction" of good and necessary policy changes. In the past several months, the State Association Against Family Violence had held several "talking sessions" with the State Coalition for Mental Health, with representatives from the health care industry, as well as with members of the local bar association and local law school. As a result of these meetings, representatives from these groups were here today to submit written and oral testimony. Not everyone agreed on how to address these policy issues, but all agreed it was important enough to continue dialogue and to raise public awareness. The Association, along with the Bar Association, had just submitted a legislative initiative for a Legal Advocacy Law Project for Family Violence, where social workers, lawyers, and other helping professionals would work together on individual cases and on legislative monitoring and advocacy.

Valerie turned to go into the hearing room when, from the corner of her eye, she spotted a familiar face in the crowd. She looked again. Jess Overton approached her; they hugged and walked into the hearing room together. Valerie escorted her to the testimony table, introduced her to the Association president, Amanda Greenfield, and sat down directly behind Jess.

Valerie thought back several months to the first time she had met Jess during the intake assessment at the shelter. She had worried then that they might be overwhelming Jess with abstract policy information at a time when Jess only needed to know she and her children were safe. Valerie worried now if encouraging Jess to testify today was exploiting her for the benefit of the shelter or for some abstract cause. She realized as Jess prepared to testify that this was Jess's way of being strong for herself and for her children, a means of self-empowerment.

After the Association president spoke to the legislative committee members, she turned to Jess and introduced her as a special guest speaker. Jess looked at the group and said, "Thank you for allowing me this opportunity to speak. My name is Jess Overton, and I'd like to share with you what I've been through."

Readings

Carlson, B. E., McNutt, L., Choi, D. Y., & Rose, I. M. Intimate partner abuse and mental health: The role of social support and other protective factors. *Violence Against Women, 8*(6), 720–746.

McCaw, B., Bauer, H. M., Berman, W. H., Mooney, L., Holmberg, M., & Hunkeler, E. (2002). Women referred for on-site domestic violence services in a managed care organization. *Women & Health, 35*(2/3), 23–41.

Zweig, J. M., Schlichter, K. A., & Burt, M. R. (2002). Assisting women victims of violence who experience multiple barriers to service. *Violence Against Women, 8*(2), 162–181.

Discussion Questions

1. *What levels of generalist practice and system sizes are evident in this case?*

2. *The first policy issue that confronted Jess and Valerie was the shelter's requirement that Nick could not be admitted. Do you think that this problem should have been confronted first? Give reasons for your answer.*

3. *What were some of the issues that were responsible for Jess's considering returning to her husband, David?*

4. *Compare Jess's experiences to those of other survivors of domestic violence. What is your reaction to Valerie's statement that young adolescent males "are often aggressive and violent"? Do you agree with this assessment?*

5. *The term "interlocking systems of oppression" has been used to describe situations in which oppression in one institution is connected with and can create oppression in other institutions. Do you see any evidence of these systems in this case?*

6. *What strengths did Jess demonstrate in this case?*

7. *What do you think of the physician's decision to give Jess a mental health diagnosis in order to ensure that the health insurance carrier would pay for Jess's treatment?*