

**CREATING A COORDINATED COMMUNITY RESPONSE
TO DOMESTIC VIOLENCE:
A PROGRAM AND POLICY GUIDE FOR COMMUNITY LEADERS**

by

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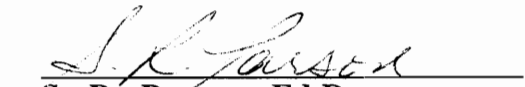
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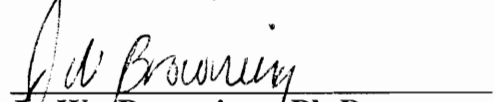
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(ABSTRACT)

Domestic violence is one of the most serious social problems facing our nation today. Despite decades of social and political action led by victims, advocates and leaders in the Battered Women's Movement, it continues to threaten the safety, health and well-being of approximately four million women each year. It also terrorizes and teaches violent behaviors to three to ten million children annually, increases health care costs by three to six billion dollars per year, and increases annual business costs by more than \$13 billion.

Studies of community-based prevention intervention initiatives have shown that efforts to eliminate complex destructive behaviors must not only be aimed at at-risk individuals but also must target change within the broader social environment. This more comprehensive prevention strategy is based on a public health/ public partnership model which differs significantly from blaming behaviors and single intervention "treatment" approaches.

With a few notable exceptions (e.g. mandatory arrest, home visiting nurse programs, and re-socialization education), single interventions have not significantly reduced domestic violence. After decades of experience, it appears that more comprehensive, integrated interventions are required to eliminate problem behaviors. Community leaders continue to search for a sufficiently potent "mixture" of information, policies, programs and protocols which can change the "System of Violence" (or culture) which supports the continuation of domestic violence.

This action science, grounded theory research initiative is an epistemology of community education leadership practice. It has produced a comprehensive program and policy guide which provides community leaders with a roadmap for creating an effective Coordinated Community Response (CCR) to domestic violence. Based on lessons learned by experienced leaders, it describes myths, root causes and risk factors of domestic violence, defines roles and responsibilities of key CCR players, recommends important community goals and messages, and describes seven basic elements of effective CCRs. Additionally, it operationalizes new planning and evaluation tools which can help community leaders launch community problem solving initiatives. Finally, it highlights model programs, leadership strategies and technical assistance which is available to those who are interested in improving overall effectiveness of domestic violence policy and program interventions.

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There is another very special group of people who have contributed in a different and most significant way -- the tenacious national leaders who have dedicated their personal and professional lives to victim safety, system reform, community organizing and education of those who not only work to prevent domestic violence but who help victims, witnesses and offenders on a daily basis. These are the people who generously shared decades of experience, hard lessons learned, conceptual models grounded in victim and offender testimonials, model materials, policies and leadership strategies in hopes that others would join them in their journey to make *every* home a *violence-free* home

Ellen Pence and Michael Paymar
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Chicago Police Department, Chicago, IL)

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(LifeTrack, Inc., Salem, OR)

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(Public Affairs Television, Inc., Princeton, NJ).

These are the true pioneers of the Community Education Movement which is growing across this country in an effort to call upon America's families to STOP THE VIOLENCE. Through their tireless efforts, thousands of lives have been saved, thousands of incidents of abuse have been prevented and thousands of America's children have been spared the unwelcome teacher of violence behind closed doors.

*In Memory of
Patricia Jane Young Newcome*

*Before you move along life's path another step
Move into the light of these flickering candles
Sense the suffering of those you know and those who are near but unknown
Remember those who continue to endure the
Fear
Pain and Agony
Heartache and Sorrow
Discouragement, Anxiety and Desperation
of DOMESTIC VIOLENCE.*

*Remember, too, those who have lost their lives
At the hands of those who supposedly loved them.
Their faces are here, in these flickering candles.
They are here to support us as we
Do whatever we can from wherever we are to
STOP THE VIOLENCE.*

*If they could reach out to us
If their children could call out for help just one more time
We might hear them ask us to
Make today a day to remember
The day we each say
"It's Not Okay Anymore"
The day we each gain the courage to take the first of many small steps
To remove violence and other acts of destruction
From our community and from our family life.
For it is in the consistency of effort -- the linking of many people and many small steps -- that we
Pay tribute to victims of domestic violence, take action and
Make a real difference in the quality of the rest of our lives.*

Creating A Coordinated Community Response to Domestic Violence:

A Program and Policy Manual for Community Leaders

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Chapter One

INTRODUCTION

The Epidemic of Violence In America's Homes

Domestic violence is one of the most serious social problems facing our nation today. Despite decades of social and political action led by victims, advocates and leaders in the Battered Women's Movement, it continues to threaten and destroy the safety, health and well-being of two to four million women each year (APA, 1996). What has not been realized until recently is that it also harms between three and ten million children annually (Carlson, 1984; Straus, 1991; APA 1996); increases health care costs by \$3-6 billion dollars per year (Zorza, 1994); and increases annual business costs (i.e. sick leave, absenteeism, productivity and lost wages) by more than \$13 billion dollars (Zorza, 1994; Magee, 1993).

Domestic violence -- violence which generally occurs between intimate partners behind closed doors within the home -- knows no boundaries. It occurs in every cultural, racial, ethnic, social and economic class in America (Walker, 1984; Supreme Court of Iowa, 1994; Schechter and Milhaly, 1992; Gelb, 1992; Klein, 1992; APA, 1996). Domestic violence, a term which is used interchangeably with spouse abuse, is estimated to be one of the most common, yet least reported crimes in America (Bureau of Justice Statistics, 1994; APA, 1996) with only half of all victimizations reported to law enforcement and only two-thirds of these incidents being documented by responding police officers. Although some domestic violence involves same sex abuse (e.g. gay/lesbian relationships) and female to male battering, the United States Justice Department reports that in 91% of all cases, women are the primary victims of domestic violence (ABA, 1994; Bureau of Justice Statistics, 1991; APA, 1996). In testimony given to the Senate Judiciary Committee in October of 1992 on violence against women, it was reported that in 1991, 90 women were murdered each week, nine out of ten by men -- many of whom were husbands or intimate partners of the women they killed. Today, at the hands of those who supposedly love them, women continue to be raped, sodomized, beaten, stabbed, shot, burned and

threatened with loss or harm to their children -- oftentimes as their children watch on and listen in terror (ABA, 1994).

In response to these alarming trends, Attorney General Janet Reno and the American Bar Association (ABA) recently proclaimed that it was imperative that the Department of Justice and national, state and local Bar Associations focus on the whole issue of domestic violence and family violence in its larger context. Reno stated that "On many occasions, the child who sees his mother being beaten accepts violence as a way of life" (Goldberg and Reske, 1993).

Reno, the American Bar Association, the American Medical Association, the American Psychological Association and thousands of battered women's advocates across the nation acknowledge that violence is *socially learned and culturally reproduced* (APA, 1996). It is practiced and observed in the home, encouraged by community members who believe that it is acceptable to use violence to "get what you want" and condoned by those who believe that domestic assault is a private family matter rather than a serious crime. Subsequently, domestic violence is transmitted to future generations and simultaneously expressed in intimate relationships of all age groups -- beginning with dating, continuing during marriage or intimate partnerships, child rearing, separations/divorce, and into aging (APA, 1996).

The medical, mental health and legal professions are not alone in recognizing the devastating impact of domestic violence on women and children in their homes. As an institution that has profound impact on the belief systems which are the root causes of domestic violence -- primarily, male privilege or entitlement to use power and abusive acts to control women and children -- religious faith groups are beginning to examine their role and responsibility in stopping the violence and protecting their most vulnerable community members. In a policy statement issued in 1990, the National Council of Churches denounced domestic violence and any interpretation of scripture that condones or establishes a sense of entitlement by clergy or parishioners to coercively control family members with violent or abusive behavior (National Council of Churches, 1990).

To those who believe that community interventions “break up” families, the Reverend Dr. Marie Fortune, Executive Director of the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA, notes that it is the abuse and the violence that has *already* broken trusting relationships, the family and marital covenants (Fortune, 1991). However, broken relationships and families don’t have to be an inevitable fact of life. According to the Centers for Disease Control (AMA, 1994f), *abuse is completely preventable*.

Recent community practice (as described in Chapter Five) has shown that domestic violence can be significantly reduced and eliminated by simultaneously taking several key actions: (1) educating community members and responding professionals about the status and impacts of domestic violence, (2) providing prevention education (e.g. skills for living) and caring adults (good role models) who encourage healthy core values, (3) providing safety and protection for victims and accountability for offenders, and (4) supporting all effected individuals in regaining their health, integrity, community connections and a sense of well-being through rehabilitation and support services. By mobilizing community educators and leaders to organize the entire community into a comprehensive, integrated “Coordinated Community Response” (CCR) to domestic violence, all community members can benefit from reduced violence in their homes and reduced costs for responding institutions and the community at-large.

Statement of the Problem

Breaking the Silence Surrounding Domestic Violence

There is no question that domestic violence is no longer a private, individual or family matter. It is a complex, difficult and costly community problem. Unfortunately, most community members and many community leaders are unsure about how to address violence which occurs behind a family’s closed doors. Such violence is deliberately kept quiet and out of the public’s eye. Victim/witness surveys and community practitioners report that almost one third of all individuals and families in America have experienced

domestic violence in their own homes (Walker, 1984; APA, 1996). These sources confirm that many victims and witnesses have grown up believing that coercive control, abusive behaviors and domestic violence is a part of *normal family living*. Additionally, they suggest that some community leaders in positions of power share the belief systems which create and sustain domestic violence, making it extremely difficult for communities to give clear and consistent messages that violence in the home is a serious crime and must not be tolerated (Fortune, 1991).

Because these barriers to change have not been overcome in past decades, counselors, educators, law enforcement personnel and jailers, among others, continue to deal with the results of uncurbed family violence which is increasingly spilling out of the home and into the streets (Public Affairs Television, 1995). In the meantime, America's silent majority continues to pay the price -- in terms of rapidly rising health care costs which are passed along to non-violent Americans, rising insurance premiums, rising taxes, rising teenage gang violence and rising divorce rates -- all of which stem from growing numbers of failed families and intimate relationships.

Community leaders across America admit that they are inexperienced and ill prepared to respond to domestic violence. In many communities, it is not uncommon for prevention programs and direct services to remain fragmented (Chang, Gardner, et al, 1991; Edelman and Radin, 1991; Gardner, 1989; Kagan, 1991, 1993). Victim advocates report that needed services are oftentimes inconsistently available, seriously underfunded and in conflict philosophically with one another (Schechter, 1982). In many communities, domestic violence policies, laws and protocols are still being drafted and in those communities where they do exist, training and enforcement remain a problem. Domestic violence case information is frequently not coordinated or monitored and in cases where monitoring does occur, many cases are found to be handled unfairly and inconsistently (Ryan, 1995), especially where minorities and public figures are concerned. Identifying lessons learned and creative ideas for resolving problems is a time consuming task even for those who are motivated to take on leadership roles. But, *community leaders can solve these problems*. What they lack are simple leadership tools, linkages to sources of assistance and basic guidance to get the job done.

By helping community members and institutions move beyond casting blame to taking positive action -- simple, appropriate, consistent, coordinated actions -- community leaders can have a significant impact on the status of domestic violence within their communities. But where do community leaders start? What approaches should they use?

A Need for Comprehensive, Integrated Leadership Strategies

Studies of community-based prevention intervention programs have shown that efforts to eliminate complex destructive behaviors must not only be aimed at at-risk individuals but also must target change within the broader social environment -- the culture and community in which at-risk individuals live. This fuller prevention strategy is based on a public health model of prevention (Albee, 1987) and differs significantly from single-policy or single-program interventions.

The traditional “model program” approach is a “treatment” paradigm which frequently assumes that a certain legal mandate (e.g. stalking laws) or dosage of prevention intervention (e.g. batterer’s treatment) will produce the desired outcome -- no more domestic violence. Although some model policies and programs are producing promising results (e.g. mandatory/pro-arrest, new parent support home visiting nurse programs, re-socialization education), *single interventions have been unable to “fix” the domestic violence problem*. Leaders who have shifted to a more comprehensive, integrated, system-wide approach with all sectors of the community working together for change are beginning to see many different types of destructive behavior trends reverse and decline -- some quite dramatically (George and McKeown, 1985; Yin, 1993, Hawkins and Catalano, 1992). This newer community-based, multi-intervention “partnership” paradigm recognizes that ultimate outcomes -- no more domestic violence -- involve social groupings and the social environment as a whole, not just the individuals experiencing a single prevention intervention (Holder & Giesbrecht, 1990; Wittman, 1990). By experimenting with a “mixture” of coordinated community response interventions, community leaders can create a sufficiently “potent,” cumulative effect on problem behaviors and shift the entire culture of a community to one which is non-violent and less problematic.

What Policy Makers and Program Managers Need to Know to Effectively Reduce Domestic Violence

This research effort has identified several key topics which are essential to all effective Coordinated Community Responses to domestic violence. Currently, these individual topics are dispersed throughout the literature of different disciplines (Chapters Two and Three) and mentioned in highly specialized program implementation materials. To date, no practitioner or community leader has consolidated and integrated the key data that senior and mid-level policy makers and program managers need to know to plan, implement and evaluate a Coordinated Community Response to domestic violence.

Keeping in mind this gap in knowledge, the two overarching goals of this research effort are to collect and organize relevant data and to construct appropriate planning and evaluation frameworks which can serve as the basis for a “CCR Program and Policy Manual for Community Leaders.” Such a manual is critically needed by communities across the nation as they struggle to address escalating violence throughout their communities.

An action science, grounded theory research methodology (Chapter Four) was used to identify relevant data, categorize it and construct leadership tools for planning and evaluating a CCR (Chapter Five). Chapter Six is a “stand alone” CCR program and policy manual which captures much of the information of this dissertation and presents key findings in sufficient detail to assist mid-level community leaders in constructing their own approaches and solutions to the problems of domestic violence within their social context. Topics include:

- Status and impact of domestic violence
- Nature of abusive relationships
- Cycles of violence
- Myths
- Victim and offender characteristics
- Causes and risk factors
- Impacts on victims and witnesses
- Barriers to successful interventions
- Resources and Technical Assistance
- Core prevention and supportive services
- Relevant policies and laws
- Roles and responsibilities for key responders and others
- Appropriate and inappropriate responses by key players, community leaders and community members

- Leadership strategies, structures and processes which lead to success
- Planning and Evaluation Tools

It is the hope of all those who contributed to this study that the resulting manual will help community leaders create more effective responses as well as system-wide change. By raising their awareness about domestic violence and its impact and suggesting concrete corrective actions to reverse negative trends, communities across the nation can make remarkable progress in curbing the devastating abuse that goes on behind closed doors. Used for planning and evaluation purposes, the manual found at Chapter Six will help community leaders ensure that a community's response is appropriate, consistent and comprehensive enough to have a dramatic and positive impact on domestic violence.

Chapter Two

THE NATURE OF ABUSIVE RELATIONSHIPS

For decades, battered women's advocates, adult educators, counselors and other family violence professionals have worked with victims and offenders in an effort to gain a greater understanding of the underlying causes of domestic violence, the risk factors associated with it and the impacts domestic violence has on those involved. A recent report of the American Psychological Association's Presidential Task Force on Violence and the Family (APA, 1996) captures their experience and highlights key findings which have been validated by the practitioners who participated to this study:

- Violence is learned behavior and much of that learning takes place in the home.
- Family violence in its many forms includes elements of control and abuse of power by the person committing the violence.
- Experiencing or observing violence in the home may be the start of lifelong patterns of using violence to exert social control over others and to handle interpersonal conflict.
- Violence is integrally connected to the intensifying levels of violence in the street, in the community and in the larger society.
- Sometimes the actual patterns of violent acts change as partners grow older, but the dynamics of power and control remain constant.

In order to more fully understand what causes domestic violence and why it is so difficult to eliminate, it is important to focus attention on six key topics: (1) the issue of power and control, (2) myths and misinformation surrounding domestic violence, (3) victim and offender characteristics and risk factors, (4) cycles of abuse, (5) cycles of personal responsibility and cycle jumping, (6) Safety Planning and "Stay Safe" Planning.

Power and Control

In 1980, a small group of activists in Duluth, MN, joined together to address the growing problem of violence against women in their community (Pence and Paymar, 1993,

p. xiii). “Every source of data, from police reports to hospital emergency rooms, from counseling centers to divorce courts, pointed to the enormous gender disparity in who was initiating the violence, who was more physically harmed, and who was seeking safety and protection from the violence. Although some domestic violence involved same sex abuse (e.g. gay/lesbian relationships) and female to male battering, in over 90% of all cases, women were the primary victims of abuse and domestic assault.” This small group of community organizers asked some important questions which are still relevant today (Pence and Paymar, 1993, p. xiii):

Why is she the target of his violence? How does his violence impact the balance of power in their relationship? What did he think could change by hitting her? Why does he assume he is entitled to have power in the relationship? How does the community support his use of violence against her?

The answers to these questions in Duluth came from a series of focus groups with victims and extensive dialogue with community practitioners who assisted them. The resulting **Duluth Power and Control Wheel** (Exhibit 1) has been widely accepted throughout the public and private sectors for the past decade because it captures important information about the fundamental causes of domestic violence (male privilege and choice to use power to control), offender intentions and tactics (see Exhibits 1 and 2), and the goals of batterer’s re-socialization education (see Exhibit 3). Currently, the Power and Control Wheel is the basis for the Duluth curriculum for court-ordered batterers’ treatment. It is also recognized by several state level domestic violence strategic plans (State of Florida, 1994; Supreme Court of Iowa, 1994) and used by community intervention programs around the world.

The Duluth Model suggests that batterers make a conscious choice to use their power to coercively control their victims and get what they want. Officials from the Quincy, MA Court agree (Gelb, 1992, p. 17). In case after case, they point out that:

...most battering is not out of control. Abusers pick their victims and choose the time and circumstances of the violence. They may deliberately limit the injuries they inflict to conceal the abuse from others, hitting on the torso or upper legs, rather than the face or arms. ... Batterers use violence, quite simply, because it works. It is an extremely effective method of control.

Exhibit 1: Duluth Power and Control Wheel



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**Exhibit 2: Duluth Power and Control Log
(Men's Education Group)**

1. ACTIONS: Briefly describe the situation and the actions you used to control your partner (statements, gestures, tone of voice, physical contact, facial expressions).

**Grabbed her by her hair — called her names,
— slammed door.**

2. INTENTS AND BELIEFS: What did you want to happen in this situation?

For her to stop swearing at me and to quit yelling.

What beliefs do you have that support your actions and intents?

It takes two to tango.

3. FEELINGS: What feelings were you having?

Mad, frustrated

4. MINIMIZATION, DENIAL AND BLAME: In what ways did you minimize or deny your actions or blame her?

She spit at me, that's why I had to grab her.

5. EFFECTS: What was the impact of your action?

On you **spent the night in the car**

On her **she's scared**

On others **kids woke up crying**

6. PAST VIOLENCE: How did your past use of violence affect this situation?

Made her afraid, she went to the courts.

7. NON-CONTROLLING BEHAVIORS: What could you have done differently?

I should have left as soon as she started yelling at me.

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Leaders of the INOKA Program of Salem, Oregon (“It’s Not Okay Anymore, an empowerment program for battered women) also agree. In their work with victims, they have observed that abuse is about control and selfish power. “It is about one person doing harm to another in order to get his way or make a point. Like bullies in a schoolyard, abusers pick on people they can control. In most cases in our country, this means women and children ...” (Enns and Black, 1996, p. 17).

According to **Duluth’s Power and Control Model**, most frequent offender tactics include the following:

- (1) **Physical Abuse** -- Minimizing and/or denying such physical acts as pushing, shoving, hitting, slapping, choking, pulling hair, punching, kicking, grabbing, tripping, throwing her down, biting, and using weapons against her.
- (2) **Isolation** -- Controlling what she does, who she sees and talks to, where she goes.
- (3) **Emotional Abuse** -- Putting her down or making her feel bad about herself, calling her names, making her think she’s crazy, playing mind games with her.
- (4) **Economic Abuse** -- Trying to keep her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money.
- (5) **Sexual Abuse** -- Making her do sexual things against her will, physically attacking the sexual parts of her body, treating her like a sex object.
- (6) **Using Children** -- Making her feel guilty about the children, using the children to give messages, using visitation as a way to harass her.
- (7) **Threats** -- Making and/or carrying out threats to do something to hurt her emotionally, threatening to take the children, commit suicide, report her to welfare.
- (8) **Using Male Privilege** -- Treating her like a servant, making all the “big” decisions, acting like the “master of the castle.”

As offenders learn how their violent and abusive behaviors and beliefs are destroying their lives, they are challenged to assume personal responsibility for accepting a new set of core values and beliefs and choosing to shift to a life of non-violence and equality with their intimate partner. **Duluth’s Non-Violence Equality Wheel** (see

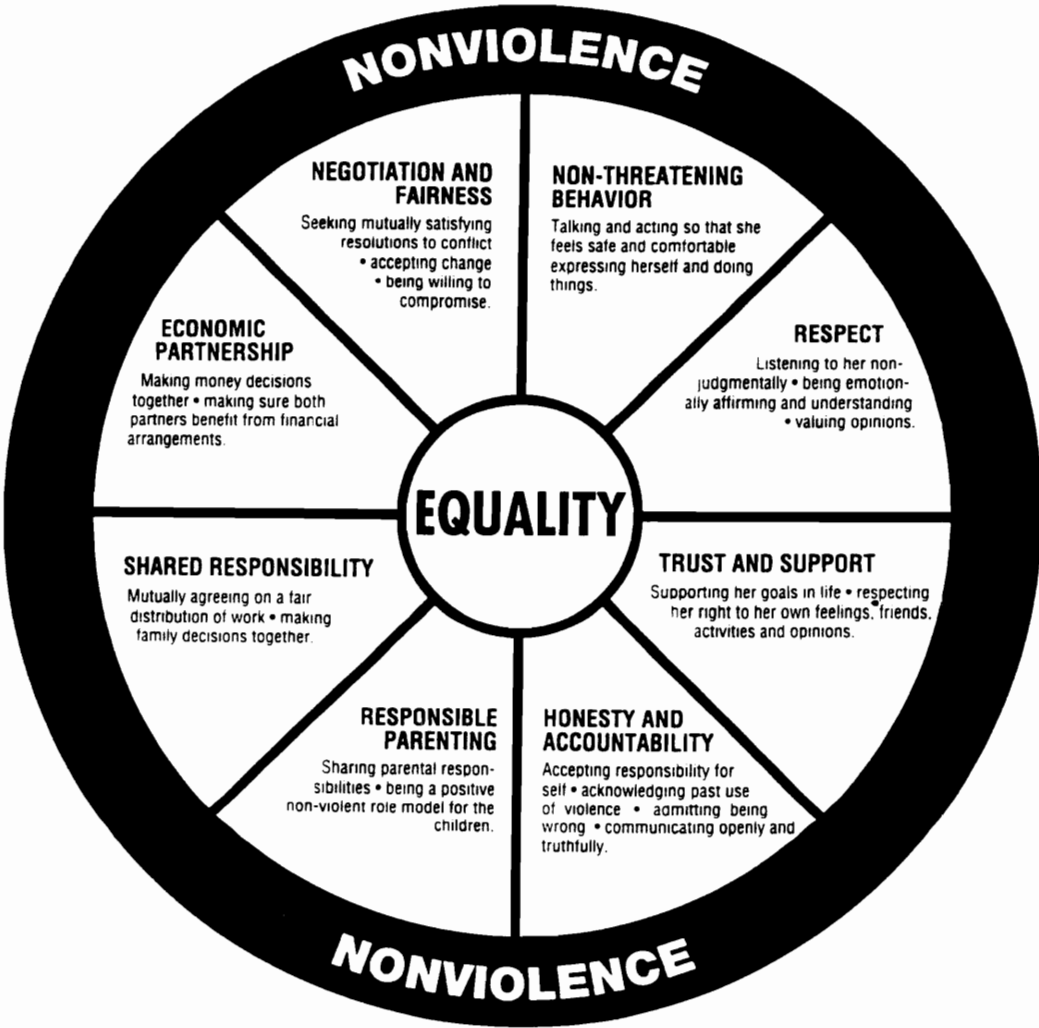
Exhibit 3) has specific suggestions for how offenders can restore a sense of safety, health and well-being in their homes and relationships. The key elements of Duluth's model are a *new set of core values, beliefs and behaviors*. They be taught, practiced and supported. They include:

- (1) **Negotiation and Fairness** -- Seeking mutually satisfying resolution to conflict, accepting change, being willing to compromise.
- (2) **Non-Threatening Behavior** -- Talking and acting so that she feels safe and comfortable expressing herself and doing things.
- (3) **Respect** -- Listening to her non-judgementally, being emotionally affirming and understanding, valuing opinions.
- (4) **Trust and Support** -- Supporting her goals in life, respecting her right to her own feelings, friends, activities and opinions.
- (5) **Honesty and Accountability** -- Accepting responsibility for self, acknowledging past use of violence, admitting being wrong, communicating openly and truthfully.
- (6) **Responsible Parenting** -- Sharing parental responsibilities, being a positive non-violent role model for the children.
- (7) **Shared Responsibility** -- Mutually agreeing on a fair distribution of work, making family decisions together.
- (8) **Economic Partnership** -- Making money decisions together, making sure both partners benefit from financial arrangements.

Duluth's Models confirm that regardless of tactic used, batterers *choose* to use violence to control their victim(s). Using "choice" as a strength and starting point for change, experienced adult educators have demonstrated that with re-socialization education and continuous support, batterers can choose healthier, more constructive behaviors and beliefs. But battering behaviors may develop and escalate over a period of years and oftentimes take years to correct (if correction is even possible). In fact, victims and victim advocates state that in many cases, tenacious battering behaviors may simply shift from visible physical violence to psychological abuse which can be equally destructive.

So why do batterers continue their violent and abusive acts even after experiencing a variety of community interventions? Dr. Marie Fortune, Executive Director of the Center

Exhibit 3: Duluth Non-Violence Equality Wheel



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for the Prevention of Sexual and Domestic Violence, believes there are several reasons (Fortune, 1991): (1) they strongly believe it is part of their role; (2) they feel entitled to use force whenever they don't get what they want; (3) they may have learned this behavior in their past; (4) this behavior works, and (5) there is inadequate accountability for their actions. In short, batterers use coercion and force because they can.

In order to make battering tactics less effective, victims must be protected and empowered for self-care. There must be a set of core programs and services which assist victims in transition. Offenders must be consistently held accountable for their destructive acts. And all community members must consistently tell offenders that violent and abusive behaviors are not their role, their right or excusable offenses anymore.

The Duluth Models will help community members and leaders recognize abuse when they see it. They clearly compare abusive relationships with those which are healthy and non-violent. The next step is to help individuals assume personal and professional responsibility for making shifts from abusive relationships to those which are non-violent. Unfortunately, stopping abusive behaviors and domestic violence -- within all types of individuals, families, organizations and the community at-large -- is a difficult task. But by maintaining focus, consistency of message and effort, and commitment, it can be done. Community members and leaders have to be even more tenacious than offenders in their quest for safety, health and a sense of well-being.

Myths About Domestic Violence

Myths and misinformation often prevent community members from maintaining a focus on the root cause of domestic violence: the offender's sense of entitlement to coercively control others and abuse power whenever he wants. Myths and misinformation also prevent individuals and organizations from responding to episodes of domestic violence consistently and appropriately. According to Susan Schechter (DAIP, 1989) there are a number of myths which may prevent domestic violence interventions from being effective. In some cases, they might even cause individuals, families, organizations and the community at-large (via its leaders) to further endanger victims and their children. Five

of Schechter's myths (described below) have been validated across several different disciplines in this study.

Myth #1: Drugs and Alcohol Cause Domestic Violence -- There is no evidence that use of drugs or alcohol *cause* batterers to abuse or attack their partners. Offenders batter when they are drunk and when they are sober. They complete substance abuse treatment and still batter. Many batterers admit that prior to becoming drunk, they knew they were going to batter their partners. Use of drugs and alcohol allows the batterer to shift the blame and responsibility for his actions away from himself by saying "I didn't know what I was doing. I lost control." Researchers and community responders have discovered that when dealing with abusive individuals who use violence, drugs and alcohol, it is essential to ensure that the offender eliminates his substance abuse prior to or at least concurrently with batterer's rehabilitative education (Klein, 1992; Walker, 1984; APA, 1996). Abusers with substance abuse problems can not hope to change their battering behaviors as long as they are abusing drugs or alcohol. Any insights learned in a batterer's treatment group will most likely disappear the moment the batterer gets drunk or drugged (Klein, 1992). If both issues are not addressed using appropriate coordinated rehabilitation programs, domestic violence is likely to continue. Additional "Lessons Learned from Community Practice" regarding the relationship between substance abuse and domestic violence are found in Chapter Six (Appendix B).

Myth #2: Stress and Psychopathology Cause Domestic Violence -- All individuals have stress in their lives. Some people even have exceptionally high levels of stress but they don't batter and they don't target women to unleash their violence. Thousands of people who test normal on all types of psychological assessments still batter. It is true that some batterers do have severe emotional problems and that stress does make coping more difficult. However, unless the batterer believes that he is entitled to use violence against his partner in stressful situations, he won't. Batterers are relentless in their use of power and control to get what they want. Abuse of power, however, is not a mental illness. It is a pattern of deliberate, coercive control. For additional important "Lessons Learned from Community Practice" regarding the relationship between stress and domestic violence, see Chapter Six (Appendix C).

Myth #3: Momentary Loss of Control and Poor Impulse Control Causes Domestic Violence

-- Some offenders attempt to minimize their violent acts by saying "it was just a slap" or "a scratch" or "she bruises easily." But statistics show that in 50% of cases, a weapon was used to inflict injuries (e.g. knife, razor, gun, broken bottle, bat, pipe, belt with a buckle, etc.). When a violent episode is repeated or extended, it is no longer momentary loss of control. When the perpetrator leaves the room and returns after several minutes or hours to continue the abuse, it is no longer poor impulse control. When the offender deliberately selects certain places on the victim's body to inflict the pain (most times for the purpose of keeping injuries out of public view or for ending a pregnancy) or decides just how far to go before stopping, it demonstrates effective impulse control. Thus, those who believe that domestic violence is an anger problem are failing to place the full responsibility where it belongs -- on the offender and his choice to use violence to get what he wants. For recent "Lessons Learned from Community Practice" regarding the relationship between anger and domestic violence, see Chapter Six (Appendix D).

Myth #4: Learned Behavior Is A Good Excuse for Domestic Violence

-- It is easy for offenders and victims to blame their current situation on their childhood exposure to violence in their families of origin. If a man saw his father beat his mother, then he beats his wife or girlfriend. If a woman witnessed her mother being beaten, then she grows up to become an adult victim herself. While such exposure does significantly increase the risk for offending behavior and victim acceptance of violent treatment (APA, 1996; Klein, 1992, p. 8; Finklehor and Yllo, 1985; Hotaling and Sugarman, 1986; Stordeur and Stille, 1989), it does not explain why so many men who witnessed violence as a child are determined not to batter and why other men who come from non-violent homes do batter. It also does not explain why all women who have witnessed family violence in childhood do not become victims. Violent behaviors are learned from family members as well as other sources (e.g. all forms of media, friends, workplace, etc.) which support and reinforce such attitudes as entitlement to commit violent acts against one's partner to get personal needs met. But the choice of non-violence is always an option for offenders. This leaves no excuse for domestic violence. Additional "Lessons Learned from Community Practice" regarding learned behavior, inter-generational violence and domestic violence can be found in Chapter Six (Appendix E).

Myth #5: Women Like or Provoke Domestic Violence -- The theory of masochism -- that women like or provoke violence -- is a form of victim blaming. Victim advocates and social workers will attest to the fact that victims do not like violence or the pain it causes. Many do not want their intimate relationships to end but do want the violence to end. Most victims who are cycling through patterns of violence can tell when the tension in the home is building up. When tension becomes intolerable, some want to get the battering over with so peace and some degree of tranquility can return to the home environment. Some victims attempt to get the violence to occur in public so others can see what is happening in the private spaces of their homes. But regardless of how “mouthy” or “icky” a spouse may be, she doesn’t deserve to be assaulted. Offenders don’t assault their bosses when they don’t like what they are saying or doing. Similarly, they must learn that they can not assault their family members. Such changes in behavior and attitude are extremely difficult as offender behavior is ingrained and “they do not share the justice system’s view that what they did was wrong, much less criminal” (Klein, 1992, p.9). Blaming anyone except the perpetrator of the violence must stop. For additional “Lessons Learned from Community Practice” regarding blame for the continuation of domestic violence, see Chapter Six (Appendix F).

Focus on the Future

Dr. David Walsh, founder of the National Institute for Media and the Family (1994, p.8) summarizes with this observation: “One thing is for sure: there is enough blame to go around for everyone. But placing blame on any group is not going to get us anywhere. What can lead to change is our taking responsibility for what has happened and for what will happen from this point onward.”

Victim and Offender Characteristics and Risk Factors

In an effort to assist community members and key responders in becoming better informed about the characteristics and risk factors associated with victims and offenders, the American Psychological Association (1996) released the results of a landmark meta-

study completed in March 1996 by their Presidential Task Force on Violence and the Family. This report confirms that:

- Violence can occur at any stage in intimate relationships. Violence against adult family members occurs within four general contexts: during dating, within partner relationships, after separation, and against elders.
- The absence of bruises and broken bones does not adequately reflect the severity of violence. Many women report that violence begins or intensifies during pregnancy and the first few months after the birth of a baby.
- Girls who have been exposed to or who experience violence in their families of origin appear to be *at greater risk* for violence in their own relationships during high school dating. Dating violence is more common than many people think.
- Violence that begins when a couple is dating is likely to continue and to escalate when the couple lives together or marries unless there are interventions.
- Isolating a woman from family and friends is part of the pattern of violence.
- The most common pattern in domestic violence is escalation in frequency and severity over time.
- The *only consistent risk factor* identified so far is being exposed to violence between parents.

Understanding Victims

After years of study, APA psychologists have learned that battered women come from every demographic group. There is *no single psychological profile* of a battered woman. However, researchers have identified fifteen typical *psychological effects of battering*:

- | | |
|--------------------------------------|--|
| • fear and terror | • depression |
| • low self-esteem | • anger and irritability |
| • difficulty concentrating | • shame and embarrassment |
| • difficulty with trust and intimacy | • health concerns |
| • sexual difficulties | • nightmares |
| • anxiety | • increased startle response and physiological arousal |
| • problems with memory | • numbing and avoidance |
| • cognitive confusion | |

Additionally, they have found that the idea of passive battered women is an untrue

stereotype. In general, battered women attempt to avoid, escape, or resist their batterers in variety of ways (APA, 1996).

- Calling the police
- Calling a shelter
- Hiding or leaving the home or scene
- “Walking on eggshells”
- Complying with the batterer’s demand (apparently or superficially)
- Avoiding conflict and keeping the peace
- Talking to friends
- Fighting back with physical force
- Seeking professional help
- “Being nice” and not upsetting the batterer
- Keeping information from the batterer
- Avoiding the batterer
- Separating from or divorcing the batterer
- Obtaining a gun or other weapons

APA reminds community members and leaders that an abused woman is considered battered even if she uses physical force against her partner in self-defense. APA recognizes that many women do defend while they are being assaulted, some using enough physical force to inflict injuries on their partners. Some women may use guns, knives, and other weapons. Battered women may physically strike out in resistance to the batterer’s control, may hit back to defend themselves or their children, and may use force in anticipation of harm.

In the Duluth experience, in all but a handful of cases, the women who have been court ordered to a rehabilitation program for using violence have, in fact, been the victims of continual abuse. In these cases, a woman’s violence is often an act of *self-defense or retaliation*. In a very small number of cases, there are a few women who use violence against their partners to control them, including in lesbian relationships.

According to most estimates, 5-10% of women do use non-defensive violence against a male partner. Additionally, these women use violence for purposes other than self-defense and protection (e.g criminal acts against strangers or property). They are aggressive in many different situations (not just with their intimate partners), they have a sense of entitlement to use physical force similar to male batterers and they have less empathy for others.

The American Medical Association's Diagnostic and Treatment Guidelines on Domestic Violence reports that certain groups of women appear to be at somewhat higher risk for abuse:

- women who are single, separated or divorced (or planning a separation or divorce)
- women between the ages of 17 and 28
- women who abuse alcohol or other drugs or whose partners do
- women whose partners are excessively jealous or possessive
- women who are pregnant

Dr. Lenore Walker, a clinical psychologist and pioneer in the field of batterer's treatment, suggests that *spouse abuse IS child abuse*. Children learn to become part of the dishonest conspiracy of silence. Lying to avoid further unpleasant confrontations, often escaping into a world of make-believe, feeling guilty because they cannot protect their mothers, they grow up in an environment where violent behavior is the acceptable approach to problem solving.

Why do victims stay in abusive relationships? According to Dr. Marie Fortune (1991), there are several important reasons:

- | | |
|-------------------------------------|----------------------------------|
| • economic dependency | • having nowhere to go |
| • emotional dependency | • FEAR -- the primary reason why |
| • wanting a father for the children | most women stay or go back |
| • family member's encouragement | |

Dr. Fortune goes on to say that victims often stay in abusive relationships for years because of the idea that marriage is permanent. For some women, separation or divorce from their partner will also mean separation from their religious community. The first decision is tough in itself; feelings of failure are strong. For those women for whom separation or divorce from the partner also means censure or expulsion from their faith community, the decision is excruciatingly painful.

Ryan (1995) reports that the *wife or girlfriend of a sports hero* may feel even more helpless in the face of abuse. Her partner's celebrity status makes leaving very tough. She knows her action will show up in the media and might tarnish her partner's career and if they are married, might threaten her family's financial stability. She also suspects that her credibility will be questioned. Who's going to believe that this beloved hero would abuse his wife or girlfriend? Since the O.J. Simpson murder case and the publication of Cyndy Garvey's memoirs, more and more women are taking steps toward breaking the wall of silence that has protected their abusers.

Leslye Orloff of Ayuda, Inc. (an advocacy group for *minority and immigrant women*) says that the impediments for leaving a battering relationship may be many and varied and may include language barriers, fears about gossip in her community, chastisement from the mother of a family member who had been battered, learned to live with it and who expects her to do the same, religious beliefs, immigrant status, lack of self-esteem, or economic dependence. Fear of ridicule from friends and family, fear of harming the abuser's reputation in the community and fear of reduced social status serve to foster isolation that holds *upper income battered women* in abusive relationships at times longer than women who have had access to fewer resources.

Even if battered women do attempt to separate themselves from their abusers, many are still threatened and tormented in public and in private. A shelter worker in Duluth relates the following experience to demonstrate the emotional terrorism that batterers exhibit to control their victims even in front of a judge (Paymar, Pence and Soderberg, 1993, Section 2, p. 7)

I was with a woman at her protection order hearing. She was answering questions of her husband's lawyer. Her husband had broken her nose several times over the years. The last time he broke it was about eight months before this hearing. He grabbed it and twisted it while shoving the palm of his hand into her face. While she was testifying, he kept stoking his nose. She tried not to look at him, but she couldn't help but see this gesture. She became very disoriented and couldn't concentrate on the questions. I saw what was happening and realized that no one was aware of how he was threatening her right there in the court room [without a touch or a word]. I finally blurted out, 'Your honor, I must say something.' The woman had no attorney so the judge let me talk. The respondent was then ordered to make no gestures for the duration of the hearing.

In conclusion, Susan Schechter, author of numerous publications about domestic violence and the Battered Women's Movement, references a 1986 article which examined more than 50 research studies and concluded that the most likely *risk factor for being battered is being female* (DAIP, 1989).

Understanding Offenders

The American Psychological Association's report on Violence and the Family (1996) also provides helpful information to community leaders and members regarding male abusers since men are the perpetrators in approximately 91% of all domestic violence cases. The following is a selection of key findings from current literature which describe offender characteristics and risk factors.

- There is no single profile of the male abuser. Like the women they abuse, batterers come from every demographic group. Some batterers appear to be normal men who have been over-socialized in the traditional male sex role, confusing violence with masculinity. Others were victimized themselves as children, learning to be abusers by exposure to or experiencing family violence. Another group of male batterers appears to have a range of serious mental health problems *in addition to* [emphasis added] their violent behavior. Approximately 10% to 20% of those arrested are men who are anti-social and usually commit other crimes.
- Boys who are exposed to or experience violence in their homes as children are at major risk for becoming batterers.
- Little information is available on partner violence between gay men, but the few available studies indicate that in long-term relationships, the violence is similar to that which occurs between heterosexual partners: One partner is most often violent toward the other.
- Studies of batterers, unlike studies of victims, indicate that male batterers do have certain characteristics in common. Although there is no single profile of the male batterer, such men tend to have:
 - high degrees of suspiciousness and jealousy
 - dependency
 - dysfunctional thinking
 - poor social skills
- Some of batterers try to compensate for their problems by abusing their power to gain control over their partners.

In the state of Minnesota, court records show that in some cases, men are the victims of on-going physical abuse and retaliatory violence. But such cases are rare. Between three and eight percent of domestic abuse cases involve either *mutual abuse or male victims of on-going abuse*. Because of the very personal and complex problems that victims of on-going abuse face and the gender issues fueling the violence, it is desirable to ensure that advocacy for women is primarily provided by women and advocacy for male victims is provided by men.

In a study of 100 male victims of domestic violence in the state of Minnesota, 7% were able to leave their abusive relationships without increasing the violence. In most cases, the male victims needed legal protection, safe housing and emotional support. The 93% who were unable to leave were afraid of the escalating violence that would occur if they took such actions. ... [In heterosexual relationships] civil protections are effective tools for protecting male victims because women rarely engage in "*separation violence*" -- the most dangerous type of violence that occurs and escalates (sometimes to a murder/suicide) as victims attempt to leave their abusers.

After decades of work with male offenders, Anne Ganley (1981) characterizes them as:

- externally motivated
- prone to deny responsibility for their behavior
- often minimize the violence that they have committed
- intent on establishing control over their victim
- very likely to blame their victims for their violence
- likely to increase their use of violence as the victim seeks to leave or change the situation

Religious leaders in the state of Washington (Fortune, 1991, p. 77) point out that:

... the batterer is not always an ogre. He may be a good father, a good provider, a sober and upstanding member of the community, and an active member of his religious congregation. He may well be charming and gregarious. His wife loves him and is emotionally dependent on him. However, none of this means that he may not also be abusing members of his family. ...

A member of the clergy may know this man in a public context and may find him to be charming and effective. It is sometimes difficult, then, when the man's wife comes to the clergy person and tells a horrendous story about the abuse that she has experienced in private. Her story contradicts the clergy person's experience of

her husband. The tendency is to trust one's own experience and to disbelieve her story.

Clergy persons who have experience in dealing with domestic violence warn their colleagues that batterers have a radically different public and private persona. When such is the case, Dr. Marie Fortune of the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA (1991, p. 221) suggests that one way to increase offender motivation for change is to "listen to the client's description of events and to assist him in identifying how his battering behavior is costly to him -- loss of intimacy, impact on his relationship with children, friend's fear of his temper, court costs, loss of time from work, damage to property, loss of self-esteem, and so forth. Each offender is affected differently, and motivation to change must be initially nurtured by pointing out how it is in his self-interest that he stop his violent and abusive behavior. Pointing out these negative consequences is most effectively done in a group where the client can hear the comments of the others and start to develop new group norms that support being non-abusive."

There are two other important warnings that professional colleagues give to one another regarding offenders. The American Medical Association advises physicians that they should be aware of "red flags" that can signal particularly dangerous situations for battered women: stalking behaviors by the abuser, substance abuse by the abuser, and threatened suicide by the abuser which increases risk for a murder/suicide.

Additionally, Dr. Arthur Kellerman, Director of Emory University's Center for Injury Control reports that guns and family violence are a particularly deadly combination. In his studies, a history of any household member ever hit or hurt in a family fight was independently linked to a more than four-fold increased risk of homicide in the home (AMA, 1994f). Saltzman and his colleagues at the Centers for Disease Control studied cases of family violence in Atlanta, GA, and discovered that family and intimate assaults involving guns were 12 times more likely to end in the death of the victim than assaults that did not involve guns (AMA, 1994f).

The Cycle of Abuse

Dr. Dean Kilpatrick, Director of the Crime Victim Research and Treatment Center

in Charleston, SC, is very concerned about the cycle of violence that begins with child abuse and children witnessing violence in the home and continues into adolescence as children learn that violence is the way to react to the conflict and stress that exist between intimate partners. Ultimately, he believes that this series of events leads to abuse or victimization in adulthood that turns once more on the children. He knows that (AMA, 1994f, p. 60):

We can break this cycle. We have ways to help -- home visitation for families who are at risk for child abuse; protocols and methods for getting women out of abusive situations; mentoring, conflict resolution, and a host of other interventions for youth who are violent. We can do this!

According to Greg Enns and Jan Black of LifeTrack (1996, p. 20), an organization which serves the needs of battered women and those who assist them in Salem, OR, "The pattern of abuse is like a downward spiral that goes round and round in a predictable way. It always takes you down, and, if you have children, it takes them down, too." In their most recent publication, It's Not Okay Anymore: Your Personal Guide to Ending Abuse, Taking Charge and Loving Yourself, Black and Enns describe the Cycle of Abuse from the point of view of a victim who is trapped within her abusive relationship. A battered woman's cycle of abuse has seven stages which are similar to Lenore Walker's classic Cycle of Violence Model (Walker, 1984). A comparison between the INOKA and Walker models appears in Exhibit 4.

Black and Enns ask victims to use the INOKA model to assess the pattern of abuse in their own lives. As they match their own life experience to the INOKA Cycle of Abuse, the authors pose an important question. This question serves as a "checkpoint" -- a moment of awareness for the victim -- by asking "Do you recognize a similar pattern in your life?" Victims are told that if tension is building they can probably smell the "smoke" which precedes the "fire" of abuse. A domestic abuse victim's life story probably has had many episodes of smoke and fire. Without intervention and the assumption of personal responsibility on the part of both the victim [note: this is not a form of victim blaming but instead emphasizes self-esteem, self-care and care of children] and the offender, putting out fires before their lives and property are completely destroyed will be a way of life.

Exhibit 4: INOKA CYCLE OF ABUSE

Stage One: ABUSE OCCURS.

Stage Two: EXCUSES-- I excuse the abuse. I find a way to make it okay so I can live with it. I "re-package" it so it doesn't seem as bad as it is. I tell myself or others he didn't mean to do it or he couldn't help himself, that I've got to try harder to love him better and do what he wants, and that if I was just more perfect he wouldn't have to be so upset.

Step Three: HONEYMOON -- Things seem great. My partner and I apologize and make promises. I may get roses or a dinner out or new lingerie. We may have stars in our eyes and I may tell myself the abuse is over.

[NOTE: Lenore Walker calls this the loving, contrition stage. She notes that some victims say they seldom if ever experience this stage.]

Step Four: ROUTINE -- We return to the routine of our lives, with its normal ups and downs.

Step Five: TENSION -- Tension is building. I can tell things are starting to upset him and I start "walking on eggshells" to avoid triggering abuse.

[NOTE: In her clinical practice, Lenore Walker has observed that frequently within the cycle of violence, there are smaller abusive events as tension builds up to an acute battering episode.]

Step Six: TRIGGER -- Something sets off the abuser. I'm late getting home or I forget to fill the gas tank or the laundry isn't folded or I was too nice to the grocery clerk.

Step Seven: ABUSE OCCURS AGAIN.

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Until recently, within cycles of violence theories, there has been a missing link. Battered women and those who assist them need a way to move from awareness of their patterns of abuse to a pathway of non-violent living. LifeTrack provides such a path in their INOKA Cycle of Personal Responsibility (see Exhibit 5). Black and Enns suggest

that as a battered woman begins to recognize her cycle of abuse, when she is ready, she can make a life altering decision to take on personal responsibility for her relationship with her abuser and her life in general. The process she uses is empowering. It is called “cycle-jumping,” jumping from the Cycle of Abuse to the Cycle of Personal Responsibility. The moment she decides to jump from a life of abuse to a life of non-violence, she is saying to herself, her children and everyone around her “INOKA!! It’s Not Okay Anymore.” This is her INOKA birthday. LifeTrack urges battered women to recognize that day and celebrate it. Other victims and victim advocates can help battered women who want to “cycle jump” to a life of non-violence and shift from being a victim to being a survivor by providing emotional support and assistance with basic living needs.

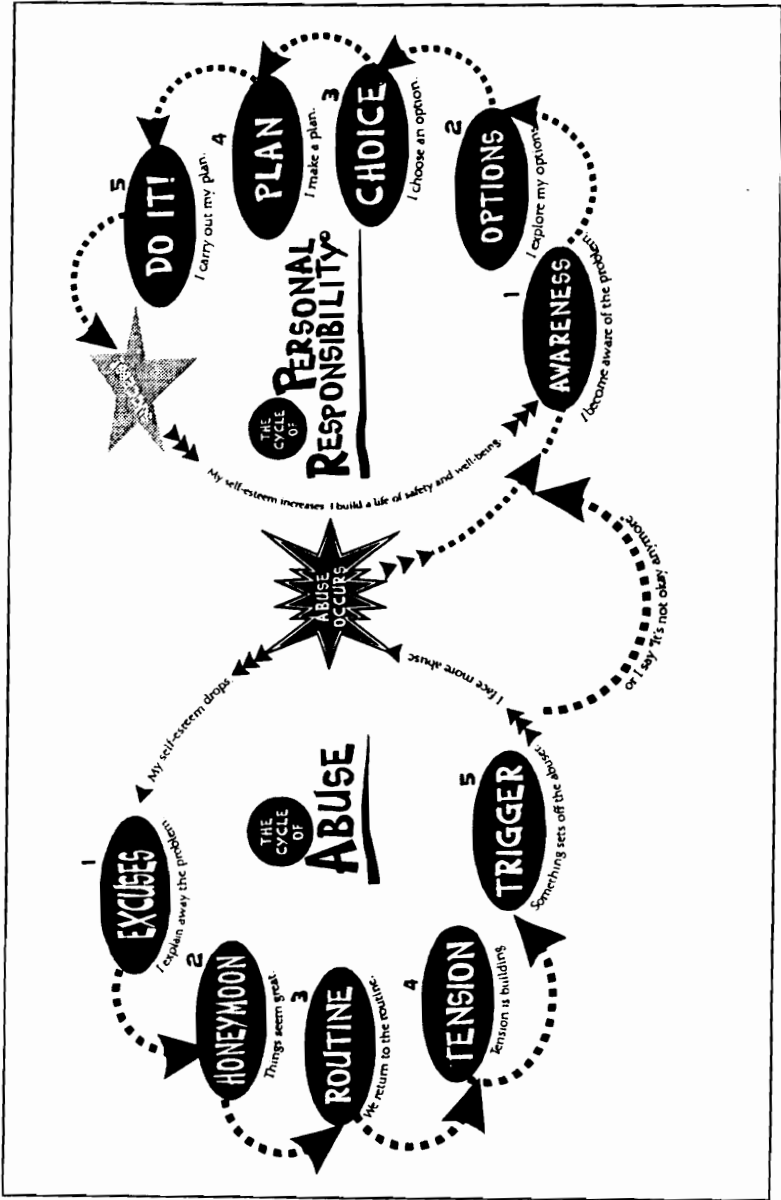
Safety Planning and “Stay Safe” Planning

But before a victim makes the jump, it is critical that she plan for her safety and the safety of her children. Her abuser may not be happy that she is choosing a life without coercive control, violence and abuse. He may not have made the decision to shift himself to a Cycle of Personal Responsibility and a non-violent life. LifeTrack recommends that battered women write down their “**Get Safe Plan**” and include such information as: (1) their name, address, and telephone number(s); (2) who they can call for help (e.g. counselors, support groups, friends, shelter, crisis hotlines, other supportive people); (3) how they can escape from the place of an attack, where they can go if they need a safe haven and how they will get there (e.g. window, fire escape or other emergency exists; home of a friend, shelter, church, etc.; money for bus or cab fare, gasoline for the car); and (4) what they will need to take with them (e.g. money, prescriptions, clothing, important documents, insurance card, credit cards, health records, keys, birth certificates, school records for kids, things of sentimental value, etc.).

Black and Enns also recommend that battered women begin working towards staying safe. A “**Stay Safe Plan**” includes two important elements: (1) Economic Goals (source of income, education and job training, safe and affordable child care, transportation); and (2) Relationship Goals (e.g. conflict resolution skills, assertiveness skills, refusal skills, self-nurturing skills, and parenting skills). They alert battered women to the fact that

Exhibit 5: INOKA CYCLE OF PERSONAL RESPONSIBILITY AND "CYCLE JUMPING"

THE CYCLES COMPARED



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experiencing cycles of abuse leads to another important decision point: How will you take charge of your life? Action alternatives available to battered women (Enns and Black, 1996) are to:

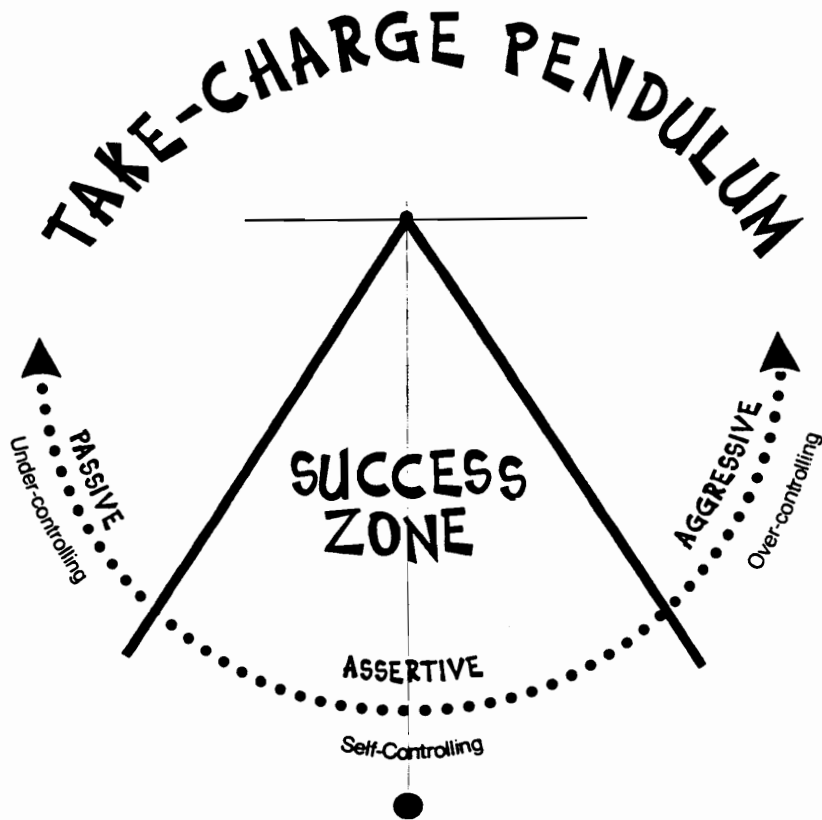
- (1) Become aggressive and over-controlling, like your abuser(s).
- (2) Become passive and under-controlling, accepting anything that comes along.
- (3) Become assertively responsible and self-controlled (the “success zone”)

LifeTrack’s “**Take Charge Pendulum**” (see Exhibit 6) identifies that choice #3 falls within the “success zone” and will be most effective in helping them successfully move to a life of non-violence. Here’s how the “success zone” and the Cycle of Personal Responsibility works.

- Step One: Awareness** -- I become and remain aware of the problem. I want to be safe. I’m not.
- Step Two: Options** -- I explore my options. I discuss them with my sister.
- Step Three: Choice** -- I choose an option. I go to Domestic Violence Services to further explore my options. I choose to get a restraining order.
- Step Four: Plan** -- I make a plan. I will pick up the legal paper work, fill it out and file.
- Step Five: DO IT!** -- I carry out my plan. I complete the paper work, go to court, and receive the restraining order.

Jumping from the Cycle of Abuse to the Cycle of Personal Responsibility can happen each time the victim realizes that she is in another cycle of abuse. She may jump many times between the Cycle of Abuse and the Cycle of Personal Responsibility before non-violent living becomes a permanent path for her, her children, and in some cases, her batterer. Community members -- family, friends and responsive community organizations and institutions -- can all help her make that jump or shift to non-violent living a permanent one. But only the victim can tell them when she is ready and when the time is right. Her safety needs are ALWAYS paramount to all other considerations.

Exhibit 6: INOKA "TAKE CHARGE PENDULUM"



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In Conclusion

Understanding the underlying causes, myths, cycles of abuse, power and control, equality and personal responsibility models, and risk factors associated with domestic violence will help community members and leaders begin the challenging process of

changing their own belief systems so they can deal more effectively with domestic violence. As community partnerships are formed, it is critical that team members share this knowledge and understanding with all citizens -- adults, elders, youth and children -- so they, too, can become partners in the effort to create violence-free homes throughout the community.

Pioneers and newcomers to the “Coordinated Community Response” Movement must continue to create opportunities to discuss the most recent research findings and lessons learned from community practice as CCRs are planned and implemented. Such dialogue is adult and community education in action -- and at it’s best!

Chapter Three

MOVING BEYOND BLAME TO EFFECTIVE COMMUNITY ACTION

Eliminating problem behaviors is a difficult task. However, community practitioners and research suggest that by focusing on such key concepts as personal responsibility (Yochelson and Samenow, 1976, 1985; Black and Enns, 1996), shared leadership (Gardner, 1990; Eltringham, Parson and Skehan, 1995) and community education and organizing processes (Hawkins and Catalano, 1992; Mondros and Wilson, 1994), problem behaviors can be eliminated at any level -- within individuals, families, organizations and communities. If community efforts and resulting changes are sustained in a continuous flow of "small wins", the cumulative effect can be societal transformation (Weick, Karl, 1984; Cohen and Kibel, 1993).

In the fall of 1995, with this vision in mind, community educators, policy makers and corporate leaders worked together to draft "Synergy 96," the strategic plan for the newly established Corporate Alliance to End Partner Violence (Corporate Alliance, 1996). This plan suggests that societal change within every sector of the community and within all disciplines and professions -- is necessary in order to reverse trends towards escalating partner and family violence. The 200+ authors of this plan suggest that change begins with public awareness, a commitment by community leaders to get personally and professionally involved, and decisions to take a multitude of simultaneous actions to break the silence and change the status quo.

Although there may be many factors which facilitate and contribute to the continuation of domestic violence, there is only one factor that can end it: the choice of the offender to stop being violent and abusive (Yochelson and Samenow, 1976, 1985). Unfortunately, such choices are not generally made without continuous pressure from a variety of external sources (Klein, 1992; Fortune, 1991; Pence, 1985).

Coordinated Community Responses (CCRs) are designed to leverage legitimate power from the entire community to influence offender choices and to change their destructive beliefs and behaviors. A wide range of legal sanctions and rehabilitation services help motivate offenders towards change. However, educational services and sanctions have not been enough to eliminate recidivism. Community practice has consistently shown that domestic violence perpetrators are extremely tenacious. They are among the most lethal offenders released to the community by the criminal justice system (Klein, 1992). In later stages of domestic violence, they can be especially dangerous. Criminal justice system statistics show that it is common for offenders to continue harassing, threatening, stalking and attacking their victims even after victims leave their homes and relationships. Yochelson and Samenow (1976) have found that offender belief systems dominate their thinking processes and produce a series of thinking errors that continue their violent behavior. Community leadership experience confirms this clinical finding. Despite separation, divorce and a variety of community interventions, spouse abuse continues in approximately 40% of all cases in Duluth, MN, one of the nation's most highly developed and effective Coordinated Response communities (Pence and Paymar, 1993). With recidivism as high as 40%, it appears that there is more that must be done.

***Overcoming Inter-Agency Blaming:
A Major Barrier to Effective Community Partnerships***

A practice which gives short term relief to victims, offenders and community responders in all types of conflicts is blaming. According to Jeffrey A. Kottler (1994), blame is the common thread which runs through most conflicts between people and organizations. It prevents them from being successful in reaching their goals. It gives them a good excuse for failure. Out of sheer frustration, some individuals stop trying. A more effective strategy for resolving conflict and solving problems is for individuals and leaders to (1) focus on their *own* power to choose what they will and will not do; (2) identify and use the legitimate power of their own role (personally and professionally) as a platform for change; (3) examine what they are currently doing to support the continuation of the problem; and (4) seek opportunities to do things differently to produce a different set

of outcomes. This simple four step process helps individuals and institutions move beyond blaming to productive problem resolution.

As Mary Asmus, City Attorney in Duluth, MN points out (Asmus, Ritmeester and Pence, 1991), a pattern of blaming victims, police or other community responders does not solve community problems with violence or win domestic violence cases. It does, however, add to the anger, frustration and ineffectiveness of community response systems. After years of dealing with “uncooperative victims” who refused to press charges and testify against their offenders, Asmus grew tired of having to drop cases and watch the offenders go on to commit acts of terrorism against their spouses later that same year. According to Asmus, until recently, prosecutors across the country have laid the blame and responsibility for ending domestic violence on the shoulders of (1) police who fail to arrest and file criminal assault charges, (2) victims who are reluctant to assist with criminal prosecutions, and (3) judges who dismiss cases if the victim recants out of fear of further violence.

Without victim presence and testimony in criminal cases, there is usually insufficient evidence to convict the perpetrator and assure that he will be incarcerated and/or mandated to complete a batterer’s educational treatment program. In such cases, each community responder frequently blames the lost or dropped case on the other and focuses a substantial portion of the blame on the victim (rather than the community) for not holding the offender accountable. Asmus warns community leaders who attend her professional training sessions that this practice presents a major barrier to the successful implementation of a CCR.

Kottler’s studies of blaming behaviors also suggest that shifting blame to others has an unexpected backlash effect. For example, as domestic violence escalates and community members shift blame away from themselves and onto each other, they may experience a profound sense of powerlessness to stop the violence. However, Kottler says that by moving beyond blame to active participation in change processes, relationships and situations can be changed.

Today, many communities across the nation have done just that. They have established mandatory arrest or pro-arrest policies and “no-drop” prosecution policies to give offenders the clear, consistent message that they will be held accountable despite attempts to manipulate or threaten their victims. Additionally, they have adopted simple yet important criminal justice practices which have resulted in lower homicide and recidivism rates. Such practices include: (1) prosecutors and law enforcement personnel filing domestic violence criminal charges -- not victims; (2) prosecutors deciding which domestic violence cases to take to trial -- not victims; and (3) independent standards of evidence (e.g. victim/witness/offender statements and utterances [generally of rage and terror], photographs of injuries and damage of property, 911 tapes, medical reports, etc.) guiding law enforcement and investigative reporting so that cases can go forward without victims having to testify against their assailants in court. These practices clearly shift the responsibility away from “others” blaming to a more equal power balance between the criminal offender who *chooses to remain violent* and those who are working together in a coordinated effort to eliminate his destructive behaviors.

It is obvious when community leaders are not working in unison. Victims and offenders are quick to note inconsistent community response and failure to enforce policies and laws. Once such inconsistencies are detected, an offender will use examples of the community’s “failure to protect” to further intimidate his victim. For example, victim advocates and court officials have noted that batterers are likely to increase their violence against their partners and use threats during the entire court process, especially if they believe that intimidation of their victim can lead to dismissal of their case by court officials. As one man arrested in Duluth, MN explains, scare tactics and his close ties to his partner turn to chains (Asmus, Ritmeester and Pence, 1991, p. 130):

When I think about how it all happened, it seems almost as if I planned it. Right from the beginning, I started choosing her friends, then her clothes, even her job. It’s like a boot camp training, you know, tear them down then build them back up but build them back up as Marines. Well, she was friendly, outgoing, the life of the party, when I met her. But I just slowly took all that away from her until she only had me. By the time I hit her, I knew she wouldn’t leave me. But I kept insisting that all the things I was doing -- smashing things, threatening her, grabbing her, even locking her in the bedroom -- were her fault. She was pushing me, making me

jealous, defying me. When I was arrested, she was actually more afraid about what would happen than me. I was mad, I was pissed as hell -- but she was scared.

Victims are not just afraid of their offenders. Following an abusive or battering episode, many victims are also afraid of the response they will receive from family, friends and the institutions which are there to assist them. According to Asmus (Asmus, Ritmeester and Pence, 1991, p. 130-131):

The woman who bails her abuser out of jail, accompanies him to court and refuses to testify may also become prey to a stream of misinformed victim- blamers who surround her during the entire court process. From her family who reminds her that they told her not to marry him, to the police officer who notes in the investigation report that she had been drinking and her house was a mess, to the judge who wants a dismissal if she is ambivalent about her situation, to the jury who considers not so much whether she was assaulted but whether she somehow provoked the attack, the victim is judged and almost always found guilty.

Working As A Team to Educate and Organize the Community

Unless families, friends and professional community responders move beyond casting blame, they will not be able to work as a team to reach common goals (Kottler, 1994) such as creation of non-violence homes throughout the community. Teamwork and massive, on-going community education, a process which brings community members together in partnership to solve problems, must become the centerpieces of a community's efforts to reduce domestic violence. With the help of victims, advocates and other community leaders, community education can be more than adult educational programs (Minzey and LeTarte, 1994). It can be a process of public awareness, influence and change. In the Deweyan tradition, community educators and leaders can move education *for* action -- to education *in* action (Decker, 1990). With planning, community education can serve as the fundamental supporting process for community organizing.

David Mathews, President of the Charles F. Kettering Foundation, theorizes that the reason some communities are more successful than others in organizing and managing change is that they are simply better at educating themselves as an entire community

(Decker, 1990). According to Mathews, healthy communities consistently educate their members about community interests and needs; provide information about impacts and consequences of inadequately addressed issues; talk not only about issues but through issues and then work through them together; sort out core community values; develop new perspectives; discover and rediscover what interests are shareable (what ground is common); make hard decisions together; and finally, develop leadership throughout the community to unleash the power of citizen ideas, ideals, commitment and strong working relationships.

As a result of their evaluation of more than a dozen efforts to educate and organize communities for social change, Mondros and Wilson (1994) identified three distinct models of community organizing. Grassroots (which typically describes the style of community organizing most frequently associated with victim advocacy groups in the Battered Women's Movement); Lobbying (which describes many of the current efforts lead by professional associations which are attempting to alter domestic violence policies and laws as well as their own community practices); and Mobilizing (which focuses on massive community education for improved social justice and institutional and cultural change). Research suggests that all three types of community organizing are needed when a community's goal is to reduce complex, problematic behaviors (Mondros and Wilson, 1994; Hawkins and Catalano, 1992).

After decades of multi-dimensional organizing efforts by battered women and other community leaders, there appears to be a national movement emerging to establish Coordinated Community Responses (CCRs) to domestic violence. In March 1996, the American Medical Association began holding a series of regional conferences for the purpose of training multi-disciplinary teams from local communities to establish Domestic Violence Coordinating Councils (see Chapter Six for more information on Domestic Violence Coordinating Councils). These councils orchestrate and integrate local CCR efforts. The CCR Manual found in Chapter Six will be an invaluable tool to help community leaders develop and improve such councils as well as core domestic violence strategies, structures, programs, policies and protocols within their local communities.

Setting Common Goals for A Coordinated Community Response

Communities that have a decade or more of experience in Coordinated Community Responses to domestic violence have found that there are four important goals which must remain as the central focal point of every decision and action taken by their local community. By using these goals as key CCR planning and evaluation criteria, leadership decisions are likely to result in more effective CCR initiatives. The four goals are:

- *Prevention*
- *Victim Safety and Protection*
- *Offender Accountability*
- *Community Accountability for a Consistent, Appropriate Response*

More details regarding key CCR goal areas can be found in Chapters Five and Six.

Giving Clear and Consistent Messages About Domestic Violence

As community members and organizations begin to work effectively together within a Coordinated Community Response, it is important that they share and promote clear and consistent messages about domestic violence. These messages should be simple so that they can be clearly understood and most importantly, remembered. They should be used to drive all decisions and actions -- at individual, family, organizational and community levels. Like CCR goals, CCR messages should be used as planning guides and evaluation criteria for measuring the success of a Coordinated Community Response. The extent to which they are *consistently* adopted, promoted and adhered to will determine the degree to which progress is made in reducing domestic violence. Experienced CCR community leaders recommend these domestic violence messages:

- **STOP THE VIOLENCE**
 - *Domestic Violence is a Serious Crime*
 - *There's No Excuse for Domestic Violence*
 - *It's Not Okay Anymore*
 - *The Community Will Provide Support for Change -- And Consequences for Those Who Don't*

Chapter Four

RESEARCH APPROACH

Research Questions

This dissertation is a result of a two year action science initiative which examined state-of-the-art practices, programs, policies and protocols related to the reduction of domestic violence. It provides newly developed planning and implementation tools which are grounded in data from current community practice in an effort to assist other community leaders who are just beginning to address the full range of multi-disciplinary CCR requirements and issues.

The following questions served as the framework for the inquiry and subsequent development of a practitioner's guide (Chapter Six). The answers to these questions simplify and operationalize what is currently known about the complexity, comprehensiveness and multiplicity of issues and actions which are associated with successful, pioneer CCR efforts.

(1) What is a CCR? What are the essential CCR elements which help keep community efforts focused in order to maximize effectiveness in reducing domestic violence?

(2) Who are the leaders of CCR initiatives? What are their roles and responsibilities?

(3) What are the key leadership issues and barriers to successful implementation of a coordinated, integrated, multi-disciplinary CCR?

(4) What are some examples of CCR leadership strategies, structures and processes which are overcoming CCR implementation barriers and having a positive impact on victims, offenders and professional responders?

(5) What are the basic support services, resources, reference materials and sources of assistance that could be made available to community leaders who are trying to reduce and eliminate domestic violence within their homes and communities?

(6) Can theoretical CCR models be developed from community practice for the purpose of assessing the comprehensiveness, integratedness and “potency” of collective community-based interventions at key points within the lifecycle of escalating domestic violence?

Research Methodology

The primary purpose of this research initiative was to develop guidance for community leaders regarding the planning and implementation of a Coordinated Community Response (CCR) to domestic violence. A comprehensive CCR description and set of leadership tools do not currently exist in the literature or in community practice. Information is fragmented and many sectors of the community are just now learning about their roles and responsibilities for ending violence and abuse.

This research effort focuses primarily on data from twelve varied, state-of-the-art community initiatives as well as information contained in documents initially reviewed from 52 community organizations across the United States. Data was specifically selected to inform the practice of community educators, change agents and leaders as they plan and orchestrate the continuous evolution of CCRs nationwide. An action science methodology using grounded theory data collection and analysis procedures served as the basic approach for this study.

This CCR study is applied, action science. It seeks knowledge that will support and promote community action and decision making (Argyris, 1984). Action science is ideal for studying the community education and organizing processes and outcomes associated with CCR initiatives. In this case, the *action scientist* -- the principal

investigator -- is a community educator, senior federal government policy maker, and prevention/interventionist who is seeking to help client systems (senior leaders in both military and civilian communities) to solve specific problems (e.g. how to successfully develop and implement a CCR).

The goals of action science are to make practical knowledge explicit and testable, to ground theory in contextual data and to generate new knowledge in support of current and future decision making activities. Such knowledge is an epistemology of practice. It seeks to apply research findings immediately to current reality and problem resolution.

It is important to note that this CCR exploratory study is a “naturalistic inquiry” (Lincoln and Guba, 1985) which embraces the postpositivist paradigm. It assumes that human realities are created by human will. Therefore, there are many realities (findings and outcomes) and research conclusions which can be drawn -- not just one -- depending upon the timing and context surrounding the CCR phenomenon under study. The postpositivist paradigm allows for inductive reasoning and theory building which is grounded in this CCR study within twelve, theoretically sampled community initiatives and subsequently within the meaning given to each by community members, leaders and change processes. It recognizes the human limitations of researchers and respondents as co-participants in the inquiry and challenges the myth of objectivity, especially in practices and processes of community education and organizing. It accepts non-linear causality (e.g. the expansion of CCRs into web structures or neural networks versus a linear developmental continuum) and presupposes that research methodologies are value laden (biased), not value-free.

Grounded theory data collection and analysis processes (Glasser and Strauss, 1967; Strauss and Corbin, 1990) have been followed in order to identify and fully describe the relevant personal and lateral (shared) leadership strategies, influence and change processes, organizational behaviors, interactional relationships of key responders, and social and cultural movements associated with the birth and growth of successful CCR initiatives. Twelve cycles of constant comparison data collection and analysis were required in order to answer stated research questions, draw conclusions, make policy recommendations and

develop the desired CCR planning and implementation tools. It should be noted that in the absence of a testable, stated hypothesis (which is not appropriate when grounded theory is being developed), the research questions and emerging data controlled the ultimate direction of the study, not simply the researcher.

In order to identify evolving CCR initiatives for study and associated relevant data for analysis, the principal investigator contacted approximately 52 local, state and federal organizations in multiple disciplines from across the nation. Unstructured telephone interviews were conducted with key community leaders, researchers, funding agency personnel and statisticians within these organizations. The purpose of these interviews was to discover which communities within the United States had already established CCRs and which model programs, materials, leadership strategies, policies and protocols were being successfully implemented.

The following types of materials were acquired from these initial sources and reviewed to assess the range of CCR components and change processes: strategic plans, key legislation and model codes, organizational policies, domestic violence response protocols, training materials for professionals and the general public, newsletters, media productions and transcripts, and promotional and advocacy materials. Two sets of CCR documents appeared to describe the most comprehensive and highly developed CCR initiatives in the country: Duluth, MN, and Quincy, MA. These two sites served as the initial theoretical sample for this policy study.

Documents from Duluth, Minnesota's Domestic Abuse Intervention Project were analyzed using open coding procedures. One hundred and ten categories and sub-categories of information emerged from the data. Subsequently, materials describing the domestic violence efforts of the Quincy, MA Court were analyzed using the coding scheme which emerged from open coding of Duluth materials. Using a constant comparison process, codes were modified to accommodate findings from Quincy.

Data and data categories from Duluth and Quincy indicated that CCRs entail more than a criminal justice system response to domestic violence. However, in-depth

information describing newly identified dimensions of coordinated community responses were not documented in CCR materials from these two communities. Leaders from these sites stated that in their practice, in order for violent and abusive behaviors to be effectively changed, other community members and organizations must become active partners in change processes and prevention/intervention activities. Key partners identified in these first two rounds of data collection and analysis included: medical professionals, women's advocates, employers, the media, religious leaders, government officials and family and friends.

Earlier reviews of model community policies and programs and recommendations from Duluth and Quincy community leaders suggested that San Diego County's Domestic Violence Task Force, Contra Costa County (CA) Health Services Department and the neighboring Battered Women's Alternatives grassroots initiative of Concord, CA, and the American Medical Association would provide additional rich, thick data to expand the description of CCRs. Materials from these communities were acquired from key community leaders. The emerging coding system from Duluth and Quincy was applied sequentially to these materials. Using axial coding (reconceptualizing and putting data back together again in new ways), six major categories of data and 32 sub-categories emerged from these rounds of data collection and continuous comparison. These new "themes" (major categories of data) included: (1) The System of Violence (root causes of domestic violence); (2) Situational Context (the status of domestic violence in the community); (3) Key Philosophical Frameworks (domestic violence models, core values and beliefs which can serve as roadblocks and/or resources to facilitate necessary changes); (4) Key Community Responders (criminal justice system, medical and human services system, community leaders, and personal and family systems); (5) Key Family Violence Laws, Policies and Procedures; and (6) Core Family Violence Programs and Services. From these major "themes", a leap was made from a list of concepts and categorized raw data to a preliminary theory for CCR planning and implementation. Selective coding (which integrates grounded contextual data into a logical descriptive narrative and in this case includes new CCR conceptual planning and implementation models) was used to produce the first draft of an outline for a CCR Program and Policy Manual for Community Leaders.

From these three additional communities, it became clear that more information regarding the roles and responsibilities of religious leaders, employers, the media and law enforcement personnel was required. Theoretical sampling was used once again to target appropriate sources of data. Polaroid Corporation, Bill Moyers and Public Affairs Television, Inc., the Center for the Prevention of Sexual and Domestic Violence (an interreligious educational ministry) and the Chicago Police Department were selected to expand knowledge in the area of employer and community partnership initiatives. Although the newly developed axial coding system did not change, new data was discovered. This data continued to round out descriptions of actions that are necessary to establish CCRs which attempt to prevent the violence that oftentimes begins in the home and spills onto the streets of America's communities.

In-depth analysis of these community initiatives revealed an important finding. Across the board, community leaders from every community studied came to the same conclusion: *the fundamental principle underlying all efforts to reduce and eliminate violence in the home and community is personal responsibility*. Thus, three additional sets of materials were theoretically sampled and analyzed based on comments and referrals made by community practitioners: Northeastern University's Mentors in Violence Prevention (MVP) Project (targeting student-athletes), LifeTrack's newest "It's Not Okay Anymore (INOKA)" program which empowers victims and helps them become healthy survivors, and David Walsh's "Reclaiming America's Children" (the National Institute for Media and the Family) initiative which focuses on core values education and what parents can do to prevent violence from being taught by the media inside their homes via electronic communication and educational systems (e.g. television, computers, videos, video games, etc.). Following the analysis of these new data, the initial results of selective coding (e.g. the CCR Program and Policy Manual outline, evolving descriptive narrative and CCR planning models) were modified.

After an in-depth examination of twelve state-of-the-art community initiatives, it became clear that all individuals, families, organizations and the community at-large (via its leadership) have important roles and shared responsibilities for ending the violence. Thus, the comprehensiveness, consistency, appropriateness and integratedness of individual,

familial, organizational and community efforts appears to be what is necessary to bring about a cultural and societal shift to non-violent behaviors and underlying beliefs. Although there does seem to be an identifiable set of “Core” people, philosophical frameworks, programs, protocols, policies and laws which support CCR basic goals, there also appears to be no limit to the potential for creative prevention/ intervention efforts which can be part of a community’s overall efforts to successfully reduce and eliminate domestic violence. With this insight, no additional communities or materials were collected or analyzed. The study was concluded. The final step was the drafting of the CCR Program and Policy Manual for Community Leaders.

Over a period of two years, multiple sources of evidence have converged in such a fashion that they triangulated over the facts and findings of the overall study. Facts that had three or more coinciding sources were considered to be robust enough to be included in the subsequent chapters of this dissertation. Facts that are associated with the practice of a single professional or community initiative are so identified. Community leaders can thus determine the relevance of this data to their unique community practice and gauge their level of confidence about each conclusion, recommendation and CCR model within the context of their community.

Limitations of the Study

Data contained in this study and policy manual is based on the perceptions, priorities and practices of community leaders and members in many communities throughout the United States. Each fact is directly related to the context from which it was extracted. In the case of CCRs, data and context are inseparable, just as they are in many community-based adult education and community organizing partnerships. As social and political context and leaders change, so may community policies, programs and protocols. Thus, what is possible and effective in one community might not necessarily be possible or effective in another. To the extent that context allows, the findings and recommendations of this dissertation and resulting policy manual will be useful to community leaders and educators to varying degrees.

Like many other studies, this research effort was constrained by time and resources. Therefore, a decision was made to focus on describing the breadth of a Coordinated Community Response rather than the depth of individual aspects. To overcome this limitation, numerous appendices (containing sample materials) and Section I (information and referral sources) were included in Chapter Six (the “stand-alone” policy manual) to assist community leaders in identifying sources of information and assistance that can further describe important issues, potential solutions and strategies for change.

Future Research Recommendations

Only a few CCR subcomponents (e.g. Domestic Violence Coordinating Councils, mandatory arrest policies, etc.) are beginning to be evaluated to determine the effectiveness of their focused prevention intervention efforts. Additionally, no community has assessed itself for integratedness and comprehensiveness of effort, that is CCR “potency” -- the combined effect of all policies, programs and protocols on domestic violence perpetration and recidivism within a community.

Keeping in mind that there may in fact be a critical mass or “sufficient mixture” of prevention intervention initiatives which can change the automatic pilot which is currently producing, condoning and fueling domestic violence within America’s communities, CCR community leaders must build in a CCR evaluation component to assess the effectiveness of overall CCR potency as well as the effectiveness of individual programs and policies. Evaluation studies may help identify critical CCR components needed to significantly reduce domestic violence. This study is a first step in that direction. It defines, maps and describes the basic components and scope of local level CCRs and recommends model leadership strategies, programs and policies which are proving to have a positive effect on domestic violence. A combination of massive community education (targeting batterers, the general public, children, responding professionals, and pre-professionals), sanctions and support services may hold the key to creating violence-free homes throughout America.

Chapter Five

KEY FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

A constant comparison research methodology was used over a two year period (1994 - 1996) to assess 12 unique city, county, employer, professional association, non-profit agency, public service and academic CCR initiatives. Key findings from these assessments (summarized below and described in detail in Chapter Six) were used to produce the seven CCR planning and implementation models shown below. Grounded in community practice, these models were conceptualized as change management tools or leadership guides for use by many different disciplines. Community educators, organizers, policy makers, program managers and leaders will find them especially helpful as they work to improve their community's overall response to domestic violence.

The Fundamental Framework of a Coordinated Community Response

The first CCR model which emerged from this study was a descriptive model which identified the *Seven Key Elements of a CCR* (see Exhibit 7). Experienced CCR leaders confirmed that when community leaders focus on these seven elements through community education and problem solving processes, they can maximize CCR "potency" and overall effectiveness. Failure to successfully address these seven areas can weaken or prevent CCR success. The seven key CCR elements include:

- (1) A Common Understanding of Domestic Violence with power, control and choice recognized as fundamental underlying causes of spouse abuse ; gender inequities and social learning identified as key facilitators of domestic violence; blaming behaviors (of victims and key responders) as major barriers to the reduction of domestic violence; the cycle of abuse as a predictive factor that more abuse will occur in the absence of effective intervention; and safety planning as a key consideration for all community domestic violence programs, policies and interventions.

Exhibit 7: Seven Key Elements of a CCR

A Common Understanding of Domestic Violence

Common Goals

Clear and Consistent Messages About Domestic Violence

Champions for Change

Consistent, Appropriate Responses from Key Responders

Effective Leadership Structures, Processes and Strategies

Key Support Systems

- (2) Common Goals for addressing domestic violence which must include at a minimum prevention, victim safety and protection, offender accountability, and community accountability for a consistent, appropriate response.
- (3) Clear and Consistent Messages beginning with the bottom line --“STOP THE VIOLENCE” and supported by “Domestic Violence is a Serious Crime,” “There’s No Excuse for Domestic Violence,” “It’s Not Okay Anymore,” and “The Community Will Provide Support for Change ... And Consequences for Those Who Don’t.” Victims and offenders are quick to note when actions and messages are not consistent. Inconsistency not only prevents the reduction of domestic violence, it also further endangers victims and witnesses.

- (4) Champions for Change, an element which must be present in each key sector of the community and in key responding disciplines if measurable change is to occur and to be sustained. Champions for change are individuals who have power, resources and/or influence to change the way a social group or community does business. They may be policy and law makers, media representatives, members of social and political action groups, employers, funding agencies and academics from higher education. They may also be any member of the community who accepts personal responsibility for removing violence from their life and from the lives of those around them. It should be the goal of community leaders to identify and engage as many “champions for change” as possible in CCR change management activities keeping in mind that many “small wins” (CCR success stories) add up to make a big difference in the level of violence experienced in homes throughout the community.
- (5) Consistent, Appropriate Responses from Key CCR Players which are formalized in domestic violence policies, programs, protocols and implementation practices. *Appropriate responses* are described in detail in Chapter Six and are listed in the CCR Lifecycle Framework described later in this chapter. They include the following:
- Skills for living adult education
 - Substance abuse/suicide prevention education
 - Inter-generational programs
 - Professional/pre-professional domestic violence training
 - License fees used to support battered women’s programs
 - Domestic violence awareness campaigns
 - Core values education for all ages
 - Cultural diversity training
 - GED/ESL/literacy training
 - Youth programs
 - Supportive religious programs
 - Public health programs (e.g. home visiting nurse programs and community-wide prevention strategies)
 - Domestic violence task forces

- Business-community partnerships, policies, employee assistance programs, workplace education programs (skills for living and domestic violence education)
- Domestic violence/anti-stalking laws
- First offender programs and policies
- Safety planning and “stay safe” planning
- Orders for protection
- Basic living needs (e.g. food, clothing, medical/dental, diapers, etc.)
- Victim and legal advocacy services
- Shelter and safe havens (visitation centers, transitional housing, motel vouchers, safe homes, etc.)
- Special needs/bi-lingual services
- Peer and professional counseling services/mental health services
- Arrest and incarceration
- Panic alarm programs (support for victims with very dangerous offenders)
- Full victim participation standards
- Social action groups (which promote non-violent living)
- Medical and dental care
- Independent corroboration standards
- Domestic violence protocols (e.g. law enforcement, medical, etc.)
- Child impact statements (e.g. media violence/violent products)
- Helplines, hotlines, stress lines
- Zero tolerance policies for weapons in places which demand safety
- Domestic Violence Coordinating Councils and collaboratives
- Victim empowerment programs
- Job training/job assistance
- Religious community support
- Financial planning and budgeting
- Crisis intervention services
- Substance abuse treatment
- Child witness policies and services
- Child and youth services
- Domestic violence rehabilitation services (e.g. batterer’s treatment)
- Victim orientations/victim rights
- Survivor’s networks
- Close monitoring of offenders
- No-drop prosecution policies
- Tourniquet sentencing
- Victim compensation funds
- Mandatory batterer’s education that does not blame victims or demand victim participation
- Mandatory domestic violence training for professionals
- Judicial and prosecution guidelines

In *appropriate responses* include:

- Victim blaming
- Misinterpretation of scripture
- Violence in the media
- Requests from treatment providers to excuse re-offenses
- Dropping valid cases
- Mandatory reporting of re-offenses to the court (esp. without victim input)
- Jailing Victims Who Won't Testify
- Mediation
- Family counseling and anger ventilation therapy
- Diversion from trial
- Uncooperative agencies and courts
- Failure to support terms of probation
- Lack of standardized conditions for probation
- Double standard for familial and stranger assaults/rapes
- Misuse of social workers
- Counseling which teaches victims to diffuse offender behaviors
- Police misconduct
- Inappropriate processing of orders for protection
- Discrimination
- Key responders as batterers
- Dual arrest for mutual combat
- Lack of enforcement of court orders
- Failure to sentence appropriately
- Failure to share case information
- Lack of victim input in court decisions
- Failure to arrest and incarcerate
- Lack of offender supervision
- Preserving the family and the the violent behavior
- Non-jail liberty punishments
- Immediate release of offenders from jail (esp. without victim notification)
- Failure to enforce the law
- Misapplication of mandatory arrest policies and laws
- Court officials identifying with offenders (e.g. buddying-up)
- Ordering anger control counseling for victims
- Persistent negative attitudes towards battered women
- Judicial deviation from state statutes
- Refusal to become informed about domestic violence

- (6) Effective Leadership Structures, Processes and Strategies which create domestic violence coordinating and oversight bodies, special units which

process domestic violence cases, automated information systems, offender and case management monitoring processes, strategic planning, training and education. Specific examples from this study include:

Key Leadership Structures --

- | | |
|--|--|
| • Domestic Violence Coordinating Council/ Task Force
(San Diego County, CA) | • Domestic Violence Prosecution, Probation and Investigative Units
(Duluth, MN, Quincy, MA, and San Diego County, CA) |
| • Office of Professional Standards
(Chicago Police Department) | • LEADS: Law Enforcement Agencies Data System
(Chicago Police Department) |
| • Family Services Office and Restraining Order Office
(Quincy, MA) | • National Institute on Media and the Family
(Minneapolis, MN) |
| • Center for the Prevention of Sexual and Domestic Violence (An Inter-Religious Educational Ministry)
(Seattle, WA) | • Domestic Violence Intervention Project (DAIP)
(Duluth, MN) |

Key Leadership Processes --

- | | |
|--|--|
| • Community policing and training
(Chicago Police Department) | • Tracking/monitoring of cases through the entire community system of response
(Duluth, MN) |
| • Offender monitoring
(Quincy, MA) | |

Key Leadership Strategies --

- Chief Executive Projects, Community Partnerships, Employee Assistance Programs and Domestic Violence Policies (Polaroid Corporation)
 - Voter Support for Prevention (Contra Costa County, CA)
 - Physicians Against Domestic Violence (American Medical Association)
 - By-Stander Leadership Training (Northeastern University's MVP Prevention Program)
 - Safety Planning and "Stay Safe" Planning (Quincy, MA and LifeTrack, Inc.)
 - Media campaigns and partnerships (Public Affairs Television, Inc., the American Medical Association and Reclaiming America's Children)
- (7) Key Support Systems including those domestic violence support services which are listed as "appropriate community responses" (e.g. information and referral sources of assistance for victims, offenders and key responders); key legislation including state domestic violence and stalking codes, federal and state victim rights and compensation codes, and provisions of the 1994 Crime Bill (e.g. Violence Against Women, Firearms Section and Gun Control Section); infrastructure enhancements and leadership processes listed in (6) above; and key policies and protocols listed in (5) above. This element embodies the comprehensiveness, integratedness and "potency" of the CCR. It is this element of potency/integratedness that will shift the overall culture of the community (over time) to a non-violent environment. Without potency, integration and consistency of effort, CCR's will have limited effect on domestic violence rates, recidivism and victim safety.

Planning and Mapping A CCR Initiative

Without exception, study participants have clearly demonstrated that there are many

commonalities that are contributing to the evolution of CCRs in local communities across the nation. Because of the multi-disciplinary nature of CCRs and the cyclical nature of domestic violence, different institutions, community educators and community organizers have focused on selected aspects of the domestic violence problem which are most problematic for them. For example, public health professionals and educators are focusing on primary prevention education in an effort to create a healthy populous -- one in which men, women and children have healthy core values, basic skills for living, heroes who are non-violent, and caring adults who serve as mentors along the way. Victim advocates, medical practitioners and human services professionals are among the first responders when domestic violence problems erupt. It is not surprising that they are heavily invested in secondary prevention which focuses on training key responders (professionals and pre-professionals), delivery of crisis services, and provision of early intervention support and assistance, first offender programs, survivor networks and special needs services. The criminal justice system sees not only first offenders but repeat offenders. These professionals are focusing on improvements in arrest, prosecution and probation procedures, sanctions, rehabilitation and recovery programs. Thus, CCRs are evolving ecologically into a multi-level, web structured, lateral (shared) leadership collaborative rather than a traditional single organizational leadership pyramid or linear continuum.

These findings suggest a need for two distinctively different CCR planning models and a supportive CCR Program and Policy Checklist. Such tools will help community leaders “map” the evolution of their CCR so they can more effectively identify and develop its strengths, work to minimize its weaknesses, eliminate identified barriers, and encourage missing partners to join their community’s CCR initiative as it naturally unfolds. Exhibit 8 is the ***CCR Leadership Map*** which has evolved from this study. It is a composite of a number of key findings. For example, it graphically depicts the:

- Four Major Response Systems that respond to domestic violence problems (criminal justice system; medical and human services system; community leadership system; and individuals, family and friends).
- Six Major Power Brokers -- Champions and change agents which have the

power to make sweeping changes in the way a community does business. At a minimum, they must come from the media, policy and lawmakers, social and political action groups, employers, funding sources and academia. Over time, they must also come from all levels of leadership (individual, family, organizational and the community at-large) since sustained change is produced by individuals who have accepted the personal responsibility to remove violence and abusive behaviors from their own lives and from the lives of those around them.

- Thirty-Six Key Responders (players) who have the most frequent direct contact with victims, witnesses and offenders (see Chapter Six for a detailed description) as well as the community's central coordination body or agency (e.g. a Domestic Violence Coordinating Council, Task Force or Collaborative) which is responsible for the overall coordination, integration, oversight and evaluation of the community's response to domestic violence.

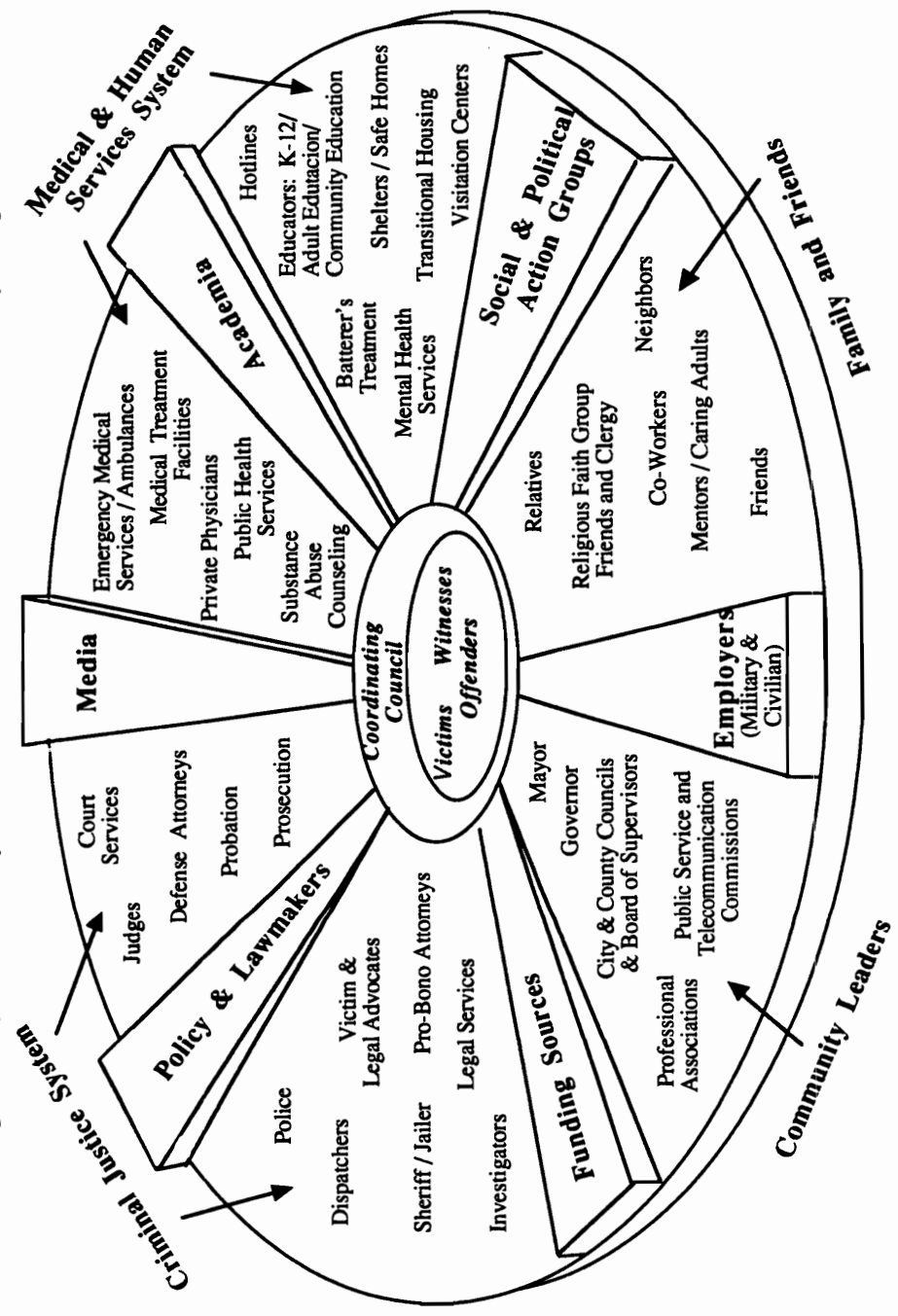
Although the contents of the CCR Leadership Map may vary slightly depending upon the structure and composition of each local community to which it is applied, its fundamental mapping concept provides a useful framework within which CCR educators, organizers and planners can operate. Chapter Six provides a detailed narrative describing each CCR participant depicted on this map. Additionally, it provides information concerning each participant's role, responsibilities, lessons learned, model programs and policies, and resources (including points of contact for technical assistance) when more information is needed.

The second CCR mapping model emerged as a result of an identified set of "core" programs, services and domestic violence initiatives which are being established in many communities. These baseline services fall into three categories: primary prevention, secondary prevention and tertiary prevention. All three types of preventive interventions support victims, witnesses, offenders, key responders and all community members who attempt to assist them as they try to:

Exhibit 8: CCR Leadership Map

CCR LEADERSHIP MAP

Organizing Community Partners in A Coordinated Community Response



- prevent or eliminate destructive behaviors and beliefs
- seek safety when abuse occurs
- search for recovery opportunities when damage is already done

Exhibit 9 is a **CCR Lifecycle Framework**. It depicts the baseline services upon which most of the communities in this study depend. Although resource availability, community leadership interest and community support are major factors in whether a community actually establishes such baseline services, this CCR Lifecycle Framework can serve as another community education leadership mapping technique to show overlaps and gaps in needed domestic violence policies and programs. The most important concept underlying this particular CCR model is that community resources (volunteer efforts and fiscally supported initiatives) need to be balanced and dedicated to:

- creating protective factors which produce a non-violent populous
- creating resiliency factors which help individuals and families “bounce back” when there is exposure to first offense domestic violence episodes
- creating accountability and recovery factors when there are repeat offenses.

By using this CCR Lifecycle Framework, CCR community planners can see at what stages they are most heavily investing their limited, valuable resources. If community leaders are able to gradually shift more resources to primary and secondary prevention, they will create real opportunities to “turn off the valves” which are flooding them with escalating, costly domestic violence cases.

The third leadership mapping tool that was constructed from key research findings to assist CCR community planners was a **CCR Program and Policy Checklist**. This tool is a descriptive listing of model programs, policies, laws, infrastructure enhancements and change management processes associated with the three levels of prevention depicted in the CCR Lifecycle Framework. When these elements are combined and integrated into a community-wide CCR initiative, they can significantly improve the “potency” and overall

Exhibit 9: CCR Lifecycle Framework

CCR LIFECYCLE FRAMEWORK

Primary Prevention CREATING PROTECTIVE FACTORS

Creating A Non-Violent Populous

- | | |
|---|---|
| <ul style="list-style-type: none"> • Skills For Living • Core Values Education • Substance Abuse/Suicide Prevention • Cultural Diversity Training • GED/ESL/Literacy Training • Inter-Generational Programs • Youth Programs • Professional/Pre-Professional Training • Religious Programs • Public Health Programs/Home Visiting • License Fees Used to Support Battered Women's Support Services | <ul style="list-style-type: none"> • Adult Education: Domestic Violence Awareness, Media Campaigns, Task Forces • Business-Community Partnerships, Policies, and Workplace Educational Programs • Children Impact Statements (Media/Products) • Zero Tolerance Policies for Weapons in Places that Demand A Safe Environment • Gun Control (Especially for Those Served With An Order For Protection) • Domestic Violence / Anti-Stalking Laws • Domestic Violence Coordinating Councils • Helplines / Stress Lines |
|---|---|

Secondary Prevention CREATING RESILIENCY ("Bounce Back") FACTORS

Responding to First Offenses

- | | |
|---|--|
| <ul style="list-style-type: none"> • First Offender Programs and Policies (Batterer's Education, Judicial Guidelines) • Safety Planning / Stay Safe Planning • Victim Empowerment/Support Programs • Survivors' Networks • Victim Orientations/ Victim Rights • Safe Housing / Safe Havens • Job Training / Job Assistance • Peer & Professional Counseling Services • Religious Community Support Services • Orders For Protection | <ul style="list-style-type: none"> • Basic Living Needs (Food, Clothing, Medical / Dental Care, Diapers, etc.) • Special Needs / Bi-Lingual Services • Financial Planning and Budgeting • Hotlines / Crisis Intervention Services • Victim Advocacy / Legal Advocacy Services • Rehabilitation Services • Child Witness Policies and Services • Substance Abuse Treatment • Child and Youth Services • Inter-Agency Memoranda of Understanding |
|---|--|

Tertiary Prevention CREATING ACCOUNTABILITY & RECOVERY FACTORS

Responding to Repeat Offenses

- | | |
|--|--|
| <ul style="list-style-type: none"> • Arrest and Incarceration • Monitoring Offenders • Panic Alarm / Victim Monitoring • Prosecution - No-Drop Policies • Tourniquet Sentencing (Increasingly Harsh with Each New Offense) • Victim Compensation Funds • Survivors' Networks • Victim/Witness Therapy (Trauma)/Support • Safety Planning/ Stay Safe Planning • Full Victim Participation Standards | <ul style="list-style-type: none"> • Batterer's Education / Counseling/ Support • Social Action Groups (Non-Violent Living) • Substance Abuse Treatment • Medical / Dental Care • Domestic Violence Policies: <ul style="list-style-type: none"> Mandatory Batterer's Education Mandatory / Pro-Arrest / No-Mutual Arrest Mandatory Training for Professionals Law Enforcement Protocols Judicial/Prosecution/Probation Guidelines • Independent Corroboration Standards |
|--|--|

effectiveness of a community's response to domestic violence. The supportive CCR Program and Policy Checklist which resulted from this study can be found at Appendix G in Chapter Six. It identifies various types of initiatives currently being reviewed, developed, piloted and permanently implemented by community leaders and Domestic Violence Coordinating Councils across the country. This checklist can serve as a CCR planning and evaluation tool as well as a "menu" of actions and options that should be considered by the membership of a Domestic Violence Coordinating Council (and its sub-committees) for future action. In Contra Costa County, such a list was streamlined and presented to the general public as a referendum issue in their November general election. Subsequently, community resources were allocated following widespread voter support.

Educating Community Leaders and Members for Change

This CCR program and policy study also identified several common change management processes at work in the 12 communities and CCR initiatives examined in this research effort. These processes appear to be driving the community education and mobilization aspects of CCRs. They also appear to be universal as they are working simultaneously across many different disciplines and throughout various ages and stages of CCR development.

The first change management process has been named **AIRATE** (see Exhibit 10). It is a community education change management process which suggests that in order for community leaders to facilitate needed change in attitudes and behaviors of all citizens (including those who are violent and those who are not), they must :

- raise and maintain public awareness about the status and impact of domestic violence within the community
- help individuals "intend" and subsequently commit to changing the status quo
- help individuals get ready to take appropriate actions through education, skill building, planning evolutions and practice
- take necessary actions to acquire resources, implement action plans and evaluate outcomes

- help transform the “System of Violence” or violent culture by getting individuals involved in a continuous stream of “small wins” (successful domestic violence initiatives) which add up to make a big difference in domestic violence rates, recidivism and victim safety
- evaluate the evolution of the social context to determine “next steps” as players and situations change and new requirements emerge.

AIRATE can be used by community organizers and planners as a strategy for change as well as a framework for CCR education and evaluation. To operationalize this model, an **AIRATE Checklist** has been developed (see Appendix A in Chapter Six). It recommends specific data which will be helpful in raising awareness, tracking intentions, implementing readiness initiatives and community actions, assessing the degree of transformation experienced by a community, and assessing the evolving situational context to identify next steps. Chapter Six provides a full description of the six steps in the AIRATE Community Education Change Management Process (see Appendix H in Chapter Six).

Organizing Your Community for Change

For those who are newcomers to organizing communities for social and political action, the **7-P Model: CCR Planning and Evaluation Checkpoints** (Exhibit 11) can serve as a useful framework for guiding community education and mobilization activities. Since the beginning stages of their CCR initiatives, the experts who participated in this study have taken seven key actions to organize and call their communities to action. Even today, they continue to:

- document and discuss domestic violence problems and impacts (e.g. impact studies, reports, public speaking, community education, media campaigns, meetings with senior officials, conferences, etc.)
- identify and enlist the support of key people throughout the community (champions with legitimate power, key players who respond to domestic violence incidents and community members who are interested in helping to stop the

**Exhibit 10: AIRATE -- A Community Education
Change Management Process**

AIRATE

Community Education Change Management Process

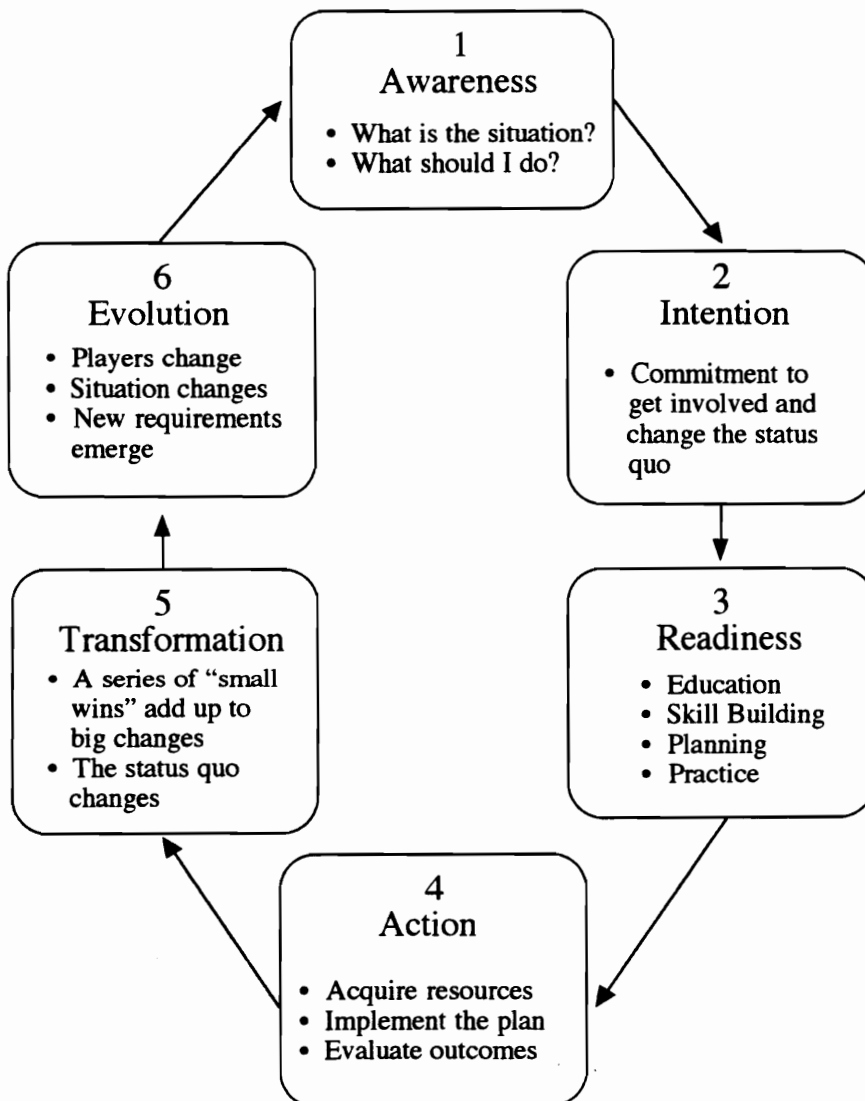
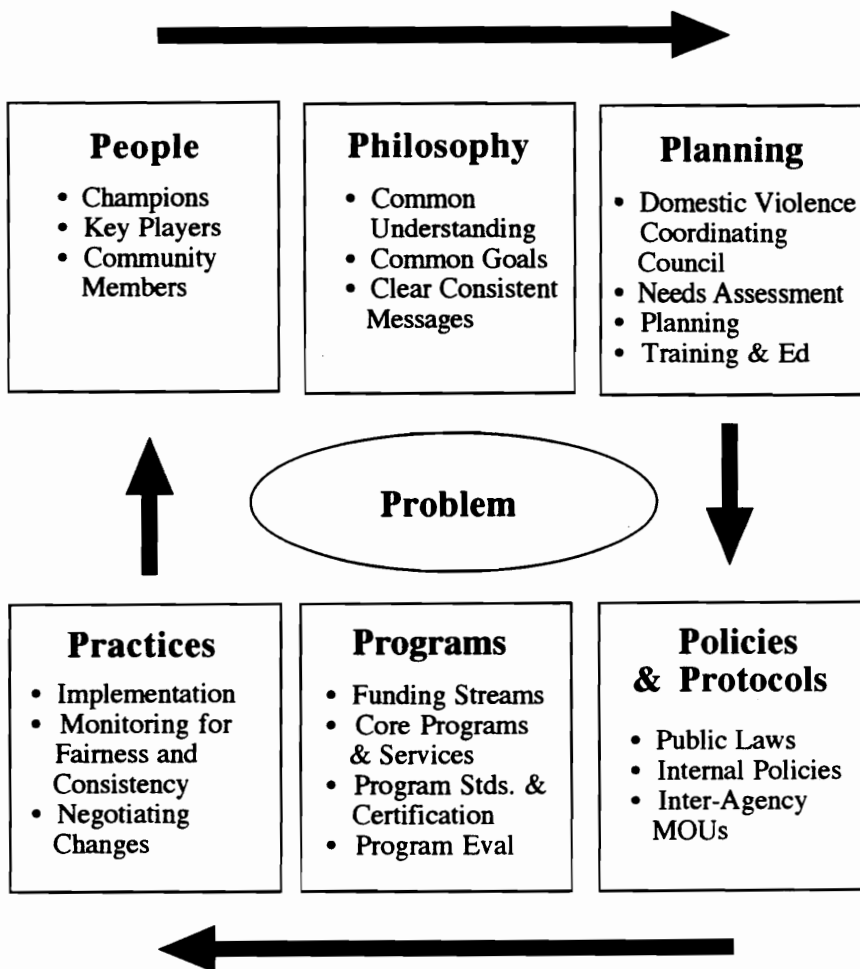


Exhibit 11: 7-P Model:CCR Planning and Evaluation Checkpoints

7-P Model

*Coordinated Community Response
Planning and Evaluation Checkpoints*



violence within themselves, their families and the groups to which they belong)

- establish a common philosophy or understanding of domestic violence and give clear consistent messages about this philosophy (e.g. acts of domestic violence are committed by choice and such choices are not okay anymore)
- develop plans of action which will ensure that there is an identified central coordinating body that will assess community needs, monitor cases, court and community actions, develop and implement plans for correcting problems and train community members to respond appropriately to domestic violence cases
- monitor community practice for fairness and consistency (as programs and policies are implemented) and negotiate changes as required

These 7 basic steps can provide a strategy and logic flow that can ensure that community leaders appropriately address domestic violence in unique community settings. A full description of the basic elements of the 7-P Model (CCR Planning and Evaluation Checkpoints) is provided in Chapter Six.

Transitioning CCR Conceptual Frameworks into Community Actions

Each community across the nation is in a different evolutionary stage of development regarding its response to domestic violence. By selecting and using some of the change management tools described above, community educators, organizers and leaders can make rapid progress in improving their community's overall response to domestic violence. By contacting experienced practitioners in the 12 communities and CCR initiatives described in this study (see "Technical Assistance" listings in Section I of Chapter Six), local leaders can acquire complete training materials, copies of domestic violence policies and protocols, model program materials and community resource listings. They can also access state of the art technical assistance which can respond to their unique CCR challenges and emerging requirements.

Chapter Six

CREATING A COORDINATED COMMUNITY RESPONSE (CCR) TO DOMESTIC VIOLENCE:

A Program and Policy Manual for Community Leaders

Chapter Six is a “stand alone” CCR program and policy manual which can be removed from this dissertation and provided to community leaders and practitioners. It repeats much of the information from Chapters One through Five. This redundancy is necessary for several reasons. Community leaders need this information to educate themselves and others about the scope and effect of domestic violence and the nature of abusive relationships. It is also important for them to understand that blaming victims and others for the offender’s continued violence is the single most important barrier they will face when attempting to improve their community’s overall response to domestic abuse.

This manual begins with a special introductory section that helps prepare readers to use this manual effectively. An executive summary has been included to explain to senior leaders why they should be concerned about domestic violence and what they can do to help reverse negative trends. Readers are advised that this manual is comprehensive in nature and that it includes many sub-sections that will help small groups from different disciplines learn about their special roles, responsibilities and opportunities to make unique contributions to their community’s coordinated response. For those who are interested in learning how this manual was developed, an explanation is given for why certain CCR initiatives were included in this study and in the final policy guide. And finally, a definition of a Coordinated Community Response is given to set the stage for the presentation of Sections A through J -- the “how-to” guide for domestic violence policy makers and program managers.

As required by Virginia Polytechnic Institute and State University, permission letters from authors of copyrighted materials (domestic violence models) are included in Section K along with the author’s signed vita.

Creating A Coordinated Community Response to Domestic Violence:

A Program and Policy Manual for Community Leaders

By

Randy Newcome Eltringham

Based on the Pioneering Leadership, Community Contributions and Insights of

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Foreword

This CCR Program and Policy Manual has been designed to support the decisions and activities of community leaders and practitioners who have accepted the challenge of improving their community's overall response to domestic violence. It provides the information that individuals need to educate themselves and others about the scope and effect of domestic violence and the nature of abusive relationships. It also advises them that blaming victims and others for the offender's continued violence is the single most important barrier they will face when attempting to reverse the negative trends associated with domestic violence rates, recidivism and victim safety.

This manual begins with a special introductory section that helps prepare readers to use this manual effectively. An executive summary has been included to explain to senior leaders why they should be concerned about domestic violence and what they can do to help reverse negative trends. Readers are advised that this manual is comprehensive in nature and that it includes many sub-sections that will help small groups from different disciplines learn about their special roles, responsibilities and opportunities to make unique contributions to their community's coordinated response. For those who are interested in learning how this manual was developed, an explanation is given for why selected CCR initiatives were included in this policy guide. And finally, a definition of a Coordinated Community Response is given to set the stage for the presentation of Sections A through J -- the "how-to" guide for domestic violence policy makers and program managers.

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A Program and Policy Manual for Community Leaders

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Executive Summary

Domestic violence is one of the most serious social problems facing our nation today. Despite decades of social and political action led by victims, advocates and leaders in the Battered Women's Movement, it continues to threaten the safety, health and well-being of two to four million women each year. It also terrorizes and teaches violent behaviors to three to ten million children annually, increases health care costs by three to six billion dollars per year, and increases annual business costs by more than \$13 billion.

With a few notable exceptions (e.g. mandatory arrest, home visiting nurse programs, and re-socialization education), single interventions have not significantly reduced domestic violence. After decades of experience, it appears that more comprehensive, integrated interventions are required to eliminate violence from America's homes. Today, community leaders continue to search for a sufficiently potent "mixture" of information, policies, programs and protocols which can change the "System of Violence" (or culture) which supports the continuation of domestic abuse.

In recent years, studies of community-based prevention intervention initiatives have shown that efforts to eliminate complex destructive behaviors must not only be aimed at at-risk individuals but also must target change within the broader community context. Thus, communities across the nation are attempting to expand, coordinate and integrate their multi-disciplinary responses to domestic violence. This more comprehensive prevention strategy is based on a public health/ public partnership model which differs significantly from dependency on single intervention "treatment" approaches.

This Coordinated Community Response (CCR) Program and Policy Manual is based on the results of a two-year study (1994-1996) of 12 unique city, county, employer, professional association, non-profit agency, public service and academic CCR initiatives. It is a reflection of state-of-the-art community leadership, organization and adult education practice. The rich data contained in this guide provides community leaders with a comprehensive roadmap for creating an effective Coordinated Community Response

(CCR) to domestic violence. Based on hundreds of lessons learned by experienced CCR leaders, it describes myths, root causes and risk factors of domestic violence, defines roles and responsibilities of key CCR players, recommends important community goals and messages, and describes seven basic elements of effective CCRs. Additionally, it operationalizes new CCR planning and implementation tools which can help community leaders launch a number of community problem solving activities which have been proven to be effective. Finally, it highlights model programs, leadership strategies and technical assistance which is available to those who are interested in improving the overall effectiveness of domestic violence policies and program interventions

The goal of eliminating domestic violence from America's homes is achievable. It begins one person at a time, one step at a time. With the tenacity and commitment of community leaders, it evolves into strong community partnerships and widespread community education for children, youth, adults and elders. But how do community leaders make every home in their community a violence-free home? The answer is simple. The "System of Violence" which permeates America's communities will begin to diminish the day each community leader and member says "STOP THE VIOLENCE ... It's not okay anymore." Such statements must be followed with consistent, appropriate actions -- actions that *first* touch their own personal life and *then* touch the lives of those around them. It takes personal and professional dedication to make violence-free living a reality.

Domestic violence is a choice. It is *completely preventable*. Community leaders have a special responsibility for raising the awareness of every member of the community regarding the status and impacts of domestic violence on children, families and the community at-large. They have countless opportunities to talk about domestic violence and to call on others to join them in preventing it. And finally, they have the power to change the way community leaders and organizations respond to domestic violence. By asking state and local leaders, policy makers and program managers to discuss, evaluate and implement some of the ideas contained in this CCR manual, community leaders can make a significant difference in the costs associated with domestic violence and the overall quality of life of individuals and families throughout their community.

How to Use this CCR Program and Policy Manual

This Coordinated Community Response (CCR) Program and Policy Manual has been created to support the efforts of those who have accepted the challenge of improving the community's overall response to domestic violence. It recommends a specific step-by-step approach and helps link community leaders to resources and technical experts who can provide additional assistance when they are ready to take action.

This manual is comprehensive in nature. Reading it from start to finish would be an overwhelming task. However, by asking members of a Domestic Violence Coordinating Council to review and discuss its smaller sub-sections, many different disciplines and sectors of the community can be empowered to improve and integrate their unique responses to domestic abuse. For example, Section E contains special selections for law enforcement officers, adult and youth educators, and religious leaders who want to improve their professional practice as they interface with each other and assist victims and offenders. Each speciality sub-section has rich descriptions of lessons learned and proven, on-going CCR initiatives that offer hope. The ideas contained in these sub-sections can become the foundation for dialogue which will help community leaders develop creative solutions to domestic violence problems. A Domestic Violence Coordinating Council or Task Force (described in Section G as a "Best Practice") can help these small groups of community members coordinate their emerging policies and programs into one effective community-wide effort. By doing so, community leaders and members can make a significant difference in local domestic violence rates and victim safety.

The following is a brief review of each section contained in this manual. Each section describes a necessary step in the process of establishing an integrated, Coordinated Community Response (CCR) to domestic abuse.

STEP ONE: RAISE AWARENESS

Needed change regarding domestic violence and the community's response is more likely once community leaders and members begin to understand the scope and effect of such destructive behavior on individuals, families, organizations and their community at-large. **Section A** provides such information on a national level. It clearly demonstrates that domestic violence is a national public health epidemic which affects approximately one third of all individuals in the United States. It cuts across every cultural, social, economic, racial and ethnic group in America. For centuries, it has been surrounded by the silence that suggests that domestic abuse is a "private family matter." It is time to break this silence. The human, economic and social costs of domestic violence are staggering. To help local leaders identify the extent of domestic violence within their own community as well as the effectiveness of their community's response, Appendix A provides a list of data elements which will answer the question "How bad is the problem of domestic violence where we live?"

Section B helps community members and leaders learn more about (1) the basic causes of domestic violence (the offender's sense of entitlement and choice to use power and control to get what he wants), (2) myths about domestic violence (e.g. that substance abuse, stress, anger, heritage and victims are to blame for the offender's abusive behaviors), (3) victim and offender characteristics and risk factors (e.g. who is more likely to become a victim or offender and why), (4) the cycle of abuse (the patterns associated with abusive relationships and how to break free of them), and (5) the need for safety planning and "stay safe" planning to protect victims while offenders are being help accountable for their criminal acts.

STEP TWO: STOP BLAMING -- START EDUCATING AND ORGANIZING

Experienced community leaders and members have learned that blaming victims and each other for their inability to stop the offender's abusive behavior is a major barrier to the reduction and elimination of domestic violence. **Section C** suggests some specific

strategies for shifting the focus back to where it belongs -- on the offender who chooses to continue his violence and on themselves as valuable community resources with significant power to change the way they respond to it. As Dr. David Walsh, author of Selling Out America's Children and founder of the National Institute for Media and the Family, puts it "One thing is for sure: There is enough blame to go around for everyone. But placing blame on any one group is not going to get us anywhere. What can lead to change is our taking responsibility for what has happened and for what will happen from this point forward." Section C briefly discusses the importance of community organizing and community education as the most effective techniques for managing needed change. It also recommends that individuals and communities adopt and promote four specific goals which will keep their efforts to eliminate domestic violence focused, fair and consistent and five key messages which can serve as important checkpoints for each decision they make and action they take regarding domestic abuse.

STEP THREE: LEARN FROM OTHERS

For those who are in the beginning stages of organizing a comprehensive, integrated community response to domestic violence and for those who want to evaluate on-going CCR initiatives, it may be helpful to review what other community's have learned the hard way. **Section D** captures these lessons learned and provides a menu of seven CCR planning and implementation tools which will help community leaders and members (1) understand the critical elements of a successful CCR, (2) visually picture their community's overall response, (3) identify and "call to action" missing community partners, (4) recognize at what stages and levels they are investing their valuable limited resources, (5) identify gaps in needed policies, programs and protocols along a prevention intervention continuum, (6) learn about a community education change management process which is working across all disciplines and can be applied to target populations (including senior executives), and (7) plan and successfully implement a CCR initiative. Five graphic models and two descriptive checklists serve as useful guides for change agents working at organizational and community leadership levels.

STEP FOUR: CREATE A COORDINATED COMMUNITY RESPONSE

A Coordinated Community Response is a multi-disciplinary, highly integrated collaborative of individuals and organizations that are working together to implement consistent appropriate responses to domestic violence throughout the community. Participating members support common goals, messages and an understanding of the system of violence that underlies the abusive behaviors and beliefs which destroy relationships and families, and impose significant social and economic costs on the community at-large. **Section E** identifies and describes the roles and responsibilities of six potential CCR power brokers or “champions,” 36 key responders, and families and friends. It highlights key elements of effective domestic violence policies and programs and describes a variety of leadership strategies which are currently increasing the effectiveness of organizational and community efforts.

STEP FIVE: ELIMINATE INAPPROPRIATE ACTIONS

Once community leaders and members begin to examine what they and others are doing in response to domestic violence, they will discover that some actions, policies and programs are appropriate while others are not. In **Section F**, experienced CCR leaders summarize what they believe to be inappropriate actions which serve as major barriers to the reduction and elimination of domestic abuse. In response, they suggest strategies for discussing, negotiating and demanding (especially in cases where lives are endangered) changes in behaviors and attitudes of community leaders, key responders and offenders. Community education problem-solving processes and monitoring of domestic violence cases, policies, programs and practices are essential to success.

STEP SIX: SEEK OUT AND ADOPT “BEST PRACTICES”

Section G identifies “Best Practices” by some of the most successful CCRs in the United States. It describes a number of effective leadership structures, processes and strategies in sufficient detail for newcomers to the CCR Movement to begin designing their own similar initiatives for implementation in their unique environments. Point of contact

information is provided at the end of each “Best Practice” description for those who wish to seek additional information, policy and program materials or technical assistance.

STEP SEVEN: ASSESS FOR CCR COMPREHENSIVENESS, INTEGRATEDNESS AND “POTENCY” OF EFFORT

Section H summarizes the potential outcomes of a successful CCR. It captures the *comprehensiveness, integratedness and “potency”* of a community’s response to domestic abuse. By striving for these three elements, community leaders and their partners (including organizations, influentials and community members of all ages) can shift the overall culture of their community (over time) to a non-violent environment. Without these three elements, CCRs will have a limited effect on domestic violence rates, recidivism and victim safety. In other words, status quo will be maintained or in worse case scenarios, homicides/suicides and domestic violence trends will continue to escalate.

STEP EIGHT: MAKE ADDITIONAL COMMUNITY CONNECTIONS

It is expected that readers of this CCR Program and Policy Manual will be at different stages of awareness, experience and commitment to change regarding domestic violence. Thus, it is highly likely that readers will “skip around” through this manual, reading only those sections which address their current needs. As their interest is heightened and their needs change (e.g. someone asks them a question they can not answer or they hit a brick wall and can’t solve a specific problem), they may read other sections in the manual. This guide has been designed with this in mind. It attempts to include just enough information to “jump start” community members and leaders in developing creative, effective solutions to the problems associated with domestic violence. For those who need more details and additional resources as their CCR knowledge and experience expands, **Section I** provides sources of information which were used in the production of this manual and which can provide additional referrals to others working in the CCR Movement. This information is organized into seven sections: (1) Technical Assistance, (2) Hotlines, Helplines and Web Sites, (3) General Awareness Resources, (4) Help for the

Criminal Justice System, (5) Help for the Medical and Human Service System, (6) Help for Community Leaders, and (7) Help for Individuals, Family and Friends.

STEP NINE: REVIEW ADDITIONAL RESOURCES

As a supplement to the text of this manual, **Section J** provides Appendices which capture additional research findings from community practice, sample strategic plans, model policy and program materials and CCR descriptive checklists which can be used in CCR planning and implementation activities. These materials have been located in this section so they can be easily removed and used with community groups who are addressing various aspects of domestic violence and their community's response.

A Word of Encouragement

As community leaders and members attempt to improve the way they (on a personal and professional basis) and their community (as a whole) responds to domestic violence, Ellen Pence, Michael Paymar and Jim Soderberg from Duluth, MN offer this word of encouragement:

No doubt you will struggle. There may be compromises that you find frustrating and at times your objectives may seem unobtainable. But the goal of ending domestic violence in our communities can be realized when we chisel away at attitudes and institutional practices that are injurious to victims and do little to deter offenders from changing their behaviors.

In both personal and professional endeavors, it is important to keep in mind that domestic violence is *completely preventable*. Domestic abuse occurs and is sustained by choice. By choosing to remove it -- beginning today -- from personal lives and professional practice, it no longer remains a private family matter, an offender's entitlement, a rich or famous man's right or the victim's fault. Violence-free homes throughout the community *can* become a reality. The challenge is to design a comprehensive, integrated, community education strategy which engages all community leaders and members as full partners in life long domestic violence prevention.

The Action Science of Community Education Leadership Practice

This CCR Program and Policy Manual is a result of a two year action science initiative which examined state-of-the-art practices, programs, policies and protocols related to the reduction of domestic violence. It provides newly developed planning and implementation tools which are grounded in data from current community practice. The purpose of the manual is to share lessons learned and to assist community leaders who are addressing the full range of multi-disciplinary CCR requirements and issues. The following questions served as the framework for the inquiry. The answers to these questions simplify and operationalize what is currently known about the complexity and multiplicity of issues and actions which are associated with successful, pioneer CCR efforts.

Frequently Asked Questions by Community Leaders

- (1) What is a CCR? What are the essential CCR elements which help keep community efforts focused in order to maximize effectiveness in reducing domestic violence?
- (2) Who are the leaders of CCR initiatives? What are their roles and responsibilities?
- (3) What are the key leadership issues and barriers to successful implementation of a coordinated, integrated, multi-disciplinary CCR?
- (4) What are some examples of CCR leadership strategies, structures and processes which are overcoming CCR implementation barriers and having a positive impact on victims, offenders and professional responders?
- (5) What are the basic support services, resources, reference materials and sources of assistance that could be made available to community leaders who are trying to reduce and eliminate domestic violence within their homes and communities?
- (6) Can theoretical CCR models derived from community practice be used to assess the comprehensiveness, integratedness and “potency” of collective community-based interventions at key points within the lifecycle of escalating domestic violence?

Research Methodology

Until now, a comprehensive CCR description and set of leadership tools did not exist in the literature or in community practice. CCR information was fragmented. In fact, in many communities, leaders are still learning about and just beginning to document their roles and responsibilities for ending domestic violence and abuse.

This CCR Program and Policy Manual is based on data from twelve varied, state-of-the-art community initiatives as well as information contained in documents initially reviewed from 52 community organizations across the United States. Data was specifically selected to inform the practice of community educators, change agents and leaders as they plan and orchestrate the continuous evolution of CCRs nationwide. An action science methodology using grounded theory data collection and analysis procedures served as the basic research approach.

Action science (Argyris, 1984) is ideal for studying the community education and organizing processes and outcomes associated with CCR initiatives. In this case, the *action scientist* -- the principal investigator -- is a community educator, senior federal government policy maker, and prevention/interventionist who is seeking to help client systems (senior leaders in both military and civilian communities) to solve specific problems (e.g. how to successfully develop and implement a CCR).

The goals of action science are to make practical knowledge explicit and testable, to ground theory in contextual data and to generate new knowledge in support of current and future decision making activities. Such knowledge is an epistemology of practice. It seeks to apply research findings immediately to current reality and problem resolution.

It is important to note that the CCR exploratory study which produced this manual is a "naturalistic inquiry" (Lincoln and Guba, 1985) which embraces the postpositivist paradigm. It assumes that human realities are created by human will. Therefore, there are many realities (findings and outcomes) and research conclusions which can be drawn -- not just one -- depending upon the timing and context surrounding the CCR phenomenon

under study. The postpositivist paradigm allows for inductive reasoning and theory building which is grounded in this CCR study within twelve, theoretically sampled community initiatives. It recognizes the human limitations of researchers and respondents as co-participants in the inquiry and challenges the myth of objectivity, especially in practices and processes of community education and organizing. It accepts non-linear causality (e.g. the expansion of CCRs into web structures or neural networks versus a linear developmental continuum) and presupposes that research methodologies are value laden (biased), not value-free.

Grounded theory data collection and analysis processes (Glasser and Strauss, 1967; Strauss and Corbin, 1990) were followed in order to identify and fully describe the relevant personal and lateral (shared) leadership strategies, influence and change processes, organizational behaviors, interactional relationships of key responders, and social and cultural movements associated with the birth and growth of successful CCR initiatives. Twelve cycles of constant comparison data collection and analysis were required in order to answer frequently asked community education leadership questions, draw conclusions, make policy recommendations and develop the desired CCR planning and implementation tools. It should be noted that in the absence of a testable, stated hypothesis (which is not appropriate when grounded theory is being developed), the research questions and emerging data controlled the ultimate direction of the study, not simply the researcher.

In order to identify evolving CCR initiatives for study and associated relevant data for analysis, the principal investigator contacted approximately 52 local, state and federal organizations in multiple disciplines from across the nation. Unstructured telephone interviews were conducted with key community leaders, researchers, funding agency personnel and statisticians within these organizations. The purpose of these interviews was to discover which communities within the United States had already established CCRs and which model programs, materials, leadership strategies, policies and protocols were being successfully implemented.

The following types of materials were acquired from these initial sources and reviewed to assess the range of CCR components and change processes: strategic plans,

key legislation and model codes, organizational policies, domestic violence response protocols, training materials for professionals and the general public, newsletters, media productions and transcripts, and promotional and advocacy materials. Two sets of CCR documents appeared to describe the most comprehensive and highly developed CCR initiatives in the country: Duluth, MN, and Quincy, MA. These two sites served as the initial theoretical sample for this policy study.

Documents from Duluth, Minnesota's Domestic Abuse Intervention Project were analyzed using open coding procedures. One hundred and ten categories and sub-categories of information emerged from the data. Subsequently, materials describing the domestic violence efforts of the Quincy, MA Court were analyzed using the coding scheme which emerged from open coding of Duluth materials. Using a constant comparison process, codes were modified to accommodate findings from Quincy.

Data and data categories from Duluth and Quincy indicated that CCRs entail more than a criminal justice system response to domestic violence. However, in-depth information describing newly identified dimensions of coordinated community responses were not documented in CCR materials from these two communities. Leaders from these sites stated that in their practice, in order for violent and abusive behaviors to be effectively changed, other community members and organizations must become active partners in change processes and prevention/intervention activities. Key partners identified in these first two rounds of data collection and analysis included: medical professionals, women's advocates, employers, the media, religious leaders, government officials and family and friends.

Earlier reviews of model community policies and programs and recommendations from Duluth and Quincy community leaders suggested that San Diego County's Domestic Violence Task Force, Contra Costa County (CA) Health Services Department and the neighboring Battered Women's Alternatives grassroots initiative of Concord, CA, and the American Medical Association would provide additional rich, thick data to expand the description of CCRs. Materials from these communities were acquired from key community leaders. The emerging coding system from Duluth and Quincy was applied

sequentially to these materials. Using axial coding (reconceptualizing and putting data back together again in new ways), six major categories of data and 32 sub-categories emerged from these rounds of data collection and continuous comparison. These new “themes” (major categories of data) included: (1) The System of Violence (root causes of domestic violence); (2) Situational Context (the status of domestic violence in the community); (3) Key Philosophical Frameworks (domestic violence models, core values and beliefs which can serve as roadblocks and/or resources to facilitate necessary changes); (4) Key Community Responders (criminal justice system, medical and human services system, community leaders, and personal and family systems); (5) Key Family Violence Laws, Policies and Procedures; and (6) Core Family Violence Programs and Services.

From these major “themes”, a leap was made from a list of concepts and categorized raw data to a preliminary theory for CCR planning and implementation. Selective coding (which integrates grounded contextual data into a logical descriptive narrative and in this case includes new CCR conceptual planning and implementation models) was used to produce the first draft of an outline for this CCR Program and Policy Manual for Community Leaders.

From these three additional communities, it became clear that more information regarding the roles and responsibilities of religious leaders, employers, the media and law enforcement personnel was required. Theoretical sampling was used once again to target appropriate sources of data. Polaroid Corporation, Public Affairs Television, Inc., the Center for the Prevention of Sexual and Domestic Violence (an interreligious educational ministry) and the Chicago Police Department were selected to expand knowledge in the area of employer and community partnership initiatives. Although the newly developed axial coding system did not change, new data was discovered. This data continued to round out descriptions of actions which are necessary to establish CCRs which attempt to prevent the violence that oftentimes begins in the home and spills onto the streets of America’s communities.

In-depth analysis of these community initiatives revealed an important finding. Across the board, community leaders from every community studied came to the same

conclusion: *the fundamental principle underlying all efforts to reduce and eliminate violence in the home and community is personal responsibility.* Thus, three additional sets of materials were theoretically sampled and analyzed based on comments and referrals made by community practitioners: Northeastern University's Mentors in Violence Prevention (MVP) Project (targeting student-athletes), LifeTrack's newest "It's Not Okay Anymore (INOKA)" program which empowers victims and helps them become healthy survivors, and David Walsh's "Reclaiming America's Children" (a precursor to the National Institute for Media and the Family) initiative which focuses on core values education and what parents can do to prevent violence from being taught by the media inside their homes via electronic communication and educational systems (e.g. television, computers, videos, video games, etc.). Following the analysis of these new data, the initial results of selective coding (e.g. the CCR Program and Policy Manual outline, evolving descriptive narratives and CCR planning models) were modified.

After an in-depth examination of twelve state-of-the-art community initiatives, it became clear that all individuals, families, organizations and the community at-large (via its leadership) have important roles and shared responsibilities for ending the violence. Thus, the comprehensiveness, consistency, appropriateness and integratedness of individual, familial, organizational and community efforts appears to be what is necessary to bring about a cultural and societal shift to non-violent behaviors and underlying beliefs.

Although there does seem to be an identifiable set of "Core" people, philosophical frameworks, programs, protocols, policies and laws which support CCR basic goals, there also appears to be no limit to the potential for creative prevention/ intervention efforts which can be part of a community's overall efforts to successfully reduce and eliminate domestic violence. With this insight, no additional communities or materials were collected or analyzed. The study was concluded. The final step was the drafting of this CCR Program and Policy Manual for Community Leaders.

Over a period of two years, multiple sources of evidence have converged in such a fashion that they triangulated over the facts and findings of this overall study. Facts that had three or more coinciding sources were considered to be robust enough to be included in

this policy manual. Facts that are associated with the practice of a single professional or community initiative are so identified. Community leaders can thus determine the relevance of this data to their unique community practice and gauge their level of confidence about each conclusion, recommendation and CCR model within the context of their community.

Limitations of this Study and Policy Manual

Data contained in this study and policy manual is based on the perceptions, priorities and practices of community leaders and members in many communities throughout the United States. Each fact is directly related to the context from which it was extracted. In the case of CCRs, data and context are inseparable, just as they are in many community-based adult education and community organizing partnerships. As social and political context and leaders change, so may community policies, programs and protocols. Thus, what is possible and effective in one community might not necessarily be possible or effective in another. To the extent that context allows, the findings and recommendations of this study and resulting policy manual will be useful to community leaders and educators to varying degrees.

Like many other studies, this research effort was constrained by time and resources. Therefore, a decision was made to focus on describing the breadth of a Coordinated Community Response rather than the depth of individual aspects. To overcome this limitation, numerous appendices (containing sample materials) and a section containing community referral sources were included in this manual to assist community leaders in identifying sources of information and assistance that can further describe important issues, potential solutions and strategies for change.

Future Research Recommendations

Only a few CCR subcomponents (e.g. Domestic Violence Coordinating Councils, mandatory arrest policies, etc.) are beginning to be evaluated to determine the effectiveness

of their focused prevention intervention efforts. Additionally, no community has assessed itself for integratedness and comprehensiveness of effort, that is, CCR “potency” -- the combined effect of all policies, programs and protocols on domestic violence rates, recidivism and victim safety.

Keeping in mind that there may in fact be a critical mass or “sufficient mixture” of prevention intervention initiatives which can change the automatic pilot which is currently producing, condoning and fueling domestic violence within America’s communities, CCR community leaders must build in a CCR evaluation component to assess the effectiveness of overall CCR potency as well as the effectiveness of individual programs and policies. Evaluation studies may help identify critical CCR components needed to significantly reduce domestic violence. This study and policy manual is a first step in that direction. It defines, maps and describes the basic components and scope of local level CCRs and recommends model leadership strategies, programs and policies which are proving to have a positive effect on domestic violence. A combination of massive community education (targeting batterers, the general public, children, responding professionals, and pre-professionals), sanctions and support services may hold the key to creating violence-free homes throughout America.

What Is A Coordinated Community Response?

All communities are affected by domestic violence. Subsequently, all communities are responding to it. However, many communities are not fully coordinating the efforts of their key responders or assessing their joint effectiveness. With mounting pressure to “fix” the domestic violence problem, much effort is being spent on individual agency searches for those “magic silver bullet” policy and program interventions that will solve the problem. While single policy and program interventions are important, they are only a small fraction of what is required to reduce and eliminate domestic abuse. Additionally, if such interventions do not have massive community education and victim input as centerpieces for policy and program design and if resulting policies and programs are not coordinated with others who assist victims along the way, what one agency achieves through its initiatives may be undermined by others. As experienced community leaders will attest, the predictable result of fragmented policies and programs is damaged inter-agency relationships, mistrust and poor quality service for victims, witnesses and offenders.

Such costly outcomes can be prevented. Those communities which are well on their way to educating themselves about the nature of abusive relationships and identifying how individual and institutional beliefs and practices may be preventing them from successfully reaching their domestic violence goals are beginning to see notable reductions in domestic abuse incidents, repeat offenses and homicides. Leaders in these communities have learned that by sharing case information and by working as a team to develop integrated policies, protocols, plans and programs, they can provide a system of response that is more consistent, fair and effective. Such a community partnerships is called a Coordinated Community Response (CCR). This manual describes in detail the elements of a CCR and the necessary steps for creating one.

The following definition may be helpful in recruiting CCR partners -- including

community leaders and members of all ages from all disciplines and sectors of the community:

Definition of a Coordinated Community Response

A Coordinated Community Response (CCR) is a multi-disciplinary, highly integrated collaborative of individuals and organizations that are working together to implement consistent appropriate responses to domestic violence throughout the community. Participating members support common goals, messages and a common understanding of the system of violence that underlies the abusive behaviors and beliefs which destroy relationships and families, and impose significant social and economic costs on the community at-large.

When domestic violence goals, messages and understandings are inconsistent, individuals and agencies frequently work at cross purposes. The potency of their efforts is diminished and in some cases, victims and witnesses are further endangered. Inter-agency dialogue, debate, consensus building and pilot project testing are effective methods for establishing and implementing common goals, messages and understandings of domestic abuse. The information contained in Section A is a good place to begin community education and problem solving processes.

Section A: Introduction

The Epidemic of Violence In America's Homes

Domestic violence is one of the most serious social problems facing our nation today. Despite decades of social and political action led by victims, advocates and leaders in the Battered Women's Movement, it continues to threaten and destroy the safety, health and well-being of two to four million women each year (APA, 1996). What has not been realized until recently is that it also harms between three and ten million children annually (Carlson, 1984; Straus, 1991; APA 1996); increases health care costs by \$3-6 billion dollars per year (Zorza, 1994); and increases annual business costs (i.e. sick leave, absenteeism, productivity and lost wages) by more than \$13 billion dollars (Zorza, 1994; Magee, 1993).

Domestic violence -- violence which generally occurs between intimate partners behind closed doors within the home -- knows no boundaries. It occurs in every cultural, racial, ethnic, social and economic class in America (Walker, 1984; Supreme Court of Iowa, 1994; Schechter and Milhaly, 1992; Gelb, 1992; Klein, 1992; APA, 1996). Domestic violence, a term which is used interchangeably with spouse abuse, is estimated to be one of the most common, yet least reported crimes in America (Bureau of Justice Statistics, 1994; APA, 1996) with only half of all victimizations reported to law enforcement and only two-thirds of these incidents being documented by responding police officers. Although some domestic violence involves same sex abuse (e.g. gay/lesbian relationships) and female to male battering, the United States Justice Department reports that in 91% of all cases, women are the primary victims of domestic violence (ABA, 1994; Bureau of Justice Statistics, 1991; APA, 1996). In testimony given to the Senate Judiciary Committee in October of 1992 on violence against women, it was reported that in 1991, 90 women were

murdered each week, nine out of ten by men -- many of whom were husbands or intimate partners of the women they killed. Today, at the hands of those who supposedly love them, women continue to be raped, sodomized, beaten, stabbed, shot, burned and threatened with loss or harm to their children -- oftentimes as their children watch on and listen in terror (ABA, 1994).

In response to these alarming trends, Attorney General Janet Reno and the American Bar Association (ABA) recently proclaimed that it was imperative that the Department of Justice and national, state and local Bar Associations focus on the whole issue of domestic violence and family violence in its larger context. Reno stated that "On many occasions, the child who sees his mother being beaten accepts violence as a way of life" (Goldberg and Reske, 1993).

Reno, the American Bar Association, the American Medical Association, the American Psychological Association and thousands of battered women's advocates across the nation acknowledge that violence is *socially learned and culturally reproduced* (APA, 1996). It is practiced and observed in the home, encouraged by community members who believe that it is acceptable to use violence to "get what you want" and condoned by those who believe that domestic assault is a private family matter rather than a serious crime. Subsequently, domestic violence is transmitted to future generations and simultaneously expressed in intimate relationships of all age groups -- beginning with dating, continuing during marriage or intimate partnerships, child rearing, separations/divorce, and into aging (APA, 1996).

The medical, mental health and legal professions are not alone in recognizing the devastating impact of domestic violence on women and children in their homes. As an institution that has profound impact on the belief systems which are the root causes of domestic violence -- primarily, male privilege or entitlement to use power and abusive acts to control women and children -- religious faith groups are beginning to examine their role and responsibility in stopping the violence and protecting their most vulnerable community members. In a policy statement issued in 1990, the National Council of Churches denounced domestic violence and any interpretation of scripture that condones or

establishes a sense of entitlement by clergy or parishioners to coercively control family members with violent or abusive behavior (National Council of Churches, 1990).

To those who believe that community interventions “break up” families, the Reverend Dr. Marie Fortune, Executive Director of the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA, notes that it is the abuse and the violence that has *already* broken trusting relationships, the family and marital covenants (Fortune, 1991). However, broken relationships and families don’t have to be an inevitable fact of life. According to the Centers for Disease Control (AMA, 1994f), *abuse is completely preventable*.

Recent community practice (as described in Sections E and G) has shown that domestic violence can be significantly reduced and eliminated by simultaneously taking several key actions: (1) educating community members and responding professionals about the status and impacts of domestic violence, (2) providing prevention education (e.g. skills for living) and caring adults (good role models) who encourage healthy core values, (3) providing safety and protection for victims and accountability for offenders, and (4) supporting all effected individuals in regaining their health, integrity, community connections and a sense of well-being through rehabilitation and support services. By mobilizing community educators and leaders to organize the entire community into a comprehensive, integrated “Coordinated Community Response” (CCR) to domestic violence, all community members can benefit from reduced violence in their homes and reduced costs for responding institutions and the community at-large.

Breaking the Silence Surrounding Domestic Violence

There is no question that domestic violence is no longer a private, individual or family matter. It is a complex, difficult and costly community problem. Unfortunately, most community members and many community leaders are unsure about how to address violence which occurs behind a family’s closed doors. Such violence is deliberately kept quiet and out of the public’s eye. Victim /witness surveys and community practitioners

report that almost one third of all individuals and families in America have experienced domestic violence in their own homes (Walker, 1984; APA, 1996). These sources confirm that many victims and witnesses have grown up believing that coercive control, abusive behaviors and domestic violence is a part of *normal family living*. Additionally, they suggest that some community leaders in positions of power share the belief systems which create and sustain domestic violence, making it extremely difficult for communities to give clear and consistent messages that violence in the home is a serious crime and must not be tolerated (Fortune, 1991).

Because these barriers to change have not been overcome in past decades, counselors, educators, law enforcement personnel and jailers, among others, continue to deal with the results of uncurbed family violence which is increasingly spilling out of the home and into the streets (Public Affairs Television, 1995). In the meantime, America's silent majority continues to pay the price -- in terms of rapidly rising health care costs which are passed along to non-violent Americans, rising insurance premiums, rising taxes, rising teenage gang violence and rising divorce rates -- all of which stem from growing numbers of failed families and intimate relationships.

Community leaders across America admit that they are inexperienced and ill prepared to respond to domestic violence. In many communities, it is not uncommon for prevention programs and direct services to remain fragmented (Chang, Gardner, et al, 1991; Edelman and Radin, 1991; Gardner, 1989; Kagan, 1991, 1993). Victim advocates report that needed services are oftentimes inconsistently available, seriously underfunded and in conflict philosophically with one another (Schechter, 1982). In many communities, domestic violence policies, laws and protocols are still being drafted and in those communities where they do exist, training and enforcement remain a problem. Domestic violence case information is frequently not coordinated or monitored and in cases where monitoring does occur, many cases are found to be handled unfairly and inconsistently (Ryan, 1995), especially where minorities and public figures are concerned. Identifying lessons learned and creative ideas for resolving problems is a time consuming task even for those who are motivated to take on leadership roles. But, *community leaders can solve these problems*. What they lack are simple leadership tools, linkages to sources of

assistance and basic guidance to get the job done.

By helping community members and institutions *move beyond casting blame to taking positive action* -- simple, appropriate, consistent, coordinated actions -- community leaders can have a significant impact on the status of domestic violence within their communities. But where do community leaders start? What approaches should they use?

A Need for Comprehensive, Integrated Leadership Strategies

Studies of community-based prevention intervention programs have shown that efforts to eliminate complex destructive behaviors must not only be aimed at at-risk individuals but also must target change within the broader social environment -- the culture and community in which at-risk individuals live. This fuller prevention strategy is based on a public health model of prevention (Albee, 1987) and differs significantly from single-policy or single-program interventions.

The traditional “model program” approach is a “treatment” paradigm which frequently assumes that a certain legal mandate (e.g. stalking laws) or dosage of prevention intervention (e.g. batterer’s treatment) will produce the desired outcome -- no more domestic violence. Although some model policies and programs are producing promising results (e.g. mandatory/pro-arrest, new parent support home visiting nurse programs, re-socialization education), *single interventions have been unable to “fix” the domestic violence problem*. Leaders who have shifted to a more comprehensive, integrated, system-wide approach with all sectors of the community working together for change are beginning to see many different types of destructive behavior trends reverse and decline -- some quite dramatically (George and McKeown, 1985; Yin, 1993, Hawkins and Catalano, 1992). This newer community-based, multi-intervention “partnership” paradigm recognizes that ultimate outcomes -- no more domestic violence -- involve social groupings and the social environment as a whole, not just the individuals experiencing a single prevention intervention (Holder & Giesbrecht, 1990; Wittman, 1990). By experimenting with a “mixture” of coordinated community response interventions, community leaders can

create a sufficiently “potent,” cumulative effect on problem behaviors and shift the entire culture of a community to one which is non-violent and less problematic.

What Policy Makers and Program Managers Need to Know to Effectively Reduce Domestic Violence

This CCR Program and Policy Manual describes key topics and relevant data which are essential to effective Coordinated Community Responses to domestic violence. Until now, this information has been widely dispersed throughout the literature of many different disciplines and fragmented in highly specialized program implementation materials. This guide consolidates and integrates key data for senior and mid-level policy makers and program managers who need to know how to plan, implement and evaluate a Coordinated Community Response to domestic abuse. Appendices A and G provide summaries of CCR evaluation data that can serve as useful guides for community leaders in various stages of CCR planning and implementation. Section D explains how to use these leadership tools.

It is the hope of all those who contributed to this manual that their lessons learned and sample policies and program materials will help community leaders create more effective responses to domestic violence as well as system-wide change. By raising the community’s awareness about domestic violence and its impact and suggesting concrete corrective actions to reverse violence trends, communities across the nation can make remarkable progress in curbing the devastating abuse that goes on behind closed doors. Used for planning and evaluation purposes, this manual can help community leaders ensure that their community’s response is appropriate, consistent and comprehensive enough to have a dramatic and positive impact on domestic violence.

Section B: The Nature of Abusive Relationships

For decades, battered women's advocates, adult educators, counselors and other family violence professionals have worked with victims and offenders in an effort to gain a greater understanding of the underlying causes of domestic violence, the risk factors associated with it and the impacts domestic violence has on those involved. A recent report of the American Psychological Association's Presidential Task Force on Violence and the Family (APA, 1996) captures their experience and highlights key findings which have been validated by the practitioners who participated to this study:

- Violence is learned behavior and much of that learning takes place in the home.
- Family violence in its many forms includes elements of control and abuse of power by the person committing the violence.
- Experiencing or observing violence in the home may be the start of lifelong patterns of using violence to exert social control over others and to handle interpersonal conflict.
- Violence is integrally connected to the intensifying levels of violence in the street, in the community and in the larger society.
- Sometimes the actual patterns of violent acts change as partners grow older, but the dynamics of power and control remain constant.

In order to more fully understand what causes domestic violence and why it is so difficult to eliminate, it is important to focus attention on six key topics: (1) the issue of power and control, (2) myths and misinformation surrounding domestic violence, (3) victim and offender characteristics and risk factors, (4) cycles of abuse, (5) cycles of personal responsibility and cycle jumping, (6) Safety Planning and "Stay Safe" Planning.

Power and Control

In 1980, a small group of activists in Duluth, MN, joined together to address the

growing problem of violence against women in their community (Pence and Paymar, 1993, p. xiii). “Every source of data, from police reports to hospital emergency rooms, from counseling centers to divorce courts, pointed to the enormous gender disparity in who was initiating the violence, who was more physically harmed, and who was seeking safety and protection from the violence. Although some domestic violence involved same sex abuse (e.g. gay/lesbian relationships) and female to male battering, in over 90% of all cases, women were the primary victims of abuse and domestic assault.” This small group of community organizers asked some important questions which are still relevant today (Pence and Paymar, 1993, p. xiii):

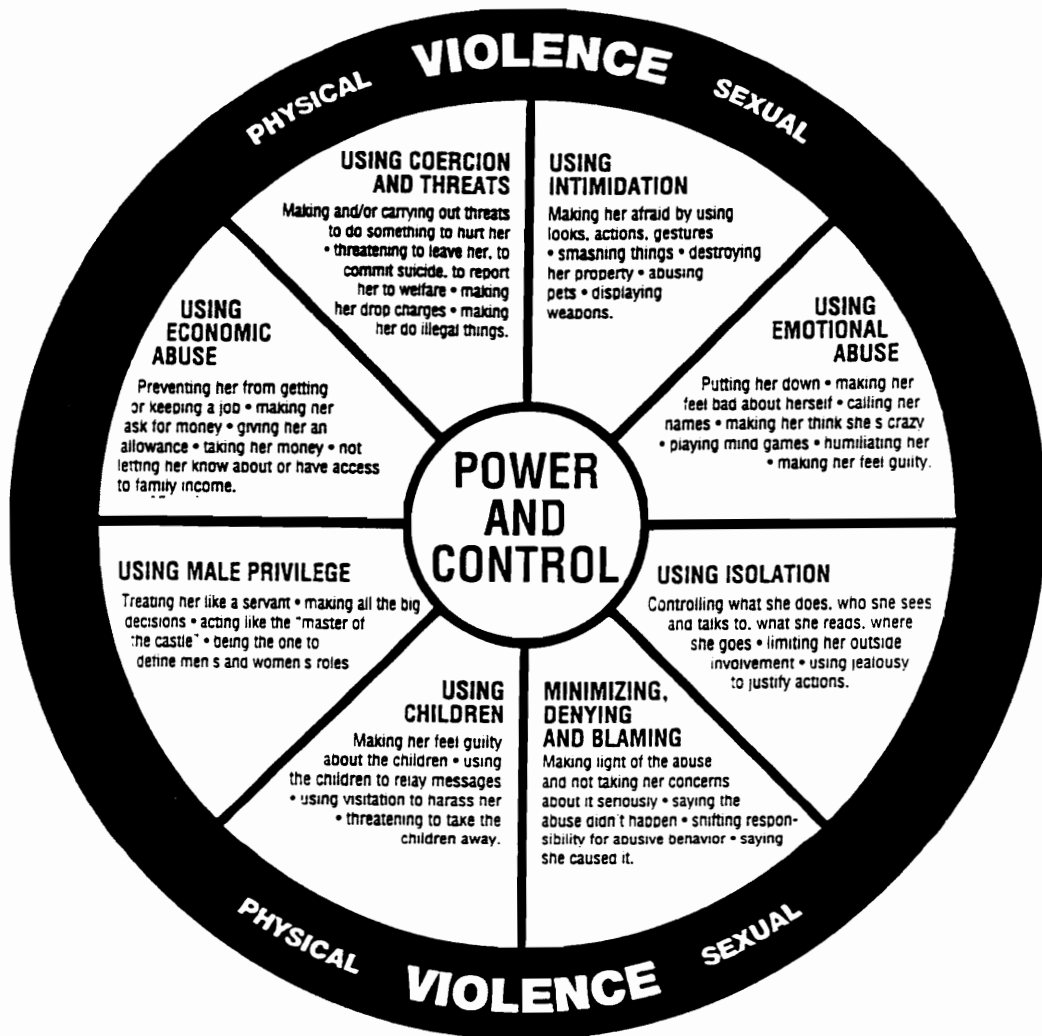
Why is she the target of his violence? How does his violence impact the balance of power in their relationship? What did he think could change by hitting her? Why does he assume he is entitled to have power in the relationship? How does the community support his use of violence against her?

The answers to these questions in Duluth came from a series of focus groups with victims and extensive dialogue with community practitioners who assisted them. The resulting **Duluth Power and Control Wheel** (Exhibit 1) has been widely accepted throughout the public and private sectors for the past decade because it captures important information about the fundamental causes of domestic violence (male privilege and choice to use power to control), offender intentions and tactics (see Exhibits 1 and 2), and the goals of batterer’s re-socialization education (see Exhibit 3). Currently, the Power and Control Wheel is the basis for the Duluth curriculum for court-ordered batterers’ treatment. It is also recognized by several state level domestic violence strategic plans (State of Florida, 1994; Supreme Court of Iowa, 1994) and used by community intervention programs around the world.

The Duluth Model suggests that batterers make a conscious choice to use their power to coercively control their victims and get what they want. Officials from the Quincy, MA Court agree (Gelb, 1992, p. 17). In case after case, they point out that:

...most battering is not out of control. Abusers pick their victims and choose the time and circumstances of the violence. They may deliberately limit the injuries they inflict to conceal the abuse from others, hitting on the torso or upper legs, rather than the face or arms. ... Batterers use violence, quite simply, because it works. It is an extremely effective method of control.

Exhibit 1: Duluth Power and Control Wheel



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**Exhibit 2: Duluth Power and Control Log
(Men's Education Group)**

1. ACTIONS: Briefly describe the situation and the actions you used to control your partner (statements, gestures, tone of voice, physical contact, facial expressions).

***Grabbed her by her hair — called her names,
— slammed door.***

2. INTENTS AND BELIEFS: What did you want to happen in this situation?

For her to stop swearing at me and to quit yelling.

What beliefs do you have that support your actions and intents?

It takes two to tango.

3. FEELINGS: What feelings were you having?

Mad, frustrated

4. MINIMIZATION, DENIAL AND BLAME: In what ways did you minimize or deny your actions or blame her?

She spit at me, that's why I had to grab her.

5. EFFECTS: What was the impact of your action?

On you ***spent the night in the car***

On her ***she's scared***

On others ***kids woke up crying***

6. PAST VIOLENCE: How did your past use of violence affect this situation?

Made her afraid, she went to the courts.

7. NON-CONTROLLING BEHAVIORS: What could you have done differently?

I should have left as soon as she started yelling at me.

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Leaders of the INOKA Program of Salem, Oregon (“It’s Not Okay Anymore, an empowerment program for battered women) also agree. In their work with victims, they have observed that abuse is about control and selfish power. “It is about one person doing harm to another in order to get his way or make a point. Like bullies in a schoolyard, abusers pick on people they can control. In most cases in our country, this means women and children ...” (Enns and Black, 1996, p. 17).

According to **Duluth’s Power and Control Model**, most frequent offender tactics include the following:

- (1) **Physical Abuse** -- Minimizing and/or denying such physical acts as pushing, shoving, hitting, slapping, choking, pulling hair, punching, kicking, grabbing, tripping, throwing her down, biting, and using weapons against her.
- (2) **Isolation** -- Controlling what she does, who she sees and talks to, where she goes.
- (3) **Emotional Abuse** -- Putting her down or making her feel bad about herself, calling her names, making her think she’s crazy, playing mind games with her.
- (4) **Economic Abuse** -- Trying to keep her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money.
- (5) **Sexual Abuse** -- Making her do sexual things against her will, physically attacking the sexual parts of her body, treating her like a sex object.
- (6) **Using Children** -- Making her feel guilty about the children, using the children to give messages, using visitation as a way to harass her.
- (7) **Threats** -- Making and/or carrying out threats to do something to hurt her emotionally, threatening to take the children, commit suicide, report her to welfare.
- (8) **Using Male Privilege** -- Treating her like a servant, making all the “big” decisions, acting like the “master of the castle.”

As offenders learn how their violent and abusive behaviors and beliefs are destroying their lives, they are challenged to assume personal responsibility for accepting a new set of core values and beliefs and choosing to shift to a life of non-violence and equality with their intimate partner. **Duluth’s Non-Violence Equality Wheel** (see Exhibit 3) has specific

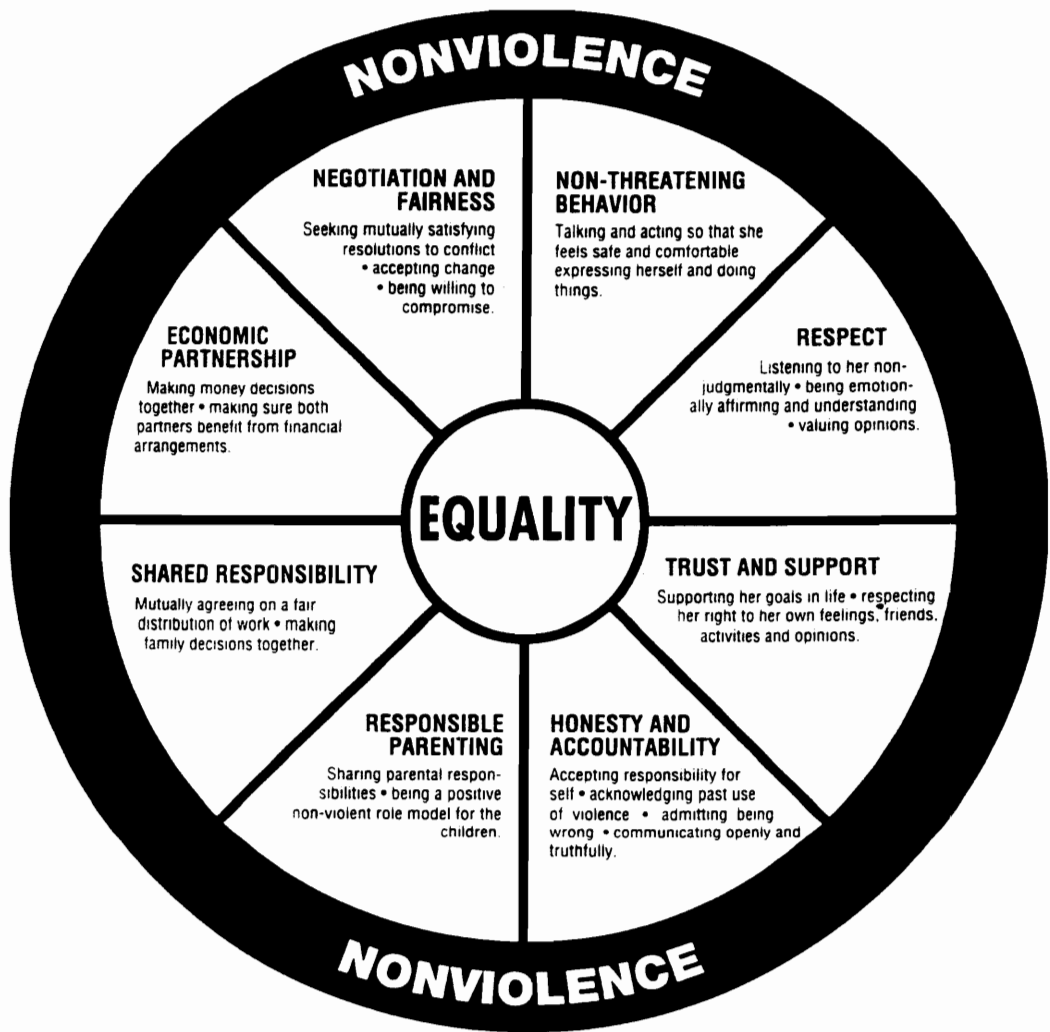
suggestions for how offenders can restore a sense of safety, health and well-being in their homes and relationships. The key elements of Duluth's model are a *new set of core values, beliefs and behaviors*. They be taught, practiced and supported. They include:

- (1) **Negotiation and Fairness** -- Seeking mutually satisfying resolution to conflict, accepting change, being willing to compromise.
- (2) **Non-Threatening Behavior** -- Talking and acting so that she feels safe and comfortable expressing herself and doing things.
- (3) **Respect** -- Listening to her non-judgementally, being emotionally affirming and understanding, valuing opinions.
- (4) **Trust and Support** -- Supporting her goals in life, respecting her right to her own feelings, friends, activities and opinions.
- (5) **Honesty and Accountability** -- Accepting responsibility for self, acknowledging past use of violence, admitting being wrong, communicating openly and truthfully.
- (6) **Responsible Parenting** -- Sharing parental responsibilities, being a positive non-violent role model for the children.
- (7) **Shared Responsibility** -- Mutually agreeing on a fair distribution of work, making family decisions together.
- (8) **Economic Partnership** -- Making money decisions together, making sure both partners benefit from financial arrangements.

Duluth's Models confirm that regardless of tactic used, batterers *choose* to use violence to control their victim(s). Using "choice" as a strength and starting point for change, experienced adult educators have demonstrated that with re-socialization education and continuous support, batterers can choose healthier, more constructive behaviors and beliefs. But battering behaviors may develop and escalate over a period of years and oftentimes take years to correct (if correction is even possible). In fact, victims and victim advocates state that in many cases, tenacious battering behaviors may simply shift from visible physical violence to psychological abuse which can be equally destructive.

So why do batterers continue their violent and abusive acts even after experiencing a variety of community interventions? Dr. Marie Fortune, Executive Director of the Center

Exhibit 3: Duluth Non-Violence Equality Wheel



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for the Prevention of Sexual and Domestic Violence, believes there are several reasons (Fortune, 1991): (1) they strongly believe it is part of their role; (2) they feel entitled to use force whenever they don't get what they want; (3) they may have learned this behavior in their past; (4) this behavior works, and (5) there is inadequate accountability for their actions. In short, batterers use coercion and force because they can.

In order to make battering tactics less effective, victims must be protected and empowered for self-care. There must be a set of core programs and services which assist victims in transition. Offenders must be consistently held accountable for their destructive acts. And all community members must consistently tell offenders that violent and abusive behaviors are not their role, their right or excusable offenses anymore.

The Duluth Models will help community members and leaders recognize abuse when they see it. They clearly compare abusive relationships with those which are healthy and non-violent. The next step is to help individuals assume personal and professional responsibility for making shifts from abusive relationships to those which are non-violent. Unfortunately, stopping abusive behaviors and domestic violence -- within all types of individuals, families, organizations and the community at-large -- is a difficult task. But by maintaining focus, consistency of message and effort, and commitment, it can be done. Community members and leaders have to be even more tenacious than offenders in their quest for safety, health and a sense of well-being.

Myths About Domestic Violence

Myths and misinformation often prevent community members from maintaining a focus on the root cause of domestic violence: the offender's sense of entitlement to coercively control others and abuse power whenever he wants. Myths and misinformation also prevent individuals and organizations from responding to episodes of domestic violence consistently and appropriately. According to Susan Schechter (DAIP, 1989) there are a number of myths which may prevent domestic violence interventions from being effective. In some cases, they might even cause individuals, families, organizations and the community at-large (via its leaders) to further endanger victims and their children. Five

of Schechter's myths (described below) have been validated across several different disciplines in this study.

Myth #1: Drugs and Alcohol Cause Domestic Violence -- There is no evidence that use of drugs or alcohol *cause* batterers to abuse or attack their partners. Offenders batter when they are drunk and when they are sober. They complete substance abuse treatment and still batter. Many batterers admit that prior to becoming drunk, they knew they were going to batter their partners. Use of drugs and alcohol allows the batterer to shift the blame and responsibility for his actions away from himself by saying "I didn't know what I was doing. I lost control." Researchers and community responders have discovered that when dealing with abusive individuals who use violence, drugs and alcohol, it is essential to ensure that the offender eliminates his substance abuse prior to or at least concurrently with batterer's rehabilitative education (Klein, 1992; Walker, 1984; APA, 1996). Abusers with substance abuse problems can not hope to change their battering behaviors as long as they are abusing drugs or alcohol. Any insights learned in a batterer's treatment group will most likely disappear the moment the batterer gets drunk or drugged (Klein, 1992). If both issues are not addressed using appropriate coordinated rehabilitation programs, domestic violence is likely to continue. Additional "Lessons Learned from Community Practice" regarding the relationship between substance abuse and domestic violence are found in Appendix B.

Myth #2: Stress and Psychopathology Cause Domestic Violence -- All individuals have stress in their lives. Some people even have exceptionally high levels of stress but they don't batter and they don't target women to unleash their violence. Thousands of people who test normal on all types of psychological assessments still batter. It is true that some batterers do have severe emotional problems and that stress does make coping more difficult. However, unless the batterer believes that he is entitled to use violence against his partner in stressful situations, he won't. Batterers are relentless in their use of power and control to get what they want. Abuse of power, however, is not a mental illness. It is a pattern of deliberate, coercive control. For additional important "Lessons Learned from Community Practice" regarding the relationship between stress, mental illness and domestic violence, see Appendix C.

Myth #3: Momentary Loss of Control and Poor Impulse Control Causes Domestic Violence --

Some offenders attempt to minimize their violent acts by saying “it was just a slap” or “a scratch” or “she bruises easily.” But statistics show that in 50% of cases, a weapon was used to inflict injuries (e.g. knife, razor, gun, broken bottle, bat, pipe, belt with a buckle, etc.). When a violent episode is repeated or extended, it is no longer momentary loss of control. When the perpetrator leaves the room and returns after several minutes or hours to continue the abuse, it is no longer poor impulse control. When the offender deliberately selects certain places on the victim’s body to inflict the pain (most times for the purpose of keeping injuries out of public view or for ending a pregnancy) or decides just how far to go before stopping, it demonstrates effective impulse control. Thus, those who believe that domestic violence is an anger problem are failing to place the full responsibility where it belongs -- on the offender and his choice to use violence to get what he wants. For recent “Lessons Learned from Community Practice” regarding the relationship between anger and domestic violence, see Appendix D.

Myth #4: Learned Behavior Is A Good Excuse for Domestic Violence --

It is easy for offenders and victims to blame their current situation on their childhood exposure to violence in their families of origin. If a man saw his father beat his mother, then he beats his wife or girlfriend. If a woman witnessed her mother being beaten, then she grows up to become an adult victim herself. While such exposure does significantly increase the risk for offending behavior and victim acceptance of violent treatment (APA, 1996; Klein, 1992, p. 8; Finklehor and Yllo, 1985; Hotaling and Sugarman, 1986; Stordeur and Stille, 1989), it does not explain why so many men who witnessed violence as a child are determined not to batter and why other men who come from non-violent homes do batter. It also does not explain why all women who have witnessed family violence in childhood do not become victims. Violent behaviors are learned from family members as well as other sources (e.g. all forms of media, friends, workplace, etc.) which support and reinforce such attitudes as entitlement to commit violent acts against one’s partner to get personal needs met. But the choice of non-violence is always an option for offenders. This leaves no excuse for domestic violence. Additional “Lessons Learned from Community Practice” regarding learned behavior, inter-generational violence and domestic violence can be found in Appendix E.

Myth #5: Women Like or Provoke Domestic Violence -- The theory of masochism -- that women like or provoke violence -- is a form of victim blaming. Victim advocates and social workers will attest to the fact that victims do not like violence or the pain it causes. Many do not want their intimate relationships to end but do want the violence to end. Most victims who are cycling through patterns of violence can tell when the tension in the home is building up. When tension becomes intolerable, some want to get the battering over with so peace and some degree of tranquility can return to the home environment. Some victims attempt to get the violence to occur in public so others can see what is happening in the private spaces of their homes. But regardless of how “mouthy” or “icky” a spouse may be, she doesn’t deserve to be assaulted. Offenders don’t assault their bosses when they don’t like what they are saying or doing. Similarly, they must learn that they can not assault their family members. Such changes in behavior and attitude are extremely difficult as offender behavior is ingrained and “they do not share the justice system’s view that what they did was wrong, much less criminal” (Klein, 1992, p.9). Blaming anyone except the perpetrator of the violence must stop. For additional “Lessons Learned from Community Practice” regarding who is to blame for the continuation of domestic violence, see Appendix F.

Focus on the Future

Dr. David Walsh, author of Selling Out America’s Children and founder of the National Institute for Media and the Family (1994, p.8) summarizes with this observation: “One thing is for sure: there is enough blame to go around for everyone. But placing blame on any group is not going to get us anywhere. What can lead to change is our taking responsibility for what has happened and for what will happen from this point onward.”

Victim and Offender Characteristics and Risk Factors

In an effort to assist community members and key responders in becoming better informed about the characteristics and risk factors associated with victims and offenders, the American Psychological Association (1996) released the results of a landmark meta-study completed in March 1996 by their Presidential Task Force on Violence and the Family. This report confirms that:

- Violence can occur at any stage in intimate relationships. Violence against adult family members occurs within four general contexts: during dating, within partner relationships, after separation, and against elders.
- The absence of bruises and broken bones does not adequately reflect the severity of violence. Many women report that violence begins or intensifies during pregnancy and the first few months after the birth of a baby.
- Girls who have been exposed to or who experience violence in their families of origin appear to be *at greater risk* for violence in their own relationships during high school dating. Dating violence is more common than many people think.
- Violence that begins when a couple is dating is likely to continue and to escalate when the couple lives together or marries unless there are interventions.
- Isolating a woman from family and friends is part of the pattern of violence.
- The most common pattern in domestic violence is escalation in frequency and severity over time.
- The *only consistent risk factor* identified so far is being exposed to violence between parents.

Understanding Victims

After years of study, APA psychologists have learned that battered women come from every demographic group. There is *no single psychological profile* of a battered woman. However, researchers have identified fifteen typical psychological *effects of battering*:

- | | |
|--------------------------------------|--|
| • fear and terror | • depression |
| • low self-esteem | • anger and irritability |
| • difficulty concentrating | • shame and embarrassment |
| • difficulty with trust and intimacy | • health concerns |
| • sexual difficulties | • nightmares |
| • anxiety | • increased startle response and physiological arousal |
| • problems with memory | • numbing and avoidance |
| • cognitive confusion | |

Additionally, they have found that the idea of passive battered women is an untrue stereotype. In general, battered women attempt to avoid, escape, or resist their batterers in variety of ways (APA, 1996).

- Calling the police
- Calling a shelter
- Hiding or leaving the home or scene
- “Walking on eggshells”
- Seeking professional help
- “Being nice” and not upsetting the batterer
- Keeping information from the batterer
- Avoiding the batterer
- Separating from or divorcing the batterer
- Obtaining a gun or other weapons
- Complying with the batterer’s demand (apparently or superficially)
- Avoiding conflict and keeping the peace
- Talking to friends
- Fighting back with physical force

APA reminds community members and leaders that an abused woman is considered battered even if she uses physical force against her partner in self-defense. APA recognizes that many women do defend while they are being assaulted, some using enough physical force to inflict injuries on their partners. Some women may use guns, knives, and other weapons. Battered women may physically strike out in resistance to the batterer’s control, may hit back to defend themselves or their children, and may use force in anticipation of harm.

In the Duluth experience, in all but a handful of cases, the women who have been court ordered to a rehabilitation program for using violence have, in fact, been the victims of continual abuse. In these cases, a woman’s violence is often an act of *self-defense or retaliation*. In a very small number of cases, there are a few women who use violence against their partners to control them, including in lesbian relationships.

According to most estimates, 5-10% of women do use non-defensive violence against a male partner. Additionally, these women use violence for purposes other than self-defense and protection (e.g criminal acts against strangers or property). They are aggressive in many different situations (not just with their intimate partners), they have a sense of entitlement to use physical force similar to male batterers and they have less empathy for others.

The American Medical Association’s Diagnostic and Treatment Guidelines on

Domestic Violence reports that certain groups of women appear to be at somewhat higher risk for abuse:

- women who are single, separated or divorced (or planning a separation or divorce)
- women between the ages of 17 and 28
- women who abuse alcohol or other drugs or whose partners do
- women whose partners are excessively jealous or possessive
- women who are pregnant

Dr. Lenore Walker, a clinical psychologist and pioneer in the field of batterer's treatment, suggests that *spouse abuse IS child abuse*. Children learn to become part of the dishonest conspiracy of silence. Lying to avoid further unpleasant confrontations, often escaping into a world of make-believe, feeling guilty because they cannot protect their mothers, they grow up in an environment where violent behavior is the acceptable approach to problem solving.

Why do victims stay in abusive relationships? According to Dr. Marie Fortune (1991), there are several important reasons:

- economic dependency
- emotional dependency
- wanting a father for the children
- family member's encouragement
- having nowhere to go
- FEAR -- the primary reason why most women stay or go back

Dr. Fortune (1991) goes on to say that "victims often stay in abusive relationships for years because of the idea that marriage is permanent. For some women, separation or divorce from their partner will also mean separation from their religious community. The first decision is tough in itself; feelings of failure are strong. For those women for whom separation or divorce from the partner also means censure or expulsion from their faith community, the decision is excruciatingly painful."

Ryan (1995) reports that the *wife or girlfriend of a sports hero* may feel even more

helpless in the face of abuse. Her partner's celebrity status makes leaving very tough. She knows her action will show up in the media and might tarnish her partner's career and if they are married, might threaten her family's financial stability. She also suspects that her credibility will be questioned. Who's going to believe that this beloved hero would abuse his wife or girlfriend? Since the O.J. Simpson murder case and the publication of Cyndy Garvey's memoirs, more and more women are taking steps toward breaking the wall of silence that has protected their abusers.

Leslye Orloff of Ayuda, Inc. (an advocacy group for *minority and immigrant women*) (AMAf, 1994) says that the "impediments for leaving a battering relationship may be many and varied and may include language barriers, fears about gossip in her community, chastisement from the mother of a family member who had been battered, learned to live with it and who expects her to do the same, religious beliefs, immigrant status, lack of self-esteem, or economic dependence. Fear of ridicule from friends and family, fear of harming the abuser's reputation in the community and fear of reduced social status serve to foster isolation that holds *upper income battered women* [emphasis added] in abusive relationships at times longer than women who have had access to fewer resources."

Even if battered women do attempt to separate themselves from their abusers, many are still threatened and tormented in public and in private. A shelter worker in Duluth relates the following experience to demonstrate the emotional terrorism that batterers exhibit to control their victims even in front of a judge (Paymar, Pence and Soderberg, 1993, Section 2, p. 7)

I was with a woman at her protection order hearing. She was answering questions of her husband's lawyer. Her husband had broken her nose several times over the years. The last time he broke it was about eight months before this hearing. He grabbed it and twisted it while shoving the palm of his hand into her face. While she was testifying, he kept stoking his nose. She tried not to look at him, but she couldn't help but see this gesture. She became very disoriented and couldn't concentrate on the questions. I saw what was happening and realized that no one was aware of how he was threatening her right there in the court room [without a touch or a word]. I finally blurted out, 'Your honor, I must say something.' The woman had no attorney so the judge let me talk. The respondent was then ordered to make no gestures for the duration of the hearing.

In conclusion, Susan Schechter, author of numerous publications about domestic violence and the Battered Women's Movement, references a 1986 article which examined more than 50 research studies and concluded that the most likely *risk factor for being battered is being female* (DAIP, 1989).

Understanding Offenders

The American Psychological Association's report on Violence and the Family (1996) also provides helpful information to community leaders and members regarding male abusers since men are the perpetrators in approximately 91% of all domestic violence cases. The following is a selection of key findings from current literature which describe offender characteristics and risk factors.

- There is no single profile of the male abuser. Like the women they abuse, batterers come from every demographic group. Some batterers appear to be normal men who have been over-socialized in the traditional male sex role, confusing violence with masculinity. Others were victimized themselves as children, learning to be abusers by exposure to or experiencing family violence. Another group of male batterers appears to have a range of serious mental health problems *in addition to* [emphasis added] their violent behavior. Approximately 10% to 20% of those arrested are men who are anti-social and usually commit other crimes.
- Boys who are exposed to or experience violence in their homes as children are at major risk for becoming batterers.
- Little information is available on partner violence between gay men, but the few available studies indicate that in long-term relationships, the violence is similar to that which occurs between heterosexual partners: One partner is most often violent toward the other.
- Studies of batterers, unlike studies of victims, indicate that male batterers do have certain characteristics in common. Although there is no single profile of the male batterer, such men tend to have:
 - high degrees of suspiciousness • dysfunctional thinking
 - and jealousy • poor social skills
 - dependency
- Some of batterers try to compensate for their problems by abusing their power to gain control over their partners.

In the state of Minnesota, court records show that in some cases, men are the victims

of on-going physical abuse and retaliatory violence. But such cases are rare. Between three and eight percent of domestic abuse cases involve either *mutual abuse or male victims of on-going abuse*. Because of the very personal and complex problems that victims of on-going abuse face and the gender issues fueling the violence, it is desirable to ensure that advocacy for women is primarily provided by women and advocacy for male victims is provided by men.

In a study of 100 male victims of domestic violence in the state of Minnesota, 7% were able to leave their abusive relationships without increasing the violence. In most cases, the male victims needed legal protection, safe housing and emotional support. The 93% who were unable to leave were afraid of the escalating violence that would occur if they took such actions. ... [In heterosexual relationships] civil protections are effective tools for protecting male victims because women rarely engage in "*separation violence*" -- the most dangerous type of violence that occurs and escalates (sometimes to a murder/suicide) as victims attempt to leave their abusers.

After decades of work with male offenders, Anne Ganley (1981) characterizes batterers as:

- externally motivated
- prone to deny responsibility for their behavior
- often minimize the violence that they have committed
- intent on establishing control over their victim
- very likely to blame their victims for their violence
- likely to increase their use of violence as the victim seeks to leave or change the situation

Religious leaders in the state of Washington (Fortune, 1991, p. 77) point out that:

... the batterer is not always an ogre. He may be a good father, a good provider, a sober and upstanding member of the community, and an active member of his religious congregation. He may well be charming and gregarious. His wife loves him and is emotionally dependent on him. However, none of this means that he may not also be abusing members of his family. ...

A member of the clergy may know this man in a public context and may find him to be charming and effective. It is sometimes difficult, then, when the man's wife comes to the clergy person and tells a horrendous story about the abuse that she has experienced in private. Her story contradicts the clergy person's experience of her husband. The tendency is to trust one's own experience and to disbelieve her story.

Clergy persons who have experience in dealing with domestic violence warn their colleagues that batterers have a very different public and private persona. When such is the case, Dr. Marie Fortune of the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA (1991, p. 221) suggests that “one way to increase offender motivation for change is to listen to the client’s description of events and to assist him in identifying how his battering behavior is costly to him -- loss of intimacy, impact on his relationship with children, friend’s fear of his temper, court costs, loss of time from work, damage to property, loss of self-esteem, and so forth. Each offender is affected differently, and motivation to change must be initially nurtured by pointing out how it is in his self-interest that he stop his violent and abusive behavior. Pointing out these negative consequences is most effectively done in a group where the client can hear the comments of the others and start to develop new group norms that support being non-abusive.”

There are two other important warnings that professional colleagues give to one another regarding offenders. The American Medical Association advises physicians that they should be aware of “red flags” that can signal particularly dangerous situations for battered women: stalking behaviors by the abuser, substance abuse by the abuser, and threatened suicide by the abuser which increases risk for a murder/suicide.

Additionally, Dr. Arthur Kellerman, Director of Emory University’s Center for Injury Control reports that guns and family violence are a particularly deadly combination. In his studies, a history of any household member ever hit or hurt in a family fight was independently linked to a more than four-fold increased risk of homicide in the home (AMA, 1994f). Saltzman and his colleagues at the Centers for Disease Control studied cases of family violence in Atlanta, GA, and discovered that family and intimate assaults involving guns were 12 times more likely to end in the death of the victim than assaults that did not involve guns (AMA, 1994f).

The Cycle of Abuse

Dr. Dean Kilpatrick, Director of the Crime Victim Research and Treatment Center in Charleston, SC, is very concerned about the cycle of violence that begins with child abuse

and children witnessing violence in the home and continues into adolescence as children learn that violence is the way to react to the conflict and stress that exist between intimate partners. Ultimately, he believes that this series of events leads to abuse or victimization in adulthood that turns once more on the children. He knows that (AMA, 1994f, p. 60):

We can break this cycle. We have ways to help -- home visitation for families who are at risk for child abuse; protocols and methods for getting women out of abusive situations; mentoring, conflict resolution, and a host of other interventions for youth who are violent. We can do this!

According to Greg Enns and Jan Black of LifeTrack (1996, p. 20), an organization which serves the needs of battered women and those who assist them in Salem, OR, "The pattern of abuse is like a downward spiral that goes round and round in a predictable way. It always takes you down, and, if you have children, it takes them down, too." In their most recent publication, It's Not Okay Anymore: Your Personal Guide to Ending Abuse, Taking Charge and Loving Yourself, Black and Enns describe the Cycle of Abuse from the point of view of a victim who is trapped within her abusive relationship. A battered woman's cycle of abuse has seven stages which are similar to Lenore Walker's classic Cycle of Violence Model (Walker, 1984). A comparison between the INOKA and Walker models appears in Exhibit 4 below.

Black and Enns ask victims to use the INOKA model to assess the pattern of abuse in their own lives. As they match their own life experience to the INOKA Cycle of Abuse, the authors pose an important question. This question serves as a "checkpoint" -- a moment of awareness for the victim -- by asking "Do you recognize a similar pattern in your life?" Victims are told that if tension is building they can probably smell the "smoke" which precedes the "fire" of abuse. A domestic abuse victim's life story probably has had many episodes of smoke and fire. Without intervention and the assumption of personal responsibility on the part of both the victim [note: this is not a form of victim blaming but instead emphasizes self-esteem, self-care and care of children] and the offender, putting out fires before their lives and property are completely destroyed will be a way of life.

Exhibit 4: INOKA Cycle of Abuse

Stage One: ABUSE OCCURS.

Stage Two: EXCUSES-- I excuse the abuse. I find a way to make it okay so I can live with it. I “re-package” it so it doesn’t seem as bad as it is. I tell myself or others he didn’t mean to do it or he couldn’t help himself, that I’ve got to try harder to love him better and do what he wants, and that if I was just more perfect he wouldn’t have to be so upset.

Step Three: HONEYMOON -- Things seem great. My partner and I apologize and make promises. I may get roses or a dinner out or new lingerie. We may have stars in our eyes and I may tell myself the abuse is over.

[NOTE: Lenore Walker calls this the loving, contrition stage. She notes that some victims say they seldom if ever experience this stage.]

Step Four: ROUTINE -- We return to the routine of our lives, with its normal ups and downs.

Step Five: TENSION -- Tension is building. I can tell things are starting to upset him and I start “walking on eggshells” to avoid triggering abuse.

[NOTE: In her clinical practice, Lenore Walker has observed that frequently within the cycle of violence, there are smaller abusive events as tension builds up to an acute battering episode.]

Step Six: TRIGGER -- Something sets off the abuser. I’m late getting home or I forget to fill the gas tank or the laundry isn’t folded or I was too nice to the grocery clerk.

Step Seven: ABUSE OCCURS AGAIN.

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Until recently, within cycles of violence theories, there has been a missing link. Battered women and those who assist them need a way to move from awareness of their patterns of abuse to a pathway of non-violent living. LifeTrack provides such a path in their **INOKA Cycle of Personal Responsibility** (see Exhibit 5). Black and Enns suggest that as a battered woman begins to recognize her cycle of abuse, when she is

ready, she can make a life altering decision to take on personal responsibility for her relationship with her abuser and her life in general. The process she uses is empowering. It is called **“cycle-jumping,”** jumping from the Cycle of Abuse to the Cycle of Personal Responsibility. The moment she decides to jump from a life of abuse to a life of non-violence, she is saying to herself, her children and everyone around her **“INOKA!! It’s Not Okay Anymore.”** This is her INOKA birthday. LifeTrack urges battered women to recognize that day and celebrate it. Other victims and victim advocates can help battered women who want to “cycle jump” to a life of non-violence and shift from being a victim to being a survivor by providing emotional support and assistance with basic living needs.

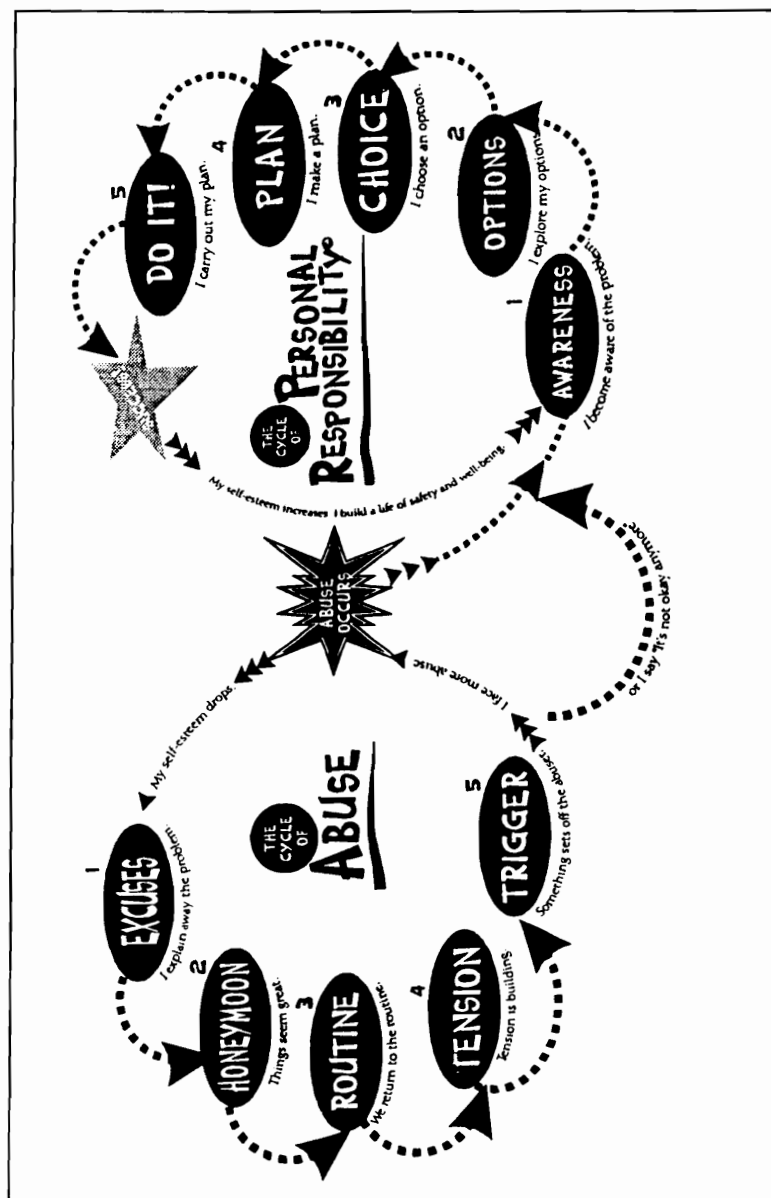
Safety Planning and “Stay Safe” Planning

Before a victim makes the jump, it is critical that she plan for her safety and the safety of her children. Her abuser may not be happy that she is choosing a life without coercive control, violence and abuse. He may not have made the decision to shift himself to a Cycle of Personal Responsibility and a non-violent life. LifeTrack recommends that battered women write down their **“Get Safe Plan”** and include such information as: (1) their name, address, and telephone number(s); (2) who they can call for help (e.g. counselors, support groups, friends, shelter, crisis hotlines, other supportive people); (3) how they can escape from the place of an attack, where they can go if they need a safe haven and how they will get there (e.g. window, fire escape or other emergency exists; home of a friend, shelter, church, etc.; money for bus or cab fare, gasoline for the car); and (4) what they will need to take with them (e.g. money, prescriptions, clothing, important documents, insurance card, credit cards, health records, keys, birth certificates, school records for kids, things of sentimental value, etc.).

Black and Enns also recommend that battered women begin working towards staying safe. A **“Stay Safe Plan”** includes two important elements: (1) Economic Goals source of income, education and job training, safe and affordable child care, transportation); and (2) Relationship Goals (e.g.conflict resolution skills, assertiveness skills, refusal skills, self-nurturing skills, and parenting skills). They alert battered women to the fact that experiencing cycles of abuse leads to another important decision

Exhibit 5: INOKA Cycle of Personal Responsibility and Cycle Jumping

THE CYCLES COMPARED



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point: How will you take charge of your life? Action alternatives available to battered women (Enns and Black, 1996) are to:

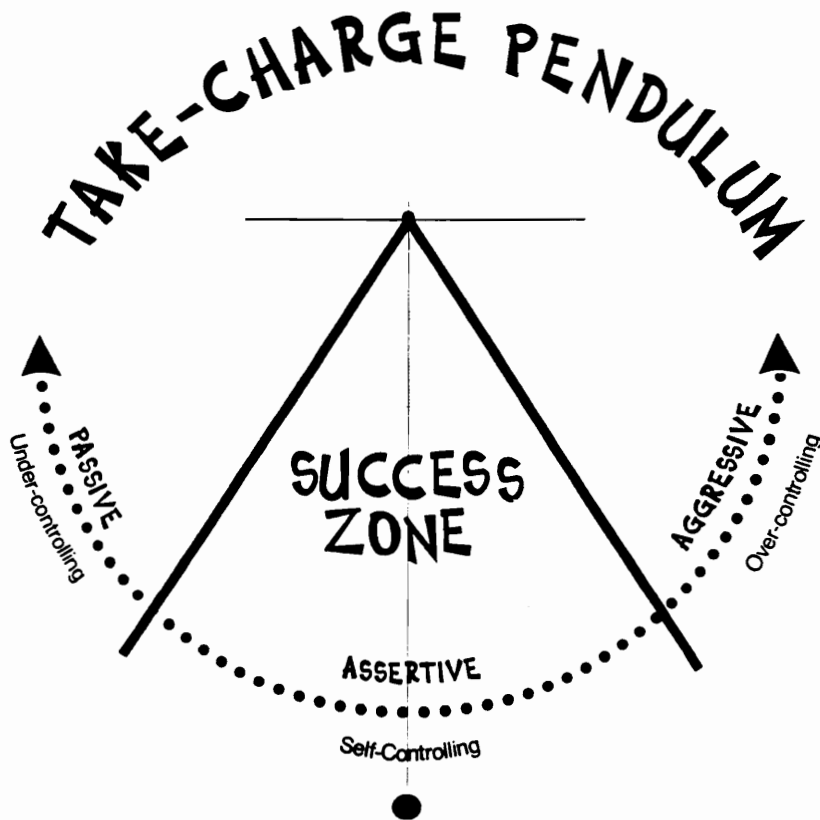
- (1) Become aggressive and over-controlling, like abusers.
- (2) Become passive and under-controlling, accepting anything that comes along.
- (3) Become assertively responsible and self-controlled (the “success zone”).

LifeTrack’s “**Take Charge Pendulum**” (see Exhibit 6) identifies that choice #3 falls within the “success zone” and will be most effective in helping them successfully move to a life of non-violence. Here’s how the “success zone” and the Cycle of Personal Responsibility work.

- Step One: Awareness** -- I become and remain aware of the problem. I want to be safe. I’m not.
- Step Two: Options** -- I explore my options. I discuss them with my sister.
- Step Three: Choice** -- I choose an option. I go to Domestic Violence Services to further explore my options. I choose to get a restraining order.
- Step Four: Plan** -- I make a plan. I will pick up the legal paper work, fill it out and file.
- Step Five: DO IT!** -- I carry out my plan. I complete the paper work, go to court, and receive the restraining order.

Jumping from the Cycle of Abuse to the Cycle of Personal Responsibility can happen each time the victim realizes that she is in another cycle of abuse. She may jump many times between the Cycle of Abuse and the Cycle of Personal Responsibility before non-violent living becomes a permanent path for her, her children, and in some cases, her batterer. Community members -- family, friends and responsive community organizations and institutions -- can all help her make that jump or shift to non-violent living a permanent one. But only the victim can tell them when she is ready and when the time is right. Her safety needs are ALWAYS paramount to all other considerations.

Exhibit 6: INOKA “Take Charge Pendulum”



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In Conclusion

Understanding the underlying causes, myths, cycles of abuse, power and control, equality and personal responsibility models, and risk factors associated with domestic

violence will help community members and leaders begin the challenging process of changing their own belief systems so they can deal more effectively with domestic violence. As community partnerships are formed, it is critical that team members share this knowledge and understanding with all citizens -- adults, elders, youth and children -- so they, too, can become partners in the effort to create violence-free homes throughout the community.

Pioneers and newcomers to the Coordinated Community Response Movement must continue to create opportunities to discuss the most recent research findings and lessons learned from community practice as CCRs are planned and implemented. Such dialogue is adult and community education in action -- and at it's best!

Section C: Moving Beyond Blame

Eliminating problem behaviors is a difficult task. However, community practitioners and research suggest that by focusing on such key concepts as personal responsibility (Yochelson and Samenow, 1976, 1985; Black and Enns, 1996), shared leadership (Gardner, 1990; Eltringham, Parson and Skehan, 1995) and community education and organizing processes (Hawkins and Catalano, 1992; Mondros and Wilson, 1994), problem behaviors can be eliminated at any level -- within individuals, families, organizations and communities. If community efforts and resulting changes are sustained in a continuous flow of "small wins", the cumulative effect can be societal transformation (Weick, Karl, 1984; Cohen and Kibel, 1993).

In the fall of 1995, with this vision in mind, community educators, policy makers and corporate leaders worked together to draft "Synergy 96," the strategic plan for the newly established Corporate Alliance to End Partner Violence (Corporate Alliance, 1996). This plan suggests that societal change -- change within every sector of the community and within all disciplines and professions -- is necessary in order to reverse trends towards escalating partner and family violence. The 200+ authors of this plan suggest that change begins with public awareness, a commitment by community leaders to get personally and professionally involved, and decisions to take a multitude of simultaneous actions to break the silence and change the status quo.

Although there may be many factors which facilitate and contribute to the continuation of domestic violence, there is only one factor that can end it: the choice of the offender to stop being violent and abusive (Yochelson and Samenow, 1976, 1985). Unfortunately, such choices are not generally made without continuous pressure from a variety of external sources (Klein, 1992; Fortune, 1991; Pence, 1985).

Coordinated Community Responses (CCRs) are designed to leverage legitimate power from the entire community to influence offender choices and to change their destructive beliefs and behaviors. A wide range of legal sanctions and rehabilitation services help motivate offenders towards change. However, educational services and sanctions have not been enough to eliminate recidivism. Community practice has consistently shown that domestic violence perpetrators are extremely tenacious. They are among the most lethal offenders released to the community by the criminal justice system (Klein, 1992). In later stages of domestic violence, they can be especially dangerous. Criminal justice system statistics show that it is common for offenders to continue harassing, threatening, stalking and attacking their victims even after victims leave their homes and relationships. Yochelson and Samenow (1976) have found that offender belief systems dominate their thinking processes and produce a series of thinking errors that continue their violent behavior. Community leadership experience confirms this clinical finding. Despite separation, divorce and a variety of community interventions, spouse abuse continues in approximately 40% of all cases in Duluth, MN, one of the nation's most highly developed and effective Coordinated Response communities (Pence and Paymar, 1993). With recidivism as high as 40%, it appears that there is more that must be done.

***Overcoming Inter-Agency Blaming:
A Major Barrier to Effective Community Partnerships***

A practice which gives short term relief to victims, offenders and community responders in all types of conflicts is blaming. According to Jeffrey A. Kottler (1994), blame is the common thread which runs through most conflicts between people and organizations. It prevents them from being successful in reaching their goals. It gives them a good excuse for failure. Out of sheer frustration, some individuals stop trying. A more effective strategy for resolving conflict and solving problems is for individuals and leaders to (1) focus on their *own* power to choose what they will and will not do; (2) identify and use the legitimate power of their own role (personally and professionally) as a platform for change; (3) examine what they are currently doing to support the continuation of the problem; and (4) seek opportunities to do things differently to produce a different set

of outcomes. This simple four step process helps individuals and institutions move beyond blaming to productive problem resolution.

As Mary Asmus, City Attorney in Duluth, MN points out (Asmus, Ritmeester and Pence, 1991), a pattern of blaming victims, police or other community responders does not solve community problems with violence or win domestic violence cases. It does, however, add to the anger, frustration and ineffectiveness of community response systems. After years of dealing with “uncooperative victims” who refused to press charges and testify against their offenders, Asmus grew tired of having to drop cases and watch the offenders go on to commit acts of terrorism against their spouses later that same year. According to Asmus, until recently, prosecutors across the country have laid the blame and responsibility for ending domestic violence on the shoulders of (1) police who fail to arrest and file criminal assault charges, (2) victims who are reluctant to assist with criminal prosecutions, and (3) judges who dismiss cases if the victim recants out of fear of further violence.

Without victim presence and testimony in criminal cases, there is usually insufficient evidence to convict the perpetrator and assure that he will be incarcerated and/or mandated to complete a batterer’s educational treatment program. In such cases, each community responder frequently blames the lost or dropped case on the other and focuses a substantial portion of the blame on the victim (rather than the community) for not holding the offender accountable. Asmus warns community leaders who attend her professional training sessions that this practice presents a major barrier to the successful implementation of a CCR.

Kottler’s studies of blaming behaviors also suggest that shifting blame to others has an unexpected backlash effect. For example, as domestic violence escalates and community members shift blame away from themselves and onto each other, they may experience a profound sense of powerlessness to stop the violence. However, Kottler says that by moving beyond blame to active participation in change processes, relationships and situations can be changed.

Today, many communities across the nation have done just that. They have established mandatory arrest or pro-arrest policies and “no-drop” prosecution policies to give offenders the clear, consistent message that they will be held accountable despite attempts to manipulate or threaten their victims. Additionally, they have adopted simple yet important criminal justice practices which have resulted in lower homicide and recidivism rates. Such practices include: (1) prosecutors and law enforcement personnel filing domestic violence criminal charges -- not victims; (2) prosecutors deciding which domestic violence cases to take to trial -- not victims; and (3) independent standards of evidence (e.g. victim/witness/offender statements and utterances [generally of rage and terror], photographs of injuries and damage of property, 911 tapes, medical reports, etc.) guiding law enforcement and investigative reporting so that cases can go forward without victims having to testify against their assailants in court. These practices clearly shift the responsibility away from “others” blaming to a more equal power balance between the criminal offender who *chooses to remain violent* and those who are working together in a coordinated effort to eliminate his destructive behaviors.

It is obvious when community leaders are not working in unison. Victims and offenders are quick to note inconsistent community response and failure to enforce policies and laws. Once such inconsistencies are detected, an offender will use examples of the community’s “failure to protect” to further intimidate his victim. For example, victim advocates and court officials have noted that batterers are likely to increase their violence against their partners and use threats during the entire court process, especially if they believe that intimidation of their victim can lead to dismissal of their case by court officials. As one man arrested in Duluth, MN explains, scare tactics and his close ties to his partner turn to chains (Asmus, Ritmeester and Pence, 1991, p. 130):

When I think about how it all happened, it seems almost as if I planned it. Right from the beginning, I started choosing her friends, then her clothes, even her job. It’s like a boot camp training, you know, tear them down then build them back up but build them back up as Marines. Well, she was friendly, outgoing, the life of the party, when I met her. But I just slowly took all that away from her until she only had me. By the time I hit her, I knew she wouldn’t leave me. But I kept insisting that all the things I was doing -- smashing things, threatening her, grabbing her, even locking her in the bedroom -- were her fault. She was pushing me, making me jealous, defying me. When I was arrested, she was actually more afraid about what

would happen than me. I was mad, I was pissed as hell -- but she was scared.

Victims are not just afraid of their offenders. Following an abusive or battering episode, many victims are also afraid of the response they will receive from family, friends and the institutions which are there to assist them. According to Asmus (Asmus, Ritmeester and Pence, 1991, p. 130-131):

The woman who bails her abuser out of jail, accompanies him to court and refuses to testify may also become prey to a stream of misinformed victim- blamers who surround her during the entire court process. From her family who reminds her that they told her not to marry him, to the police officer who notes in the investigation report that she had been drinking and her house was a mess, to the judge who wants a dismissal if she is ambivalent about her situation, to the jury who considers not so much whether she was assaulted but whether she somehow provoked the attack, the victim is judged and almost always found guilty.

Working As A Team to Educate and Organize the Community

Unless families, friends and professional community responders move beyond casting blame, they will not be able to work as a team to reach common goals (Kottler, 1994) such as creation of non-violence homes throughout the community. Teamwork and massive, on-going community education, a process which brings community members together in partnership to solve problems, must become the centerpieces of a community's efforts to reduce domestic violence. With the help of victims, advocates and other community leaders, community education can be more than adult educational programs (Minzey and LeTarte, 1994). It can be a process of public awareness, influence and change. In the Deweyan tradition, community educators and leaders can move education *for* action -- to education *in* action (Decker, 1990). With planning, community education can serve as the fundamental supporting process for community organizing.

David Mathews, President of the Charles F. Kettering Foundation, theorizes that the reason some communities are more successful than others in organizing and managing change is that they are simply better at educating themselves as an entire community (Decker, 1990). According to Mathews, healthy communities consistently educate their

members about community interests and needs; provide information about impacts and consequences of inadequately addressed issues; talk not only about issues but through issues and then work through them together; sort out core community values; develop new perspectives; discover and rediscover what interests are shareable (what ground is common); make hard decisions together; and finally, develop leadership throughout the community to unleash the power of citizen ideas, ideals, commitment and strong working relationships.

As a result of their evaluation of more than a dozen efforts to educate and organize communities for social change, Mondros and Wilson (1994) identified three distinct models of community organizing. Grassroots (which typically describes the style of community organizing most frequently associated with victim advocacy groups in the Battered Women's Movement); Lobbying (which describes many of the current efforts lead by professional associations which are attempting to alter domestic violence policies and laws as well as their own community practices); and Mobilizing (which focuses on massive community education for improved social justice and institutional and cultural change). Research suggests that all three types of community organizing are needed when a community's goal is to reduce complex, problematic behaviors (Mondros and Wilson, 1994; Hawkins and Catalano, 1992).

After decades of multi-dimensional organizing efforts by battered women and other community leaders, there appears to be a national movement emerging to establish Coordinated Community Responses (CCRs) to domestic violence. In March 1996, the American Medical Association began holding a series of regional conferences for the purpose of training multi-disciplinary teams from local communities to establish Domestic Violence Coordinating Councils (see Section G for more information on Domestic Violence Coordinating Councils). These councils orchestrate and integrate local CCR efforts. This CCR manual will be an invaluable tool to help community leaders develop and improve such councils as well as core domestic violence strategies, structures, programs, policies and protocols within local communities.

Setting Common Goals for A Coordinated Community Response

Communities that have a decade or more of experience in Coordinated Community Responses to domestic violence have found that there are four important goals which must remain as the central focal point of every decision and action taken by their local community. By using these goals as key CCR planning and evaluation criteria, leadership decisions are likely to result in more effective CCR initiatives. The four goals are:

- *Prevention*
- *Victim Safety and Protection*
- *Offender Accountability*
- *Community Accountability for a Consistent, Appropriate Response*

Giving Clear and Consistent Messages About Domestic Violence

As community members and organizations begin to work effectively together within a Coordinated Community Response, it is important that they share and promote clear and consistent messages about domestic violence. These messages should be simple so that they can be clearly understood and most importantly, remembered. They should be used to drive all decisions and actions -- at individual, family, organizational and community levels. Like CCR goals, CCR messages should be used as planning guides and evaluation criteria for measuring the success of a Coordinated Community Response. The extent to which they are *consistently* adopted, promoted and adhered to will determine the degree to which progress is made in reducing domestic violence.

Experienced CCR community leaders recommend these domestic violence messages:

- *STOP THE VIOLENCE*
- *Domestic Violence is a Serious Crime*
- *There's No Excuse for Domestic Violence*
- *It's Not Okay Anymore*
- *The Community Will Provide Support for Change -- And Consequences for Those Who Don't*

Section D: CCR Leadership Tools

A constant comparison methodology was used over a two year period (1994 - 1996) to assess 12 unique city, county, employer, professional association, non-profit agency, public service and academic CCR initiatives. Key findings from these assessments (summarized below and described in detail in Section E and G) were used to produce the seven CCR planning and implementation models shown below. Grounded in community practice, these models were conceptualized as change management tools or leadership guides for use by many different disciplines. Community educators, organizers, policy makers, program managers and leaders will find them especially helpful as they work to improve their community's overall response to domestic violence.

The Fundamental Framework of a Coordinated Community Response

The first CCR model which will help community leaders plan and implement a community-wide response to domestic violence is a descriptive model which identifies the ***Seven Key Elements of a CCR*** (see Exhibit 7). Experienced CCR leaders agree that when community leaders focus on these seven elements through community education and problem solving processes, they can maximize CCR "potency" and overall effectiveness. Failure to successfully address these seven areas can weaken or prevent CCR success. The seven key CCR elements include:

- (1) A Common Understanding of Domestic Violence with power, control and choice recognized as fundamental underlying causes of domestic abuse ; gender inequities and social learning identified as key facilitators of domestic violence; blaming behaviors (of victims and key responders) as major barriers to the reduction of domestic violence; the cycle of abuse as a predictive factor that more abuse will occur in the absence of effective

Exhibit 7: Seven Key Elements of a CCR

A Common Understanding of Domestic Violence

Common Goals

Clear and Consistent Messages About Domestic Violence

Champions for Change

Consistent, Appropriate Responses from Key Responders

Effective Leadership Structures, Processes and Strategies

Key Support Systems

intervention; and safety planning as a key consideration for all community domestic violence programs, policies and interventions.

- (2) Common Goals for addressing domestic violence which must include at a minimum prevention, victim safety and protection, offender accountability, and community accountability for a consistent, appropriate response.
- (3) Clear and Consistent Messages beginning with the bottom line --“STOP THE VIOLENCE” and supported by “Domestic Violence is a Serious Crime,” “There’s No Excuse for Domestic Violence,” “It’s Not Okay Anymore,” and “The Community Will Provide Support for Change ... And Consequences for Those Who Don’t.” Victims and offenders are quick to note when actions and messages are not consistent. Inconsistency not only prevents the reduction of domestic violence, it also further endangers victims, witnesses and responding professionals.

- (4) Champions for Change, an element which must be present in each key sector of the community and in key responding disciplines if measurable change is to occur and to be sustained. Champions for change are individuals who have power, resources and/or influence to change the way a social group or community does business. They may be policy and law makers, media representatives, members of social and political action groups, employers, funding agencies and academics from higher education. They may also be any member of the community who accepts personal responsibility for removing violence from their life and from the lives of those around them. It should be the goal of community leaders to identify and engage as many “champions for change” as possible in CCR change management activities keeping in mind that many “small wins” (CCR success stories) add up to make a big difference in the level of violence experienced in homes throughout the community.
- (5) Consistent, Appropriate Responses from Key CCR Players which are formalized in domestic violence policies, programs, protocols and implementation practices. *Appropriate responses* are described in detail in Chapter Six and are listed in the CCR Lifecycle Framework described later in this chapter. They include the following:
- | | |
|--|---|
| • Skills for living adult education | • Core values education for all ages |
| • Substance abuse/suicide prevention education | • Cultural diversity training |
| • Inter-generational programs | • GED/ESL/literacy training |
| • Professional/pre-professional domestic violence training | • Youth programs |
| • License fees used to support battered women’s programs | • Supportive religious programs |
| • Domestic violence awareness campaigns | • Public health programs (e.g. home visiting nurse programs and community-wide prevention strategies) |
| | • Domestic violence task forces |

- Business-community partnerships, policies, employee assistance programs, workplace education programs (skills for living and domestic violence education)
- Domestic violence/anti-stalking laws
- First offender programs and policies
- Safety planning and “stay safe” planning
- Orders for protection
- Basic living needs (e.g. food, clothing, medical/dental, diapers, etc.)
- Victim and legal advocacy services
- Shelter and safe havens (visitation centers, transitional housing, motel vouchers, safe homes, etc.)
- Special needs/bi-lingual services
- Peer and professional counseling services/mental health services
- Arrest and incarceration
- Panic alarm programs (support for victims with very dangerous offenders)
- Full victim participation standards
- Social action groups (which promote non-violent living)
- Medical and dental care
- Independent corroboration standards
- Domestic violence protocols (e.g. law enforcement, medical, etc.)
- Child impact statements (e.g. media violence/violent products)
- Helplines, hotlines, stress lines
- Zero tolerance policies for weapons in places which demand safety
- Domestic Violence Coordinating Councils and collaboratives
- Victim empowerment programs
- Job training/job assistance
- Religious community support
- Financial planning and budgeting
- Crisis intervention services
- Substance abuse treatment
- Child witness policies and services
- Child and youth services
- Domestic violence rehabilitation services (e.g. batterer’s treatment)
- Victim orientations/victim rights
- Survivor’s networks
- Close monitoring of offenders
- No-drop prosecution policies
- Tourniquet sentencing
- Victim compensation funds
- Mandatory batterer’s education that does not blame victims or demand victim participation
- Mandatory domestic violence training for professionals
- Judicial and prosecution guidelines

In appropriate responses include:

- Victim blaming
- Misinterpretation of scripture
- Violence in the media
- Requests from treatment providers to excuse re-offenses
- Dropping valid cases
- Mandatory reporting of re-offenses to the court (esp. without victim input)
- Jailing Victims Who Won't Testify
- Mediation
- Family counseling and anger ventilation therapy
- Diversion from trial
- Uncooperative agencies and courts
- Failure to support terms of probation
- Lack of standardized conditions for probation
- Double standard for familial and stranger assaults/rapes
- Misuse of social workers
- Counseling which teaches victims to diffuse offender behaviors
- Police misconduct
- Inappropriate processing of orders for protection
- Discrimination
- Key responders as batterers
- Dual arrest for mutual combat
- Lack of enforcement of court orders
- Failure to sentence appropriately
- Failure to share case information
- Lack of victim input in court decisions
- Failure to arrest and incarcerate
- Lack of offender supervision
- Preserving the family and the the violent behavior
- Non-jail liberty punishments
- Immediate release of offenders from jail (esp. without victim notification)
- Failure to enforce the law
- Misapplication of mandatory arrest policies and laws
- Court officials identifying with offenders (e.g. buddying-up)
- Ordering anger control counseling for victims
- Persistent negative attitudes towards battered women
- Judicial deviation from state statutes
- Refusal to become informed about domestic violence

- (6) Effective Leadership Structures, Processes and Strategies which create domestic violence coordinating and oversight bodies, special units which

process domestic violence cases, automated information systems, offender and case management monitoring processes, strategic planning, training and education. Specific examples from this study include:

Key Leadership Structures --

- Domestic Violence Coordinating Council/ Task Force
(San Diego County, CA)
- Office of Professional Standards
(Chicago Police Department)
- Family Services Office and Restraining Order Office
(Quincy, MA)
- Center for the Prevention of Sexual and Domestic Violence (An Inter-Religious Educational Ministry)
(Seattle, WA)
- Domestic Violence Prosecution, Probation and Investigative Units
(Duluth, MN, Quincy, MA, and San Diego County, CA)
- LEADS: Law Enforcement Agencies Data System
(Chicago Police Department)
- National Institute on Media and the Family
(Minneapolis, MN)
- Domestic Violence Intervention Project (DAIP)
(Duluth, MN)

Key Leadership Processes --

- Community policing and training
(Chicago Police Department)
- Offender monitoring
(Quincy, MA)
- Tracking/monitoring of cases through the entire community system of response
(Duluth, MN)

Key Leadership Strategies --

- Chief Executive Projects, Community Partnerships, Employee Assistance Programs and Domestic Violence Policies (Polaroid Corporation)
- Voter Support for Prevention (Contra Costa County, CA)
- Physicians Against Domestic Violence (American Medical Association)
- By-Stander Leadership Training (Northeastern University's MVP Prevention Program)
- Safety Planning and "Stay Safe" Planning (Quincy, MA and LifeTrack, Inc.)
- Media campaigns and partnerships (Public Affairs Television, Inc., the American Medical Association and National Institute for Media and the Family)

- (7) Key Support Systems including those domestic violence support services which are listed as "appropriate community responses" (e.g. information and referral sources of assistance for victims, offenders and key responders); key legislation including state domestic violence and stalking codes, federal and state victim rights and compensation codes, and provisions of the 1994 Crime Bill (e.g. Violence Against Women, Firearms Section and Gun Control Section); infrastructure enhancements and leadership processes listed in item (6) above; and key policies and protocols listed in item (5) above. This element embodies the comprehensiveness, integratedness and "potency" of the CCR. It is this element of potency/integratedness that will shift the overall culture of the community (over time) to a non-violent environment. Without potency, integration and consistency of effort, CCRs will have limited effect on domestic violence rates, recidivism and victim safety.

Planning and Mapping A CCR Initiative

Without exception, CCR community experts have clearly demonstrated that there are many commonalities that are contributing to the evolution of CCRs in local communities across the nation. Because of the multi-disciplinary nature of CCRs and the cyclical nature of domestic violence, different institutions, community educators and community organizers have focused on selected aspects of the domestic violence problem which are most problematic for them. For example, public health professionals and educators are focusing on primary prevention education in an effort to create a healthy populous -- one in which men, women and children have healthy core values, basic skills for living, heroes who are non-violent, and caring adults who serve as mentors along the way. Victim advocates, medical practitioners and human services professionals are among the first responders when domestic violence problems erupt. It is not surprising that they are heavily invested in secondary prevention which focuses on training key responders (professionals and pre-professionals), delivery of crisis services, and provision of early intervention support and assistance, first offender programs, survivor networks and special needs services. The criminal justice system sees not only first offenders but repeat offenders. These professionals are focusing on tertiary prevention, that is, improvements in arrest, prosecution and probation procedures, sanctions, rehabilitation and recovery programs. Thus, CCRs are evolving ecologically into a multi-level, web structured, lateral (shared) leadership collaborative rather than a traditional leadership pyramid or linear continuum.

These findings suggest a need for two distinctively different CCR planning models and a supportive CCR Program and Policy Checklist. Such tools will help community leaders “map” the evolution of their CCR so they can more effectively identify and develop its strengths, work to minimize its weaknesses, eliminate identified barriers, and encourage missing partners to join their community’s CCR initiative as it naturally unfolds. Exhibit 8 is a sample ***CCR Leadership Map***. It is a composite of a number of lessons learned from community practice. For example, it graphically depicts the:

- Four Major Response Systems that respond to domestic violence problems

(criminal justice system; medical and human services system; community leadership system; and individuals, family and friends -- described in detail in Section E).

- **Six Major Power Brokers** -- Champions and change agents which have the power to make sweeping changes in the way a community does business. At a minimum, they must come from the media, policy and lawmakers, social and political action groups, employers, funding sources and academia. Over time, they must also come from all levels of leadership (individual, family, organizational and the community at-large) since sustained change is produced by individuals who have accepted the personal responsibility to remove violence and abusive behaviors from their own lives and from the lives of those around them.

- **Thirty-Six Key Responders** (players) who have the most frequent direct contact with victims, witnesses and offenders (see Section E for roles and responsibilities) as well as the community's central coordination body or agency (e.g. a Domestic Violence Coordinating Council, Task Force or Collaborative) which is responsible for the overall coordination, integration, oversight and evaluation of the community's response to domestic violence.

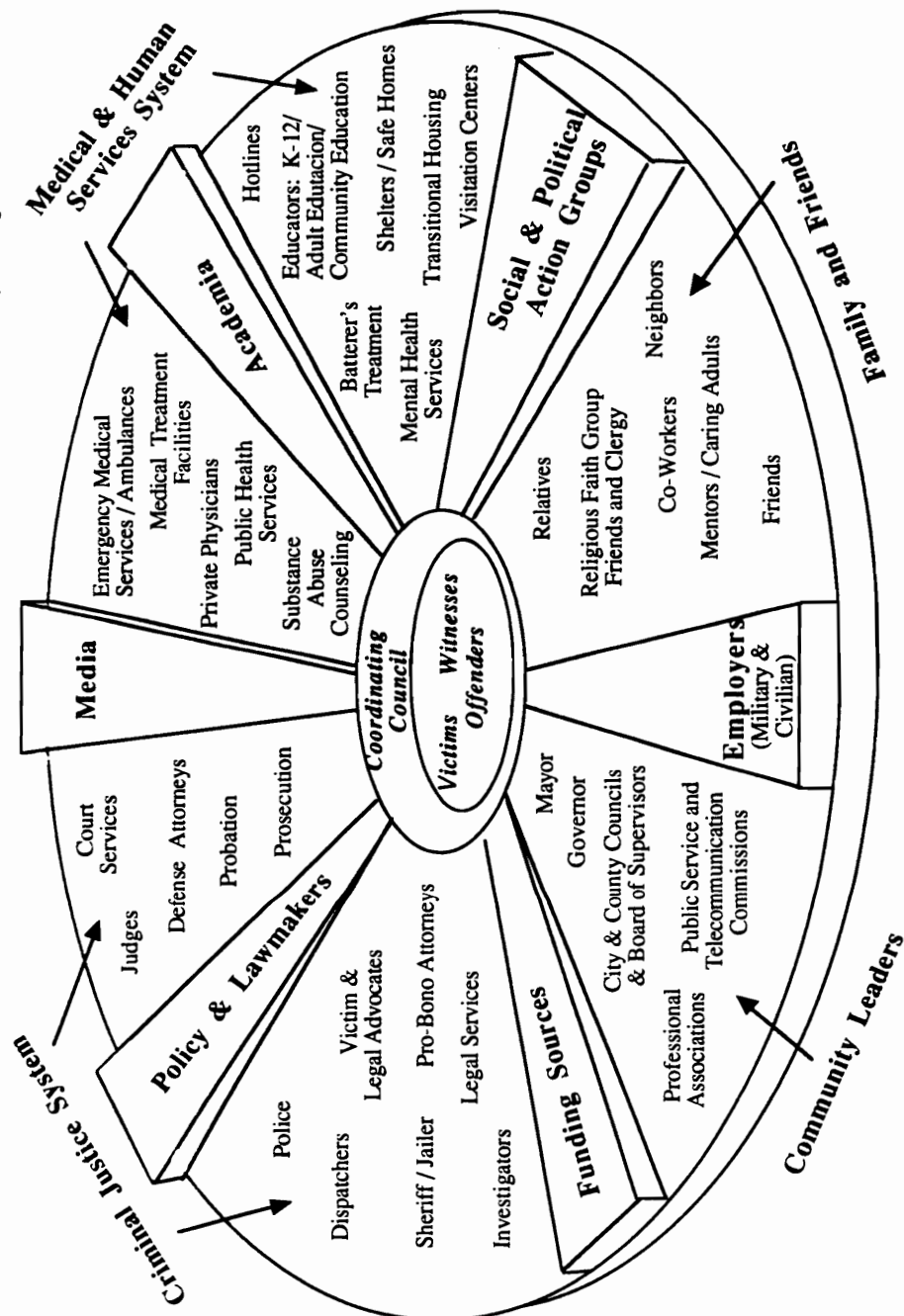
Although the contents of the CCR Leadership Map may vary slightly depending upon the structure and composition of each local community to which it is applied, the fundamental mapping concept provides a useful framework within which CCR educators, organizers and planners can operate. Section E provides a detailed narrative describing each CCR participant depicted on this map. Additionally, it provides information concerning each participant's role, responsibilities, lessons learned, model programs and policies, and resources (including points of contact for technical assistance) when more information is needed.

A second CCR mapping model identifies the set of "core" programs, services and domestic violence initiatives which are being established in many communities. These baseline services fall into three categories: primary prevention, secondary prevention and tertiary prevention. All three types of preventive interventions support victims, witnesses,

Exhibit 8: CCR Leadership Map

CCR LEADERSHIP MAP

Organizing Community Partners in A Coordinated Community Response



offenders, key responders and all community members who attempt to assist them as they try to:

- prevent or eliminate destructive behaviors and beliefs
- seek safety when abuse occurs
- search for recovery opportunities when damage is already done

Exhibit 9 is a **CCR Lifecycle Framework**. It depicts the baseline services upon which many communities depend. Although resource availability, community leadership interest and community support are major factors in whether a community actually establishes such baseline services, this CCR Lifecycle Framework can serve as another community education leadership mapping technique to show overlaps and gaps in needed domestic violence policies and programs. The most important concept underlying this particular CCR model is that community resources (volunteer efforts and fiscally supported initiatives) need to be balanced and dedicated to:

- creating protective factors which produce a non-violent populous
- creating resiliency factors which help individuals and families “bounce back” when there is exposure to first offense domestic violence episodes
- creating accountability and recovery factors when there are repeat offenses.

By using this CCR Lifecycle Framework, CCR community planners can see at what stages they are most heavily investing their limited, valuable resources. If community leaders are able to gradually shift more resources to primary and secondary prevention, they will create real opportunities to “turn off the valves” which are flooding them with escalating, costly domestic violence cases.

The third leadership mapping tool that is available to assist CCR community planners is a **CCR Program and Policy Checklist**. This tool is a descriptive listing of model programs, policies, laws, infrastructure enhancements and change management

Exhibit 9: CCR Lifecycle Framework

<i>CCR LIFECYCLE FRAMEWORK</i>	
<p style="text-align: center;">Primary Prevention CREATING PROTECTIVE FACTORS Creating A Non-Violent Populous</p>	
<ul style="list-style-type: none"> • Skills For Living • Core Values Education • Substance Abuse/Suicide Prevention • Cultural Diversity Training • GED/ESL/Literacy Training • Inter-Generational Programs • Youth Programs • Professional/Pre-Professional Training • Religious Programs • Public Health Programs/Home Visiting • License Fees Used to Support Battered Women's Support Services 	<ul style="list-style-type: none"> • Adult Education: Domestic Violence Awareness, Media Campaigns, Task Forces • Business-Community Partnerships, Policies, and Workplace Educational Programs • Children Impact Statements (Media/Products) • Zero Tolerance Policies for Weapons in Places that Demand A Safe Environment • Gun Control (Especially for Those Served With An Order For Protection) • Domestic Violence / Anti-Stalking Laws • Domestic Violence Coordinating Councils • Helplines / Stress Lines
<p style="text-align: center;">Secondary Prevention CREATING RESILIENCY ("Bounce Back") FACTORS Responding to First Offenses</p>	
<ul style="list-style-type: none"> • First Offender Programs and Policies (Batterer's Education, Judicial Guidelines) • Safety Planning / Stay Safe Planning • Victim Empowerment/Support Programs • Survivors' Networks • Victim Orientations/ Victim Rights • Safe Housing / Safe Havens • Job Training / Job Assistance • Peer & Professional Counseling Services • Religious Community Support Services • Orders For Protection 	<ul style="list-style-type: none"> • Basic Living Needs (Food, Clothing, Medical / Dental Care, Diapers, etc.) • Special Needs / Bi-Lingual Services • Financial Planning and Budgeting • Hotlines / Crisis Intervention Services • Victim Advocacy / Legal Advocacy Services • Rehabilitation Services • Child Witness Policies and Services • Substance Abuse Treatment • Child and Youth Services • Inter-Agency Memoranda of Understanding
<p style="text-align: center;">Tertiary Prevention CREATING ACCOUNTABILITY & RECOVERY FACTORS Responding to Repeat Offenses</p>	
<ul style="list-style-type: none"> • Arrest and Incarceration • Monitoring Offenders • Panic Alarm / Victim Monitoring • Prosecution - No-Drop Policies • Tourniquet Sentencing (Increasingly Harsh with Each New Offense) • Victim Compensation Funds • Survivors' Networks • Victim/Witness Therapy (Trauma)/Support • Safety Planning/ Stay Safe Planning • Full Victim Participation Standards 	<ul style="list-style-type: none"> • Batterer's Education / Counseling/ Support • Social Action Groups (Non-Violent Living) • Substance Abuse Treatment • Medical / Dental Care • Domestic Violence Policies: <ul style="list-style-type: none"> Mandatory Batterer's Education Mandatory / Pro-Arrest / No-Mutual Arrest Mandatory Training for Professionals Law Enforcement Protocols Judicial/Prosecution/Probation Guidelines • Independent Corroboration Standards

processes associated with the three levels of prevention depicted in the CCR Lifecycle Framework. When these elements are combined and integrated into a community-wide CCR initiative, they can significantly improve the “potency” and overall effectiveness of a community’s response to domestic violence. This supportive CCR Program and Policy Checklist is found at Appendix G . It identifies various types of initiatives currently being reviewed, developed, piloted and permanently implemented by community leaders and Domestic Violence Coordinating Councils across the country. This checklist can serve as a CCR planning and evaluation tool as well as a “menu” of actions and options that should be considered by the membership of a Domestic Violence Coordinating Council (and its sub-committees) for future action. In Contra Costa County, such a list was streamlined and presented to the general public as a referendum / bond issue in their November general election. Subsequently, community resources were allocated following widespread voter support.

Educating Community Leaders and Members for Change

Several change management processes are at work in the 12 communities and CCR initiatives described in this manual. These processes appear to be driving the community education and mobilization aspects of CCRs. They also appear to be universal as they are working simultaneously across many different disciplines and throughout various ages and stages of CCR development.

The first change management process has been named **AIRATE** (see Exhibit 10). It is a community education change management process which suggests that in order for community leaders to facilitate needed change in attitudes and behaviors of all citizens (including those who are violent and those who are not), they must :

- raise and maintain public awareness about the status and impact of domestic violence within the community
- help individuals “intend” and subsequently commit to changing the status quo

- help individuals get ready to take appropriate actions through education, skill building, planning evolutions and practice
- take necessary actions to acquire resources, implement action plans and evaluate outcomes
- help transform the “System of Violence” or violent culture by getting individuals involved in a continuous stream of “small wins” (successful domestic violence initiatives) which add up to make a big difference in domestic violence rates, recidivism and victim safety
- evaluate the evolution of the social context to determine “next steps” as players and situations change and new requirements emerge.

AIRATE can be used by community organizers and planners as a strategy for change as well as a framework for CCR education and evaluation. To operationalize this model, an **AIRATE Checklist** has been developed (see Appendix A). It recommends specific data which will be helpful in raising awareness, tracking intentions, implementing readiness initiatives and community actions, assessing the degree of transformation experienced by a community, and assessing the evolving situational context to identify next steps. Appendix H provides a full description of the six steps in the AIRATE Community Education Change Management Process.

Organizing Communities for Change

For those who are newcomers to organizing communities for social and political action, the **7-P Model: CCR Planning and Evaluation Checkpoints** (Exhibit 11) can serve as a useful framework for guiding community education and mobilization activities. Since the beginning stages of their CCR initiatives, the experts who contributed to this manual have taken seven key actions to organize and call their communities to action. Even today, they continue to:

- document and discuss domestic violence problems and impacts (e.g. impact studies, reports, public speaking, community education, media campaigns, meetings with senior officials, conferences, etc.

Exhibit 10: AIRATE -- A Community Education
Change Management Process

AIRATE

Community Education Change Management Process

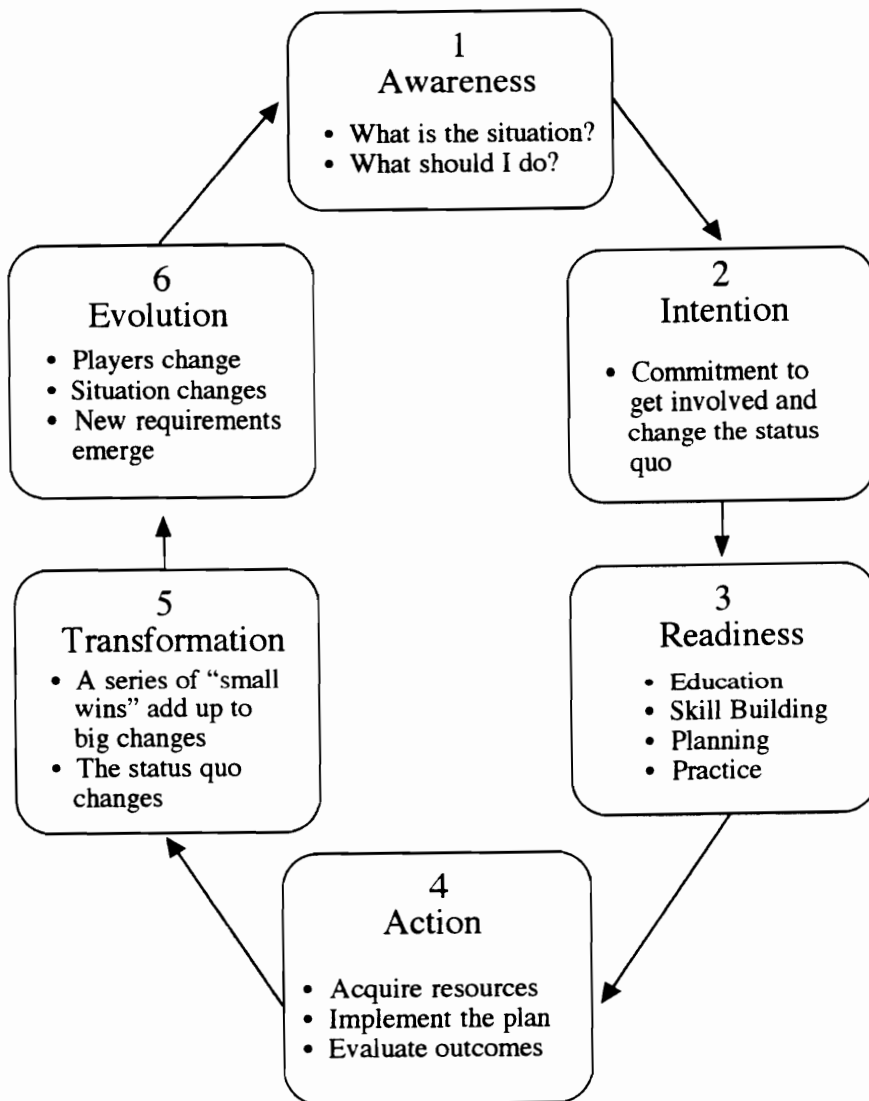
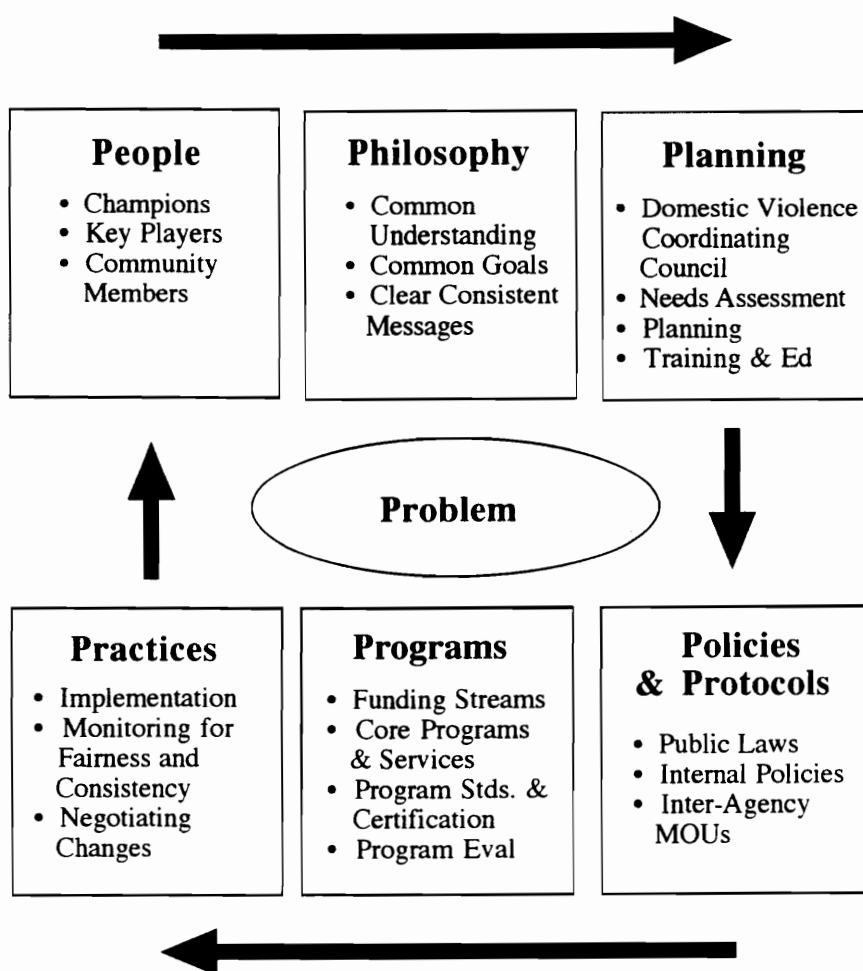


Exhibit 11: 7-P Model: CCR Planning and Evaluation Checkpoints

7-P Model

*Coordinated Community Response
Planning and Evaluation Checkpoints*



- identify and enlist the support of key people throughout the community (champions with legitimate power, key players who respond to domestic violence incidents and community members who are interested in helping to stop the violence within themselves, their families and the groups to which they belong)
- establish a common philosophy or understanding of domestic violence and give clear consistent messages about this philosophy (e.g. acts of domestic violence are committed by choice and such choices are not okay anymore)
- develop plans of action which will ensure that there is an identified central coordinating body that will assess community needs, monitor cases, court and community actions, develop and implement plans for correcting problems and train community members to respond appropriately to domestic violence cases
- monitor community practice for fairness and consistency (as programs and policies are implemented) and negotiate changes as required

These 7 basic steps can provide a strategy and logic flow that can ensure that community leaders appropriately address domestic violence in unique community settings. A full description of the basic elements of the 7-P Model (CCR Planning and Evaluation Checkpoints) is provided at Appendix I.

Transitioning CCR Conceptual Frameworks into Community Actions

Each community across the nation is in a different evolutionary stage of development regarding its response to domestic violence. By plugging in local information and strategic planning decisions into some of the change management tools described above, community educators, organizers and leaders can make rapid progress in improving their community's overall response to domestic violence. By contacting experienced practitioners in the 12 communities and CCR initiatives described in Sections E and G, local leaders can acquire complete training materials, copies of domestic violence policies

and protocols, model program materials and community resource listings. They can also access state of the art technical assistance which can help them respond to their unique CCR challenges and emerging requirements.

Section E: CCR Key Players

Getting Started

There are at least 36 groups of individuals and organizations throughout the community that should be asked to join together to form a Coordinated Community Response to domestic violence. These groups will become the cadre of “key players” or community partners who will initially lead the way to non-violent living within neighborhoods in every sector of the community. Their roles and responsibilities are described below.

To help community leaders get started, recent lessons learned from community practice are generously shared by community organizers from Duluth, Quincy, San Diego, Seattle, Minneapolis, Cambridge, Chicago, Concord, Boston, Princeton, and Salem. It is their hope that some of their innovative solutions to difficult domestic violence problems may be modified and replicated (as appropriate) within the context of communities throughout the nation.

Caution

It is not anticipated that community leaders will read Section E from start to finish. This would feel overwhelming to most community leaders and members. Instead, small sub-sections of Section E can be provided to small groups of community members who are interested in working in selected speciality areas of a Coordinated Community Response. For example, Section E contains special selections provided just for police officers, adult and youth educators, and religious leaders. Each speciality area has rich descriptions of proven, on-going CCR initiatives that offer hope. The ideas contained in each sub-section can help community leaders develop their own creative solutions to domestic problems in

their local communities. A Domestic Violence Coordinating Council or Task Force (described in Section G as a “Best Practice”) can help many small groups of community members link their initiatives to the work of other small groups or disciplines. By doing so, they can make a huge difference in domestic violence rates and victim safety.

Making Every Home a Violence-Free Home

The goal of eliminating domestic violence from America’s homes is achievable. It begins one person at a time, one step at a time. With the tenacity and commitment of community leaders, educators and organizers, it evolves into strong community partnerships and widespread community education for children, youth, adults and elders. But how do community leaders make every home in their community a violence-free home? The answer is simple. The system of violence which permeates America’s communities will begin to diminish the day each community leader and member says “STOP THE VIOLENCE ... It’s not okay anymore.” Such statements must be followed with consistent, appropriate actions -- actions that *first* touch their own personal life and *then* touch the lives of those around them. It takes personal and professional dedication to make violence-free living a reality.

Domestic violence is a choice. It is *completely preventable*. Community leaders in positions of power have a special responsibility for raising the awareness of every member of the community regarding the status and impacts of domestic violence on children, families and the community at-large. They have countless opportunities to talk (formally and informally) about domestic violence and to call on others to join them in preventing it. They also have the power to change the way other community leaders and all types of organizations respond to domestic violence. By asking community leaders, policy makers and program managers to discuss, evaluate and implement some of the ideas contained in this CCR manual, community leaders can make a significant difference in the costs associated with domestic violence and the overall quality of life of individuals and families throughout their community.

As community leaders begin to think about how they can improve their

community's response to domestic abuse, it is important to keep in mind the definition of a Coordinated Community Response. For example, this definition can provide an initial set of goals for the "Founding Committee" of a Domestic Violence Coordinating Council or Task Force:

- **When building a community collaborative**, seek representatives from many disciplines for the purpose of integrating policies, programs, protocols and change management processes.
- **Educate the members of the collaborative** regarding the underlying causes, status and impact of domestic violence on children, adults and elders; the nature of abusive relationships; the characteristics of victims and offenders as well as associated risk factors; the dangers associated with blaming victims for offender behavior; and the barriers which are created when key responders blame each other for failure to hold offenders accountable. Agree to stop blaming and start educating and organizing. Every community leader and member has legitimate power to stop the violence by the way they respond to it. Discuss that power and make plans to use it (see Section C for guidance and examples).
- Armed with this common understanding of the system of violence that supports the continuation of domestic abuse, **establish common CCR goals and messages** which can serve as "flag poles" around which all community leaders and members can rally (see Sections B and C for recommendations).
- From the very beginning, establish **an evaluation process which tracks key indicators** of the status of domestic violence in the community and the effectiveness of the community's response (see Appendix A for an initial framework). Write specific objectives (action steps) for changing the status of domestic abuse within targeted areas of the assessment and ensure that these are fully coordinated through the Founding Committee of a Domestic Violence Task Force or Coordinating Council (described in Section G).

Exhibit 12: Definition of a COORDINATED COMMUNITY RESPONSE

A Coordinated Community Response is a multi-disciplinary, highly integrated collaborative of individuals and organizations that are working together to implement consistent appropriate responses to domestic violence throughout the community. Participating members support common goals, messages and an understanding of the system of violence that underlies the abusive behaviors and beliefs which destroy relationships and families, and impose significant social and economic costs on the community at-large.

Power Brokers and Champions for Change

Anyone within a community can become a champion for change. Individuals, family members, representatives from all types of organizations (e.g. sports, recreational, civic, workplace, religious groups, etc.) and especially **community leaders in positions of power** can all make a personal and professional commitment to stop the violence. It is the role of the community organizer to identify and seek out such individuals and to ask for their help in moving the community to non-violent ways of living.

Twelve groups of current CCR champions have generously contributed their ideas and lessons learned to the development of this policy guide in order to help other community champions more easily accept the call to action within their own communities. These champions came from many different walks of life including:

- | | |
|--|---------------------------------|
| • Formerly battered women and victim advocates | • Media professionals |
| • Prosecutors and probation officers | • Sports heroes |
| • Law enforcement professionals | • Corporate executives |
| • Physicians and nurses | • Government officials |
| • Adult educators and community organizers | • Counselors and social workers |

Because destructive belief systems and abusive behaviors are so widespread throughout the community, champions are needed in every sector of the community to

reverse domestic violence trends. Experience continues to show that change is made one step at a time, one speech at a time, one meeting, one policy, law and program at a time. When individuals use their personal and professional leadership and power to influence others to accept non-violent living as a core value, real change can begin. By adopting the simple goals and messages of a Coordinated Community Response (see Section C), all community members and leaders can become “champions” within their own spheres of influence -- beginning in their own homes, schools and places of business. Becoming a good role model -- personally and professionally -- is a simple, important, concrete step that all citizens need to take as their Coordinated Community Response is created and developed.

A Coordinated Community Response initiative is a way of bringing all members of the community together to work on one overarching goal: the creation of violence-free homes across America. **“Power Brokers”** -- those individuals who are in special positions to make sweeping changes by virtue of their core values, beliefs and behaviors -- can be especially effective as partners in a CCR. Here’s how:

Political and Social Action Groups

Battered women’s advocates and others who promote non-violent living throughout the community provide a valuable service by helping keep public awareness of the problem of domestic violence high. They monitor current policies, programs, laws, practices and the overall status of domestic violence in the community and across the nation. They also provide state-of-the-art technical assistance and training for community leaders and professional responders to domestic violence.

Representatives from political and social action groups (e.g. Coalitions Against Domestic Violence; Battered Women’s Service Groups, etc.) should remain central players in all decision making, planning and action taking processes in a Coordinated Community

Response. Their primary duty is to help guide discussions regarding the impact of policies, programs and practices on victims, witnesses and offenders and to assist leaders in developing creative action alternatives, especially when barriers to successful intervention seem insurmountable.

A representative sample of these organizations are listed in the “Technical Assistance” and “Hotlines, Helplines and Web Sites” listings of Section I. They stand ready to provide statistical information, community referrals, advice and assistance.

Funding Sources

Efficient functioning, better integration of services and redistribution of existing resources to cover unmet needs are important goals of all good stewards of public and private purses. However, violence prevention and intervention initiatives are not always possible when basic levels of funding fall below a certain threshold.

Organizations such as the following have been key supporters of community efforts to reduce violence. They have provided funds for staffing, printing and publications, media campaigns, facilities, training and technical assistance, research initiatives, curriculum development, automated information systems and more. Continued support such as theirs is essential in every Coordinated Community Response initiative.

- Foundations: Carnegie Foundation of New York; John D. and Catherine T. MacArthur Foundation; Pew Charitable Trust; California Wellness Foundation; Annie E. Casey Foundation; Rockefeller Foundation; Joyce Foundation; Ford Foundation; Robert Wood Johnson Foundation; Sol Goldman Charitable Trust of New York
- United Way (private sector) and the Combined Federal Campaign (public sector)
- Government: Contra Costa County, CA; US Department of Education (Fund for the Improvement of Post-Secondary Education [FIPSE]); MN State Department of Corrections; Centers for Disease Control and Prevention; Maternal and Child Health Bureau; National Institute of Justice; City of Chicago; San Diego (City and

County); Norfolk County (Quincy, MA)

- Public and Private Organizations: The Public Broadcasting Service; Corporation for Public Broadcasting, Mutual of America Life Insurance Company, B'nai B'rith Women; American Medical Association; American Psychological Association; Polaroid Corporation; Domestic Violence Council, Inc. Of San Diego; East County Rotary Clubs, The Dow Chemical Company

Local librarians can assist community leaders in identifying point of contact information for these and other funding sources.

Policy and Law Makers

With strong encouragement from community organizers, more and more key public figures are taking on the issue of domestic violence as a major theme in their personal lives and professional careers. Some travel thousands of miles to assist and advise community leaders in establishing CCR initiatives. Many continue to use their public offices and elected positions as opportunities to speak out on the issue of domestic violence, raise public awareness, raise funds and ask others to make a commitment to needed change. They negotiate agreements with professional associations and business leaders to reduce violence in the media and to keep violent products out of the marketplace. They propose and pass legislation at state, local and national levels which establishes requirements and provides essential funding. And they chair task forces, councils, working groups, strategic planning bodies, and community partnerships in an effort to coordinate and focus resources, and demonstrate strong resolve for creating non-violent homes, workplaces and communities.

Every political leader and law maker in America has the opportunity to take a position on domestic violence -- regardless of what organization they represent. They have ample opportunities to use their highly visible positions to speak out to their constituents, peers and client base . To the extent that policy and lawmakers shows a genuine commitment to non-violence in their personal and public life, there will be a higher probability that changes in the status of domestic violence throughout the community will

be measurable. Assessing the extent of their commitment and active involvement is an important CCR evaluation component. A willingness to be educated, to educate others and to call others to action are strong evidence of such commitment.

Two good sources of advice for community organizers who are developing a plan to engage champions from political and legal professions are the American Bar Association's Commission on Domestic Violence (see the "Helplines, Hotlines and Web Sites" listings of Section I) and San Diego's Domestic Violence Council (see "Help for the Criminal Justice System" in Section I).

Media

Just as other leaders in the community have done, representatives of the media are strong partners in a community's efforts to reduce and eliminate domestic violence. Responsible reporting, production of media presentations that educate and raise public awareness, and participation in community partnerships are three ways that journalists make lasting contributions to their community's efforts to reduce violence.

In recent years, the role of the media has expanded to that of electronic teacher. Messages from televisions, radios, videos, video games, computers, CDs, newspapers, magazines and marketing materials (all now available on computer and telecommunication systems) enter the home on a daily basis -- sometimes as an invited guest and sometimes not. These media guests provide a constant stream of information and serve as a powerful educator of children, adults and elders. Research is showing that the visual and verbal messages the media brings have a powerful and cumulative effect on viewers. In a Coordinated Community Response, the media can be a powerful friend or foe. Media representatives who choose to become champions for the issue of domestic violence are writing lead editorials, features and news stories, developing voluntary rating and monitoring systems for television and radio programming and productions, improving investigative reporting on domestic violence and custody issues, developing media

campaigns and promotional materials at no or low cost, and sponsoring community violence prevention efforts.

An outstanding example of a media champion is Bill Moyers of Public Affairs Television, Inc. He has produced a four part television series entitled “What Can We Do About Violence” (now available to the public on video and in transcript booklets). Additionally, he has been a leader in Public Broadcasting’s National Campaign to Reduce Youth Violence, a two year effort to explore solutions that offer hope. One of the products of this campaign is Thirteen/WNET’s “Community Resource Guide: A Guide to Action.” This publication is a rich resource for all types of community organizations and members who want to get involved in community activities that help families and young people stop the violence (see “Help for Community Leaders” listings in Section I).

Local communities can follow Moyers’ lead and produce their own campaigns, broadcast series and community resource guides. A good place to start would be through a Domestic Violence Coordinating Council or Task Force. The National Campaign to Reduce Youth Violence, the National Institute for Media and the Family, and Public Affairs Television, Inc. can provide additional information, resource materials and community connections for local CCR leaders (see the “Help for Community Leaders” listings in Section I).

Employers

Until recently, the business community has not been a full and active partner in the campaign to reduce and eliminate domestic violence. However, as evidence mounts that clearly identifies some of the real costs of domestic violence -- rising insurance and health care costs, lost time and productivity, homicides, liability (failure to protect) and unfair business practice claims (denial of insurance to victims of abuse), and increased violence in small business districts and neighborhoods -- business leaders are beginning to see the relevance of this issue to the “bottom line.”

One issue that employers are beginning to view as problematic is the quality of the labor pool. As more and more children are growing up in violent homes, they are increasingly at-risk for becoming offenders and victims. These individuals (the labor pool from which business leaders recruit future employees) may think that it is okay to abuse power and use coercive control to get what you want. This belief system can easily spill over from familial relationships into general business practices and treatment of subordinates. Such practices are bad for families, partnerships, business and the bottom line.

Essential core values for non-violent living and respectful treatment of women are missing in many business and community settings (APA, 1996). So are basic life skills including communication and relationship skills, anger management and conflict resolution, assertiveness and refusal skills, self-nurturing and parenting skills. Restoring core values

and basic living skills is an important business decision for employers in terms of training current employees *and* the labor pool from which they will draw future employees.

Adequate resources *must* be set aside for this purpose. Partnerships with community educators are ideal for this purpose. Community partnerships allow for exchange of “in kind” services between community educators (e.g. Battered Women’s Service Groups or Adult Education Departments) and employers. Contracts for direct services, training and education are also an attractive option.

Champions and power brokers are needed to develop strong community partnerships between employers and Battered Women’s Service Groups. Such partnerships are an important element of the support structure of a community’s coordinated community response to domestic violence. Employers who recognize that investment in domestic violence prevention is good for business are taking such actions as adopting a local shelter and providing needed funding or in-kind services (e.g. volunteers, computer support, supplies, maintenance services, etc.) in exchange for on-site employee training in domestic violence.

Several corporate-level initiatives have been established within the past two years

which are working with women’s advocates to ensure that the workplace is responsive to the safety and health needs of battered women (Contra Costa County, 1994). State Farm and Aetna Insurance Companies have formed nationwide collaboratives to help all disciplines and sectors of the community join forces and share resources to reduce domestic violence and its staggering costs.

An outstanding example of a corporate partnership and an employee assistance program which addresses the needs of victims of abuse is the Polaroid Corporation (see Polaroid in the “Helping Community Leaders” listings in Section I). Mr. Jim Hardeman has been the champion of domestic violence issues within Polaroid. [Polaroid’s domestic violence initiatives are described as a “Best Practice” in Section G.] Hardeman encourages local employers to adapt Polaroid’s policies and practices to their own needs. By taking such actions, business leaders can make a real difference in their employees lives, the quality of young people who are part of future business and labor pools *and* the bottom line.

The American Psychological Association (1996) suggests that there are a number of ways that business leaders can help reduce and eliminate domestic violence. Here are a few of the identified business costs and corporate actions currently being taken to avoid these costs:

Exhibit 13: Business Costs and Corporate Actions	
<ul style="list-style-type: none">• <u>COSTS</u><ul style="list-style-type: none">• absenteeism• poor performance• disruptive behavior• injuries requiring medical attention• violent incidents in the workplace	<ul style="list-style-type: none">• <u>COST AVOIDANCE</u><ul style="list-style-type: none">• educate managers and staff about family violence• facilitate referrals through employee assistance programs or community agencies for victims or perpetrators of family violence• assist with workplace security concerns as necessary for victims• support violence prevention programs in the workplace and the community

Polaroid, the Corporate Alliance for Ending Partner Violence and the Workplace Resource Center (see the “Hotlines, Helplines and Web Sites” and “Helping Community Leaders” listings of Section I) are good places to contact for more information about what champions in business and labor can do to stop domestic violence.

Academia

The academic community provides an invaluable service by virtue of its technical expertise in domestic violence issues and research skills. Over the years, these higher education professionals have delivered direct services and conducted studies of domestic violence prevention / intervention initiatives, policies and law. As local community members and leaders experiment to determine the right “mix” of domestic violence preventive intervention activities, the academic community is ready to assist as a willing partner.

The American Psychological Association (as a part of the academic community) has made a major contribution by issuing its “Report on Violence and the Family” (1996). Key findings from decades of domestic violence research have been captured in this report to assist community leaders who are interested in strengthening their own professional practices and their local Coordinated Community Responses. By funding research and evaluation initiatives and inviting higher education professionals to participate on domestic violence advisory panels, tasks forces and working groups, communities can gain a better understanding of their own situational context, domestic violence trends and the effectiveness of their comprehensive CCR initiatives.

Local, state and national leaders interested in creating Coordinated Community Responses to domestic violence should support the implement of the American Psychological Association’s recommendations on violence and the family. Appendix K is a listing of their 1996 recommendations. Based on a comprehensive review of the literature, APA recommends what communities can do to reduce and eliminate domestic

abuse in every community in America. For example, their recommendations include specific research and educational initiatives such as the establishment of regional university-based centers for training multi-disciplinary key responders and community leaders.

As local Domestic Violence Task Forces or Coordinating Councils are established, it is important to enlist the support of champions within the academic community in designing a CCR evaluation study to assess the cumulative effect of all CCR initiatives. Academics see opportunities for improving professional and pre-professional training for medical and legal personnel, social workers, counselors, clergypersons, adult and K-12 educators and others. Such training can have a geometric effect on the reduction of domestic violence within communities. Academic champions can make this happen.

The American Psychological Association, American Medical Association and Northeastern University's Center for Sport and Society (Mentors in Violence Prevention [MVP] Project) are three good starting places for how champions from the academic community can help in a community's overall response to domestic violence. Point of contact information can be found in the "Help for the Medical and Human Services System" listings of Section I.

Consistent Appropriate Responses from Key Players

There are four major systems within a community that make up a comprehensive coordinated community response to domestic violence. Each is composed of a set of key players (organizations or groups) who have unique roles and responsibilities and make unique contributions to the overall community effort. When their functions are fully coordinated and integrated, the community can maximize the strength of its response to violent offenders, victims, witnesses and the community as a whole.

Exhibit 14: Four Major Response Systems within a CCR

Criminal Justice System

Medical and Human Services System

Community Leaders

Victims, Offenders, Family and Friends

Criminal Justice System

During the past decade, the criminal justice system has made great strides in recognizing domestic violence as a serious crime. Victim advocates have worked with legal system professionals to improve the legal remedies and services available for battered women. Additionally, with a greater understanding of offender tactics and victim safety issues, criminal justice officials have begun to make law enforcement and court facilities safer places for victims and offenders to receive assistance. Newly established policies and protocols have been established which provide a more appropriate and consistent community response to violent behavior. Perhaps, most importantly, criminal justice professionals are beginning to receive the initial and on-going training they need to (1) understand the complex dynamics of abusive relationships, (2) enforce the law and (3) carry out their many public duties in domestic violence cases.

The following is a brief description of the “key players” within the criminal justice system who respond in domestic violence cases. Each has important roles and responsibilities in a Coordinated Community Response. State-of-the-art policies and protocols which have been established by experienced CCR community leaders are found in Section J: Samples and Examples.

If community leaders find that current regulations and local practices are

preventing their organization or community from making needed progress, they should consult the “Technical Assistance” listings in Section I.

Law Enforcement -- Police and sheriff departments are often the first to respond to a domestic violence incidence. Their job is to stop the violence, protect individuals involved from further harm, restore order, provide needed support and information, take statements, collect evidence, conduct preliminary investigations, write and file incident reports, and enforce applicable laws in a fair and consistent manner -- regardless of the status of the offender or the relationship of the offender to the victim.

Many law enforcement officers today still do not have basic domestic violence training. Lack of training can lead to *inappropriate responses* such as failure to make arrests when criminal acts have occurred (e.g. assault, rape, battery, etc.) or trying to mediate a dispute between two intimate partners. With training, law enforcement personnel can learn that there are many things they can do to improve law enforcement response, provide better safety for victims and initiate promising prevention strategies. San Diego County demonstrates how.

According to San Diego County Law enforcement personnel, the most common charges in domestic violence cases include one or more of the following:

- intimidating or dissuading a witness
- murder
- kidnapping
- battery
- shooting at an inhabited dwelling
- resisting arrest
- forcible entry into the home of another
- residential burglary
- possession of a loaded firearm
- vandalism
- forcible entry with damage to property
- possession of a dangerous weapon
- rape
- spousal rape
- assault
- assault with a deadly weapon
- spousal abuse
- brandishing a weapon
- violation of a restraining order
- malicious destruction of a telephone
- trespassing
- public drunkenness
- possession of a concealed firearm

By documenting the following facts, police officers can help the Domestic Violence Unit in the Prosecutor’s Office determine whether to file charges:

- extent or seriousness of injuries/damage
- defendant's prior criminal history
- past history of violence whether charged or uncharged
- use of a gun or weapon
- victim cooperation

If there are injuries or evidence of medical treatment and there is independent corroboration (or alternative sources of evidence) sufficient to prevail on a probable cause motion, charges are generally filed. Alternative sources of evidence include:

- excited utterances by the victim (recorded on tape or in police reports)
- photographs of injuries or property damage
- victim statements to police at the scene
- past history of domestic abuse
- 911 tapes or telephone recordings
- witness statements
- medical records
- police reports

Well-trained law enforcement officers save lives. According to Sgt. Mark Wynn of the Nashville Police Department (PAT, 1995) domestic violence victims who call the police reduce their risk of being re-assaulted within the next six months. When police respond properly to the domestic disturbance, the incidence of injury and fatality dramatically goes down.

In the Quincy, MA community, **dispatchers** are reminded that domestic violence victims may be calling in a tense situation. Sometimes they call very scared and unsure if they want the police to respond. Victims are asked "If you really don't want us to come, please give me a number between one and five." It has been the Quincy experience that the victim will frequently respond "six" and hang up. With this response, police respond immediately.

Appendix O describes important selections from San Diego County's 1990 **Law Enforcement Protocol** which has been recognized as one of the most effective in the United States. Law enforcement personnel and community leaders who designed this standardized protocol report that the most significant decision law enforcement professionals made in San Diego County was to remove the blame and responsibility for offender behavior from the victim and to attempt to prove domestic violence cases without

victim cooperation wherever possible. Prosecutors and police officers created a team of law enforcement professionals to address this extremely complicated and often divisive issue.

City and County Jails --- As described by Quincy community leaders (Gelb,1992), the Sheriff's role is to make sure every victim is protected. He operates the jail and houses batterers who commit and continue criminal acts. He calls victims to let them know when the abuser is being released and will be returning home. When batterers have been incarcerated more than a brief period of time, he notifies the victim in writing 14 days prior to the offender's release.

Services available at the jail may include a full-time **victim coordinator** who reviews all new commitments and flags case records of domestic violence offenders as high risk (in computer systems if they are available). Special computer codes alert jail staff to notify their victim coordinator immediately if the inmate is to be released on bail. The victim coordinator works closely with advocates from the City, County or District Attorney's office who stay in contact with victims. Batterers are never released until the victim is warned personally, through a trusted friend or relative, or as a last resort, on a telephone answering machine. Before the status of an offender is changed (e.g. security clearance, transfer to another facility, furlough), the victim coordinator is contacted. She reviews the confidential victim case records and seeks victim input. This input is considered by the jailer prior to changing the offender's status.

If an inmate is particularly dangerous, the jail may call the police department to tell them of the release and ask that a patrol car check on the victim's home. In Quincy, the victim coordinator administers the Sheriff's "Panic Alarm System." This system is a pilot program in which victims of particularly dangerous offenders wear a silent alarm necklace which can signal law enforcement officials if the victim is in danger of attack.

In Duluth, MN, accused individuals can be held in jail for up to 36 hours before release following an arrest. This gives advocates an opportunity to help a victim obtain an Order For Protection (OFP) by the time the offender is arraigned. Arraignments are often held the following day. The advocate also helps the victim plan for safety. In Duluth, jail

officials are required to notify shelters when an alleged offender is being released. This practice allows **jail visitors** to meet with the accused to explain arraignment procedures and available batterer's services. At this meeting, the jail visitor can also assess the level of dangerousness the offender may pose to the victim upon his release to the community. If jail visitors are not available to perform these important functions, jail staff can be trained to do so.

Probation -- Probation officers provide valuable services before, during and after court proceedings. Prior to a court appearance, probation officers conduct pre-sentence investigations which provide judges with the information they need to make informed decisions. The American Psychological Association (1996) recommends that pre-sentence assessments be mandated for everyone convicted of violence against a family member, whether the conviction is a misdemeanor or a felony. "Approximately 80% of all cases of family violence are filed as misdemeanors; consequently, in the majority of family violence convictions, the court must proceed with limited information to determine sentencing and treatment conditions.

In Quincy, MA, pre-sentence investigative reports include the offender's history of domestic violence, criminal and civil court records, alcohol and drug evaluations and victim recommendations. The probation officer oversees and enforces conditions of supervision once the offender is released to the community. These conditions may be punitive, rehabilitative, retributive and protective.

In Quincy, MA, the probation officer is the "hub" of an extensive network of service providers and community contacts. (S)he provides maximum supervision of domestic violence offenders and maintains regular contact with the following individuals:

- victim and relatives
- counselors
- police
- shelter workers and victim advocates
- prosecutors

When a comparison of police logs and assessment instruments so indicate, maximum supervision generally requires batterers to attend per week (1) one batterer's

rehabilitation education session , (2) one addiction counseling session, (3) four Alcoholics or Narcotics Anonymous meetings, and (4) one visit with the probation officer. This means the offender will have contact with the community every day of the week. This level of supervision is frequently needed to minimize risk for victims, especially when a history of domestic violence exists and substance abuse is also involved.

In San Diego and Quincy, probation officers are required to investigate and certify batterer's treatment agencies to ensure that educational and counseling services are focused on changing the offender's beliefs and behaviors, not the victim's. Conditions of supervision (determined by judges) must specify that the *goal of treatment* is to end battering behavior not to counsel offenders regarding secondary issues such as improving self-esteem.

If allowed by the court, probation officers in Quincy also conduct spot inspections and require some offenders to submit to warrantless searches of their person and home to take the burden off of victims for reporting violations of terms of probation. If there is a single infraction of these terms -- an unexcused absence from a rehabilitation program, a single contact with the victim if there is a no-contact order, an incident of substance abuse -- there is grounds for a revocation of probation hearing.

When there are **probation infractions**, it is critical that judges support probation officer recommendations and practice "tournament sentencing" -- ordering increasingly harsh sanctions with each subsequent infraction. It is important that all officers of the court consistently give offenders the five clear CCR messages listed in Section C. When they fail to do so, offenders know they will not be held accountable for their continued abusive behaviors. Thus, the cycle of abuse will continue.

In Duluth, probation officers play an integral role in ensuring that court orders are followed. Probation officers in Duluth have a huge case load. The Domestic Abuse Intervention Project (DAIP), an independent service provider of victim and batterer services, assists the probation officers in tracking their cases. Close coordination and communication between the two are keys to successful case management.

Experience in Quincy, MA has shown that an effective victim safety practice is to conduct **home visits**. This gives the probation officer a chance to evaluate victim fear and intimidation since many victims are not able to communicate freely with them on the phone or in the presence of their abuser.

Prosecution -- City, County and District Attorney's Offices are responsible for representing the community's interests in domestic violence cases. Prosecutors are emphatic that it is never in the best interest of communities to allow domestic violence to continue. However, prosecution resources are limited. In order to assist prosecutors in deciding which offenders to bring to trial, they review all police reports in domestic violence cases. It is important that such reports be clearly marked "DV -- Domestic Violence" so they can be easily identified for processing and statistical purposes. Some communities have established special Domestic Violence Prosecution Units to review these reports. For instance, in the City of Chicago, there are 150,000 calls for police assistance in domestic violence incidents per year. Each police report must be screened and considered for prosecution.

When victims are cooperative or the prosecutor's office has enough strong evidence to prosecute the case without victim testimony, attorney's go forward with prosecutions. In Duluth, MN, Quincy, MA and San Diego, CA, they have established **"No-Drop" or "No-Dismissal" Prosecution Policies**. This means that domestic violence cases will not be dropped unless there is insufficient evidence to continue. Victims in all three communities do not press or drop charges or make decisions to regarding prosecution. That responsibility remains solely with the prosecutor. A "No-Drop/Dismissal" policy relieves the victim of the responsibility for bringing the offender into contact with the court -- an act that will no doubt add to his level of stress and anger. Prosecutors in these communities consider the act of domestic violence to be a crime against the community. In order to prevent further criminal acts against current and future spouses and girlfriends, offenders are consistently held accountable. Prosecutors in these jurisdictions make every effort to work with victims and advocates to include their input in prosecution decisions. Victim safety is always a major consideration.

In many communities, victims are seen as uncooperative, hostile and fearful because they do not want further harm to come to their partner -- they care about him. They also do not want further harm to come to themselves or their children. Victims legitimately fear retaliation as the community holds the offender accountable. Duluth community organizers explain that when prosecutors understand what transpires between the time of arrest and the time of trial between victims and offenders, they are not so apt to blame the victim for not supporting prosecution. A successful prosecution strategy in such cases is to use alternative sources of evidence (independent corroboration) to minimize victim involvement in prosecution processes. Such evidence collection is only possible with good police and investigative work. To improve incident reporting, some police departments have developed checklists to guide police in seeking alternative or independent standards of evidence. When such sources of evidence are provided to prosecuting attorneys, prosecution success rates significantly improve.

Increasing numbers of prosecutors are enlisting victim advocacy services in domestic violence cases to ensure that victim safety planning is completed, victims rights are explained, Orders For Protection are filed and received (as appropriate), community resources are provided and court processes are explained. With such support in the courthouse and Prosecutor's Office, victims are more cooperative. They become better witnesses. And ultimately, they are better protected and supported by the entire community.

Prosecution offices across the nation have discovered that there are several factors which lower prosecution and conviction rates and other factors which raise them. Dr. Marie Fortune (1991) of the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA, summaries them best:

Prosecution Practices

Which Lower Prosecution Success

- Encouraging victims not to go forward with their cases
- Placing low priority on domestic violence cases

Prosecution Practices

Which Increase Prosecution Success

- Use of vertical prosecution, in which one attorney is assigned to the case -- this offers better support to victims and makes them better witnesses

- Inappropriately offering pre-trial diversion, including for serious felony offenders
- Failing to consider victim safety issues when determining release of offenders
- Use of victim advocates who serve as the human link between the system and battered women
- Development of protocols for prosecution of misdemeanor and felony offenses so attorney's have concrete guidelines for working with domestic violence cases
- Establishment of batterer's counseling and education programs so judges and probation officers can make appropriate referrals as part of sentencing and conditions of probation

In San Diego and San Francisco, CA, (Gelb, 1992, p. 38), "prosecutors have aggressive and successful domestic violence prosecution programs with No-Drop rules. Conviction rates are uniformly high and women are rarely compelled to testify. Most men realize that their cases will not be dropped and they admit to the charges. In these two jurisdictions, prosecutors are able to go forward in 70% of the cases without victim testimony."

According to the experience of the Domestic Abuse Intervention Project in Duluth, MN (Paymar, Pence & Soderberg, 1993, p. 44), procedures should be established to allow victim advocates and prosecutors to:

discuss the practice of plea bargains, dismissals and case diversions. In order for these three actions to be taken, the victim and victim advocate should give the prosecutor compelling reasons indicating that the victim's safety is in serious jeopardy. In some cases, plea bargains can be beneficial to victims (e.g. if the case is not winnable, the offender could still agree to attend a batterer's educational program). Diversions are less protective and dismissals leave the community least able to intervene.

Victim Assistance and Court Services -- Years ago, Norfolk County Court in Quincy, MA, established a **Family Service Unit** for victims of abuse. They chose this

name specifically because they wanted victims and witnesses to feel comfortable coming in for support and assistance. The Family Service Unit's staff typically serves women who come to their Clerk of Courts' special **Restraining Order Office**. The Clerk's Office is the central point of service delivery for battered women. It is staffed with women who can guide victims as they seek the protection of the court. Advocates from the Prosecutor's Office brief victims daily on court procedures, help them with safety planning and provide information about community services and victim rights. A 6-week educational program and an 8-12 week support group help women understand and cope with their fear and pain of domestic abuse. Individual counseling sessions are also available if staffing permits.

Quincy's Court offers two special restraining order sessions daily so victims and their children don't miss work or school any longer than necessary. Domestic violence criminal cases are "fast tracked" to minimize delays, enhance victim safety and boost victim confidence that the system is responsive to their concerns and needs. Quincy calls their strategy a "User Friendly Response System" with a two pronged approach -- victim safety at it's core and control of offenders to break the cycle of violence.

Prior to their court appearances, victims wait in the Restraining Order Office which is watched by bailiffs until it is their turn to petition the judge for a restraining order. Once inside the courtroom, bailiffs position themselves so defendants cannot easily stare down or gesture at their victims. Court officials may also escort victims to their cars to deter hallway confrontations or child abductions. Similar procedures are followed during criminal cases.

San Diego County also has sensitive support services for victims. Victims are treated with respect and understanding at all times. Staff make an effort to establish rapport with victims and explain the nature of all pending court proceedings. Staff also conduct regular follow-up and routinely take the following additional actions:

- notify victims by mail when charges are filed
- provide case status information to victims
- contact victims by phone or mail if additional information is needed before the case is filed
- assist with counseling, support and referrals

- inform victims of case disposition
- inform victims of their right to restitution
- notify victims of trial dates
- inform victims of their responsibilities concerning testimony at the trial
- assist victims in seeking a Stay Away Order while the case is pending

Judges play a key role in protecting victims and holding offenders accountable for their violent and abusive behavior. It is their responsibility to hear the evidence presented to them and to make fair and impartial judgements in domestic violence cases. It is also their responsibility, on behalf of the local citizenry, to give clear and consistent messages regarding their community's Coordinated Community Response to domestic violence:

- *STOP THE VIOLENCE*
- *Domestic Violence is a Serious Crime*
- *There's No Excuse for Domestic Violence*
- *It's Not Okay Anymore*
- *The Community Will Provide Support for Change -- And Consequences for Those Who Don't*

With good judicial training, judges are gaining a greater understanding of the complex nature of abusive relationships and offender tactics. To help them translate this training into daily practice, Judge Linda Dakis, a domestic violence court judge in Dade County, FL, has drafted a **Judge's Domestic Violence Checklist** for the American Bar Association's Commission on Domestic Violence (see ABA in "Hotlines, Helplines and Web Sites" listings in Section I). She suggests that the goals of judicial intervention in light of law and presented evidence are to:

- stop the violence
- protect family members and the general public
- rehabilitate the perpetrator
- convey to the general public that domestic violence is a crime and "not just a family matter"
- protect the abused party and children
- hold perpetrators accountable for their violence
- provide restitution to abused parties

This Domestic Violence Checklist also gives advice to judges regarding child custody and

visitation, Orders For Protection, and inappropriate actions such as ordering mediation in domestic violence cases.

In Quincy, MA, judges practice what has been referred to as “**tourniquet sentencing.**” With each infraction, sentences and punishments for offenders are increasingly harsh. Sentencing may include fines, intensive probation supervision and incarceration. Domestic violence cases are prioritized and scheduled quickly to maximize victim safety. Decisions in these cases are rarely postponed and domestic violence cases are almost never diverted since such actions leave victims and the community without sufficient safety and protection from violent offenders.

When child abuse is discovered in spouse abuse cases, judges frequently order the state’s child protection service into the case. Community leaders are finding that when the abusive parent is removed from the home, the child rarely has to be placed in foster care. When victims ask judges to drop restraining orders to allow the offender to return to the home, the judge recommends to the victim that the victim retain the “refrain from abuse” provision in the protective order to permit the court to move swiftly and take appropriate actions should there be any further acts of violence. As a further protection for victims, judges issue letters to the offender that clearly state that only the Court may change the conditions of a restraining order -- not the victim (e.g. if there is a restraining order in effect and the offender returns to the home at the invitation of the victim, the offender will be in violation of the court order and will be held accountable for failing to comply).

In San Diego, there are three types of **protective orders** which the Court can grant:

- **Domestic Violence Order** -- a protective order which is issued by civil court
- **Stay Away Order** -- a protective order which is issued by criminal court
- **Emergency Protective Order** -- a protective order issued by a judge during evening hours, on holidays or the weekend when the court is not in session (functions as a restraining order against a perpetrator and may last up to 4 days)

Other communities have similar Orders For Protection (OFPs) which may be granted

temporarily or permanently. In Chicago, Orders for Protection are called Emergency Orders (14-21 days), Interim Orders (up to 30 days) and Plenary Orders (up to 2 years, and in the case of divorce, for the life of the final decree). They can offer the following remedies:

- Prohibition of abuse, neglect or exploitation
- Exclusive possession of a residence
- Additional prohibitions (e.g. from entering the victim's place of employment, school, child care facility, etc.)
- Counseling
- Temporary custody or visitation
- Removal or concealment of child(ren)
- Order to appear
- Physical care of the child
- Possession of personal property
- Payment of support
- Payment of losses
- Prohibition of entry
- Injunction relief (from further abuse)

These are important legal remedies in domestic violence cases. In San Diego, judges may not grant mutual protective orders unless both parties file and show cause. Advocates urge judges to carefully examine the evidence in domestic violence cases to ensure that cases of self-defense are not ruled **mutual combat**.

Some judges mistakenly believe that if the offender's relationship is over with his current partner, there is no need for counseling and education. However, in case after case, domestic violence offenders go on to form other battering relationships with other women. Domestic violence trainers point out that offenders need to learn that it is *not* okay to use coercive control and abusive behaviors to get what they want. They need to address their problem with violence before more people in their families and in the community are harmed. Providing judges with research findings on this issue is helpful (see Sections A, B and C).

Through improved judicial training, judges across the country are beginning to recognize the harmfulness of victim-blaming, minimizing the seriousness of abusive behavior, and **gender bias** in court rulings (e.g. holding the female parent or partner to a higher standard of behavior than the offender and making the non-violent person responsible for ending the abuse). With increased awareness, they are able to keep the focus on the *offender's* behavior and make decisions which will ensure that both the victim

and offender receive needed services which will support their transition to non-violent living.

For more information, refer to “Technical Assistance” and “Help for the Criminal Justice System” listings in Section I.

Medical and Human Services System

Victims need access to basic support services 24 hours a day. These services include: medical care, safe housing, advocacy, support and information. In order to provide this level of service, volunteers from the community are needed to supplement skeleton crews at family service centers, battered women’s centers and health care facilities. Funding for such emergency services is always a critical community need. Business leaders in the community can make an important contribution to the safety, health and well-being of women and children in their community (some of whom may work for them) by becoming partners with medical and human services organizations including battered women’s services groups. The following is a brief description of the roles, responsibilities, model programs and policies of seven primary medical and human service system key players.

Medical Care -- In 1992, the American Medical Association took two important steps towards improving the medical community’s response to battered women: (1) It established the **Coalition of Physicians Against Family Violence** and quickly educated 6,000 doctors from 40 different specialties; and (2) It published its **Diagnostic and Treatment Guidelines** on Domestic Violence, Child Abuse and Neglect, and Elder Abuse. But there are 400,000 physicians practicing in communities across the nation. A continuous outreach effort to educate medical professionals and engage them in community-wide domestic violence response activities is required.

Each day, victims come into medical care facilities and private physician offices suffering in silence -- wishing that someone would notice their injuries (many times hidden from view). They wish that someone would help break the silence that surrounds the violence they are experiencing in their homes. In a survey completed by the Common-

wealth Fund (AMA, 1994f), researchers found that 92 percent of women who were physically abused by their partners did not tell their doctors. And what is more disturbing, the vast majority of physicians never asked them if their injuries, illnesses and miscarriages may have been related to abuse.

Some physicians feel uncomfortable discussing the topic of violence within the family. Others feel overwhelmed and unsure of what referrals they can and should make into the community. But physicians are learning that injuries related to abuse can be prevented. They are being trained that intentional injuries are a health problem that require both public health and medical interventions. AMA's guidelines are excellent resources for all medical care professionals (see "Help for the Medical and Human Services System" listing in Section I for ordering information). Appendix J captures key points from AMA's Domestic Violence Diagnostic and Treatment Guidelines. These guidelines make recommendations regarding emergency room and ambulatory care facility training and response procedures, medical record keeping, reporting of domestic violence to law enforcement personnel according to state codes, awareness and outreach, and optimal care for victims of abuse. Section I also lists references which summarize effective medical protocols.

The American Psychological Association joins the American Medical Association in making strong policy recommendations to assist medical personnel in preventing, identifying, diagnosing and treating abuse. In their 1996 report, the APA made five key recommendations for the medical community. These recommendations addressed the need for routine screening for domestic violence, the establishment of standards and guidelines for professional disciplines responding to family violence in clinical settings, the addition of trauma reactions which result from sustained exposure to family violence into the Diagnostic and Statistical Manual, training, internships and residencies for professionals and pre-professionals in the area of family violence and specialized training for therapists serving victims, witnesses and offenders. A complete listing of APA's recommendations is found in Appendix K.

San Diego County's Domestic Violence Council took an early lead in addressing

issues which concern the health care needs of battered women in Southern California. In 1991, they developed a **Medical Protocol** that implemented state reporting requirements for injuries resulting from violent criminal acts and provided guidance for the care and treatment of victims. Although mandatory reporting remains a controversial issue because of safety concerns for victims, practitioners in the San Diego area were able to come to consensus on the role and responsibilities of health care providers in that region. Key requirements from their protocol are found in Appendix L. These requirements cover such topics as training for all medical and new employees, the medical and emotional needs of victims, community referrals, social work services, reporting requirements, protocols guiding treatment of victims, victim safety and facility security concerns.

Health professionals have numerous opportunities to join their public colleagues to develop prevention and early-intervention strategies. According to Helen Rodrigues-Trias, MD, FAAP, Past President of the American Public Health Association (AMA, 1994f), “Early intervention in child neglect and recognition of the exacerbating factors in families’ lives, such as unemployment, poverty, availability of handguns, alcohol, drugs and despair, can help prevent violence. One of the most effective public health interventions is **home visitation** for expectant and recently delivered mothers during prenatal and postnatal periods. In the home, nurses provide prevention education and counseling services that are welcomed by parents and cost-effective. [Home visitation] is one of the best strategies for precluding human pain and suffering.” After seven years of service delivery and program evaluation, Children’s Hospital of San Diego, CA, has learned that the *best way to make children safe is to make their mothers safe*. This is accomplished through interdisciplinary case collaboration, support of adult victims, aggressive legal advocacy, and safety planning that begins in health care settings and extends into community agencies like Child Protective Services and the courts.

Safe Housing / Safe Havens -- In Contra Costa County, CA (1994), the word “**shelter**” means safety, security, a haven from harshness for many battered women. By the time a victim flees her home, she may have been isolated from family and friends because her batterer feels threatened by her relationship with them. One of the benefits of a women’s shelter is that it can provide a “community of support” for women who have

often lost their support network. As women hear the stories of others who have been battered, they begin to realize that they are not alone. They have done nothing to deserve their brutal treatment nor have the hundreds of other women who cycle through a shelter program. The spirit of community -- the information, love, support and assistance -- that is provided at a shelter is invaluable in rebuilding the lives of battered women. It gives them new strength and power, and most importantly, re-connections to caring adults in the community.

The “DOVE” shelter [Domestic Violence Ended] opened in 1981 to serve the Quincy, MA community (Gelb, 1992). It is supported by local, state and federal governments, charities, private foundations, corporations, churches and individual donors. It’s annual budget is about \$300,000. DOVE is a full service women’s center. It provides:

- 24 hr. Crisis Hotlines with separate phone lines for women and children
- Education and Support Groups (e.g. self-esteem, parenting, etc.; open to all women in the community since the shelter can not house all who are in need)
- Legal Advocacy (partially funded by the Massachusetts Bar Association) -- advises on civil, criminal, divorce and custody cases
- Youth Activities (5 days/wk)
- Community Education / Awareness Training
- Basic Living Supplies (food, clothing, diapers, medicine) & Community Referrals
- 24 hr. Intake and Counseling Services
- Tutoring for Children, GEDs, ELS Classes
- Basic Advocacy (court accompaniment, assistance with Protection Orders, etc.)
- Special Services for the Hearing Impaired and those with AIDS

[Other shelters around the country also offer such services as (1) job training and employment assistance, (2) child care; (3) transportation; (4) transitional housing; and (4) housing referrals. Additionally, some hospital emergency rooms admit battered women so they can remain in the temporary protection of a hospital setting. They also issue **motel vouchers** to battered women when no other safe housing is available.(AMA, 1994f).]

“Family Disturbance Incident Reports” are referred to as “DOVE” Reports because police have an especially supportive relationship with the DOVE Center. DOVE maintains

close relationships with prosecutors, probation officers and rehabilitation counselors to maximize victim safety. Police respond quickly to DOVE needs and take photographs of victim injuries upon DOVE request. They also increase surveillance of victim homes when residents leave the shelter. When appropriate opportunities present themselves, DOVE staff encourage media coverage of domestic violence issues. The Chief Probation Officer in Quincy serves on the Board of Directors of the DOVE Center. Other community leaders contribute their time, talents and resources in support of DOVE operations and activities.

Victim advocates from a variety of faith groups remind community leaders that religious women from different denominations who need shelter may feel hesitant telling their stories to professionals who may not understand their cultural upbringing. They may shy away from shelters for fear of being the only person there from their faith group. For example, Jewish women who go to the Transition Center in Brooklyn, NY (Center for the Prevention of Sexual and Domestic Violence, 1995, p. 14) feel more at ease

exploring options with orthodox counselors, lawyers, child welfare providers and others who share their rituals. But there aren't enough beds to fill the need. Licensed for 55 people, they turn away 20-30 people a week. A social worker from the Transition Center told us that she gets calls from at least 12 Jewish women each week seeking advice on how to stop their husband's beatings. She explains to them the cycles of violence, what signs to watch for, the need to keep themselves and their children safe. These women, the social worker said, won't go for counseling any place else or move into any other shelter. The problem is simple: the Transition Center is filled to capacity and cannot do anymore without additional resources.

This story is not uncommon in local communities. It is a clear message that battered women's shelter need additional funding to provide life support services. They also need to provide culturally sensitive services and establish a strong network of peer professionals throughout the community to help victims maintain the support of members of their own cultural and religious backgrounds.

As battered women attempt to escape a life of abuse, many need affordable **transitional housing** as they move from the shelter into the community. Women who have not previously provided for a substantial portion of their family income now face the financial burdens of single parenting and independent living. In Duluth, MN, transitional

housing is affordable housing that is provided in coordination with the local shelter program for up to two years. It not only provides safe housing (generally apartment style), it also provides support groups, educational classes (e.g. parenting, self-esteem, etc.), child and youth services, and protective rules which ensure that offenders will not be allowed to continue their victimization of survivors on the premises. Survivors frequently form a close, supportive relationship, host community social and recreational events, provide child care for one another and join social and political action groups which support other battered women.

In Contra Costa County, CA, their shelter program also maintains a network of 25 community families who provide food and housing for battered women and their children for three to four days. These are called **“Safe Houses.”** Additionally, they have established a **“Transitional Housing and Employment Center”** which assists battered women and their children in achieving economic independence through extended housing in a 14-unit apartment. Their comprehensive, three-pronged housing and support program includes:

- Clothing Program
- Legal Advocacy
- Employment Assistance
- Substance Abuse Counseling
- Domestic Abuse Education
- Children’s Program
- Crisis and Suicide Intervention
- Bi-lingual Services
- Peer Advocacy
- Individual & Peer Counseling Services
- Social Services Liaison & Assistance
- Financial Planning and Budgeting
- Parenting Education
- “Life After Battering” and Relationship Classes
- Transportation (to appointments)
- Medical Care Assistance (Dental/Doctor)
- Living Skills for Independence Program

One way to assure that battering does not continue during the exchange of children in cases where the courts have ordered joint or shared custody is to establish a community **Visitation Center**. In Duluth, MN, the community YWCA provides it’s first floor for the safe exchange of children in domestic violence families. Victims and their children enter the center from a side door. Visitation center staff assume responsibility for the safety of the exchange while the victim leaves the center. The offender enters the building from another entrance and either visits with his children in the center (if supervised visitation is ordered by the court) or assumes responsibility for their care until the next exchange of

children is scheduled. The center has a home-like appearance with couches, chairs, tables, kitchen facilities, play and reading areas. Parents who use the center are required to sign a contract which ensures no abusive behavior or language, no substance abuse, and payment (on a sliding scale) for use of the center and staff time if supervised visitation is ordered. Additionally, parenting education classes and support groups are also conveniently held in the YWCA building. These are important resources which are available to judges and probation officers in sentencing and supervisory actions. Visitation centers are an important community resource because they provide for victim safety, offender accountability, prevention of further abuse and community accountability for appropriate, consistent response.

Every community member and employer should be encouraged to refer victims to shelters, safe homes, battered women's support groups and visitation centers. By helping victims of abuse learn about and use available legal remedies and medical and human services, lives and associated domestic violence costs can be saved. It is important for community members and human resource professionals to have materials easily accessible that list available battered women's services groups with phone numbers to facilitate quick community referral in time of need. Police and medical personnel in San Diego use a **"Responder Card"** to link all victims of all crimes to needed sources of community assistance. The Quincy community uses **Youth and Adult Victim Safety Planning Brochures** (see Appendix M) to provide information about available emergency services and community support programs.

As a result of the recently passed Violence Against Women Act of 1995, a **National Domestic Violence Hotline** has been established to assist victims of domestic violence in locating needed resources in communities across the nation. As a starting point, interested community members can make initial connections to helping professionals by calling **1-800-799-SAFE (7223)** or **1-800-787-3224 (TDD)**. Additional hotlines, helplines and web sites are listed in Section I.

Victim and Legal Advocacy -- Beyond providing emergency services for victims in crisis, shelters are also the hub of grass roots efforts to affect social change. Victim

advocates, through shelters and other women's services organizations, work at two levels: individual advocacy and system advocacy. When they are working with victims in the shelter, they provide direct services such as assistance with applications for Orders For Protection, court accompaniment (since many victims do not have lawyers), and general support and assistance related to the circumstances of each woman's case. When they are educating the community and responding professionals about domestic violence, writing or campaigning for new legislation or working to establish or improve direct services, they are functioning as system advocates. Many survivors of domestic violence become victim advocates after making the transition to non-violent living. Victim advocates are an invaluable resource to prosecutors, probation officers, judges, counselors and educators -- and most importantly, to victims and their children.

Victim advocates work in all types of settings, not just shelters. They work in medical treatment facilities, prosecutor's offices, courthouses, social services departments, family service centers, job assistance centers, jails and police departments. What they have in common is that they give *three consistent messages* to the women they assist (Enns and Black, 1996): (1) please get safe now; (2) we are here to help you; (3) life on this side of abuse is better -- join us as soon as you can do so safely!

According to Ellen Pence of the Duluth, MN, DAIP (Paymar, Pence and Soderberg, 1993), the position of advocate is one in which the advocate "takes up the cause" of the battered women. The advocate teaches, questions, challenges and continually operates from the standpoint of the person most affected by the violence -- the victim. Advocates are bound to meet with both resistance and skepticism as they seek to continually raise the question "what is the implication of this decision or action on the safety, integrity and autonomy of the battered woman?" The most important role the advocate can play is to understand the pattern of abusive and violent acts and to keep community responders focused on these facts.

Assessment of the violence in the victim's life can only be done by discussing these events with the victim. Following such discussions, the advocate will be able to help the battered woman overcome identified barriers to safety and a non-violent life. By using her

knowledge, influence and experience in dealing with the community's system of response, the advocate can help the battered woman overcome obstacles which may be preventing her from making choices for herself. Beliefs, attitudes, rules and processes frequently stand in her way. Pence reminds community members that when victims and advocates are dissatisfied with the decisions of intervenors (including the court) in their cases, they must make decisions in the context of reality -- that the courts have ultimate discretion.

One of the advocates key goals it to ensure that the victim is not labeled or blamed for the offender's behavior. The advocate must keep the focus on the context of the violence and point out prejudice and harmful preconceived notions of system responders. Advocates perform five important functions (Paymar, Pence and Soderberg, 1993):

- collects facts to determine whether the abuse occurred as defined by law
- determines the nature of the risk and danger to all parties involved
- works with the victim to request the appropriate combination of sanctions and rehabilitation to provide for safety for her and accountability for the offender
- avoids letting the victim's character enter into case status determinations and confronts any victim blaming statements
- assesses the needs of the victim and links her with available community resources

One of the most important elements of an advocacy program is **legal advocacy**. The Battered Women's Alternatives Program in Contra Costa County, CA, is a model program. They offer assistance to women in obtaining restraining orders and dissolutions. Staff and volunteers advocate for victims at court hearings and advise them regarding mediation, evaluations, assessments, custody, visitation, police and the criminal justice system responses. They also maintain a **pro-bono panel** of approximately 90 attorneys who offer their assistance for no/low fees. Paralegal personnel provide direct service and bi-lingual assistance.

The Battered Women's Alternative Program is the only project in Contra Costa County which provides **family law services** to county residents who have little or no money. There is tremendous need for these services. Volunteers in their programs accompany

battered women to court, work with volunteer attorney's, do research projects, type and file legal documents, conduct client interviews and work to change domestic violence policies and laws. A monthly "Dissolution Clinic" is held at the Contra Costa County Bar Association and is supervised by a volunteer attorney. Battered Women's Alternatives contracts with Contra Costa County **Legal Services** for an additional clinic which reaches out to underserved parts of the county. Approximately two weeks after the clinic, victims return to sign and file their papers and get instructions on available services and proceeding in court on their own.

Successful victim advocacy is when the victim is empowered to understand the community's system of response and can successfully navigate through it. As the victim becomes a domestic violence survivor, she frequently becomes her own best advocate. Subsequently, she is able to help other women and their children as they, too, deal with on-going cycles of abuse.

A good place seek additional advice and model materials regarding battered women's support services is Concord, CA's Battered Women's Alternatives (see "Help for Community Leaders" listings in Section I). Additional referral sources are found throughout Section I.

Department of Social Services -- Historically, Departments of Social Services have focused their efforts on the health, safety and protection of children. Few departments offer the same attention and concern for "competent" adults who might be at-risk or victims of domestic violence within their homes. The National Woman Abuse Prevention Project (Fortune 1991, p. 112) reports that a major study of more than 900 children at battered women's shelters found that 70% of these children were themselves victims of physical abuse or neglect. However, only 20% had been identified and served by Child Protective Services prior to coming to the shelter. The same study found that the male batterer most often abused the children, in 1/4 of the cases both parents abused the children and in a few instances only the mother was the abuser.

Although child abuse and neglect are strongly linked to domestic violence, child

protection organizations have paid little attention to the issue of domestic violence and seldom screen for it. In 1984, only 15 states participating in the American Humane Association's National Study of Child Abuse and Neglect collected data on the mother's abuse. In 1985, this number had dropped to 6 states (Fortune, 1991, p. 112).

Many Departments of Social Service are seriously underfunded and understaffed. It is not surprising that the families who need intervention and treatment services the most frequently do not have access to them. Often, at-risk families receive little attention from social service and health care systems until an incident of severe abuse or other form of violence is reported (APA, 1996). In the case of child abuse, for example, publicly funded family counseling and support services are often available only after an incident has occurred and has been reported. Such services then seem punitive, often with the implicit threat that the child will be taken away from the family if parents do not participate. Families at-risk for abuse are more likely to use intervention programs when funding for such programs is publicized and is easily accessible (APA, 1996). However, according to the APA, victims and their families are often unaware that the federal **Victim's Compensation Fund**, administered by each local or state judicial districts, may make available a limited amount of money for counseling and therapy for victims of crimes, including victims of domestic violence or assault on an elderly person. Certain jurisdictions may apply restrictions. In many states, the victim must cooperate with the criminal justice system, and a therapist may have to be approved or certified as a domestic violence treatment provider or a licensed mental health care provider to be eligible to collect such funds.

Victims also should be made aware that **mental health counseling** is available on a sliding scale in some communities, although many agencies that offer such fee schedules do not have specialists trained in intervention with abuse victims. Some schools also provide **no-cost counseling for child victims** of violence who may need special services in order to perform effectively in school.

The American Psychological Association (1996) suggests that intervention programs that are accountable to the entire community are most likely to benefit the victims who use

them. Programs often meet a wider scope of victims' needs when they are monitored by several disciplines, such as through a community advisory board including former victims as well as victim advocates, representatives of the courts, and health services providers.

There is clearly an opportunity for state and local Departments of Social Services to improve their service to the community, especially with regard to domestic violence. Simple first steps can include: (1) screening all cases of child abuse and neglect for domestic violence (AMA, 1994c; APA, 1996), (2) offering victim advocacy and support services to battered mothers once identified (e.g. assistance in finding safe housing, removing the violent adult from the house [via an Order for Protection] -- an action that provides protection for all family member victims and avoids the costly intervention of child removal and foster care) (Schechter, 1982); and (3) offering parenting classes and education on gender-role re-socialization to the general population since family violence is found in all demographic groups (APA, 1996).

Partnerships with community organizations and victim advocacy groups can expand the number of prevention/ intervention efforts sponsored by Departments of Social Services. According to the American Psychological Association (1996), many interventions can empower men and women with the tools they need to live violent-free lives. Adult educators -- volunteers and paid staff in all types of businesses and organizations -- can become community partners and offer:

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|---|--|
| • Re-socialization education for adults regarding gender equity, respect and dignity in intimate partnerships | • Media efforts to educate about the connection between gender role expectations and family violence |
| • Conflict resolution and self-esteem training | • Religious and community programs to strengthen healthy families, end isolation of high-risk families, and improve positive interactions so victims can resist, avoid and end abuse |
| • Psychoeducational programs for young, single mothers | |
| • Retraining highly aggressive boys and men to manage their anger and their impulses | • School programs to encourage girls and boys to participate in science, sports, and parenting classes so the effects of destructive gender |
| • Grassroots women's groups to increase | |

women's sense of individual autonomy, independence, and power to control their own lives

role stereotypes that promote abuse can be eliminated

- Programs that strengthen fathers roles

[NOTE: A more extensive listing of community interventions can be found in APA's 1996 report on Violence and the Family. See Section I for ordering information.]

As practitioners across many disciplines are beginning to realize, in cases of family violence, **spouse abuse IS child abuse**. It seriously traumatizes both victims and witnesses. But according to Andrew Klein, Chief Probation Officer in Quincy, MA (Klein, 1992, p. 20):

There should be no automatic assumption that the mother, with the help of authorities supervising the offender, is unable to care for and protect her children. There is evidence that with intervention that controls or removes the male batterer, the vast majority of minors can be safely left in their mother's care (Cummings and Mooney, 1988). Iowa and Oklahoma have enacted statutes to shield abused mothers from charges that they failed to protect their children from also being abused. These laws provide that fear of substantial bodily harm to the victim or the child in retaliation for an attempt to stop or prevent abuse is an affirmative defense to charges of failure to protect.

Grassroots women's organizations continue to urge public agencies to improve services for families experiencing domestic violence. By expanding their prevention and community partnership efforts, Departments of Social Services can assist families throughout the community not just those who are already in serious crisis. All families need to receive the services and tools they need to get safe and stay safe.

A social work professional and victim advocate who has worked with victims and Departments of Social Services across the country for decades is Susan Schechter. Many of her valuable insights and recommendations for social service departments can be found in Ending Violence Against Women and Children in Massachusetts Families: Critical Steps for the Next Five Years by Schechter and Mihaly (Massachusetts Coalition of Battered Women Service Groups) 1992.

Religious Faith Groups -- According to Rev. Dr. Marie Fortune (1991), personal faith will either be a roadblock or a resource to the battered woman. The task of clergy and lay leaders of churches and synagogues throughout the community is to minimize these roadblocks and maximize the resources. Keeping in mind that there are **three pastoral intervention goals** (which must remain in priority order) -- (1) victim safety, (2) stopping the abuser's violence, and (3) restoring the relationship if possible, and if not, supporting the victim as she mourns its loss -- clergypersons should intervene in domestic violence cases by:

- Providing for a safe place where there can be "truth-telling," where the silence which surrounds domestic violence can be lifted
- Assessing for danger
- Making appropriate referrals and working cooperatively with other helpers
- Addressing pastoral concerns

Members of faith communities can be an invaluable network of professional and volunteer human service providers. With appropriate training in the dynamics of abusive relationships, offender tactics, and available community resources, they can become a primary support system for victims, witnesses and offenders as they move towards non-violent living. As part of their Coordinated Community Response to domestic violence, the San Diego community formed an "Abuse in the Church Working Group" to address such issues as appropriate pastoral interventions and improving cooperation between religious and secular professionals. A commitment was made to train religious leaders, to provide information to faith groups about domestic violence issues and available community resources, and to discuss ways to overcome barriers to reducing and eliminating domestic abuse throughout the community.

Experienced leaders who work with battered women know that when faced with a personal experience with violence in the family, victims frequently search for answers to such questions as "Why?" and "Why me?" The answers to these questions may indicate that in the past (1) scripture has been misinterpreted or (2) the teachings of the faith group have been so rigid regarding gender-role expectations that offenders are given a convenient

excuse for their violent behavior. According to the Center for the Prevention of Sexual and Domestic Violence (1995, p. 4):

Research indicates that there is no significant difference in the amount of violence which occurs in religious versus non-religious homes. To the contrary, studies suggest that the probability of abuse increases with the rigidity of a church's teachings, particularly pertaining to gender roles and hierarchy. The problem is compounded by the reluctance some conservative women have in seeking help from a secular agency.

These facts present a special challenge to clergypersons and congregations. Faith groups which are concerned that domestic violence is destroying families within their community place a high priority on the needs of the people who are suffering from it. These community members and leaders garner the courage to break the silence that surrounds domestic violence and seek opportunities to be part of the solution which will end it.

The following is a brief discussion of key religious issues which can stand in the way of reaching CCR and pastoral intervention goals (Fortune, 1991) .

- Preserving the Family -- When battered women turn to their faith community for help following a battering episode, their desire to keep the family together at all costs is often reinforced. Instead of remaining focused on the victim's safety and that of her children (goal #1), the focus may shift to maintaining the relationship (goal #3). This may trap the woman in a dangerous home and prevent the offender from receiving the assistance he needs to eliminate his destructive behaviors. Without a safe haven for victims and appropriate sanctions and rehabilitation counseling for batterers ("justice making"), both the family and the violence may be preserved. In order to provide for victim safety and offender accountability, it may be helpful to focus on that portion of the family which is not violent or dangerous to others. When dealing with violence in the home, it may be necessary to separate the batterer from his victims until the violence is eliminated. *The community should help maintain the unity of that portion of the nuclear family that is non-violent.* Families are those individuals that provide each other with love, safety, nurturing, and opportunities for growth. Batterers provide none of these important elements of

“family.” Victims are best suited to determine if key elements of family exist in their homes. They are the only ones who can tell when it is safe for the traditional family to be reunited. And only they can tell if the marital covenant and relationship -- which have been broken by the violence -- can be restored. In both Christian and Jewish traditions, it is clear that God does not expect anyone to stay in a situation that is dangerous, destructive and abusive.

- Couples and Family Counseling -- For the minister, “fixing” the problem of domestic violence may entail counseling the couple. Such counseling is not appropriate as it endangers the victim -- either she stays silent during the counseling session, lies (and breaks God’s law) or tells the truth and faces the consequences at home. Ministers are frequently co-opted by offenders who deny and minimize the abuse and present a public face in counseling sessions that is very different from the one seen at home. A minister’s response should be guided by these questions: “Will my actions and advice make her safe? Or will they help the batterer manipulate his victim?” Ministers should keep the focus on the offender’s *behavior* not his characteristics (“great guy,” good father, fun to be around, etc.). An offender can be enormously charismatic and a leader in the community, and also be extremely controlling, manipulative and violent.
- Divorce and Separation -- Jeaneen Watkins, a Free Methodist who is the evangelical advisor to the Center for the Prevention of Sexual and Domestic Violence (1995, p. 5), says “if divorce is against the denomination’s standards, then look at the possibility of separation. Anything that helps someone find safety and [helps] them find out that the church cares is a huge step forward toward their healing.”
- “Justice-Making” -- Justice-making is not a word that we accept comfortably. According to Dr. Marie Fortune (1991), it requires the following steps: (1) truth telling, (2) acknowledgement of the truth, (3) compassion, (4) protection, (5) accountability, (6) restitution, and (7) vindication for the survivor. Clergy and lay leaders can help ensure that each step of “justice making” is successfully addressed, especially for those offenders who have strong spiritual convictions or report recent religious conversions. The role of clergypersons is to walk with the offender as he faces natural consequences of his criminal

acts, not to protect him from them.

- Teachings -- Advice such as “keep praying,” “pray harder,” “go to church services,” and “keep the commandments,” are fundamental teachings of many faith groups but they do not deal with the physical threats and complex reality of battering. They may also be an example of victim blaming and failure to hold the offender accountable for the destruction he continues to cause. Concrete actions (e.g. safety planning, seeking shelter, providing legal and other types of advocacy, participating in educational and support services) are required by those who experience the violence and those who know about it. A family’s religious beliefs deserve respect. But any effort by family members to use religious beliefs to justify abuse or deflect intervention intended to stop abuse should be challenged by both religious and secular professionals.

- Confession -- The need of an abusive family member to admit wrongdoing is a healthy sign that the offender is no longer denying the problem but is ready and willing to face it. The offender may seek out the minister or rabbi for the purpose of confessing. However, experience has shown that an abuser who is genuinely contrite is seldom able to end his abuse without professional assistance and treatment. The criminal justice system will assist him in completing a batterer’s treatment program. Such treatment by untrained clergy is ill advised. It can endanger victims and their children and expose offenders to additional confrontations with the criminal justice system if domestic violence escalates in frequency and severity (which is usually the case).

- Forgiveness -- Forgiveness does not supersede confrontation of the abuser. Confronting the abuser is an act of justice and a necessary pre-requisite for forgiveness. Forgiveness does not automatically guarantee reconciliation or trust between the former abuser and the survivor. Trust may be the very last thing that can be rebuilt between partners. In fact, unearned trust of the abuser may be dangerous for the victim. It should be avoided. Offenders say that in retrospect “cheap grace” -- quick forgiveness -- did not help them stop their abusive behavior. It allowed them to continue it. Clergypersons should not provide cheap grace. Instead, they should assist in the justice making process.

Carol J. Adams, a writer for *Working Together*, a newsjournal published by the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA (1995, p. 7) says:

Ministry means confronting the abuser and saying, 'Abusive behavior is a choice and I care enough about you to hold you accountable for it. I will not represent your needs to her. Nor will I attempt to persuade her to return to you. I am calling you to repent and change. You can develop alternatives to battering; you can begin to see how your behavior affects others; you can attempt to make restitution for what you have done; you can stop looking to her for caring; you can leave her alone. I am on your side as you become a person who does not batter. New life is possible, but it requires work.

Another layleader advises (Center for the Prevention of Sexual and Domestic Violence, 1995, p.6) "Anytime there's a public declaration by leaders in the church, it's an improvement. It's a way to begin to hold yourself accountable. It's a stimulus to say it's got to stop."

In October of 1992, the National Conference of Catholic Bishops issued a comprehensive statement condemning violence against women. Some evangelical denominations, such as the Christian Reformed Church and the Church of God have done the same. However, author James Alsdurf and others have conducted research and written books on the church's non-responsiveness to family violence in past decades. They say that the easiest and perhaps most powerful way for the church to show support for battered women is by bringing the subject of domestic violence into the lifeblood of the church. This entails naming the abuse as a sin, not only in a one-time sermon, but in pieces of sermons, in liturgy and prayer.

Should clergypersons intervene in domestic violence cases? Dr. Marie Fortune (1991, p. 83) offers this advice to ministers, rabbis and others who suspect abuse:

- DO NOT use confidentiality as an excuse not to act
- DO NOT interview a victim and an abuser [together] as a couple
- DO NOT attempt to counsel them together in order to stop the abuse

- DO NOT minimize the incidents of abuse that the victim shares with you -- assume that you are only seeing the tip of the iceberg
- DO NOT try to deal with this problem alone -- you probably don't have the time, energy or expertise -- Refer! Refer! Refer!
- DO NOT refer abusive couples to marriage enrichment, mediation, communications programs or the like. This endangers victims.
- DO NOT become emotionally or sexually intimate with a victim. The victim is very needy and in crisis. She does not need to deal with the sexual feelings of her minister.
- DO NOT be taken in by a batterer's claim to a religious conversion experience. If it's real, use it as a resource which will help him get through rehabilitation education and justice system sanctions. Do not allow the batterer to use it to avoid being accountable for his actions.
- DO NOT forgive the abuser quickly and easily.
- DO NOT offer absolution without evidence of true repentance.

Religious issues related to domestic violence in the home are sensitive and complex. Misinterpretation of scripture, taking scripture out of context to use it as an excuse for coercive control and abuse of women and children, and holding women solely responsible for the peace and tranquility of the home are three major contributors to the continuation of domestic violence. By establishing a dialogue on such difficult religious issues within and between faith groups and keeping the focus on CCR and pastoral goals (in priority order), communities can begin to reverse the tides of escalating domestic violence within religious homes -- the majority of homes in America. Religious leaders and congregants who choose to address domestic violence within their communities can prevent domestic violence and increase protection of their most vulnerable members. They can change roadblocks into resources for victims and offenders.

For those who wish to further explore the issues surrounding domestic violence in faith communities, contact the Center for the Prevention of Sexual and Domestic Violence in Seattle, WA (see "Help for the Medical and Human Services System" listings of Section I). This center is an inter-religious educational ministry serving all faith groups.

Education -- The problem of violence has no single source. Therefore, a “mixture” of programs and services is what communities need to reach all of its members successfully. There are four major types of educational interventions which are a part of every Coordinated Community Response initiative: (1) K-12 Education, (2) Adult and Community Education, (3) Professional Responder Education, and (4) Batterer’s Rehabilitation Education. Community resources must be made available for all four types simultaneously in order to be effective in curbing domestic violence throughout the community. It will take general awareness, new knowledge, and skills in every sector of the community to see real social and cultural shifts to non-violent living.

According to the American Psychological Association (1996), programs which address gender-role re-socialization and “skills for living” are critical to eliminating domestic violence. One such program -- “Mentors in Violence Prevention “ (the MVP Project), a leadership education program targeting student athletes at high school and collegiate levels -- is fully described in this manual as a “Best Practice” (see Section G). A full listing of programs designed to curb violence throughout the community can be found in Thirteen/WNET’s Community Resource (see “Help for Community Leaders” listings in Section I). A sampling of outstanding educational initiatives are provided below to demonstrate what else can be done by educators in communities within their CCR initiative.

K-12 Education -- According to Bill Moyers of Public Affairs Television, Inc., (PAT, 1995), one of the most comprehensive and innovative primary prevention programs is the “*Resolving Conflict Creatively Program*” (RCCP), a K-12 conflict resolution and mediation program that began in New York City in 1985. Since its inception, it has expanded to four other school systems across the country. What distinguishes this program from other violence prevention programs is it’s focus on creating a new school culture. Having a few class sessions on conflict resolution is not enough. The entire school system must change so there is a consistent value system of non-violence. The program models non-violent alternatives for dealing with conflict. It teaches negotiating skills and demonstrates through “peace lessons” how to play a powerful role in a peaceful world. It integrates communication skills, inter-group skills and conflict resolution concepts into social studies, language arts and other academic subjects. It provides 24 hour

support and follow-up assistance for teachers. Additionally, it offers school administrator and parent training to ensure that school leaders and parents make non-violence a top priority and support new attitudes and behaviors. The newest component of this program is a student mediation program which deals with fights in school and creation of a more peaceful school environment.

The *Teen Dating Violence Project* (PAT, 1995) began in 1988. It was developed by the Center for Battered Women in Austin, TX, to serve teens who need safety and want healthy dating relationships. This successful prevention, intervention effort is now operating in eight Austin high schools, middle schools and two youth services agencies.

Dr. Deborah Prothrow-Stith's *Violence Prevention Curriculum for Adolescents* (Thirteen/WNET, 1995) is a 10 session curriculum developed to assist teens in understanding risk factors for violence, the role anger plays in interpersonal conflict, how anger can be channeled constructively, and how to resolve issues once a conflict has taken place. This program specifically targets at-risk youth in urban settings. It was evaluated by the National Institute of Justice (NIJ) as having a positive impact on adolescents.

The *Second Step: A Violence Prevention Curriculum* (PAT, 1995), uses a "habits of thought" approach. The curriculum consists of four modules (preschool/kindergarten, grades 1-3, 4-5, and 6-8) that include activities to assist students in acquiring empathy,

impulse control, problem solving, and anger management skills -- skills that research indicates are lacking in children and adults who commit violent acts. Teachers who have implemented this program say it is "teacher friendly."

Support groups for teens who experience violence and coercive behaviors in dating relationships are an important element of outreach to community members as well as a valuable resource for principals, teachers, parents, school nurses and counselors. Boys and girls sign up for groups voluntarily. They are led by specially trained counselors and volunteers.

Engaging youth in *community service* is a recent innovation in violence prevention. Research shows that community service can increase adolescent self-esteem and decrease the likelihood that youth will become either aggressors or the victims of violence (PAT, 1995). *Youth As Resources (YAR)*, developed by the National Crime Prevention Council, is based on the idea that youth should be seen as resources for the community to count on not as problems. In this program, youth design a community service project, develop a budget, solicit funds and carry out their project under their own leadership. The unique aspect of this intervention is that kids become agents of change within their community and can see the difference they can make through positive actions -- youth actions.

The *We Are Family* program sponsored by the Omega Boys Club (PAT, 1995) is an outreach to tough kids in tough neighborhoods. Founders have learned that if a parent or other family member is unavailable to a child, another "caring adult" can step in to make that child a part of his or her life. This caring adult could be a teacher, a youth leader or any responsible adult willing to be a mentor for a child in need. Mentors serve as a guide, coach, cheerleader, confidant and buffer -- very much like a parent. The Omega Boys Club combines mentoring with peer counseling to help young at-risk youth to become responsible and contributing members of their community. New members take a pledge not to use drugs and to avoid violence. In return, each one finds not only a mentor but a family. According to the authors of "Community Resource Guide: A Guide to Action" (Thirteen/WNET, 1995, p. 12)

Youth violence prevention involves youth and adults forming meaningful connections with each other. Building a sense of community and caring with those who are disconnected or at-risk of becoming alienated is the key to preventing youth violence. Young people need a lifeline to family and the community. **Research consistently shows that a strong positive connection between an adult and a young person is the single most important protective factor against becoming involved in violence.**

[NOTE: Local community mayor offices, Youth Bureaus, or United Way offices can provide contact names at each community-based organization serving young people in local areas. YMCAs, YWCAs, Boys and Girls Clubs and other after-school programs offer volunteer assignments.]

Thirteen/WNET recommends that community members call their local Board of Education or school to get a listing of school-based violence prevention programs in the community. Most schools are implementing them and welcome volunteer assistance. PTAs (parent-teacher associations) also know which programs are under development and which have been successfully implemented.

In San Diego County, CA, members of the Education Committee of the Domestic Violence Council, Inc. conducted a survey of all known providers of domestic violence training and education within their community and assessed training needs of community members and leaders. They also contacted public school administrators throughout the county to begin discussions related to implementing staff training and awareness training for school age children. Subsequently, a number of domestic violence trainings were conducted for city and county school administrators. Meetings were held to discuss the adaptation of child abuse curricula to include domestic violence. A model high school educational program for preventing domestic violence was created for the Vista Unified School District with the help of the Women's Resource Center. Currently, the committee is working to publish this curriculum so that it can be used in other local high schools. Efforts are also underway to videotape a puppet show about domestic violence issues to be used with younger children.

Education for Professional Responders -- Education for professional responders to domestic violence should be implemented immediately in every community. In order to develop and successfully implement effective domestic violence policies, protocols, programs and laws, community leaders need to understand the underlying causes of domestic violence and what they can do to eliminate it at both personal and professional levels. Here are some of the **basic components of training** which should be made available to criminal justice system personnel, medical and human services system professionals, and community leaders in positions of power:

- Current status of domestic violence in the community and nation
- Cycle of Personal Responsibility for Victims, Offenders, & Responders

- Legal statutes and policies which address domestic violence
- Dynamics of abusive relationships
 - Cycles of Violence
 - Myths of Domestic Violence
 - Offender Tactics
 - Impacts on Victims and Witnesses
- Community Resources for Victims and Witnesses
- Sanctions, Rehabilitation and Support Services Which Enhance Offender Accountability and Recovery
- Appropriate Responses by Each Discipline (e.g. police, medical, social services, educators, employers, etc.)
- Reference Materials for Further Education and CCR Implementation

Such training is currently on-going in all communities that contributed to this policy guide. Below are three examples of outstanding training efforts by community leaders to educate their responding professionals.

- In San Diego, **domestic violence training** sessions were conducted for hospitals, therapist groups (psychologists, marriage and family counselors and psychotherapists), social workers and women's conferences using the Duluth Power and Control Model to raise the awareness about domestic violence. Multiple educational events were held for judges and court personnel on the enforceability of domestic violence restraining orders irrespective of the victim's actions and other judicial issues. Over 200 San Diego probation officers were trained. A training video was produced to ensure uniformed police professionals received proper guidance regarding carrying out their public duties in domestic violence cases. And emergency room personnel in the three largest hospitals were trained to recognize and refer battered women to supportive community services. A "Survivors Network" composed of previously battered women was instrumental in educating key responders about the process of moving from being a victim to being a survivor. Their stories help remove the long-held beliefs which kept them responsible for their offender's behavior -- victim blaming and myths. The Domestic Violence Council sought the endorsement of professional associations and councils as a major strategy for implementing educational programs and policy and procedural change.
- The first national training of advocates to assist victims of **clergy misconduct** (spouse and child abuse, sexually abusing parishioners and others in the community) was

held in Kansas City from October 5-9, 1995. Over 200 people gathered to learn about the issues and to be trained to be resources and guides to people bringing complaints of misconduct. According to organizers, the training was highly successful. The United Methodist Church has taken the lead by making a commitment to train their members nationwide. Others who have sponsored similar training include the Commission on the Status and Role of Women and the National Program Division of the General Board of Global Ministries. The purpose of their educational programs is to define clergy misconduct and its implications, develop advocacy skills (e.g. peer counseling, crisis intervention, legal realities, referrals), understand United Methodist processes, discuss guidelines for advocacy and psychology of victims/survivors, and discuss spiritual and theological issues. This training represents a significant step towards empowering the whole church to work on issues of abuse.

- The **Chicago Police Department (CPD)** has developed an extensive set of training materials and protocols for training police personnel to improve their response (personally and professionally) to domestic violence. They have written clear and simple training bulletins which explain state domestic violence law including information about physical and sexual abuse, stalking and rape. Additionally, Superintendent Matt Rodriguez has issued special messages to the police force and support personnel in the form of a “CPD Notebook” describing “Domestic Violence: Our Professional and Personal Response.” This publication describes crime statistics, department policy, key points to remember when responding to a domestic case, and consequences for police officers if they commit acts of domestic violence against their spouses or girlfriends. Law enforcement personnel are reminded that by state law, judges can order that police officers who are found guilty of abuse can be ordered to *surrender their personal and professional firearms for up to two years* as a remedy in an Order For Protection. All new employees are provided domestic violence awareness training in their orientation sessions. Spouses and girlfriends are invited to attend special orientation sessions designed for family members. Additionally, family members and girlfriends have the opportunity to meet with Chicago Police Department’s Victim Advocate who explains how she can help them in cases of family violence. Regular Roll Call Training is also used as a mechanism for on-going training for emergency response (911) police officers in patrol cars and as well as those assigned to

Chicago's 279 neighborhood beats -- the backbone of Chicago's newest community policing CAPS Initiative. [Chicago's community policing strategy is featured as a "Best Practice" in Section G.]

Adult and Community Education -- Adults in the community are educated in a number of ways regarding the prevalence of domestic violence and the "life skills" which they need to protect themselves against it. In San Diego, CA, the Domestic Violence Council produced thirty-second public service announcements on audio and video cassettes for use on local area TV and radio stations. Survivors of domestic violence continue to play a major role in obtaining media coverage for the work of victim advocates, responding agencies and the Domestic Violence Council. The Council's Publicity Committee prepared and distributed a Directory of Services of domestic violence service providers in the San Diego area. Between 1989 and 1991, the Publicity Committee also had the following accomplishments:

- all three major TV stations and many radio and print media reporters attended the kick-off press conference which announced the formation of San Diego's Domestic Violence Task Force
- Task Force members appeared on local talk shows
- Numerous TV and print news shows covered the activities of the Task Force
- An audio public service announcement (PSA) was produced with the help of the San Diego Police Department staff promoting Domestic Violence Awareness Month (October)
- A video PSA was produced by Cox Cable Television and actor Martin Milner for use on local cable stations
- The San Diego Union and Tribune editorial staffs took a concerted interest in activities of the Task Force and published lead editorials calling for the creation of specialized Domestic Violence investigative units in the Police Department and funding for the City Attorney's Domestic Violence Prosecution Unit

As described in three sub-sections above (Shelters/Safe Havens, Victim Advocacy, and K-12 Education) volunteers and staff from shelters and women's centers are key providers of "life skills" training and education for community members, victims and survivors. These programs are underfunded, understaffed and in need of volunteers,

legislation and corporate partners who are interested in expanding primary, secondary and tertiary adolescent and adult educational programs. Such programs help community members “cycle jump” from Cycles of Abuse to Cycles of Personal Responsibility (Enns and Black, 1996). Knowledge gained by youth and adult participants empowers community members with the tools they need to get safe, stay safe and keep future generations safe. Contra Costa County, CA’s victim/witness learning programs are especially noteworthy.

- In Contra Costa County, the Battered Women’s Alternative (BWA) program offers a **Job Connections Program**. This program is especially important to battered women escaping violence in the home. It offers interest and skills assessment, career planning, computer skills training, occupational exploration, job placement, referrals, and on-going support. It is a critical part of the services offered by BWA. In order for battered women to be able to remain free from violence, they need to develop the ability to financially support themselves and their children. This program is located in the Transitional Housing and Employment Center. This location provides women with a safe place to write resumes, develop job skills and explore career information. Many social service agencies refer women to the Job Connections Program. As part of the shelter program, BWA has recently started offering new programs for children of battered women. *Positive Images* helps boys who have watched their dad hurt their mom learn how to solve problems by “using words, not your hands.” *Powerful Images* helps girls who have been raised in homes where women are not respected or valued learn that they are competent and powerful. In both programs, children learn that being abused is not their fault and is never justified.

- Contra Costa County’s BWA also offers a **Teen Program**. This program conducts classes and support groups on family and dating violence and substance abuse prevention for high school students, pregnant minors and incarcerated / residential young men and women. It offers crisis and short-term counseling for abused teens. On a local and state level, it provides training for parents and adult professionals who are working with teens. Videos, curricula and “how-to” manuals are available through this program. Between 1985-90, BWA trained over 16,000 high school and college youth at 45 institutions. Over

1,600 professionals and parents were also trained to say “no” to and prevent family and dating violence. BWA’s video “My Girl,” which features the personal experiences of teens about stopping abuse, was co-produced by KRON-TV of San Francisco. It evoked immediate emotional recognition and spontaneous accounts of teen victimization from the young people who saw it. Because of the success of these classes and the needs revealed, teen support groups for young women and men dealing with abuse were established on their campuses. Concurrently with teen class offerings, workplace seminars reached 600 parents. Presentations at 23 statewide and national conferences trained professionals with this model curriculum. As a final step, BWA educators recently mobilized five community agencies to train teens directly who then educated other teens and adults on their campuses. These teens co-lead support groups for teens on preventing family and dating violence as well as substance abuse.

- BWA has also established a **Speakers’ Bureau** to educate the community at-large. This multi-agency collaborative effort to reduce violence in families and dating relationships teaches parents in the **workplace**, usually at “**brown bag**” **lunch seminars**. More than 200 workshops have been presented with several thousand parents attending during lunch, in the evenings and on the weekend. The programs have given parents the peace of mind that they are not dealing with these problems alone. Parents learn a variety of parenting alternatives and family violence prevention skills to avoid abusive behaviors. The workshops include information on self-destructive and abusive behavior, parental roles and community resources. They also help individuals have healthy relationships, reduce risk-taking behaviors (alcohol, drugs and other substances), stress, depression, improve self-esteem (what to do when you or your kids are hurting), communication skills and conflict resolution skills. The Speakers’ Bureau uses volunteers (experienced presenters paired with new volunteers who have received public speaking and group facilitation training) to reach out to the community with accurate and sensitive information.

Education for Batterers -- Batterers’ Rehabilitation Education and Counseling Programs are a key element of offender accountability and recovery. Several communities across the nation are beginning to draft policies and protocols which clearly define the philosophical framework and focus of batterers’ treatment: to end violent and abusive

behaviors. They are setting standards for treatment providers and establishing guidelines for certification of batterers' educational programs for court appointed offenders. One of the most highly developed set of batterer's treatment policies and protocols exists in the community of San Diego County, CA , where a group of therapists joined together with the City Attorney, probation officers, representatives of the court and other professionals to ensure that their four CCR goals were consistently achieved. The following is a brief summary of key points included in San Diego's Memorandum of Understanding Between the Domestic Violence Council and the Probation Office, and Treatment Guidelines for certification of batterer's treatment program providers.

- **“Standards for Treatment of Domestic Violence”** were unanimously adopted by the general membership of San Diego's Domestic Violence Task Force in February of 1991. Treatment providers (current and new) are required to apply for certification. As of March, 1995, there were 17 certified providers who became eligible to accept court ordered offenders. These certified programs, by agreement of local judges, prosecutors and probation department officials, are the programs to which domestic violence perpetrators are referred. These certified programs work closely with community officials to assure referred batterers enter treatment, are tracked while continuing in treatment, and reported to the referral source if they drop out of treatment or are terminated for failure to comply with treatment requirements.

California state code mandates that county probation departments certify treatment programs for diverted offenders. The Treatment and Evaluation Monitoring Committee of the San Diego Domestic Violence Council certifies treatment providers for non-diverted offenders. The goal of the certification process is to provide batterers' educational programs through a high quality review and evaluation process. [California penal code Chapter 26, Section 1000.6-10 states that the goal of batterers' programs shall be to stop domestic violence. Key requirements for California's rehabilitation programs are found in Appendix N.]

When San Diego's Certification and Evaluation Team goes on-site to inspect a treatment provider, among other things they look for counseling licenses and credentials,

including the Duluth Training Certificate. A detailed checklist is used to ensure that the provider of services is meeting all state and local batterer's treatment requirements (see San Diego Domestic Violence Council, Inc. point of contact information in "Help for the Criminal Justice System" listings in Section I). Certifying representatives complete their review and evaluation process and provide applicants, the chief probation officer and the court with the applicant's certification status: (1) full certification, (2) conditional certification, (3) pending certification, and (4) failed certification.

Treatment programs for **diverted offenders** (those who have been charged with misdemeanor offenses but who have not come before the court within 10 years for any reason and the offender's record does not indicate that probation or parole has ever been revoked) must be renewed annually. This is accomplished by making an on-site visit, monitoring a group session and writing a report for presentation to the Treatment Evaluation and Monitoring Committee for consultation. The final decision to renew certification is made by the Probation Department. For just cause, renewals can be suspended for a period of time (60, 90, 120 days to correct deficiencies) or revoked for gross or grievous violations of the Treatment Standards and law.

Dr. Anne Ganley (1981) has proposed **treatment goals** which have been widely accepted **for batterer's rehabilitation**: (1) increase the abuser's responsibility for this behavior, (2) develop behavioral alternatives to battering, (3) increase constructive expression of all emotions and develop listening skills and anger-control mechanisms, (4) decrease isolation of the batterer and develop a personal support system, (5) decrease the batterer's dependency on and control of the victim, and (6) increase his understanding of family and social facilitators of wife beating. The most widely used treatment curriculum was developed by Pence and Shepard (1988). It recommends group treatment to break down rationalization and isolation and simultaneously offers support to the offender during the behavioral change process.

Colorado and Massachusetts have developed model regulations for abuser treatment (Klein, 1992). In these states, all batterers are mandated into substance abuse treatment (if relevant to the case) either before or concurrently with batterers' treatment. Both states bar

any treatment approach which blames or further endangers the victim. According to experts in these communities, inappropriate treatment includes family counseling, mediation and anger ventilation type programs.

According to Quincy Court officials (Klein, 1992) and the APA (1996), treatment should be mandatory for all convicted domestic violence offenders. Victims should not be required to accept the burden of getting offenders into treatment. *Offenders need an external motivator to successfully complete treatment.* The community, via its courts, should assume this motivating role.

The central governing committee of Alcoholics Anonymous has endorsed mandatory substance abuse treatment and referrals in cases that involve substance abuse issues. Once in treatment, the offender must not be allowed to avoid legal consequences for re-abuse. If there is continuing battering or substance abuse, the offender should be returned to court immediately for further sanctioning. The sanctioning will reinforce the central messages of treatment, the court and the community (see Section C).

In Contra Costa County, the Battered Women's Alternatives (BWA) men's educational program encourages batterers to stay in their rehabilitative program for one year. Groups are open-ended and meet once per week for 1.5 hours. Individual counseling is offered to those abusers who are more lethal, more needy and in crisis. [Only a few clients are treated in this context.] Individual treatment is normally provided when a client is unsuitable for group participation or has a work schedule that does not permit attendance at a group. Thirty-five percent of the men who enter the program are sent there as a condition of probation or diversion. The majority of the men come because their spouses have left them or threatened to leave them. Historically, the prognosis for batterers is poor. For those who do successfully complete a rehabilitation program and eliminate their violence, BWA offers a co-educational group for former batterers and victims, all of whom are unrelated to one another. [Note: This is not couples counseling]. This group is led by a volunteer licensed counselor and by a former client of the program.

Since holding the client accountable is central to working with a man who batters it is

critical for rehabilitative programs to develop consistent responses to the problem of the man who re-offends while in the counseling program. Given that battering is a pattern of behavior covering a wide range of physical, sexual and psychological assaults, it is predictable that battering will re-occur during the intervention process. The legal process and the initial stages of counseling may not be sufficient to end the battering behavior of all court-mandated clients. In fact, some counselors report that there is often an increase in psychological battering when the physical, sexual and property battering stops. Coordination between the probation officer, victim advocates and counselors is critical to maintaining victim safety and offender accountability in cases where there is re-offense. Dealing with re-offenses should not be left to the responsibility of one community official or the victim. Appropriate responses include confrontation and consequences such as specified time out of the counseling program, changes in sentencing, revoking of probation, and charging and processing offenders for new crimes.

Community Leaders

According to San Diego domestic abuse experts, the support of government officials and policy makers including the Board of Supervisors and the City Council have been critical in the change process. System-wide structural changes have been made with little or no outlay of public money. According to City Attorney Casey Gwinn, "They have been nothing short of revolutionary." Leaders in communities such as those contributing to this policy guide have reorganized or expanded their organizations by establishing special Domestic Violence Units in the Police Department, Prosecutor's Office, Probation Office, Jail, and Clerk of Courts' Office. In Quincy, MA (Gelb, 1992), they have established **Domestic Violence Registries** which are maintained by the Probation Commissioner for the purpose of sharing information with law enforcement officers and judges statewide. They have established an **Emergency Judicial Response System** to ensure that victims have access to judges who can grant emergency restraining orders 24 hours a day. And they are putting systems in place which allow dispatchers to check **computer files for outstanding restraining orders** while law enforcement officers speed to the location of a domestic disturbance.

In the state of Florida (State of Florida, 1994), government officials and women's advocates are working with telephone companies to (1) hold semi-annual training sessions for domestic violence center staff regarding the risks certain telecommunications services pose to women who need to keep their location confidential; (2) inform and educate shelter staff on how to use per-line, per-call blocking and translation services for hearing impaired and non-English speakers so that the women and families who use these services may take precautions and not reveal their locations; (3) inform law enforcement, courts and court clerks about "Caller ID" features and call blocking, (4) mandate that the Public Service Commission has responsibility for informing the Florida Coalition Against Domestic Violence when new technology and services are being proposed which might further identify an abuse victim when making calls; (5) mandate that the Public Service Commission form a sub-committee which will evaluate such proposals in terms of victim safety implications and impacts on domestic violence law enforcement, (6) improve listings in telephone books to ease the location of community resources and emergency services, and (7) establish a 1-800 number for community members at-risk for abuse.

Professional associations are key community leaders who can organize and mobilize their memberships. Their memberships range from several hundred to several hundred thousand. For example, the American Medical Association (1994f) has assumed a major leadership role at the national level by identifying, pursuing and obtaining long-term funding for interventions related to family violence. These funding priorities include those listed below. The AMA will need the help of other community leaders -- elected and appointed officials, policy and law makers, private foundations and business leaders to join them in providing the funding for such baseline CCR initiatives as:

- Training for advocates who have flexibility in their roles. Advocates should be accessible at all sites in the health and justice system. Ideally, advocates should be recruited from the communities in which they serve.
- Improving access and outreach services directed at victims as well as novel approaches and programs to reach underserved communities.
- Providing shelters and other protective environments for all victims.
- Providing mental health and substance abuse services.

- Providing rehabilitative services needed by offenders with the knowledge, attitudes and behavioral skills to develop non-violent, parenting partnerships and caregiving choices in their relationships.

US Attorney General Janet Reno is urging the Departments of Justice, Health and Human Services, Education, Labor and Housing and Urban Development to work cooperatively with the Centers for Disease Control and Prevention, the American Bar Association, American Medical Association, National Association of Social Workers, teacher's organizations and others to break down the barriers to effective implementation of domestic violence programs and services. She says (AMA, 1994f), "We've got to get dollars to communities in ways that really help the community. How many times have you, working on a community project, had the federal government offer you a grant and then say you couldn't have it because you didn't meet the conditions [even for a slight variation that you really needed]." The federal government has got to reach out, be more flexible and creative, and become full partners with community organizations and associations.

Literally, every community leader has opportunities to examine his or her organization and determine what can be done to support the four established CCR goals -- prevention, victim safety and protection, offender accountability, and appropriate, consistent community responses. Ideas presented in Sections E and G are good starting points.

Family and Friends

The underlying beliefs that result in violent and abusive behaviors in the home are widespread. It is estimated that approximately 30% of Americans have experienced some form of family violence in their lifetime. Bill Moyers (PAT, 1995) suggests that families begin eliminating violence from their lives by taking some simple steps. In one community visited, he learned that the community had sponsored a "Turn Off the Violence Day." For one day, prents and kids learned that they could turn off their TVs, videos, movies and CDs and stop unwanted violence from coming into their homes. Then, they began to think

about how it would feel if they turned off violence for a week, a month or a year. They learned that through violence prevention education and awareness, they could start to assume more personal responsibility for eliminating all types of violence from their lives.

At LifeTrack, Inc., Jan Black and Greg Enns of Salem, Oregon (1996), are teaching victims of domestic violence to celebrate the day they decide that “**It’s Not Okay Anymore.**” This is their INOKA birthday -- the day they began recognizing when they were trapped in a Cycle of Abuse. It symbolizes the day they decided to get safe and jump to the Cycle of Personal Responsibility. If every community member made this choice, the dream of living in a violence-free zone within the home could become a reality.

The shift to non-violent living begins with victims, offenders, educators, policy makers, community responders, friends and family members *all being willing to learn* about (1) the underlying causes of domestic violence (the offender’s feeling of entitlement and choice to use power and control to get what he wants), (2) the myths that prevent positive corrective actions (e.g. the belief that stress, anger, substance abuse and others are responsible for offender behavior), and (3) the simple steps that can be taken to eliminate violent and abusive behaviors from their homes. Non-violent living is a choice. Community leaders can ask others to join them in making that choice.

Section F: Inappropriate Actions

There are a number of actions being taken by some communities in response to domestic violence that should be reconsidered and eliminated in light of the four key goals of a comprehensive Coordinated Community Response: (1) Prevention, (2) Victim Safety and Protection, (3) Offender Accountability, and (4) Community Accountability for Consistent Appropriate Responses. These inappropriate actions are briefly described below as they relate to at least one CCR goal area. As experienced community leaders describe their warnings to policy makers and program managers, they also give some innovative solutions to overcoming resistance to change in community practice.

As community leaders attempt to make system-wide changes in a variety of community organizations and institutions, they can expect to experience frustration along the way. With perseverance, they will also experience the joy of successful negotiations and the satisfaction of improved outcomes. Experienced CCR leaders from Duluth (Paymar, Pence and Soderberg, 1993) provide a word of encouragement .

No doubt you will struggle. There may be compromises that you find frustrating and at times your objectives may seem unobtainable. But the goal of ending domestic violence in our communities can be realized when we chisel away at attitudes and institutional practices that are injurious to victims and do little to deter offenders from changing their behaviors.

Failure to Prevent Domestic Violence

- Misinterpretation of Scripture: Unfortunately, in some communities, scripture and theology have been misused by abusers and members of faith groups to justify or accept on-going violence in the family. This misuse has resulted from a lack of understanding of the nature and causes of such violence and from a failure to

recognize how dangerous -- even lethal -- it can be. This misuse has also resulted from a misapplication of religious teachings. The silence that the religious community has maintained on the subject for many years has contributed to this lack of understanding by failing to correct it. This silence is a missed opportunity to prevent domestic violence. Individuals and families need basic factual information about violence in the family because, like everyone else, they are probably misinformed to some degree about the subject. [Source of observation and advice: the Center for the Prevention of Sexual and Domestic Violence (Seattle, WA)]

- Violence in the Media: Industry leaders defend themselves by saying they are simply giving the American public what it wants. They further argue that if parents don't want their children to watch certain programs, then they should not permit them to do so. It becomes a circular argument. The industry blames the parents and parents blame the industry. Both need to take responsibility. We need to prohibit our children from watching inappropriately violent shows. We need to encourage the teaching of nonviolent conflict resolution in schools. And most importantly, we need to make absolutely certain that we are not modeling violent behavior ourselves. [Source of observation and advice: Dr. David Walsh, author of Selling Out America's Children (Minneapolis, MN)]
- Lack of Values Education: What we desperately need to do is identify, teach and reinforce a set of cultural values that are essential for healthy children and a healthy society. These values transcend those of religious denominations. They are the bedrock that we can all subscribe to, regardless of religious affiliation or personal philosophy. As we identify, teach, and reinforce them, these values can be translated into norms that are taught and reinforced by families, communities and our larger society. ... Individuals, parents, educators, and concerned citizens need to take responsibility for our society by saying: 'I want our children to learn these values, and I want my community to support me in this endeavor.' [Source of observation and advice: Dr. David Walsh, author of Selling Out America's Children (Minneapolis, MN)]

Failure to Provide for Victim Safety and Protection

- **Dropping Cases When Victims Refuse to Cooperate:** In many jurisdictions, the victim is required to sign criminal complaints in both misdemeanor and felony cases. If she failed to appear in court or refused to testify, the case would be dismissed. Prosecutors viewed this as justifiable basis for not proceeding with prosecution. Why should the prosecutor try if she wouldn't? It is now clear that the dynamics of the abusive relationship inevitably result in many 'uncooperative' victims who desperately need the protection of an aggressive law enforcement response toward their abusive mates. San Diego has a 'No-Dismissal' policy which provides that no cases will be dismissed solely because a victim is uncooperative or reluctant to testify. Many prosecutors throughout the state of California are adopting this policy at both the felony and misdemeanor levels. In San Diego, victims are not required to sign a formal complaint against their abuser. If charges are filed, the complaint is signed by the Deputy City Attorney. Victims can not press charges or drop charges once a case is submitted to the City Attorney's office. Duluth, MN has a similar 'No-Drop' Prosecution policy. [Source of observation and advice: San Diego, CA and Duluth, MN]
- **Mandatory Reporting of Re-Offenses to the Court:** If a woman chooses to confide in her partner's rehabilitation counselor or advocate that her partner has beaten her again, it must not be assumed that it is in her best interest to report this incident to the court. The role of the counselor and advocate is to help her examine her danger, her emotional ties to her abuser, her fear of losing the relationship, and the risk of retaliation. As in the case of victims who were murdered by their abusers, no threat of probation violation, increased counseling sessions or jail will deter a man from his acts of violence in some situations. The victim knows best. Intervenors must work together with the victim to assess her situation individually and plan for her safety before moving forward to hold the offender accountable. [Source of observation and advice: Duluth, MN]

- Jailing A Victim for Refusal to Testify Against Her Assailant: Forcing a victim to testify against her abuser is one of the most controversial issues related to domestic violence. A battered woman should never be jailed for refusing to testify against her offender. In some cases, her testimony may put her life in danger. The prosecutor must be able to deviate from a No-Drop Prosecution Policy in such cases. Duluth has a No-Drop Prosecution Policy. The prosecutors subpoenas all victims to testify and assume that they will be dealing with a “hostile witness” who may refuse to make a statement in court or may recant. The prosecutor, therefore, proceeds in a way that helps the jury understand why victim testimony may change from original statements to the police and others. She uses alternative sources of evidence to prove that abuse did in fact occur. During the early 1980’s and 1990’s, with this policy and practice, the conviction rate in Duluth ranged from 80-90%. Without such a policy and practice (in the mid 1980’s), conviction rates fell to 10%. After reviewing the practice of dismissing cases and interviewing battered women, the practice of not dropping cases was re-instated. Women reported that in many ways, the onus was off them if the State proceeded with the charge. The present policy in Duluth is to proceed with a case unless there is specific evidence provided by the victim or victim advocate that prosecution of the case would be injurious to the victim. [Source of observation and advice: Duluth, MN and Quincy, MA]
- Mutual Combat and Dual Arrests: It is critical that intervention project leaders dispel the myth that domestic violence is simply a case of mutual combatants. Failure to challenge this erroneous analysis results in law enforcement officers arresting both parties (when in fact the victim may have been defending herself) and courts ordering mediation or marriage counseling. These practices are not only irresponsible, but also dangerous. The notion of mutual combatants ignores the historical reality of battering, research and the power differential between men and women. [Source of observation and advice: Duluth, MN]
- Immediate Release of Offenders by Jailers: In some communities, jailers may be releasing offenders as soon as they post bond. This may be extremely dangerous for victims and witnesses. Minnesota law now allows jailers to hold assailants in

domestic violence cases for 36 hours if there is reason to believe the offender will endanger others. Typically, assailants are held for arraignment (usually the following day) unless the victim and children have found alternative safe housing. [Source of observation and advice: Duluth, MN]

- Non-Cooperation Between Responding Agencies and Courts: Agencies that do not cooperate with each other cannot cooperate in the protection of a victim. The lack of coordination between Family Court, the Juvenile Court and the Criminal Court continues to result in trauma and confusion for the victim of domestic violence. Many aspects of the Juvenile Court system and the entire judicial system still place blame on the adult victim with little effort to understand the complex dynamics of abusive relationships. More dialogue needs to take place regarding the extent to which medical examinations should take on forensic or evidentiary components when domestic violence is the suspected cause of injury. [Source of observation and advice: Duluth, MN and San Diego, CA]
- Failure to Share Offender Case Information: Offenders should be required to sign a release of information form so that information about their case can be shared with all agencies working their case. Interagency meetings should be held every two weeks or monthly to discuss problem cases and issues with policies and procedures so that improvements can be made. When practitioners share ideas and talk with one another, they don't feel isolated in their work and offenders and victims don't fall through the cracks. [Source of observation and advice: Duluth, MN]
- Making Probation Recommendations without Victim Input: When a probation officer fails to inquire what a victim needs or wants during a pre-sentence investigation or makes an inappropriate recommendation to the court, victim safety may be jeopardized. The quality of pre-sentence investigations can be improved with:
 - Input from the victim and victim advocate (an invaluable asset to probation officers)

- Assessment of prior violence and lethality which documents use of weapons, history of substance abuse, threats, mental health problems and other relevant data
- Safety planning for victims (even in misdemeanor cases -- which some jurisdictions don't take seriously)

[Source of observation and advice: Duluth, MN and Quincy, MA]

- Failure of Probation Officers to Supervise Domestic Violence Offenders:
Supervised probation should occur in most domestic violence cases. Probation officers are more willing to supervise when they understand the seriousness of domestic violence cases. Education is a key to understanding. Supervised probation must be provided in cases deemed to be most dangerous based on threats, past acts of violence and level of victim fear. Probation supervisors face personal liability if they fail to do all they can to reasonably protect identified victims. They have a 'special legal duty' to protect victims from their abusers. Case law says the same is true of police and parole officers. Police, parole and probation officers can not claim immunity if they fail to enforce a court protective order. In order to minimize risk for re-abuse, the following four elements of probation should be included: punishment, rehabilitation, restitution and victim protection. [Source of observation and advice: Duluth, MN and Quincy, MA]
- Ordering Mediation in Domestic Violence Cases: Mediation is used primarily as an alternative to the criminal justice system. Avoidance of this system is usually unwise in cases of domestic violence. There may be some legitimate reasons why a victim or offender would seek to avoid this system, such as the unequal treatment often given to people of racial or social difference. But it is more likely to be white, middle-class families that seek to avoid this system. It is important that the criminal justice system be used if at all possible, because it unequivocally communicates that the offender is held accountable for the abuse and it has the best chance of directing the offender to treatment. Mediation presupposes that two parties come to the table

to resolve a conflict. Victims of abuse in families can never come to that situation and feel safe from, much less equal to, their abuser. Mediation may be a valuable resource to call upon *after* the violence and abuse have stopped and family members need to resolve division of property and other such problems. But it should not be used as an intervention to stop the violence. [Source of observation and advice: Center for the Prevention of Sexual and Domestic Violence (Seattle, WA) and Quincy, MA]

- Preserving the Family Despite On-going Violence: Clergy members often have trouble at this point because their orientation is to keep families together at all costs. First, they have to begin to understand that the violence is destroying the family and that just because all family members reside in the same place does not mean that the family is intact. Then, they can begin to understand the importance of addressing the three goals of response in priority order. The number one priority is the protection of victims. The second priority is stopping the abuse. The third priority is possible restoration of the relationship once the violence is permanently ended. [Source of observation and advice: Center for the Prevention of Sexual and Domestic Violence (Seattle, WA)]
- Inappropriate Treatment Programs: Colorado and Massachusetts have developed model regulations for abuser treatment. Both bar any approach which blames or further endangers the victim. Inappropriate treatment includes: family counseling, mediation and anger ventilation type programs. Anger control programs also suggest that the violence is the victim's fault. Three studies have shown that batterer's violent behaviors are premeditated, controlling behavior, not out-of-control or spontaneous behavior. Stalkers actually hunt down their victims. The most widely copied treatment curriculum was developed by Pence and Shepard in 1988. It recommends group treatment to break down rationalization and isolation and simultaneously offers support to the offender during the behavioral change process. Substance abuse treatment should never be used as a substitute for batterer's treatment. The two problems are different and must be treated differently. [Source of observation and advice: Duluth, MN and Quincy, MA]

- Non-Jail Liberty Punishments: Home confinement, house arrest and curfews may be the most dangerous disposition available for victim safety if she is living in the home with the offender. [Source of observation and advice: Quincy, MA]
- Reports of Re-Offenses to Probation Officers by Victims: If a victim tells a probation officer that she has been beaten again, but that she does not want her report to go on the record because of safety reasons, the officer can ask if the offender was 'high' at the time of the incident. If the answer is yes, the officer can call the offender in for an immediate drug or alcohol test. When he fails, probation can be revoked on that ground, thus protecting the victim. [Source of observation and advice: Quincy, MA]
- Requests from Treatment Providers to Excuse Re-Offenses: If a treatment provider asks the probation officer to excuse the probationer from his failure to comply, the officer should reassess the quality of the treatment provider. [Source of observation and advice: Quincy, MA]

Failure to Hold Offenders Accountable

- Court Officials Identifying with Offenders: Court officers cannot allow themselves to be seen as identifying with the abuser or agreeing with his minimizing of the abuse and blame on others. Offenders often try to 'buddy up' with probation officers and shift blame to the victim. Giving the abuser a 'little man-to-man advice' (e.g. 'you've got to romance her a little') instead of an appropriate sentence causes victims to lose faith in the court's response to domestic violence. [Source of observation and advice: Duluth, MN and Quincy, MA]
- Failure to Enforce Court Orders: The court should not issue orders it is unable or unwilling to enforce. When offenders see fellow offenders in jail for re-offenses, they renew their commitment to change. Consistency and enforcement are the backbones of any effective intervention process. [Source of observation and advice: Duluth, MN]

- Failure to Arrest with Probable Cause and Failure to Sentence Appropriately: The person who batters his partner and within two or three hours is confronted by a police officer telling him to quiet down, to seek counseling, or to quit drinking, experiences no significant consequence of the battering. Similarly, sentencing which does not require any punishment, restitution or rehabilitation fails to present consequences to the abuser. There is no offender accountability in such cases and offenders in the community know it. [Source of observation and advice: Duluth, MN]
- Lack of Standardized Conditions of Probation: Offender accountability can be improved when probation conditions include orders to chemical dependency programs, batterers education and counseling programs, removal of weapons from the home and no-contact with victims (if requested by the victim). If offenders fail to comply, treatment providers should report the failure to the probation officer and testify at revocation hearings. [Source of observation and advice: Quincy, MA]
- Diversion of Domestic Violence Cases from Prosecution: It is generally agreed that using attendance in a counseling program to divert the offender from trial is a dangerous practice. This reinforces the belief that domestic violence is not a serious crime, and gives the abuser a method of avoiding consequences for his violence. The US Commission on Civil Rights concluded that *counseling mandated as a condition of probation is more effective* and taken more seriously by offenders than pre-trial diversion that requires counseling. The National Council of Juvenile and Family Court Judges also recommends diversion only in extraordinary cases, and then only after an admission of guilt before a judicial officer has been entered. [Source of observation and advice: Quincy, MA and the Center for the Prevention of Sexual and Domestic Violence (Seattle, WA)]
- Failure to Incarcerate: The clearest way to let the abuser know his behavior is criminal is to sentence him to jail or keep him in jail, even if only for a short 'shock' sentence. The US Attorney General's Task Force on Domestic Violence

recommends that ‘in serious cases, incarceration is the only punishment that fits the crime. [Source of observation and advice: Quincy, MA]

***Failure to Hold the Community Accountable
for Consistent, Appropriate Responses***

- Misapplication of Mandatory Arrest Policies and Laws: Some advocates are concerned that mandatory arrest laws will result in women being arrested when they defend themselves. Law enforcement agencies are concerned that such mandates will cause them to lose officer discretion to mediate and separate. Others worry that men of color and poor men will be singled out by the judicial system with mandatory arrest laws. Monitoring and tracking cases to ensure that class and race bias and dual arrests do not occur is an important component of implementing pre-arrest and mandatory arrest policies. [Source of observation and advice: Duluth, MN]
- Failure of Judges to Support Probation Department Recommendations: If the Probation Department is reluctant to go forward with revocation hearings, you might inquire whether judges back recommendations of Probation Officers. If there is no consequence for an offender who violates conditions of probation, the word quickly gets out to the community that the Probation Department and the Court are ineffectual. [Source of observation and advice: Duluth, MN]
- Failure to Enforce the Law: Changes in the law do not necessarily mean that laws will be enforced. Despite laws on the books which specifically designate wife-beating as an assault like any other, some states unofficially continue their policy of non-interference simply by looking the other way. Through most of the twentieth century, wife-beating has been against the law, but the police, the courts and public officials have winked at it. Monitoring police reports and judicial decisions made in domestic violence cases can be an effective way of assessing the extent to which local and state laws are enforced. Case law allows suits to be brought against

criminal justice officials for unequal protection and enforcement of the law. [Source of observation and advice: Duluth, MN and Quincy, MA]

- Double Standard for Familial and Stranger Assaults: None of our statutes make a distinction between stranger assaults and partner assaults, but we seem to have this double standard in the courts. Assault is assault. It must be addressed consistently.[Source of observation and advice: Quincy, MA]
- Blaming the Victim for the Offender's Violence: When a Judge asks questions of the victim regarding what she did that might have caused the offender's violent behavior, (s)he is in fact providing the offender with an excuse for his behavior. The violent behavior is no longer the offender's responsibility and is considered out of his control. With this view, the violence will likely reoccur and the victim's fear will likely increase. With such rulings, the offender's power to control his victim increases. [Source of observation and advice: Duluth, MN]
- Use of Social Workers to Prove the Victim Must Be An Unfit Mother If She is Beaten: Some courts call in social workers to do an assessment of the home situation if there are children involved. The inappropriate assumption is that she must be an unfit mother if she is being beaten. Knowing women fear losing their children, offenders use threats of calling in social services to continue their control of their victim. [Source of observation and advice: Duluth, MN]
- Ordering Anger Control Counseling for Victims: Some judges order a victim to seek anger control counseling even though she has been the long term victim of domestic assaults. Anger control by itself is inappropriate for both victims and offenders as it fails to address the underlying dynamics of coercive control and abuse of power in unequal relationships between victims and offenders. [Source of observation and advice: Duluth, MN]
- Counseling Which Teaches Victims to Diffuse Offender Behaviors: Counselors may try to teach the victim how to diffuse potentially explosive situations or alter

her behavior to prevent the offender's violence. This places the responsibility for his behavior on her and adds to his power to control her. Abuse will never end unless the offender learns how to make positive and constructive choices and manage his own behavior. [Source of observation and advice: Duluth, MN]

- **Making Dual Arrests in Opposition to Mandatory Arrest Policies:** Some police officers make dual arrests in opposition to pro-arrest or mandatory arrest policies. If patterns of this occur, police administrators should be alerted. [Source of observation and advice: Duluth, MN]
- **Persistent Negative Attitudes Toward Battered Women:** Police officers have had experience in dealing with female victims when they are in crisis, angry, agitated and injured. These women may take their anger and frustration out on police officers. Police officers may develop negative attitudes towards battered women. It is difficult to change these negative or hostile attitudes, even in training. If such attitudes persist in practice, police administrators, not individual police officers, should be asked to correct the situation. [Source of observation and advice: Duluth, MN]
- **Inappropriate Processing of Orders For Protection:** It is important for community organizers to obtain copies of protection order affidavits and to attend hearings as often as possible. By monitoring these two processes, they can identify problems such as (1) orders not being served in a timely fashion, (2) dismissal of cases when the petitioner wants to proceed, and (3) dismissals due to insufficient information or improperly prepared Order For Protection forms. [Source of observation and advice: Duluth, MN]
- **Judicial Deviation from State Statutes:** State statutes do not allow judges to order mutual orders for protection unless both individuals have filed individual affidavits. If this occurs in your jurisdiction, you may want to cite the statute to the judge. When judges repeatedly deviate from State statutes, agreed upon policies or respond inappropriately, here are some strategies which can be effective:

- Influence the judge through meetings in chambers or letters
- Appeal cases in criminal court
- Inform the Chief Judge of the Judicial District
- File a complaint with the State Board of Judicial Standards (in cases of unethical behavior; caution: investigate what conduct might result in sanctions by the Board by reviewing appropriate sections in the State Rules of the Court in a law library)
- Always obtain court transcripts of cases being discussed
- Seek assistance from a Battered Women's Legal Advocacy Project

[Source of observation and advice: Duluth, MN]

- Discrimination: The cultural diversity of the community may affect the response given to victims and offenders. Services must be available to all community members. Special efforts should be given to providing services which are culturally sensitive, including advocacy services for those who are hearing impaired, those who do not speak English, those of varying races and classes. Racism and classism may prevent some community members from seeking assistance. Key responders must educate and monitor themselves for attention to differences and take actions to staff their agencies with a diverse workforce.

[Source of observation and advice: Duluth, MN]

- Refusal to Become Informed: Judges may or may not feel they need education about the dynamics of an abusive relationship. Some may resent attempts at education. There are, however, ways of diplomatically discussing cases which remind judges of the complex nature of abuse dynamics. In Duluth, community organizers have assumed the role of educating judges and other court officials.

[Source of observation and advice: Duluth, MN]

- Dropping Domestic Violence Cases: Dropping domestic violence cases is wrong -- dead wrong. Many victims who were murdered after years of abuse might be alive today with a 'No-Drop' prosecution policy. Routine dismissals of cases against

male batterers make the prosecution and judges unwitting accomplices. Many times when a victim asks that charges be dismissed, she is accompanied by the man accused of abusing her. Even if the victim is convinced that the abuser has been reformed, the crime committed is not erased. Research suggests that at least half of all abusers re-offend. [Source of observation and advice: Duluth, MN and Quincy, MA]

- Police Misconduct: By instituting a Police Conduct Reporting Form for use in restraining order clinics, victims have an avenue to report helpful police assistance as well as misconduct by law enforcement officers responding to domestic violence incidents. These forms allow court services personnel to monitor potential misconduct by law enforcement officers regarding state mandates in domestic violence cases. [Source of observation and advice: San Diego, CA]

Section G: Best Practices

Power brokers and key players throughout the community are beginning to examine how their communities and responding organizations are structured, what processes they use to deter and reduce domestic violence, and what strategies their leaders are using to turn the tides on domestic violence. Experience is showing that several leadership actions are necessary to produce maximum positive effects on the problem of domestic violence. These leadership actions involve (1) creating new organizational structures -- also called infrastructure enhancements -- which prioritize and focus on the needs of victims, witnesses and offenders; (2) implementing processes which can provide community leaders with the data they need to determine if policies and programs have been fairly and consistently implemented and if they are producing the desired results; and (3) developing strategies which produce effective community partnerships. It is critical that community leaders plan for improvements in all three of these areas. The following is a snapshot of how several experienced communities from around the nation have tackled this task.

Effective Leadership Structures

Domestic Violence Coordinating Councils

Ending domestic violence requires the commitment of community members and its leaders for on-going, massive community education and the creation of new organizational structures that can facilitate changes in individual and institutional behaviors and beliefs. An ideal leadership structure to plan and coordinate community efforts in this regard is a Domestic Violence Coordinating Council.

In the community of San Diego, CA, Casey Gwinn, City Attorney, and Ashley Walker-Hooper of Southwood Hospital Co-Chaired the Founding Committee of the San Diego County Task Force on Domestic Violence. This Founding Committee naturally

emerged from various disciplines and organizations throughout the surrounding military and civilian communities. Most were in direct contact with victims, witnesses and offenders on a daily basis. They knew that they needed to improve the way the entire community responded to domestic violence.

In the past, fragmented intervention efforts, inconsistent policies, myths, and poor professional practices kept them from making the progress they wanted to make with regard to the reduction of domestic violence in San Diego.

Exhibit 15: Founding Committee
San Diego County Task Force on Domestic Violence (June 1989)

Gene Fischer
Family Service Center
Marine Corps Recruit Depot

Murry Bloom
Family Court Services

LCDR Chuck Ertl (US Navy Retired)
Naval Air Station, Miramar

Joyce Faidley
Center for Women's Studies and Services

Dee Fuller
District Attorney
Victim/Witness Assistance

Betty White
Center for Women's Studies and Services

Casey G. Gwinn
San Diego City Attorney
Domestic Violence Unit

Kate Yvenditti
Volunteer Lawyers Program

Kate Lancaster
San Diego County
Probation Department

Lee Lawless
Attorney

LT Lesli Lord
San Diego Police

Elly Newman
Victim Advocate

Ashley Walker-Hooper
Southwood Hospital

Ruth Hansen
San Diego County
Probation Department

Marilyn Cornell
San Diego County
Probation Department

The San Diego Task Force on Domestic Violence was endorsed by the San Diego City Council and Board of Supervisors, the District and City Attorney's Offices, the Medical and Bar Associations, and the Police Chiefs' and Sheriffs' Associations. The official establishment of the Task Force was the culmination of fifteen years of informal efforts of individuals and organizations concerned about the system's inability to respond appropriately to acts of domestic violence.

Membership applications were circulated at the first meeting as well as follow-on meetings. Within a few short weeks, over 145 agency representatives joined the two year project. The Task Force and its committee structure was originally limited to those individuals who were providing services to victims or perpetrators of domestic violence. It later expanded to include journalists and other supportive members of the public.

After an initial kick-off event in June 1989 which drew widespread media and public attention, the Task Force formed the following **committees** to begin its planning, process improvement and implementation processes.

- Law Enforcement • Publicity
- Medical • Treatment and Intervention
- Legal Services • Survivors' Network
- Legislation • Education

The following **Statement of Purpose** served as guidance for the work of the Task Force:

The purpose of the San Diego Task Force on Domestic Violence is to reduce and prevent domestic violence in San Diego by enhancing the response of primary service providers. Our goals are to: 1) provide a working forum for interaction and information exchange among agencies dealing with victims and perpetrators of domestic violence; 2) identify and analyze the components of current responses to domestic violence and make recommendations to policy-makers regarding appropriate changes; 3) serve as a conduit to local news media for statistics and information compiled by task force participants; 4) through a legislation subcommittee, pursue legislation recommended by task force participants; and 5) work toward the establishment of a coordinated, integrated system-wide response to domestic violence.

The Task Force was quickly recognized as an effective body for improving and coordinating the community's response to domestic violence. In approximately two years, the Task Force was able to publish and implement three model policies and protocols which gained national recognition and continue to guide San Deigo's law enforcement, medical and treatment approaches to domestic violence (see Section J: Appendices for more information).

- Domestic Violence Law Enforcement Protocol
- Medical Services Protocol
- Standards for Domestic Violence Perpetrator Treatment Providers

The final report of the Task Force listed **major accomplishments** which occurred during the life of the Task Force (Phase I of their evolving CCR Initiative). They included:

1. Created and implemented a complete domestic violence protocol for all law enforcement agencies in San Diego County.
2. Planned and facilitated multiple trainings for Family Court judges and staff on domestic violence.
3. Instituted a monthly victim orientation session co-sponsored by the District Attorney and City Attorney.
4. Prepared curricula for training therapists on treatment and intervention issues related to domestic violence.
5. Presented testimony at the California Judicial Council Gender Bias Hearings.
6. Conducted a 90 day pilot project within the San Diego Police Department which utilized specialized reporting forms for all felony and misdemeanor domestic violence cases.
7. Drafted and circulated a countywide protocol for hospitals and physicians who treat domestic violence victims.
8. Advocated successfully for creation of a specialized Domestic Violence Unit (six prosecutors) in the District Attorney's Office.
9. Prepared and implemented Standards for Treatment Providers for all programs providing services to court-ordered batterers.

10. Published an initial directory of all domestic violence related services in San Diego County.
11. Produced thirty-second public service announcements on audio and video cassette for use on area TV and radio stations.
12. Advocated successfully for funding for the City Attorney's Domestic Violence Unit (seven prosecutors).
13. Produced an Interim Report in August 1990.
14. Advocated successfully for the creation of a Domestic Violence Unit within the San Diego Probation Department.
15. Conducted domestic violence trainings for Kaiser, Grossmont and Sharp Hospital emergency room personnel.
16. Successfully lobbied the California Medical Association to adopt our reporting form as a model form for the California Physicians Manual.
17. Advocated successfully for creation of a Domestic Violence Coordinating Sergeant position within the San Diego Police Department.
18. Instituted a Police Conduct Reporting Form for use in the restraining order clinics to monitor potential misconduct by law enforcement officers regarding state mandates in domestic violence cases.
19. Assisted in creation of the Family Violence Project at Children's Hospital to create a national model for intervention in cases involving both child abuse and domestic violence.
20. Reduced the 1990 domestic violence homicide rate by 61% for the city of San Diego.
21. Utilized a Spousal Rape Working Group to address the handling of spousal rape cases within the criminal justice system.
22. Utilized an "Abuse in the Church Working Group" to begin a dialogue with local churches on effective intervention strategies for batterers within the religious community.
23. Surveyed 125 domestic violence cases in Family Court to evaluate the overlap between Family Court, Criminal Court and Juvenile Court.
24. Conducted trainings for over 200 San Diego probation officers.
25. Produced a professional domestic violence training video for all San Diego County law enforcement agencies.

After a two year effort and significant improvements in their community's domestic violence response, the members of San Diego's Founding Committee clearly realized that their work had just begun. They made the following recommendations to take their community and entered into Phase II of the development of their CCR. Their accomplishments and the following targeted "next steps" may be helpful to other community members and leaders in communities that want to plan and successfully implement a CCR.

Phase II -- Next Steps for San Diego's Domestic Violence Council

1. Creation of the San Diego County Family Violence Council to carry on the work of the task force.
2. Application of the Domestic Violence Law Enforcement Protocol to all spousal rape cases handled by any county law enforcement agency.
3. Authorization for a limited number of night time jail bookings for domestic violence offenders who have multiple outstanding domestic violence misdemeanor warrants.
4. Long-range planning for specialized units or designated investigators to handle domestic violence cases within all county law enforcement agencies.
5. Mandated training for all social workers in the Department of Social Services who handle domestic violence victims in the course of investigating or managing child protection cases.
6. Long-range planning for the use of specially trained, designated social workers at Child Protective Services to handle cases which involve child abuse and domestic violence.
7. Adoption of task force sponsored Senate Bill 738 requiring seven hours of mandated domestic violence training for all licensed clinical social workers, marriage and family counselors, and other psychotherapists.
8. Restoration of child abuse prevention program funding by the State of California.
9. Revision of local child abuse prevention program curriculum to address domestic violence issues in the context of physical and emotional abuse occurring in the home.

10. Implementation of a domestic violence training program and referral list for churches and pastors.
11. Adoption of the Medical Protocol by the Hospital Council of San Diego County including all hospitals and urgent care facilities in the region.
12. Removal/deletion of all references to domestic violence victims having to “press charges,” or “drop charges” or “prosecute in domestic violence situation” - by law enforcement and victim service providers.
13. Preparation of a protocol for liaison between San Diego Superior Court-Family Court and the District Attorney and City Attorney related to Family Court domestic violence cases not previously reported to a law enforcement agency.
14. Elimination of routine social worker requests and court orders for psychotherapy for victims of domestic violence in cases under the jurisdiction of the County Department of Social Services.
15. Law enforcement training designed to reduce incidents of mutual arrest of both partners in domestic violence incidents.
16. Increased local and statewide efforts to increase marriage license fees to fund shelter and advocacy programs for battered women in San Diego County.
17. Adoption of guidelines by San Diego judges to ensure consistency in the enforcement of orders to attend long-term counseling programs as a condition of probation.
18. Creation of a county or private work furlough center designed solely for domestic violence offenders with on-facility batterer’s counseling and substance abuse programs.
19. Institution of a protocol between City Attorney and District Attorney and city and county school districts for obtaining the testimony of children witnesses in domestic violence cases when the children are under the jurisdiction of local school officials at the time their testimony is needed.
20. Adoption of Juvenile Court procedures and restraining order forms which provide that restraining orders issued by Juvenile Court judges by immediately entered into the San Diego County Marshal’s system for recording of orders to enable domestic violence victims to have an enforceable restraining order.
21. Local or statewide mandates for specialized domestic violence materials to be provided by a minister or judicial officer to every couple obtaining a marriage license.

22. Creation of a privately or publicly funded domestic violence crisis response team to respond to domestic violence scenes where children are present and/or the victim is in need of medical treatment or other social service assistance.

After long debate, the Founding Committee of San Diego's Domestic Violence Task Force decided to create a permanent body to continue the evolution of its CCR efforts. In January 1995, the Domestic Violence Task Force became the San Diego Domestic Violence Council, Inc. with Casey Gwinn as president and Gene Fischer as Vice President. It has a minimal staff to provide basic logistics support. The Council is allowed to receive and administer grant moneys and other sources of financial support. Its Board of Directors meets annually to elect members and has established requirements to rotate its membership to ensure full participation by community members and leaders from all relevant disciplines. Board of Director terms of office run for one year from 1 December to 30 November. Officers on the Domestic Violence Council serve at the pleasure of the Board of Directors. There is no term limit for Council officers. Council officer positions include:

- President (serving as the Chief Executive Officer)
- Vice President
- Secretary
- Chief Financial Officer
- 4 Members At-Large
- Committee Chairs of All Standing Committees.

The Board of Directors has established an Executive Board (a much smaller body) which has the power to act on behalf of the entire Board of Directors. Additionally, it has established an Advisory Committee which has general members from the following community agencies:

- | | |
|---|---|
| • County Department of Social Services | • San Diego County Board of Education |
| • County Probation Department | • San Diego Unified School District |
| • San Diego Police Department | • Superior Court Judicial District |
| • San Diego County Sheriff's Department | • San Diego Municipal Judicial District |
| • County Public Defender's Office | • South Bay Municipal Judicial District |

- San Diego/Imperial County Hospital Council
- County Department of Health Services
- District Attorney's Office
- City Attorney's Office
- East County Municipal Judicial District
- North County Municipal Judicial District
- San Diego County Bar Association
- San Deigo Medical Society

[NOTE: Representation from the military community appears to be missing. This may be a missed opportunity to fully coordinate the community's response with military commanding officers and their justice, medical and human services response agencies.]

There are twelve Standing Committees on the Domestic Violence Council.

Chairpersons were initially appointed by the Board of Directors for one year. Thereafter, each Standing Committee shall recommend for Board approval a person to serve as chairperson. There is no restriction to the number of successive terms for chairpersons.

- Medical
- Law Enforcement
- Treatment/Evaluation/Monitoring
- Education
- Shelter and Support Services
- Ethnic Concerns
- North County Task Force
- East County Task Force
- Social Services
- Judicial
- Criminal Defense Bar

The fiscal year ends on the last day of December of each year. The Board of Directors requires that an annual report of the status and accomplishments of San Diego's Domestic Violence Council be produced and sent to all members not later than 120 days after the close of the fiscal year. At a minimum, this report contains the status of (1) assets and liabilities, (2) principal changes in assets and liabilities, (3) revenues or receipts, and (4) any information required by established by-laws.

As originally established, the Council provides a forum for interaction and information exchange among community agencies as well as domestic violence survivors and recovered perpetrators. They identify and analyze opportunities for improvement in the community's response to domestic violence. They make recommendations for policies, law and supportive programs and services. They track and provide statistics and other information

that may be necessary to improve over-all system-wide response.

On a regular basis, the Council promotes professional and public awareness of domestic violence issues by disseminating information concerning available prevention and interventions efforts (e.g. treatment options for batterers, services for victims and witnesses, professional development seminars, etc.). The Council provides speakers to schools and civic groups to raise awareness of children, parents, community members and leaders. They also provide printed materials and professional literature directly to agencies and the general public.

There is growing interest in the creation of Family Violence Coordinating Councils across the nation. Early in 1996, the *American Medical Association began hosting regional conferences to train multi-disciplinary teams of community responders* who are interested in establishing Family Violence Coordinating Councils. These teams will return to their communities ready to organize and mobilize community members and leaders so that policies, protocols, programs and laws can better support the common CCR goals, messages and consistent responses of a community to all types of violence within the home. For more information on these and other resources which are currently available, see Section I: Technical Assistance.

Office of Professional Standards

It is estimated that approximately 30% of all Americans have had personal experience with violence in their homes. As a result, there is potential for members and leaders of all organizations -- including those considered to be key responders in family violence cases (e.g. law enforcement officers, dispatchers, jail staff, court officials, therapists, clergypersons, etc.) -- to be victims or perpetrators of domestic violence. These professionals may also hold the underlying beliefs that condone and perpetuate abusive acts. They, too, may choose to be domestic violence offenders who inflict physical, psychological, sexual and economic pain on their intimate partners behind the closed doors of the family home.

To address this problem, the Chicago Police Department (CPD) took several important actions: (1) expanded the role of their Office of Professional Standards (OPS) to deal with police officers and department personnel who have had allegations of domestic violence made against them; (2) hired a victim advocate to provide domestic violence training, crisis intervention services and necessary support and assistance for victims; (3) asked a number of local community organizations to provide services to victims during the entire course of investigation and disciplinary processes in domestic violence cases; (4) enhanced the responsiveness of their Personnel Division to offer rehabilitative services to offenders in the area of substance abuse; and (5) continued to expand their community policing initiative to build stronger partnerships between residents of Chicago's neighborhoods and police officers [Note: Chicago's Alternative Policing Strategy (CAPS) is described later in this section]. These actions are designed to ensure fair and expeditious investigations, provide victims with the support they need, expand the capacity of the police department to prevent domestic violence and ensure a standardized, appropriate response from CPD's leadership when cases do occur. According to CPD's Domestic Violence Manual which was produced by CPD's Committee on Domestic Violence, information provided to victims is designed to reduce the victim's fear and anxiety of the disciplinary process and may increase the overall effectiveness of investigations into domestic violence complaints while taking the positive step of addressing the victim's emotional needs. With this vision in mind, Chicago's Police Department hopes to improve reporting of domestic violence incidents, improve their organizational response to each incident and prevent future episodes of domestic violence.

The Office of Professional Standards is a civilian unit of CPD. It is responsible for conducting investigations into all allegations of the use of excessive force made against members of the Chicago Police Department. In domestic violence cases, the Office of Professional Standards (OPS) investigates reports of:

- physical acts of domestic violence
- harassment and verbal abuse including threats of violence
- violations of court orders in domestic related incidents and allegations of child abuse/neglect as defined in the Illinois Domestic Violence Act

Investigations involving Police Department employees is a sensitive matter. Cases

must be handled expeditiously, comprehensively and objectively. To ensure the highest level of senior leadership attention and oversight, the Chief Administrator of OPS is a part of Superintendent Matt Rodriguez's Office and reports directly to him.

OPS was established in 1974 with a staff of approximately 40 members made up of investigators, supervisors and three administrators. By 1985, it had doubled its size due to public concern regarding the integrity of excessive force investigations. OPS was established to conduct civilian investigations of alleged police misconduct. Superintendent Rodriguez ensures that the composition of OPS is representative of the racial and ethnic diversity of the local community. Spanish and other foreign languages are spoken by OPS staff. About half of OPS is female at all levels of responsibility. OPS staff come from diverse neighborhoods.

OPS is designed to operate independently. No police officer, regardless of rank, has authority to impede an OPS investigation. Upon completion of its investigation, OPS presents its findings and makes appropriate corrective and disciplinary recommendations to the Superintendent. Case investigations are completed as soon as possible. Case status determinations include:

- Unfounded -- allegation was false or not factual
- Exonerated -- incident occurred but the officer's behavior was lawful
- Non Sustained -- evidence was insufficient to prove or disprove
- Sustained -- allegation was supported by sufficient evidence to justify conclusion that the officer's behavior was improper and/or unlawful

Recommendations to the Superintendent can range from a reprimand to separation from the Department. When allegations are sustained, the following procedure is followed:

Command Channel Review -- the case is reviewed by the accused's commanding officers for their concurrence or non-concurrence.

Acceptance or Rejection -- accused is allowed three days (72 hours) to accept the disciplinary recommendation made by OPS or to request a Complaint Review Panel (CRP: a group of peers) be convened to review the case. This part of the

process is managed by the Department Advocate.

To Superintendent for Final Action -- after a hearing before the CRP, the Department Advocate sends a summary of the hearing and recommendations to the Superintendent of Police for final decision.

Police Board Review and Final Action -- if the disciplinary action was for a maximum of a five day suspension, the Superintendent's action is final. If the suspension was from six to thirty days and the member requests a review by the Police Board, the Board may either confirm or overturn the Superintendent's action.

Police Board Hearing and Final Action -- in cases of recommended separation of a member from the Police Department, the OPS or Internal Affairs Division (IAD) forwards the case directly to the Superintendent. If he concurs, it goes to the Police Board for a hearing and final action.

Complaints regarding excessive force -- including acts of domestic violence -- may be made to any police district sergeant, who will relay the complaint to OPS 24 hours a day. OPS has an on-call team which responds to serious allegations around the clock. Such actions and responsiveness deliver a very clear consistent message to CPD employees: Domestic Violence Is A Serious Crime regardless of who commits it -- a person on the police force or out in the community.

On the topic of domestic violence, Superintendent Rodriguez has issued Police Department General Orders (guidelines), training bulletins, roll call and new employee orientation training materials and his own CPD Notebook (special informational sheets directing the attention of CPD personnel to issues of special interest). In a recent issue of the CPD Notebook entitled "Domestic Violence: Our Professional and Personal Response," Superintendent Rodriguez told the police force that "Our responsibility as law enforcement officers is to provide assistance to domestic violence victims encountered during our workday. We must also recognize that if *we commit* these same offenses, we are jeopardizing our job status." He reiterated *current CPD policy*:

It is the policy of the Department to treat all domestic violence incidents in the same manner of all other requests for police assistance. The Department advocates reducing the incidence and severity of domestic violence through a combination of law enforcement intervention and community services. Victims (including any minor child or any dependent adult in the victim's care) have the right to be protected from abuse

and to file criminal charges against an offender. Department members will provide immediate, effective assistance and protection for victims and witnesses of domestic violence.

It is important to note that our Department policy and State Law do not mandate that you make an arrest if the victim does not wish to sign a complaint. However, you must make an arrest for violations of orders of protection and violations of the 72-hour prohibition, wherein an offender returns home or has any contact with the victim. **Remember, a victim cannot be arrested for allowing the respondent back into the household. Only the respondent can be arrested for the violation.**

Superintendent Rodriguez reminded police personnel that like other citizens in the community, they, too are accountable for their actions. Domestic violence laws apply to all local citizens -- including police personnel. Thus, police officers must consider the impact of their own abusive acts on their professional careers as well as on their relationships with friends and family members.

Chicago Police Department policy directs police officers to take several actions when a domestic violence episode occurs. They are described below.

- If an officer is accused of abuse and a crime is alleged, responding officers must handle the investigation impartially, notifying a supervisor and following the procedures outlined in General Order entitled, "Complaint and Disciplinary Procedures," and in Domestic Violence Training Bulletin #7, "When a Police Officer is the Alleged Abuser," issued in December 1994.
- On 1 January 1996, a new state law relative to orders of protection took effect. The statute, Chapter 725ILCS5 - 14(b)14.5(a), states that citizens can be ordered by a judge to surrender their firearms as a "remedy" in an order of protection. In Subsection (b) the statute further states that **police officers can be ordered by a judge to surrender their duty firearms** for a period of up to two years. Our Department has responded to the new law by issuing a revision to General Order 93-3, add.5A, "Special Situations."

The revised order tells officers that if they are notified that they are subject to an Order For Protection, the officer will:

- immediately inform the Department in a To-From-Subject report.
 - surrender his or her duty and non-duty firearms, if ordered to do so by a judge.
 - if ordered, report to the Personnel Department concerning their disposition of duty status.
-
- Officers should stop and think, **before** a domestic violence situation escalates. Seek out assistance from the *Professional Counseling Service* first, rather than let actions in their personal lives adversely impact their professional careers.

In Chicago's Police Department, the Bureau of Administrative Services has established a Professional Counseling Service. Within this office is an objective, non-judgmental Alcohol and Drug Assistance Unit. A CPD employee or his/her family members may contact a counselor in this unit to seek advice and assistance. All records of this unit are considered strictly confidential. Only statistical information is submitted to the Deputy Superintendent of the Bureau of Administrative Services. Confidential records are destroyed the month after the termination of counseling services. When a supervisor initiates disciplinary action or a disciplinary investigation as a result of drug or alcohol use which impedes an employees performance, the member's participation (or lack of participation) in the Alcohol and Drug Assistance Unit's program will not delay the initiation of the disciplinary action or completion of the investigation. The Alcohol and Drug Assistance Unit also conducts in-service educational programs which are designed to instruct and guide supervisory personnel in those areas of evaluating job performance and/or health.

Domestic Violence Courts, Units and Automated Information Systems

In Chicago, IL, court branches known as Domestic Violence Courts hear all misdemeanor criminal complaints within the City where the complaining victim-witness

and the offender are related by blood or marriage, are living or have lived together, or have or allegedly have a child in common. Dade County, FL, has established a similar Domestic Violence Court (State of Florida, 1994). If the victim and the offender do not have such a blood, marital or intimate relationship, complaints of abusive acts are filed at another court branch.

As part of the proceedings in domestic violence cases, the Domestic Violence Courts may issue an Order for Protection (OFP) which orders the offender not to harm or harass the victim and/or not to enter or remain at the victim's residence or other specified locations. Once an Order for Protection is issued, it can be renewed until the case is settled, so long as the victim continues to come to court as needed. If the victim fails to appear on a scheduled court date, the case will be dropped and the order of protection will be terminated. Law enforcement officers and dispatchers in Chicago check the **LEADS (Law Enforcement Agencies Data System) computer records** to verify the status and conditions of existing Orders For Protection and outstanding warrants in domestic violence cases. Such automated systems continue to be established in communities across the nation. Actions are currently underway to connect these systems so that officials from other jurisdictions can also validate court orders and outstanding warrants. Once these actions are complete, the ability of the courts and law enforcement personnel to enforce court orders will be greatly enhanced.

One of the recommendations of the American Medical Association in 1994 was to establish by law in all 50 states "**Unified Family Courts,**" a specialized judicial tribunal with well-trained, adequately supported and highly motivated personnel, who would hear all issues affecting parents and children (e.g. allegations of abuse, custody issues within the context of abuse, divorce, etc.). According to AMA past president William Ide, III (AMA, 1994f) "such a court would better assure that domestic violence is not addressed by a court in isolation from its legal implications on the safety and welfare of the children in that family. A child doesn't leave that court until there's a plan. We need a reinventing of our family court system in America and unified courts are one thing we're asking legislators to consider."

In June 1988, San Diego's City Attorney created a special **Domestic Violence Prosecution Unit**. This unit has eight specially trained prosecutors (one full time), three legal secretaries, four clerical positions, a clerical supervisor and a victim services coordinator. Attorneys from the entire Criminal Division also rotate through the unit to receive specialized training on domestic violence. The Domestic Violence Unit uses legal interns and victim/witness volunteers. The Head Deputy of the City Attorney's Office is responsible for supervising the entire unit. All eight attorney's in the Domestic Violence Unit prosecute domestic violence cases. **Vertical prosecution** is practiced meaning that once an attorney is assigned to a case, (s)he stays with the case from screening and issuing through completion of the trial. Once formal charges are filed in a domestic violence case, the City Attorney **will not**:

- move to dismiss the charges merely because a victim is reluctant to cooperate
- dismiss the case if the victim fails to appear in court on the day of trial
- offer to reduce a domestic violence charge to a lesser offense (because domestic violence is a criminal act and will not be tolerated in the San Diego community).

Domestic violence cases proceed until the defendant pleads guilty or is tried by a judge or jury. An **Independent Corroboration Standard** is used in determining if charges will be brought against an offender. They include:

- injuries observed by a person other than the victim
- a medical report that indicates injuries
- witnesses who saw the actual crime take place
- witnesses who heard noises indicating that a domestic violence incident was taking place (e.g. screams, furniture being thrown, etc.)
- a 911 tape with the victim, witness or suspect's statements
- physical evidence present (e.g. weapon, broken furniture, disarray, torn clothes, etc.)
- admission by the defendant

In cases where there is little or no independent corroboration, a **Full Victim Participation Standard** is used. In these cases it is necessary for the victim to testify under oath regarding the incident alleged in the police report. The victim is a witness to criminal conduct and must testify truthfully. She is not referred to as a 'complaining' witness or a 'plaintiff.' If the victim refuses to be interviewed by the City Attorney's

victim/witness staff for supplemental information about the alleged incident, the case will not be filed. If she indicates that she will testify in court and tell the truth, charges will be filed even without independent corroboration. Victims do not sign domestic violence complaints. The Deputy City Attorney does. Cases do not go forward until:

- corroborating witnesses have been interviewed
- the Domestic Violence Unit in the San Diego City Attorney's Office screens the case
- names, addresses and phone numbers of all witnesses are included in the report
- a complete criminal history of the defendant is included
- 911 tape has been ordered
- medical treatment report is obtained
- reports of prior incidents of domestic violence by this same suspect are attached
- restraining orders and proof of service is attached
- photographs of the victim's injuries are placed in a plastic photo jacket and attached to the case

San Diego's Domestic Violence Unit screens approximately 4,000 cases per year including misdemeanor and felony cases. All cases have a criminal complaint issuing sheet attached to the first page of the police report with "DV" stamped across the top. Additionally, a special case number is given to the prosecution case record with an "M" or "F" followed by "DV" to allow for monitoring of all domestic violence court dates and processes. All top sheets in the case file are marked with "DV" for tracking purposes.

Domestic Violence Investigative Units

To facilitate better collection of evidence and police reporting, Domestic Violence Investigative Units are also being established and trained within law enforcement agencies. Working together with Domestic Violence Prosecution Units on establishing Independent Corroboration Standards and Full Victim Participation Standards, domestic violence prosecution and conviction rates are improving in CCR communities. Such approaches reduce victim guilt and shift anger from the victim to the Courts.

Before law enforcement and investigative personnel leave the scene, they must give the victim a **Victim's Rights Notification Card** which explains her rights and

availability of community resources. She is advised to call a friend or relative, notify neighbors to be on the lookout and develop a safety plan. Sarah Buel, an Assistant District Attorney in the Quincy Court, recommends that all law enforcement officers, investigative personnel and victim advocates give victims the following important messages as they work with them:

- *“I’m afraid for your safety” of “I’m afraid for the safety of your children.”*
- *“The violence usually gets worse unless there is serious intervention and this man is forced to stop his violent behavior.”*
- *“I understand that you may not choose to leave or support prosecution now, but we will be here to help when you are ready.”*

Victim safety, offender accountability and community accountability for a consistent appropriate response are all enhanced by such cooperative actions and verbal reassurances. The net result is that further incidents of abuse may be prevented. Thus, by taking these concrete steps, community members (witnesses, family and friends) and leaders (community responders) can make significant progress toward reducing domestic violence from their homes and communities.

Effective Leadership Processes

Case Monitoring

According to Duluth, MN community organizers Ellen Pence and Michael Paymar (1993), “after a particularly brutal ‘domestic’ homicide [in 1980], the Duluth Domestic Abuse Intervention Project (DAIP) found a relatively receptive community willing to experiment with new practices to confront the problem of men’s violence toward their partners. Organizers from DAIP debated, cajoled, and negotiated with law enforcement agencies, the justice system, and human service providers to go beyond a superficial examination of the flaws in the system to committing to a comprehensive overhaul of the police, the court, and human service system’s response to these cases. The focus was shifted to the offender’s behavior versus the victim’s and the community was asked to

accept greater responsibility for her safety as they held the offender accountable for his actions. Within a year, a series of policies and practices were implemented as the basis for Duluth's Coordinated Community Response."

Over time, experienced leaders in Duluth have realized how critical it is that tracking procedures be put in place which allow an assessment of the effectiveness of established policies and protocols. Because there is much resistance to changing the strongly held belief systems and behaviors (at personal and professional levels) that underlie the System of Violence that exists in many homes and communities, the consistency and appropriateness of the community's response must be monitored. Tracking individual cases through the criminal justice, medical and human services system can shed important light on which policies and programs are being successfully and fairly implemented.

In Duluth, the DAIP plays many important roles, one of which is a coordination function. This function includes such actions as:

- ensuring that case management practices aren't so fragmented that the victim's experience is erased or not dealt with
- making sure that those affected by policy have a key role in developing it
- scheduling and facilitating interagency meetings and meetings about specific problematic cases
- developing and maintaining forums for practitioners to bring up problems and find solutions
- routing all information about cases to practitioners directly involved in it.

In its effort to examine consistency and appropriateness of community response to domestic violence cases, DAIP documents case processing patterns such as plea agreements, dismissals and trial results. Special meetings with City and County Prosecutors are called if patterns emerge which indicate that: (1) cases are being dismissed; (2) charges are being lowered or plea bargains are arranged to avoid trial; or (3) only felony cases are being tried.

Pence and Paymar (1993) suggest that it is important to find out what the motivation and criteria are for these practices and explore how victim safety can be improved through more aggressive prosecution, sentencing and court supervision. Laws and procedures can

be improved with facts. The best tool an advocate and community organizer can have is documentation of cases which have been mishandled, trivialized or neglected (Pence and Paymar, 1993). Additional case management and tracking advice from Duluth includes the following (Pence and Paymar, 1993):

- The justice system as an environment is conducive to challenging decisions. Advocates can not bluntly tell judges that they just “blew” a case. Their effectiveness will be lost. They must, however, challenge all questionable decisions on behalf of victim safety and integrity and raise objections respectfully or they will also fail to be effective.
- Cases need to be tracked to maximize victim safety and identify system breakdowns. Case information is also necessary to ensure that offenders comply with court orders. Case files should be the source of data which will be used to determine if agency and community CCR goals are met. Community organizers need to work with agency administrators to deal appropriately with individuals who fail to implement agreed upon policies, procedures and practices.
- Interagency meetings should be held to resolve problems with individual cases and to discuss related issues faced by practitioners. Discussions should be held with community practitioners so they can see how their policies complement one another’s efforts.
- Community organizers should seek input from all people affected by development or change in policies.
- Interagency agreements should be established to facilitate the flow of information that is necessary for victim outreach services from shelter and advocacy programs. MOUs with existing counseling agencies use an educational model for batterers rehabilitation that does not blame the victim. This MOU helps local counseling agencies make needed changes, keeps them from competing for limited funding that could be going to the shelter, and eliminates the need to establish a separate educational and counseling program.
- It is most helpful during the planning and implementation phases of a community-wide intervention project to establish a strong working relationship with a Deputy Police Chief or a supervisor of line officers as most corrections in course will be done at that level.
- Only if all efforts fail to establish working relationships at the Sheriff’s or Chief of Police level, organize politically. Involve the Mayor, the City Council and the County Commissioners in your effort to protect victims and hold offenders accountable. The press may be able to help as well. Once directed to cooperate, work to establish trust and respect in a working relationship that assists all responders in carrying out their public duties.

- Tracking cases, identifying gaps in the system and resolving problems is system advocacy. The shelter is in the business of individual advocacy on behalf of individual battered women. It may be necessary to establish an outside agency [like DAIP] that is specifically empowered to track cases and facilitate problem solving processes.
- Observing criminal and civil cases as often as possible is highly advisable. Also, it is helpful to introduce yourself, write letters and meet with judges in their chambers when problems arise and need to be discussed. Sometimes, it is necessary to request a copy of a court transcript when there is reason to believe that a judge has acted improperly. Judges are very sensitive to claims of bias since they are supposed to be fair and impartial. They are also sensitive to claims that they did not do enough to protect a citizen. Physical presence and documentation of cases are effective tools for working with judges and other practitioners. They should be very useful in interagency meetings when cases and policies are discussed. Attempts at dialogue and cooperation should always precede confrontation.
- Judges are generally unwilling to agree to written policies requiring certain judgements in domestic violence cases. They will, however, agree to a set of guidelines which assist them in issuing consistent rulings in similar cases. They appreciate the fact that a uniform response from the bench is a strong message to the community regarding intolerance for family violence. When community organizers and judges can reach a common understanding of the intent of State statutes and legal applications, they can overcome many of the obstacles to prosecution and defense of family violence cases.
- If there is a resistance by the Probation Department to provide copies of probation conditions ordered by the court, the same strategy as used for law enforcement (police reports) can be used. Suggest a trial period of tracking cases to work out any potential problems regarding confidentiality issues associated with release of information. The State Attorney General may be willing to rule that police reports and court records documenting probation conditions are public records and releasable "for the purpose of improving the community's case management and overall response to domestic violence cases.
- Work closely with the shelter to keep victim experience, safety and protection at the center of all efforts to improve the system of response.
- Enlist the assistance of victims and victim advocates in bringing issues to life within the system's response in terms of policies, procedures, practices and programs.
- Meet with agencies separately to discuss written policies and their effects on victims and offenders. Be prepared to bargain for changes in policies (e.g. if one agency is willing to make changes, perhaps another one will also to dovetail and strengthen the overall effect).

- Work with key individuals inside targeted agencies to understand the operations and constraints the agency faces. Then develop strategies for working with directors and administrators.
- Don't accept situations as unchangeable. Beliefs about external constraints which force policies and procedures can be false.
- Don't use the press to expose non-compliance with agreed-upon policies and procedures. Meet privately to address problems and work out solutions.
- Give community partners as much positive press as possible to strengthen their commitment to continue cooperating. Such actions will carry you through inevitable problems.
- Set aside a significant amount of training funds to hire qualified trainers for key responders. Use victims, victim advocates and shelter managers to participate with judges in general sessions to continue a dialogue with community organizers (a substitute strategy which is especially effective when there is resistance to judicial training).
- Recognize that system change takes years to integrate. There will be setbacks which can be overcome with persistence. When there are breakdowns, work with partners to treat them with appropriate urgency with victim safety, not accountability to project staff, remaining the central focus.

Monitoring of Offenders

In Massachusetts, legislators are discussing bail reform proposals and electronic monitors for offenders who have been released to the community under supervision. In Quincy, the Sheriff's "Victim Panic Alarm System" serves women who have been identified as being in extreme danger. These battered women are eligible for the program if they have separated from their abuser and are moving towards a life of non-violence. The Sheriff pays the \$1.00 per day cost of the program and gives the victim a necklace to wear with a button on a pendant which if pushed will notify a local ambulance service to call police and the Sheriff's Office. The alarm must be within 100 yards of the victim's telephone base unit to work. Quincy police are told which homes are equipped with this device. The ambulance service keeps track of victims by code number, not name, to minimize safety risks.

Using a Public Health Approach to Gain Voter Support

In 1992, Contra Costa County, CA, there were:

- 112 homicides
- 292 rapes (estimated to be only 1/3 to 1/2 of actual number which occurred)
- 4,084 aggravated assaults (assaults with weapons)
- 5,400 domestic violence calls to county law enforcement
- estimated \$50 million of medical costs related to victims of violence (a cost of \$60 per capita)

Violence had reached an epidemic proportion. Not only did it cost individuals their lives and surviving families grief and emotional suffering, it also placed a huge burden on the community as it had to bear the cost of emergency medical services, law enforcement, courts and jails. Violence in Contra Cost County is a serious problem, just as it is in many other communities.

Across the United States, battering is the leading cause of injury to women and accounts for nearly one third of all emergency room visits by women. Each year, domestic violence generates more than 21,000 hospitalizations, 99,800 hospital days, and 39,900 physician visits. Alcohol is associated with two thirds of all violent behavior, one third of teen suicides and more than one half of all convicted rapists. Direct medical costs related to violence exceeds \$5 billion annually. Many victims of assault each year are uninsured, placing an incredible burden on the public to bear the cost. The average cost of treating a child wounded by gunfire could provide a student with a year of college education. Researchers who surveyed hospital discharges from 44 acute care children's hospitals found that in 1991, the average hospital charges for gunshot wounds to children were \$14,434. More than 80 inner city hospitals have abandoned their emergency rooms in recent years due to unmanageable costs. During 1982 and 1992, the share of government spending going to the criminal justice system rose from 5.4% to 7.5%. Incarcerating a 25 year old for life costs a total of \$600,000 to \$1,000,000 with the average annual cost per prisoner being \$27,000.

In response to these staggering trends, leaders in Contra Costa County have taken the African proverb "It takes a village to raise a child" to heart. They believe that ending

violence will require that people in each neighborhood assume responsibility for the problem -- even if doing so is risky and frustrating. Stopping the momentum of violence requires a 'critical mass' of people who are willing to speak out and work together to change the structures and policies that frame the way we live.

The health of a community is a composite of many variables -- physical, psychological, economic and social. Consequently, the responsibility for overall community health resides with many different systems and institutions -- the family, education, health, justice, business, government and social services. Public officials in Contra Costa County agree that there must be a systemic integration of community, public and private organizations to develop needed solutions. With that in mind, Contra Costa County's Health Services Prevention Program staff proposed a preliminary plan to reduce and eliminate violence in the community to the Board of Supervisors on February 1, 1994. Subsequently, the Board adopted the plan and placed it on the November ballot for community endorsement. "Measure C" (as it was called) raised the awareness of citizens about the level of violence in the community and the resulting costs. It did not raise taxes. It showed all community members how to integrate and systematize current private and public efforts to reduce and prevent violence. Voting for this measure gave direction to local leaders who then prioritized many issues in the course of setting policy and allocating resources. Endorsement by community members made violence prevention a community priority.

With that mandate, the Board of Supervisors asked the County Health Services Department (HSD) to work with county government as well as with cities, school districts and non-profit organizations to reduce violence in the community. Meetings were held in various regions of the county to find out how to supplement and reinforce existing violence prevention activities. The Board of Supervisors hosted violence prevention summits in Central County in May 94, and in East County in June 94. From these summits, a series of recommendations was developed dealing with the themes of Safe Homes, Safe Neighborhoods, Safe Schools and Safe Workplaces. West County also sponsored numerous initiatives such as The Enterprise Community, Increase the Peace Month, and the Opportunity West Community Substance Abuse Partnership.

Many sectors of the community, including non-profit agencies and government, were already taking steps to prevent violence. The **Countywide Action Plan** and the **Framework for Action** which resulted under the leadership of HSD and Contra Costa County's Board of Supervisors proposed actions that will enhance these existing efforts and integrate them with new initiatives for preventing violence. They examine the role of government and other key institutions, as well as collaborative activities that would benefit from partnerships between communities, government and the private sector.

The Countywide Action Plan and the subsequent Framework for Action grew out of:

- two regional summits
- West County recommendations
- research conducted by HSD developed
- consultation by the City of Seattle's Violence Prevention Work Group
- reports on violence prevention efforts from other communities
- expertise of individuals who local programs and policies

Both documents serve as a countywide strategic plans for getting all sectors and individuals within the county to join together in a comprehensive fashion with their time and resources to make Contra Costa County a safer, healthier place to live. Leaders in Contra Costa County believe that the problem of violence is so complex that it will take the help of everyone to develop and implement needed violence prevention initiatives.

Leaders in Contra Costa County also believe that violence is preventable and that every opportunity to prevent it must be pursued. The recommendations of their Countywide Action Plan deals with six themes.

- Safe Homes
- Safe Schools
- Safe Neighborhoods
- Safe Workplaces
- Government Service
- Policy Initiatives

Associated recommendations in each of these six areas serve as community organizing principles. Implementation of each recommendation in each local neighborhood

community has required the development of specific action steps and examples. The plan describes 25 key recommendations, many of them directly related to violence in the home. These recommendations operationalize Contra Costa County's belief that there is a larger "system of violence" which is being fed by other important factors including unemployment, oppression and mental health concerns which must be addressed in the broadest sense to have the maximum overall effect of reducing violence throughout the county.

County leaders view **violence as a public health issue**. Violence in the home is one piece of the identified system of violence. Violence of all kinds requires attention to outcomes of injury, to symptoms and prevention. Section I provides information on how to receive a copy of the Countywide Action Plan and the Framework for Action (see Battered Women's Alternatives in "Technical Assistance" listings). In order to ensure their success, a countywide Task Force has been established to develop and implement an aggressive funding plan to support programmatic recommendations from their Action Plans. Progress is being assessed on an annual basis. Plans are being made to incorporate measures of success to monitor progress, assess direction, and assure that violence prevention is maintained as a key item on the public agenda through the county and state. Additionally, community leaders are planning to "map" existing violence prevention efforts throughout the county as a tracking mechanism in their plan for evaluating the success of their action plans. As a final step, community members and leaders are planning, developing and advocating for an anti-violence legislative agenda.

Effective Leadership Strategies

Empowered By-Stander Strategy

In a study conducted by Northeastern University (NEU) and the University of Massachusetts (UMASS), researchers asked the question "Are male athletes more likely to resort to sexual violence than other men?" One hundred and seven cases of sexual assault reported between 1991 and 1993 at 30 Division I schools were reviewed. The researchers

concluded that male college student-athletes, compared to the rest of the male student population, are responsible for a significantly higher percentage of the sexual assaults reported to judicial affairs on the campuses of Division I institutions. While male student-athletes at those schools made up only 3.3% of the total male student body, they were involved in 19% of the assaults. Although the issue of male athletes and violence may have been exaggerated in the media, according to Todd Crossett, assistant professor of sport management at UMASS, there does seem to be solid evidence of a problem in sports.

David Meggyesy, a former linebacker for the St. Louis Cardinals and now the Western Director of the NFL Players Association says, "Yes, there are violent men in every line of work. But does sports enhance the opportunity for violence? Yes." The recently highlighted cases of O.J. Simpson (New York Buffalo Bills), Steve Garvey (Los Angeles Dodgers), Barry Bonds (New York Yankee), Mike Tyson and Sugar Ray Leonard (Boxers), Vance Johnson (Denver Broncos) and Warren Moon (Houston Oilers) have illustrated that few athletes involved in episodes of battering have stepped forward to discuss either their actions or their histories of violence without pressure from the courts or the media. In the case of Moon, the pressure came from his seven year old son who called 911 for help. "We all knew about the incidents that never made the papers," says Jamie Williams, a tight end who retired after 12 years in the National Football League, most recently with the Los Angeles Raiders. "Either the woman didn't call the police or the police kept it quiet. But people in the locker room knew about them."

Close friends of the wives and girlfriends of star athletes suggest that they play a crucial role in protecting their abusive partners. Like many battered women, the wife of a famous athlete often keeps the silence because she believes he will stop; she wants to keep the marriage together for the sake of the children; she fears reprisals because he has already shown his capacity for violence; she is financially and emotionally dependent upon him; or she feels she deserves the abuse. It took Cyndy Garvey, wife of Los Angeles Dodger Steve Garvey, six years to break the silence of her emotionally abusive marriage. Now, she and others are speaking out publicly and writing books urging other women to confront the violence in their homes. However, many women are still afraid to come forward. Over a dozen have written to her asking for help and assurances that their names would not be

revealed to the public.

According to the Washington Post between 1989 and 1994, 141 football players were reported to police for violent behavior towards women. Football players themselves say the number of unreported violent acts is likely much higher. According to Richard Gelles, Director of the Family Violence Research Program for 22 years at the University of Rhode Island, whether stopped for speeding or arrested for battering a woman, the athlete encounters a legal system in which the scales are tipped in his favor (Ryan, 1995). The athlete can usually count on an adoring public to support him. They find it hard to believe that the star athlete, the “quiet giant,” the “folk hero” could really be a batterer. For example, when baseball’s Barry Bond petitioned to have his support payments cut in half (\$15,000 per month to \$7,500 for his previously battered wife and two children) from his 4.7 million dollar annual salary, the judge (an avid baseball fan) rushed to his chambers, grabbed a picture of legendary Babe Ruth which was hanging on his wall and asked Bonds for an autograph. He got the autograph and Bonds wife got her support payments cut in half. It took a negative news report of the incident before the judge rescinded his judgement and restored her \$15,000 monthly payment. In another incident (Ryan, 1995), when Los Angeles Raiders’ offensive tackle Gerald Perry was sentenced to 180 days in jail in 1991 for sexually assaulting a teammate’s fiancée, the judge suspended all but 75 days of the sentence and then released him two weeks early so he could attend training camp. When former Denver Broncos’ tight end Clarence Kay was arrested for allegedly breaking into his girlfriend’s home in 1990, a judge released him after only five hours so he could join the Broncos for a pre-season game. Kansas City Chiefs’ Tim Barnett, serving ten days for his second domestic violence conviction in 13 months, was released from jail so he could participate in a play-off game.

At Northeastern University (NEU), the Center for the Study of Sport in Society is playing a major role in addressing this problem by developing student-athlete leaders (male and female) at both collegiate and high school levels. The mission of the Center is to increase awareness of sport and its relationship to society, and to develop programs which identify problems, offer solutions and promote the benefits of sports. The Center stresses leadership, community service, mentoring and teamwork. They use professional, Olympic

and student athletes to reach millions of youth on topics such as the importance of education, violence prevention, substance abuse prevention, conflict resolution, and ethnic, racial and gender sensitivity.

In 1993, NEU launched its widely acclaimed leadership program for student-athletes -- the Mentors in Violence Prevention (MVP) Project. This project was designed to institutionalize greater male participation in campus-based efforts to prevent rape, battering, sexual harassment, and all forms of men's violence against women. In the past, such topics were considered "women's issues." But Jackson Katz, founder of MVP, acknowledges that both men and women need information about their roles and responsibilities to prevent the continuation of such violent acts. Jackson knows through experience that with education, he and others can inspire student-athletes to take a more active leadership role on these critical issues.

The MVP Project has two basic components -- a Male Student-Athlete program and a Female Student-Athlete program. The key teaching tool of each MVP Program is a *MVP Playbook*.. It consists of a series of party and campus scenes involving potential assaults against women. Student-athletes are asked to examine their role as a by-stander. How would they feel if the woman being assaulted or abused were their sister, girlfriend, aunt, mother, daughter? What would they do in each situation? The multi-racial MVP staff encourages students to share personal experiences and discuss the interventions that could be effective. Students come away from the training having learned that they have many options that could interrupt and confront abusive behavior by their peers. Thus, simple actions on their behalf could prevent a woman from the experience of assault and the man from criminal prosecution.

The MVP Program teaches both male and female student-athletes to provide leadership to their collegiate peers (in athletic departments, fraternity and sorority houses, student government, etc.) and to high school girls and boys. It does not approach males as "perpetrators" or females as "victims." Instead, it trains them to be **active empowered by-standers** who can confront and prevent violent and abusive behaviors every time they are encountered.

When MVP staff are invited on campus, they make campus-wide presentations, hold public forums and facilitate specialized training sessions (sometimes even in a locker room) where they blend information with concrete strategies for appropriate anti-violence interventions. According to Katz (1995),

Providing a structured opportunity for men to talk with each other about masculinity - particularly as it relates to men's violence against women -- is perhaps the single most important characteristic of the Mentors in Violence Prevention Project. We hold no illusions that a few discussions, however meaningful, will by themselves change deep-seated behaviors. But the sessions accomplish the critical first step of breaking men's silence around these issues.

Berkowitz (1994) states that there is evidence that many men are uncomfortable with other men's bragging about sexual exploits, dislike men's preoccupation with commenting on women's bodies, and misperceive the extent of other men's sexual activity. These men may belong to a "silent majority" who keep their discomfort to themselves rather than express disagreement or intervene in an environment which they perceive as unsympathetic.

Because of their privileged place within the social hierarchy, successful male athletes have an enhanced level of credibility with their male peers and with younger males. In particular, because these men are seen in many ways as exemplars of traditional masculine success, their attitudes about gender carry weight. With proper guidance and training, they are in a unique position to break the silence of the silent majority.

The MPV Project is beginning to produce some preliminary project evaluation results. Not surprisingly, participants are telling project staff that one of the most difficult issues to deal with is that matters between men and women are 'private.' However, the MVP Project is consistently well received by student groups. Surprisingly, many men have told the MVP staff that their participation in the program was the first time they had ever talked about these sensitive issues with other men in a safe place. To address this unmet need, the MVP Male Student-Athlete Project encourages men to talk about masculinity, relations with women and violence.

Traditionally, women have been taught how to protect themselves and how to avoid dangerous situations. In contrast, women participants in the MVP Female Student-Athlete Project are taught to be active by-standers and intervenors as they witness sexism and abusive behaviors of men. Many women who have participated in the program say that

this is the first time they have been asked to use their status to provide role modeling for their peers and younger girls on these or any other issue.

Both the Male and Female MVP Student Athlete Projects work to increase the personal responsibility of youth and young adults in reducing violent and abusive behaviors and attitudes as experienced in their own lives. The MVP Project is one of the few national programs that utilizes the power of sports and student-athletes in the prevention of gender violence. The MVP staff is now expanding its role to train trainers. Curriculum materials that support the two *Playbooks* are available for use by adult educators. Point of contact information for Jackson Katz, Director of the MVP Project, is found in the "Technical Assistance" listings of Section I.

Polaroid Corporation's Domestic Violence Policies and Programs

Employed battered women are very clear regarding how domestic violence effects their employment . Harassment on the job by the batterer, as well as the burden of time spent in court and on related legal matters, reduces a women's ability to maintain and secure employment. Their anecdotal statements have been confirmed by New York Victim Service Agency's 1987 Report. The following findings are relevant. Abusive husbands and intimate partners harass 74% of employed battered women at work, either in person or over the telephone, causing 56% of them to be late for work at least five times a month, 28% to leave early at least five days a month, and 54% of them to miss at least three full days of work a month. Schechter and Gran (1988) report that battering causes 20% of employed victims to lose their jobs.

Domestic violence is also costly to insurance companies and those who pay the premiums. The American Medical Association reported in 1991 that almost 100,000 days of hospitalization, almost 30,000 emergency department visits and almost 40,000 visits were made to physicians by battered women. The National Institute for Occupational Safety and Health (NIOSH) reports that every year, between 150 and 180 women are murdered at work -- reasons: retaliation from disgruntled employees and domestic violence. Murder is the number one cause of death for women in the workplace. In Massachusetts, a

woman is murdered by her partner every eight days and many of these women are employees of businesses throughout the state. While most companies have experienced threats of violence at some level, the Polaroid Corporation is no exception. The Occupational Health and Safety Act (OSHA) obligates employees to provide a safe and healthful workplace. This will be an increasingly difficult task as domestic violence continues to spill out of the home and follow a battered woman to the workplace.

According to Jim Hardeman, Polaroid's Employee Assistance Program Manager at corporate headquarters in Cambridge, MA, Polaroid believes businesses can have a strong impact on the issue of domestic violence. Through an initiative called the *CEO Project*, Polaroid is attempting to influence and persuade companies in the Commonwealth of Massachusetts to become partners against domestic and family violence. The *CEO Project* encourages local businesses to adopt a women's shelter and provide financial support, in-kind assistance, volunteers and advocates. In turn, the shelters are asked to offer educational seminars to employees and consultation to management in developing violence in the workplace policies and battered women's guidelines. Such shelter-corporate partnerships are initially established in Polaroid's *CEO Project* with a three year commitment to one another. The alliance affords employees and management with an opportunity to become better educated about family violence and methods of prevention. The partnership agreement has these features:

<p style="text-align: center;">Exhibit 16: Polaroid's CEO Project Affiliation Agreement</p>
--

- **Businesses Agree to:**
 - Quarterly training for managers and supervisors concerning the cycle of violence and characteristics of battered women
 - Biannual luncheon seminars for employees
 - Development of a family violence protocol for employees
 - Participate in the CEO Project for a minimum of one year with a negotiated option for an additional two years
 - Provide a shelter with in-kind services, volunteers, employee professional expertise and/or financial support

- **Shelter Agrees to:**

- Provide luncheon seminars and training for the business partner. This education and training shall be in collaboration with representatives from the victim witness office and local police department.
- Assist the business partner to develop a family violence protocol
- Negotiate types of support desired from the business partner

- **Polaroid Agrees to:**

- Identify business partners for shelters, visitation centers, transitional housing and the Parental Stress Line (Hotline)
- Match business partners and agencies
- Introduce business partners and agencies for initial discussions

Through community partnerships, Polaroid also gives grants to organizations that are concerned with the plight of battered women and children. For example, in 1993 Polaroid provided “seed” money to the Massachusetts Coalition of Battered Women’s Service Group, Inc. to start the Jane Doe Safety Fund. Additionally, they are updating and publishing materials for the Quincy Court which describe Norfolk County’s response to domestic violence. These materials will assist leaders in communities across the nation in understanding how programs, policies, procedures and laws can be changed to improve victim safety and hold offenders accountable for their criminal acts.

The Polaroid Corporation is taking a number of important actions to assist their own employees who are experiencing abuse within their homes. When women come into their Employee Assistance Program (EAP), Legal Department or Medical Department for counseling and assistance, Polaroid professional staff are responding with greater understanding of their abusive relationships and the impacts of domestic violence on them and their children. Prior to having domestic violence training, Polaroid’s helping professions did not ask if the employee was being battered. Their reasons included:

- Fear that one will not be able to successfully intervene
- Fear that the woman will become depressed or suicidal
- Fear that the story will be too painful to hear
- A lack of comfort and/or knowledge of the subject
- Fear of opening “Pandora’s Box”
- Fear that the clinician would become a target of the abuser as a result of the intervention

These fears were eliminated with domestic violence training and identification of appropriate referral sources in the community (e.g. police, shelters, support groups, etc.). Now, Polaroid's helping professionals do ask about domestic and family violence. Polaroid has developed a specific protocol for interviewing victims which is sensitive and respectful. This protocol allows helping professionals to provide accurate information, appropriate advice and support through difficult decision-making processes. Battered women are encouraged to use the services of the Polaroid's EAP and to use community resources including the Massachusetts Coalition of Battered Women Service Group and the Massachusetts Parental Stress Hotline.

With the help of battered women and advocates, Polaroid has drafted specific personnel policies which are useful in responding to employees who have experienced battering episodes. These policies try to accommodate employees victimized by family violence who need time off to seek safety and protection, attend court sessions, arrange for housing, and take care of legal concerns. The company offers flexible hours, short-term paid leaves of absence, and extended leaves without pay with the guarantee of the same position upon return. Cases are examined on a case by case basis. Length of time off is determined by the individual employee's situation. The time period for leave is determined collaboratively with the employee, supervisor/manager and the local Human Resources Administrator. Employees, supervisors and managers are encouraged to explore all corporate leave options:

Exhibit 17: Polaroid's Family Violence Leave Policies

- **Time Off Options -- With Pay**

- Arranging flexible work hours so that the employee can handle legal matters, court appearances, housing, child care
- Keeping in mind that authorized time and a family emergency are paid time-off options to be considered, especially if requests are for relatively short periods.
- Absences should be limited to a maximum of three-weeks.

• Time Off Options -- Without Pay

- An option for unpaid time off without a formal unpaid leave of absence is three weeks of authorized time with no pay. This can be taken in either a three-week block of time or spread out over several weeks (total: 15 days)
- If an employee cannot establish a definite return to work date and requires more than three weeks off, a specific leave of absence may be considered.

Those granted an extended leave are guaranteed the same position upon return.

Each time Polaroid's helping professionals encounter a battered woman, they ensure that a safety plan is developed. This is for the protection of the battered women and her co-workers in the event that the offender attacks her at work. Counselors are trained to help the battered women:

- Review the travel route between the employees's home and work
- Review safety of child care arrangements
- Make sure that current civil protection orders have not expired and are in hand at all times
- Determine if substance abuse is involved
- Make sure that Polaroid's Security Department has a picture of the abuser
- Have an emergency contact person if the employee can not be reached
- Consider if health care is a concern (e.g. diabetes, AIDS, cancer, etc.) [Shelter staff require this information]
- Make sure that an address/phone number of the battered woman is provided to the helping professional
- Review the safety of the employee's parking arrangements
- Review the employee's work schedule with the supervisor/manager (in case of stalking)

When battered women are going to be absent from work for reasons related to abuse, they are asked to (1) notify their supervisor/manager of the situation and discuss leave options; (2) be clear about a plan to return to work; (3) make arrangements for receiving pay checks during the absence; (4) submit a recent photo of the abuser to corporate security so that a positive identification can be made if the abuser appears at the workplace; (5) maintain communication with the Human Resources Administrator throughout the absence.

The Supervisor/Manager should: (1) be aware of unusual absences and behaviors of

employees as a job performance concern; (2) be aware of signs of bruises to the face, arms, etc.; (3) consult with local an EAP Counselor and Human Resources Administrator to discuss any concerns and how to approach the employee [the EAP can formally contact the employee]; (5) maintain confidentiality at all times; (6) honor all court orders (e.g. vacate, restraining or no-contact orders or other judgements in effect); (7) contact the security department and make sure that the employee has provided a photo of the abuser and any other pertinent security information; and (8) be sensitive to the seriousness of the situation.

Human Resources Administrators should: (1) be a resource to both the employee and the supervisor/manager in handling the situation; (2) recommend procedures for absences and use of appropriate community resources; (3) contact the local EAP counselor immediately; (4) maintain communications with the employee during his or her absence; (5) work with the supervisor/ manager on pay and absence arrangements.

The Employee Assistance Program Counselor should: (1) be a resource to the employee, the supervisor/manager, and the Human Resources Administrator; (2) collaborate with these individuals in all situations; (3) be available during the employee's absence, including referrals to community family violence services; (4) develop a safety plan with the Human Resources Administrator [this safety plan should accompany the protection order once it is obtained]; and (5) maintain liaison between the shelter staff and the corporation for the purpose of counseling needs.

It is Polaroid's hope that employees take violence and the threat of violence seriously. All reasonable measures within established company policies and guidelines are used to protect employees and provide them with a safe working environment.

Beyond company policies which directly affect victims of abuse, Polaroid continues to demonstrate a high level of commitment to on-going domestic violence educational programs. Polaroid's "Lunchtime Seminars" provide Polaroid employees with information about domestic violence and local resources. When promoting these seminars, they say "due to the tragic incidents of family violence in the community, a series of lunchtime

seminars will be offered to educate the Polaroid community about spousal abuse and measures of protection. Topics covered in these seminars include:

- Domestic Violence Trends
- Criminal Justice Intervention Strategies
- Understanding Victims and Offenders
- Stalking laws
- Abuse Prevention Law (Chapter 209A)
- Threatening Spouses/Boyfriends Entering the Workplace
- Women's Safety in the Community

In an effort to assist the criminal justice system in its response to domestic violence, Polaroid works with court officials, prosecutors and law enforcement agencies around the country in the development of warrant programs and effective prosecution procedures for domestic violence offenders through the use of instant photography. In 1993, Polaroid responded to increased requests from the law enforcement community by adding a seminar on Domestic Violence Injury Documentation to their list of other training programs given on photography. This seminar covers photographic essentials -- correct lighting and composition to photograph victim injuries and crime scenes. Since Polaroid strongly advocates education as an effective solution to stemming the problem of domestic violence, the seminar is also designed to stimulate domestic violence sensitivity and awareness. Guest speakers often include a victim, shelter operator and district attorney. Seminar attendees also receive information and training on the process of testifying in court with evidential photography.

Norfolk County, MA, Court Warrant Program (supported by Polaroid) provides police with a weekly, computerized, town-by-town listing of new and outstanding warrants, complete with instant photographs of offenders. High on the list, which classifies the potential danger the offender presents to the community, are domestic violence perpetrators. Polaroid's proactive work with law enforcement and court officials has strengthened Massachusetts's response in family violence cases and murder cases. Use of Polaroid's technology has allowed "victimless prosecution." Officials from Dover, New Hampshire, relate that prior to the use of instant photography, their detectives might

have to turn today's domestic violence case over to the homicide unit tomorrow.

Polaroid's assistance at medical treatment facilities has also strengthened the community's response to domestic violence victims. More often than not, health care providers are the first point of contact with a battered woman who shun the police and the court out of fear of retribution from their batterers. Instant cameras, such as Polaroid's HealthCam are widely used today in emergency rooms and primary care physician offices to assist the law enforcement community in the prosecution process.

In 1991, Polaroid established the Polaroid School of Law Enforcement Imaging, a seminar series designed to train law enforcement professionals in effective field and laboratory photography applications and techniques. On a less formal basis, the company has been providing equipment and technical advice to the law enforcement community since the introduction of instant photography in 1947. Since 1991, more than 15,000 law enforcement professionals have attended these training sessions around the country. More than a dozen topics and 400 seminars are given each year. Polaroid offers training to judges and other court officials to help them understand how photographed injuries can sustain alleged family violence. The main purpose of the photographs is to remind judges and juries of the horror of domestic violence. With the passing of time, wounds heal and memories fade, but images don't.

Another photo related initiative of the Polaroid Corporation is their "KidCare" program. This program is co-sponsored with the National Center for Missing and Exploited Children (NCMEC). According to the Justice Department, each year over 1 million children are reported missing. Polaroid has developed a child safety identification program to help find missing children. One in seven children missing are found with a good photograph and fingerprints. Most parents do not have an appropriate photograph of their children. Participation in this program gives parents a chance to become educated on how to protect their children and how to talk to their children about ways they can protect themselves.

Along with its interest in assisting law enforcement personnel and officers of the court

with domestic violence cases, Polaroid is also participating in a study being conducted by the Injury Control Center of the Harvard School of Public Health. This study is investigating how Employee Assistance Programs work with women who have been victims of domestic violence either at home or work. Ten nationally recognized EAPs are contributing data on how their companies and organizations have responded to the issue of domestic violence in the workplace. As a result of the research, the Injury Control Center hopes to identify effective strategies to prevent violence against women and to encourage organizations to adopt these strategies and perhaps new ones.

National Workplace Resource Center on Domestic Violence

Esta Soler, Executive Director of the Family Violence Prevention Center in San Francisco, CA has been instrumental in the establishment of the National Workplace Resource Center on Domestic Violence. The purpose of this employer partnership is to:

- Guide the program and policy development activities of the Center so that its products meet the needs of business and labor in their responses to domestic violence as a workplace issues.
- Assist Resource Center staff in maintaining effective working relationships with key member organizations of those communities, and
- Serve as a panel of experts to assist in policy and program development activities, thereby assuring that the Center's work products have the credibility and technical accuracy needed to influence business and labor responses to domestic violence.

The Business and Labor Advisory Group (part of the National Workplace Resource Center), is composed of 20-30 individuals drawn from the business, labor, academic and domestic violence advocacy communities. These individuals have expertise in such areas as:

- Corporate/Workplace Training and Education Programs
- Corporate Security and/or Risk Management
- Corporate Social Responsibility/Community Relations
- Corporate and Human Resources Law
- Domestic Violence Advocacy
- Employee Assistance Programs

- Employee Health Services
- Health Economics, Public Health, and Epidemiology
- Human Resources
- Labor Relations
- Media and Public Relations

The members of the Advisory Group are organized into four working groups: (1) Workplace Policies (including human resources, employee assistance programs, workplace security, and employee benefits); (2) Training and Education (supervisors, managers and employees); (3) Economic and Legal Issues (including direct/indirect costs, health care costs, epidemiology, legal liability to employees); and (4) Corporate Social Responsibility (including models for public-private sector collaboration, community relations, employee volunteerism, employee awareness, etc.). “Loaned Executive” serve as consultants to the Advisory Group as needed. The group is co-chaired by a business and labor representative. Funding for the group comes from the business and labor communities.

Representatives serving on the Advisory Group attend one annual meeting of the Advisory Group and meetings of their assigned working group. They provide funding to the Workplace Resource Center commensurate with the resources of their organization. They must be willing to promote the visibility of the issue of domestic violence and be willing to speak on this topic within their business or labor community -- public speeches, discussions with senior leaders, media pieces, etc.

Community Policing

Policing strategy in America has undergone a major shift over the past thirty years. The traditional “professional policing model” has three primary elements: random preventive patrols, rapid response to calls for service (e.g. 911), and after-the-fact investigations of crime. But as communities and life in the late twentieth century have grown more and more complex, there has been a great need to reinvent law enforcement and crime prevention strategies.

Today, police officers’ time is controlled almost exclusively by 911 calls (CCPD,

1993). Their ability to work proactively to prevent crime with the help of neighborhood residents has been significantly diminished by high demand for emergency services. When citizens predominantly interact with police officers in times of crisis, not in times of peace, they too feel frustrated with law enforcement's ability to maintain order, resolve conflicts, solve problems and coordinate programs and services which prevent crime. This crisis orientation and "forced isolation" from community residents may be contributing to increasing fear in neighborhoods. Frustrated and fearful, citizens seem to be taking matters into their own hands. They are bypassing police departments in favor of security agencies, arming themselves with handguns and openly distrusting the police.

Recognizing the limitations of traditional policing models, some police forces are adopting a new "Community Policing" strategy which allows police and local citizens to share the responsibility for identifying and solving problems -- including domestic violence. The fundamental concept underlying community policing is to build on the strengths of neighborhoods and on a "collective intolerance" for those conditions and behaviors which undermine that strength. By joining forces with the grassroots of neighborhoods, police can work together to prevent and respond to criminal behavior that threatens neighborhood safety and destroys individuals and families.

In Chicago, IL, Superintendent of Police Matt Rodriguez is leading an effort to build strong police-community partnerships with Chicago residents. In 1993, through a strategic planning effort, Chicago's Police Department (CCPD) established the CAPS initiative -- Chicago Alternative Policing Strategy. Today, all 16,500 CPD employees (13,500 of whom are police officers) have played an important role in implementing this new strategy in Chicago's 25 police districts. They are well on their way to re-building their community and establishing the shared responsibility for crime prevention and effective response that is necessary in this 228 square mile urban environment.

The CAPS program is more than a neighborhood foot patrol. Beat officers (assigned to one of 279 neighborhood beats) work the same beat at the same time each day. They get to know the people and the unique problems in each neighborhood. Rapid response officers handle emergencies (including approximately 150,000 annual domestic violence

calls for assistance) and provide backup so beat officers have more time to build trust and partnerships with residents who then work together to prevent crime throughout the community. Through meetings hosted by neighborhood chairmen, police officers explain their role in crime prevention and response. There is an opportunity to discuss issues of concern with those who attend these meetings. Subsequently, police-community member partnership solutions are worked out. With the extra eyes and ears of local residents, police are able to take a more proactive role in serving neighborhoods. The issues of violence within the home and the community can be dealt with in ways which promote safety for victims and hold offenders accountable.

With opportunities to provide education on domestic violence in neighborhood settings, police officers can raise the level of awareness regarding the dynamics of abusive relationships and respond to them more appropriately -- before they become life threatening. Victims can be connected to responsive support services and citizens can learn what they can do to help each other "take back the night."

At neighborhood meetings, police ask residents to call 911 in emergencies, especially in cases of domestic violence. They ask residents to call another number for non-emergencies. By calling two separate numbers, residents free police officers up from constantly responding to 911 calls that do not pose an imminent threat of injury or property loss.

In Chicago, neighbors have opportunities to get involved in CAPS' District Advisory Groups. These groups are made up of business and community leaders, police personnel, elected officials, medical and human service agencies representatives and representatives from Chicago's 154 agencies that respond to domestic violence needs. They work on such issues as court advocacy (which serves family violence victims among others), school safety, crimes against senior citizens and commerce. Increased community involvement in crime prevention and response is an example of how citizens are accepting greater personal responsibility for reducing and eliminating destructive, criminal acts. The CAPS Police-Community Partnership holds great promise for reducing domestic violence in Chicago and providing greater safety for victims and witnesses. As Officer Wanda Johnson said,

“Before CAPS, we could arrive on the scene and there’d be forty people there, all saying, ‘I didn’t see anything.’ Now people are flagging us down -- they know us and they trust us more.”

National Institute for Media and the Family

A University of Pennsylvania study asked a large sample of children, “How often is it all right to hit someone if you are mad? There was a direct correlation between the amount of television watched and the response to this question, with children who watched more TV answering that violence was acceptable a greater percentage of the time. Among eighty-five major studies exploring the link between television violence and children’s aggressiveness, eighty-four found a positive correlation. The only one that did not was funded by NBC (Walsh, 1995). In recent testimony before Congress, the American Psychological Association concluded that “There is absolutely no doubt that the increased level of TV viewing is correlated with increased acceptance of aggressive attitudes and increased aggressive behavior. ... Children’s exposure to violence in mass media at young ages can have harmful lifelong effects” (Walsh, 1995). Despite evidence from more than 1,000 studies establishing a link between TV violence and the way people actually behave in real life, Hollywood and the business community do not believe that media mayhem inspires the real thing. Yet violent crimes among fifteen-year old American males has increased by 264% between 1989 and 1993. The homicide rate perpetrated by males 24 years or younger in the United States is 9 times greater than it is in the next country.

These are the issues that Dr. David Walsh, author of Selling Out American’s Children, (Walsh, 1995) is concerned about. He recognizes that a free democratic society depends upon certain characteristics in its citizenry for its very survival. Those characteristics include respect for others, the ability to cooperate, self-discipline, and a sense of justice. As those traits begin to disappear, the ability to carry on as a viable society is jeopardized. Increasingly, children are being taught that violence is fun, entertaining and okay as a way to get what you want. They see violence in their homes and on television on a daily basis

and increasingly believe that violent and abusive behaviors and attitudes are a reflection of normal family living.

As Walsh travels around the country talking with parents about their concerns about violence in their community and children's behavior problems, he says that it's time for a wake-up call. "Our children are in trouble."

It would be a mistake to think that violence in the media is the only problem. It isn't. It is a tragic symptom of an underlying crisis that involves an entire set of values being taught to our children. Violence itself is a result of a society that promotes selfishness, greed, and instant gratification.

Parents, churches and schools try to pass on values by teaching, by example, and by talking to children. But these methods pale in comparison with the powerful tools of persuasion of the modern electronic age.

Children now spend more time learning about life through television than in any other manner. As parents are able to spend less time with their children, children learn more from the electronic media. That's why television has been called the "third parent," or "the de facto babysitter."

It has been Walsh's experience that the electronic media has tremendous influence over America's children. Major themes on television are violence, sex and humor -- sometimes all rolled up into one. The message then becomes violence is funny; violence is normal; sex has no responsibilities; disrespect is cool; you don't have to work to be rich; and happiness can be bought.

Walsh is not the only one who is concerned about how the mass media is teaching American children that violence is an acceptable part of life. Six major health organizations have now identified violence in the media as a major public health issue:

- The American Medical Association
- The American Academy of Pediatrics
- The American Psychological Association
- The Center for Disease Control
- The National Institutes of Health
- The Surgeon General's Office

Walsh believes that America is at a critical turning point. In other moments of crisis, its citizenry has been able to mobilize and take corrective action to reverse unhealthy trends.

The call to action in the 1990's is to stop the deterioration of societal values and the downfall of America's children. According to Walsh, "The strength of this country lies in the strength of our families. Since the media, along with the family, are primary transmitters of values, we must work together to assure that the values the media transmits are consistent with the values we hold as parents and grandparents. We believe that the primary concern of most people in this country is our children. The good news is that America's adults largely agree on the healthy values our children should learn, so we can take responsibility for teaching them to our children in practical and effective ways. If we are to remain healthy and competitive as a society and a democracy, we need to invest now in healthy, human resources for the future: our children and our families. By allowing violence in the media and putting profits before values, we as a society have 'sold out' America's children. The time has come to change that. The time has come to "reclaim American's children."

In an effort to organize community members who share his concern that the mass media -- the most powerful teacher in America today -- is teaching values for violent behaviors and beliefs, Walsh has the establishment of the National Institute on Media and the Family. This organization is envisioned as a constructive response to this nation's national epidemic of violence. This Institute has been developed as a national resource center whose goals are to (1) conduct research on the effects of media on the family, and (2) educate the general public, professionals and corporate leaders on the impact of violence on children and the family. The number one priority of the Institute is to bring together leading experts from all areas of family life, public health and the media to change the very culture of violence that exists today.

The National Institute on Media and the Family's primary goals are to:

- Be a national resource for the study of issues related to media's impact on the family.
- Become a center for teaching of media literacy.
- Take a leadership role in organizing and supporting community based initiatives regarding issues related to media and the family.
- Establish a criteria based system for evaluating media products for their impact on children. These evaluations will be summarized in "Children's Impact Statements."

- Distribute “Children’s Impact Statements” to the public, thereby assisting parents and other adults in making informed choices regarding entertainment aimed at children.
- Issue media buying guides for advertisers and corporations, based on “Children’s Impact Statements.”
- Organize an annual awards program called the HOPE awards, “Honoring Outstanding Positive Entertainment.”

Through the Institute’s work, Walsh hopes to not only harness the creativity of the entertainment industry, but to harness the power of concerned families, teachers, health care professionals, corporate leaders and public officials to demand high quality entertainment and education via the electronic media. By sharing responsibility for what is taught to America’s children, Walsh hopes to create a less violent society for the future.

The National Institute on Media and the Family (NIMF) has turned to the “Character Counts Coalition,” a national network of organizations and individuals involved in the education, training and care of youth for a set of values to guide NIMF actions. These values transcend religious values. They represent the values that are held by most Americans:

Exhibit 18: National Institute of Media and the Family’s Core Values		
<ul style="list-style-type: none"> • Respect • Fairness 	<ul style="list-style-type: none"> • Responsibility • Trustworthiness 	<ul style="list-style-type: none"> • Citizenship • Caring

The founders of NIMF believe that the required social and cultural transformation that is needed can be brought about through reasonable standards, education and persuasion. NIMF does not believe in censorship. It does believe in responsible choices and responsible use of media as a preventive measure to experiencing violence in the home, neighborhood and community as a whole. With information, parents can make such choices for their children and businesses can make responsible choices regarding advertising and support for media productions.

Fairview Health System of Minneapolis, MN, is the organization behind the creation of NIMF. It has a long history of providing needed services for battered women and children. Fairview's "Family Renewal Center" provides treatment for sexual abuse. Fairview's "ABC" (Action Benefiting Children) works with families of all types on a variety of life problems. And Fairview's "Womankind" program works to prevent and treat domestic violence. These are but a few of the community services, social services, and health care services that Fairview has created to support families.

Fairview is dedicated to organizing communities and creating social change. It's focus is on strengthening families. The National Institute on Media and the Family is a not-for-profit organization sponsored by the Fairview Health System. By adequately addressing one of America's top four social and public health problems -- violence -- health care reformists suggest that health care costs can be reduced by as much as one quarter.

Walsh, a member of Vice President Gore's national round table on "Media's Effects on Children," is leading NIMF's charge to help parents, business leaders and media representatives take on more personal and professional responsibility for removing violence from their lives. Walsh says, "We must imagine a world without violence, and teach our children how to create such a world." For contact information related to "Reclaiming America's Children" and the National Institute on Media and the Family, see "Technical Assistance" listings in Section I.

In Summary

The community initiatives cited above are "Best Practices" which could be adopted by every community in America. This act alone would have a significant impact on the reduction and elimination of domestic violence. Power brokers and champions for change are needed to make this happen. Community leaders, educators and organizers have a special role and responsibility to seek out partners throughout the community for this purpose. Those who have developed the initiatives described above stand by to provide sample materials, advice and assistance as required.

Section H: CCR Key Support System

In his four part series entitled “What Can We Do About Violence?” Bill Moyers talked with Dr. Deborah Prothrow-Stith, Assistant Dean for Government and Community Programs at the Harvard School of Public Health. Dr. Prothrow-Stith urged public debate on prevention intervention policy to move beyond the reactive tertiary level. She suggests that the most significant benefits will be reaped from a heavier focus on primary and secondary efforts. She defines the three levels of prevention as follows (Thirteen/WNET, 1995). All CCR programs, services, policies and laws fall into one of these levels of prevention. It is important for community leaders to discover how their community’s investments in prevention are distributed. Armed with information, they can begin developing a strategy for change.

Balancing Prevention Investments

Primary violence prevention -- efforts which seek to redefine the “hero,” create alternative problem solving strategies, and reward non-violent problem solving. These types of violence prevention programs may include mass media messages, classroom education (e.g. K-12), peer leadership and mediation, and community based training programs (e.g. adult education, training for professional responders, etc.). They seek to create a non-violent populace.

Secondary violence prevention -- strategies which are for children and adults at great risk of violence. They include mentoring/nurturing/empowerment programs, individual and group counseling, “in-school” suspension, first offender programs, and special efforts for hospitalized victims who have been shot or stabbed. Programs for children who witness violence, particularly family violence, are recent additions to the secondary prevention efforts.

Tertiary violence prevention -- is centered on arrest, prosecution, defense, incarceration, and rehabilitation. Obviously, in violence prevention, as in cancer prevention, primary and secondary strategies are preferable and perhaps more cost effective.

In a community's effort to plan a comprehensive Coordinated Community Response to domestic violence, programs and services in each level of prevention must be put in place to concurrently stop the violence which is being taught and perpetrated at every age and stage of life. It will take the entire community to get involved in prevention -- wherever each member is comfortable, wherever his or her talents, time and resources lie -- to effectively reduce and eliminate the violence that is destroying America's families and communities.

CCR Key Support System

Based upon the rich descriptions of existing key CCR players and the lessons learned by the community practitioners who contributed to this policy guide, the following is a brief reminder that there indeed is a **"mixture"** of policies and programs which combine to form an overall CCR "System of Support." This system of support is the combination of programs and policies which prevent and respond to domestic abuse incidents. These elements are the backbone of a community referral system which produces the social and cultural change needed to reduce and eliminate domestic violence and other destructive human behaviors. The CCR Key Support System has several key elements. They follow the logic of the 7-P Model found in Section D.

CCR COMMUNITY PARTNERS come from six major groups of **power brokers** (those in positions of power) including the following. If a community does not yet have an adequate number of power brokers engaged as full partners in domestic abuse reduction efforts, leaders should seek them out and give them some specific ideas regarding what they can do to help reduce domestic violence in the community. This manual is full of such ideas.

- Social and Political Action Groups
- Funding Sources
- Policy and Lawmakers
- Media
- Employers
- Academia

The CCR Leadership Map should be a valuable tool for identifying at least **36 key responders** to domestic violence within the structure of local communities. A systematic plan to engage key responders in a community-wide campaign for non-violent living is needed.

INFRASTRUCTURE ENHANCEMENTS which become permanent can make a real difference in domestic violence rates and recidivism. Section G provides specific “Best Practices” which highlight needed infrastructure improvements. Many communities are already establishing Domestic Violence Coordinating Councils as their first step to infrastructure enhancement. Such councils help leaders shift resources and acquire new ones. They also provide an organized framework within which to manage complex change.

CCR PROGRAMS AND SERVICES Key responders need a system of information and referral sources at their finger tips when dealing with victims, witnesses and offenders. The leadership tools provided in Section D will help community leaders identify any gaps in service and imbalances in resource distribution. With full on-going community support, needed programs and services in all **three levels of prevention** can be made available using many different cost effective methods. By fully integrating and coordinating a comprehensive CCR, there is a real probability that community efforts will be “potent enough” to produce the desired result -- violence-free homes throughout the community (see Sections D and E). Victims should be at the center piece of any community decision-making processes which prioritize funding for core domestic violence programs and services.

KEY LEGISLATION sets parameters, provides requirements and generally provides resources to support improvements in a variety of functional domains. The National Council for Juvenile and Family Court Judges has developed many model codes and training programs to strengthen state and local efforts to reduce violence. Point of Contact

information can be found in the “Helping the Criminal Justice System” listings of Section I. Key laws that serve as driving forces in a CCR include the following. These law are most effective where there is fair and consistent law enforcement:

- State Domestic Violence Codes
- Violence Against Women Act of the Crime Bill of 1994
- State Stalking Codes
- Federal and State Victim Compensation Codes

KEY POLICIES, PROCEDURES and PRACTICES are changing the way community responders and institutions address the needs of victims, witnesses and offenders. Newly emerging policies and protocols must be trained to ensure a consistent and fair application across all demographic groups within the community. Court and case monitoring processes are also essential to success.

The overall goal of a CCR is to reduce and eliminate domestic violence. By striving for comprehensiveness, integratedness and potency of effort, this goal can become a reality.

Section I: Community Connections

As community leaders gain experience in planning and implementing a CCR, they may need additional information and assistance. The following community resources and materials are recommended by experienced practitioners in on-going CCR initiatives.

Technical Assistance (major contributors to this policy guide)

American Medical Association (and National Coalition of Physicians
Against Family Violence)

515 North State Street

Chicago, IL 60610 (312) 464-5067; FAX (312) 464-5841

[For information about AMA's Regional CCR Conferences or the National Coalition of Physicians Against Family Violence, ask for Ms. Jean Owens]

American Psychological Association

750 First Street, NE

Washington, DC 20002

[For copies of the APA Presidential Task Force Report on Violence and the Family, call (202) 336-5600; FAX (202) 336-5568]

Battered Women's Alternatives

P.O. Box 6406, Concord, CA, 94524

(510) 676-2845; FAX: (510) 676-2326; Crisis -- (510) 930-8300.

[Points of Contact: Deedee Jenson and Lisa Dobey]

Center for the Study of Sport in Society

Northeastern University,

360 Huntington Avenue, Suite 161CP

Boston, MA, 02115 (617) 373-4025; FAX (617) 373-4566

[Point of Contact: Jackson Katz]

Center for the Prevention of Sexual and Domestic Violence

936 North 34th Street, Suite 200, Seattle, WA 98103

Inter-religious Educational Ministry materials on domestic and sexual violence.

For a listing of all available materials, call (206) 634-1903; FAX: (206) 634-0115

[Point of Contact: Elizabeth Stellas-Tippins or Sandra Barone]

Chicago Police Department
1121 South State Street
Chicago, IL 60605
[Point of Contact: LT Neil Sullivan (312) 747-6205; FAX (312) 747-2430]

Domestic Abuse Intervention Project (DAIP)
National Training Project
206 West Fourth Street
Duluth, MN 55806
[For a catalog of available materials, call (218) 722-2781; FAX: (218) 722-2781]

Films for the Humanities and Sciences
P.O. Box 2053
Princeton, NJ 08543
1-800-257-5126; FAX (609) 275-1400
[Point of Contact: Diane Bilello]

LifeTrack, Inc.
1118 Lancaster Dr., NE, Suite 325
Salem, OR 97301
(503) 581-4188; FAX (503) 371-1701
Email: hannibalhouse@cyberhighway.ne
[Point of Contact: Jan Black]

National Institute for Media and the Family
C/o Fairview Riverside Medical Center
2450 Riverside Avenue
Minneapolis, MN 55455
(612) 672-4150; (612) 672-4113
[Point of Contact: Dr. David Walsh]

Polaroid Corporation
750 Main Street- 2E
Cambridge, MA 02139-3583
(617) 386-8288; FAX (617) 386-9795
[Point of Contact: Jim Hardeman]

Quincy Court
Probation Department
1 Dennis F. Ryan Parkway
Quincy, MA 02169
(617) 471-1650; FAX (617) 471-6876
[Point of Contact: Andrew Klein]

San Diego City Attorney's Office
1200 Third Avenue, Suite 700
San Diego, CA 92101
(619) 533-5640; FAX (619) 236-6425
[Point of Contact: Casey Gwinn]

San Diego Domestic Violence Council, Inc.
1200 3rd Avenue
Suite 700
San Diego, CA 92101-4106
[Mr. Casey Gwinn, President;
Mr. Gene Fischer, Vice President]

Hotlines, Helplines and Web Sites

1-800-799-SAFE (7223)
1-800-787-3224 (TDD)
National Domestic Violence Hotline

<http://www.abanet.org>
ABA Entities
ABA Commission on Domestic Violence
Call (202) 622-1682 for Family Law Quarterly
and "It's Not Okay Anymore" Video

(303) 839-1852
National Coalition Against Domestic Violence
PO Box, 18749
Denver, CO 80218-0749
Call for a catalog of available materials

1-800-374-2721
(202) 336-5510
(202) 336-6123 (TDD/TTY)
American Psychological Association
Publications Order Department
P.O. Box 2710
Hyattsville, MD 20784-0710

1-800-527-3223; FAX (702) 784-6160
Resource Center on Child Protection/
and Custody

1-800-903-0111; FAX (612) 824-8965
Battered Women's Justice Project

1-800-500-1119 State of Florida
Domestic Violence Hotline
Information and Referral

1-800-537-2238
National Domestic Violence Resource
Center, Pennsylvania Coalition
Against Domestic Violence

1-800-313-1310
Family Violence Prevention
Fund Health Resource Center

1-800-TRY-NOVA
National Organization for Victim
Assistance

1-800-FYI-CALL
National Victim Center

(612) 646-6177 / TDD;
FAX: 646-1527 Minnesota
Coalition for Battered Women
1619 Dayton Avenue, Suite 303
St. Paul, MN 55104
(Call for a copy of the annual
Femicide Report)

General Awareness Resources

Bureau of Justice Statistics. "Female Victims of Violent Crime." Washington, DC, 1991.

Cohen, Allan & Kibel, Barry. "The Basics of Open-systems Evaluation: A Resource Paper." (unpublished), September 1993.

Covey, Stephen R. Principle-Centered Leadership. New York, NY: Summit Books, 1990.

Decker, Larry E. Community Education: Building Learning Communities. Alexandria, VA: National Community Education Association, 1990.

Federal Bureau of Investigation. "Supplemental Homicide Reports" in "Crime in the United States, 1977-1991" of the Uniform Crime Reports. Washington, DC, 1992

Ganley, Anne L. Court-Mandated Counseling for Men Who Batter: A Three-Day Workshop for Mental Health Professionals (Participants Manual). Washington, DC: Center for Women Policy Studies, 1981. [For a catalog of available publications, call (202) 872-1770; FAX: (202) 296-8962; 2000 P Street, NW, Suite 508, Washington, DC 20036]

Gardner, John W. On Leadership. New York, NY: The Free Press, 1990.

Hawkins, J. David & Catalano, Richard F. Communities That Care. San Francisco, CA: Jossey-Bass Publishers, 1992.

Helgesen, Sally. The Female Advantage: Women's Ways of Leadership. New York, NY: Doubleday Currency, 1990.

Heider, John. Tao of Leadership: Leadership Strategies For A New Age. New York, NY: Bantam Books, 1985.

Kottler, Jeffrey A. Beyond Blame: A New Way of Resolving Conflicts in Relationships. San Francisco, CA: Jossey-Bass Publishers, 1994.

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Minzey, Jack D. & LeTarte, Clyde E. Reforming Public Schools Through Community Education. Fairfax, VA: National Community Education Association, 1994.

Mondros, Jacqueline B. & Wilson, Scott M. Organizing for Power and Empowerment. New York, NY: Columbia University Press, 1994.

Pacific Institute for Research and Evaluation. The Basics of Open-System Evaluation. Washington, DC: Center for Substance Abuse Prevention, 1993.

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Stark, E. & A. Flitcraft. "Child Abuse and the Battering of Women: Are They Related and How?" (Paper presented at the National Family Violence Conference, Durham, NH, 1984.

Stark, E. & A. Flitcraft. "Woman-battering, Child Abuse and Social Heredity: What Is the Relationship?" in N. Johnson (ed.) Marital Violence. Sociological Review Monograph, 31. London: Routledge & Kegan Paul, 1985.

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Straus, Murray A. "Children As Witnesses to Marital Violence: A Risk Factor for Life Long Problems Among a Nationally Representative Sample of American Men and Women" (Paper presented at the Ross Roundtable on "Children and Violence," Washington, DC, September, 1991 [Cited in American Bar Association's The Impact of Domestic Violence on Children: A Report to the President of the American Bar Association, Washington, DC, 1994].

US Department of Justice. "Violence Against Women: A National Crime Victimization Survey Report." Washington, DC, 1994.

Walker, Lenore E. The Battered Woman Syndrome. New York, NY: Springer Publishing Company, 1984.

Yochelson, Samuel & Samenow, Stanton E. The Criminal Personality: Volume I -- The Change Process. Northvale, NJ: Jason Aronson, Inc., 1985.

Yochelson, Samuel & Samenow, Stanton E. The Criminal Personality: Volume I -- A Profile for Change. Northvale, NJ: Jason Aronson, Inc., 1976.

York, Phyllis & York, David. ToughLove Parents Manual: A Self-Help Manual for Parents Troubled by Teenage Behavior. Doylestown, PA, 1980. [Toughlove International, P.O. Box 1069, Doylestown, PA 18901 (215) 348-7090]

Help for the Criminal Justice System

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City of Chicago Department of Police. "CAPS: Chicago's Police-Community Partnership Against Crime (brochure)." Chicago, IL, undated; provided in 1995.

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Edwards, L. "Reducing Family Violence: The Role of the Family Violence Council," *Juvenile and Family Court Journal*, Vol. 43, No. 3, 1992.

Gelb, Adam. Quincy Court Model Domestic Abuse Program Manual 3. Swampscott, MA: Production Specialties, Inc., 1992. [(617) 592-7800; FAX: (617) 593-2110]

Klein, Andrew R. Quincy Court Model Domestic Abuse Program Domestic Abuse Program: Spousal/Partner Assault -- A Protocol for the Sentencing and Supervision of Offenders, Swampscott, MA: Production Specialties, Inc., 1992. [(617) 592-7800; FAX: (617) 593-2110]

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Lerner, Phillip. Quincy Video Tape. Swampscott, MA: Production Specialties, Inc., 1992. [(617) 592-7800; FAX: (617) 593-2110]. Describes the Quincy Program.

National Center on Women and Family Law
For a bibliography of available materials, call (212) 674-8200.

National Council of Juvenile and Family Court Judges. Family Violence: A Model State Code. Reno, NV: Family Violence Project, 1994. [Family Violence Project : 1-800-52-PEACE]; National Justice Institute (a part of the NCJFCJ), University of Nevada - Reno, PO Box 8970, Reno, NV, 89507; (702) 784-4463]

National Council of Juvenile and Family Court Judges. State of the Art Court Practices in Family Violence. Reno, NV: Family Violence Project, 1992. [1-800-52-PEACE]; National Justice Institute (a part of the NCJFCJ), University of Nevada - Reno, PO Box 8970, Reno, NV, 89507; (702) 784-4463]

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American Medical Association. "Diagnostic and Treatment Guidelines on Domestic Violence." Chicago, IL 1994.

American Medical Association. "Diagnostic and Treatment Guidelines on Elder Abuse and Neglect." Chicago, IL 1994.

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Contra Costa County Health Services Department Prevention Program. "Preventing Violence in Contra Costa County: A Countywide Action Plan & A Framework for Action." Pleasant Hill, CA, 1994. [Point of Contact: Susan Leahy, 75 Santa Barbara Road, Pleasant Hill, CA 94523; (510) 646-6511]

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Fortune, Marie. Keeping the Faith: Questions and Answers for the Abused Woman. San Francisco, CA: HarperSanFrancisco, 1987.

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Katz, Jackson. "Reconstructing Masculinity in the Locker Room: the Mentors in Violence Prevention Project." *Harvard Educational Review*, Vol. 65, No. 2, summer 1995.

Maternal and Child Health Bureau
US Department of Health and Human Services
Rockville, MD 20857

McMahon, Martha & Pence, Ellen. Doing More Harm Than Good? Some Cautions on Visitation Centers from *Ending the Cycle of Violence: Community Responses to Children of Battered Women* edited by Einat Peled, Peter B. Jaffe, and Jeffrey L. Edleson. Thousand Oaks: Sage Publications, Inc., 1995.

National Coalition of Physicians Against Family Violence
515 North State Street
Chicago, IL 60610 (312) 464-5066; FAX (312) 464-5841

Pence, Ellen & Paymar, Michael. Education Groups for Men Who Batter: The Duluth Model. New York, NY: Springer Publishing Company, 1993. [Minnesota Program Development, Inc., Domestic Violence Abuse Intervention Project (DAIP) / Visitation Center / National Training Project, 206 West Fourth Street, Duluth, MN 55806 (218) 722-2781; FAX: (218) 722-0779

Pence, Ellen, Madeline Duprey, Michael Paymar & Coral McDonnell. In Our Best Interest: A Process for Personal and Social Change. Duluth, MN: Domestic Abuse Intervention Project, 1987.

Schechter, Susan. Guidelines For Mental Health Practitioners in Domestic Violence Cases. Washington, DC: National Coalition Against Domestic Violence, 1987.

Stark E., Flitcraft A. Et al. "Wife Abuse in the Medical Setting: An Introduction for Health Personnel," (Monograph No. 7). Washington, DC: Office of Domestic Violence, 1981.

Stark, E., Flitcraft A. & Frazier, W. "Medicine and Patriarchal Violence: The Social Construction of A 'Private' Event," *International Journal of Health Services*, 9, pp 461-493, 1979.

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Calhoun, Helen. Volunteer Manual on Domestic Violence (Rev). Concord, CA : Battered Women's Alternatives, 1992.

City of Baltimore. Report of the Mayor's Task Force on Domestic Violence. Baltimore, MD, 1985.

Domestic Violence Report
Civic Research Institute, Inc.
4490 Route 27 PO Box 585
Kingston, NJ 08528

Hardeman, James. "Polaroid Corporation and the Domestic Violence Issue." (Packet of materials; unpublished, undated; provided in 1996) {750 Main Street- 2E, Cambridge, MA 02139-3583 (617) 386-8288; FAX (617) 386-9795]

Harvard Community Health Plan Foundation Violence Prevention Project
Peace At Home, Inc.
95 Berkeley Street, Suite 107
Boston, MA 02116
(617) 482-9497; Handbook Orders: (617) 482-1851; FAX: (617) 482-6504

King County Domestic Violence Public Education Campaign (a project team of the 1994 Class of Leadership Tomorrow). "Domestic Violence Doesn't Stay At Home -- It Also Goes to Work: A Guide for the Employer." King County Judicial Administration (206) 296-7864.

Magee, Richard. "Family Violence and the Workplace: The Role of Employee Assistance Programs," 9 *Family Violence & Sexual Assault Bulletin*, Vol. 1, No. 9, 1993.

Massachusetts Coalition of Battered Women Service Groups, Inc. For Shelter and Beyond: Ending Violence Against Battered Women and Their Children (second edition). Boston, MA, 1992. [107 South Street, Boston, MA 02111] [Includes listings for community education programs for children, teens, diversity and multi-cultural awareness, staff training, child sex abuse/incest, substance abuse and rape.)

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Melaville, Atelia & Blank, Martin. "What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services." Washington, DC: Institute for Educational Leadership, Education and Human Services Consortium, 1991. [1001 Connecticut Avenue, NW, Suite 310 Washington, DC 20036-5541]

Melaville, Atelia, & Blank, Martin. Together We Can: A Guide for Crafting a Pro-family System of Education and Human Services. Washington, DC: U.S. Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1993.

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Mondros, Jacqueline B. & Wilson, Scott M. Organizing for Power and Empowerment. New York, NY: Columbia University Press, 1994.

National Campaign to Reduce Youth Violence
901 E. Street, NW
Washington, DC 20004-2037
(202) 879-9839

National Coalition Against Domestic Violence
200 P Street NW
Suite 400
Washington, DC 20036

National Resource Center on Domestic Violence
6400 Flank Drive
Suite 1300
Harrisburg, PA 17112-2778
(800) 537-2238; FAX (717) 545-9456
[Points of Contact: Anne Menard, Nita Carter, Nikki Ker, Susan Metz and Becky Thoroughgood]

National Woman Abuse Prevention Project. "Domestic Violence Fact Sheets: Answers to Some Questions About Domestic Violence." Harrisonburg, PA: National Resource Center on Domestic Violence, undated; provided on April 95

Northern California Community Services Council, Inc. "Building Healthy and Safe Communities: Principles for Designing and Delivering Successful Community Programs." San Francisco, CA, 1994 [50 California St., Suite 200, San Francisco, CA 94111-4696]

National Woman Abuse Prevention Project. "Domestic Violence Fact Sheets: Answers to Some Questions About Domestic Violence." Harrisonburg, PA: National Resource Center on Domestic Violence, undated; provided on April 95

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Paymar, Michael. Domestic Assault: Building A Coordinated Community Response. 1994

Public Affairs Television, Inc. "What Can We Do About Violence? A Bill Moyers Special Part I and II (transcripts)." Denver, CO: Journal Graphics, Inc., 1995. [Videos distributed by Films for the Humanities and Sciences, Princeton, NJ (800) 257-5126.]

Public Affairs Television, Inc. "What Can We Do About Violence? A Bill Moyers Special Part III and IV (transcripts)." Denver, CO: Journal Graphics, Inc., 1995. [Videos distributed by Films for the Humanities and Sciences, Princeton, NJ (800) 257-5126.]

Schechter, Susan & Mihaly, Lisa Klee. Ending Violence Against Women and Children in Massachusetts Families: Critical Steps for the Next Five Years. Boston, MA: Massachusetts Coalition of Battered Women's Service Groups, 1992. [210 Commercial Street, 3rd Floor, Boston, MA 02109; (617) 248-0922]

State of Florida, Lawton Chiles, Governor. The First Report of the Governor's Task Force on Domestic Violence, January 1994. [Point of contact: Kathy Daniels (904) 921-2168; FAX: (904) 488-9578.]

Supreme Court of Iowa. Final Report of the Supreme Court Task Force on Courts' and Communities' Response to Domestic Abuse. Des Moines, IA, 1994. [Mary Tabor, Assistant Attorney General, (515) 281-5164; FAX: (515) 281-4209]

Texas Council on Family Violence. Working Together for Change: Battered Women's Advocates & the Criminal Justice System (sixth edition). Austin, TX 1994.

The Corporate Alliance to End Partner Violence. "Synergy '96 Symposium Report: Strategy for the Corporate Alliance to End Partner Violence." Bloomington, IL, 1996. [State Farm Insurance Corporation, One State Farm Plaza B1, Bloomington, IL 61710-0001; (309) 766-0924; FAX: (309) 766-2026.

The Workplace Resource Center (sponsored by the Family Violence Prevention Fund) 383 Rhode Island Street, Suite 304, San Francisco, CA. 94103-5133 (415) 252-8900; FAX: (415) 252-8991.

Thirteen/WNET. "Community Resource Guide: A Guide to Action (National Campaign to Reduce Youth Violence)." New York, NY, 1995. [This guide lists points of contact information for fifty-two model programs, helping agencies and policy centers.]

Vukelich, Mark. "Stop the Media Violence," *Journal of the Minnesota Medical Association*, Vol. 78, No. 6, June 1995.

Walsh, David. "TV Violence," *Journal of the Minnesota Medical Association*, Vol. 78, No. 6, June 1995.

Weick, Karl. "Small Wins: Redefining the Scale of Social Problems," *American Psychologist*, 39 (1): 40-49, 1984.

Help for Individuals, Families and Friends

Enns, Greg & Black, Jan. It's Not Okay Anymore: Your Personal Guide to Ending Abuse, Taking Charge and Loving Yourself. Salem, OR: Hannibal House, 1996. [LifeTrack Strategies for Living, 1118 Lancaster Dr., NE, Suite 325, Salem, OR, 97301, (503) 581-4188; FAX: (503) 581-1701; E-mail: hannibal@cyberhighway.net]

Higgins, Gina. Resilient Adults: Overcoming A Cruel Past. San Francisco, CA: Jossey-Bass Publishers, 1994.

Walsh, David. Selling Out America's Children. Minneapolis, MN: Fairview Press, 1994.

Media Contacts:

ABC Entertainment
2040 Avenue of the Stars
Los Angeles, CA, 90067

Fox Broadcasting Company
Commission
Network Division
1211 Sixth Avenue
New York, NY 10036

National Association of Broadcasters
1771 N Street, NW
Washington, DC 20036

National Cable TV Association
1724 Massachusetts Ave, NW
Washington, DC 20036

NBC Entertainment
3000 West Alameda
Burbank, CA 91523

Public Broadcasting Service
1320 Braddock Place
Alexandria, VA 22314

Turner Broadcasting System
1 CNN Center
Atlanta, GA 30303

Government Contacts:

Consumer Protection Bureau
Federal Trade Commission
Washington, DC 20580

Federal Communications
Mass Media Bureau
2025 M Street, NW, Room 8210
Washington, DC 20554

U.S. House of Representatives
Subcommittee on
Telecommunications
B-331 Rayburn Building
Washington, DC 20515

U.S. Senate
Subcommittee on Communications
227 Hart Senate Office Building
Washington, DC 20510

Turn Off the Violence Citizens
Council
PO Box 27558
Minneapolis, MN 55427
(612) 593-8041

National Coalition on Television
Violence
33290 West 13 Mile Road, #498
West Bloomfield, MI 48322
(810) 489-3177

Section J: Samples and Examples

Community leaders from across the country have generously shared their lessons learned and achievements with those who join them in the campaign to reduce domestic abuse. Some of their most important developments and insights are contained in the following appendices. For unabridged copies of original materials, see “Technical Assistance” listings in Section I.

New CCR planning and implementation models are also described in the appendices below. These narratives will provide additional information needed to make the transition from CCR conceptual frameworks (provided in Section D) to community action. “Lessons Learned” are provided to demonstrate multi-disciplinary observations regarding how domestic violence myths can be dispelled.

- Appendix A: AIRATE Checklist
- Appendix B: Substance Abuse and Domestic Violence
- Appendix C: Stress and Domestic Violence
- Appendix D: Anger Management and Domestic Violence
- Appendix E: Learned Behavior and Inter-generational Violence
- Appendix F: Blame for the Continuation of Domestic Violence
- Appendix G: CCR Program and Policy Checklist
- Appendix H: AIRATE Process Description
- Appendix I: 7-P Model Description
- Appendix J: Selections from AMA Guidelines
- Appendix K: APA Recommendations
- Appendix L: Selections from San Diego’s Medical Protocol
- Appendix M: Quincy Youth and Adult Safety Plans
- Appendix N: California’s Key Requirements for Batterer’s Treatment Programs
- Appendix O: Selections from San Diego’s Law Enforcement Protocol

Assessing the Status of Domestic Violence and the Community's Response:

An AIRATE Checklist

The following data elements will be useful in evaluating and tracking the status of domestic violence in local communities. This data will also be useful in (1) assessing the effectiveness of the community's response to domestic abuse; (2) determining the "potency" (comprehensiveness and integratedness) of combined CCR efforts; (3) describing the level of interest and commitment key individuals have in ending violence in the community; and (4) assessing the costs associated with its continuance.

Data produced by this **AIRATE Checklist** will help raise **Awareness** of community members about the scope and effect of domestic abuse. It will help individuals **Intend** to do something to change the status quo. Effective community leaders will use this data to educate themselves and others -- in other words, make themselves **Ready** to take action. As they make plans and take **Action**, they can monitor this information to see how their prevention interventions may be effecting domestic violence and community involvement outcomes. With sustained effort over time, community leaders will notice that the system of violence in which they live (their local culture) is **Transforming** into a less violent environment. As leaders change and the context of community changes, the status of domestic violence and level of support for prevention interventions will **Evolve** into the next generation. Monitoring the data described below will give leaders important clues regarding new strategic goals and objectives for continuing the campaign to reduce and eliminate domestic violence from every home throughout the community.

Status of Domestic Violence

- # Calls for police assistance (e.g. 911) related to domestic violence episodes
- # Police reports filed for domestic violence incidents
- # Restraining orders requested and granted related to domestic violence
- # Domestic violence arrests (misdemeanors, felonies; incidents and violations of court orders)
- # Domestic violence calls to local hotlines and helplines
- # Calls to local shelters and requests for safe housing from adult victims
- # Adult victims and child witnesses provided shelter/safe housing
- # Motel vouchers provided to adult victims (when shelter not available)
- # Domestic violence victims and witnesses provided transitional housing (on an annual basis)
- # Homicides and attempted homicides as a result of domestic violence
- # Suicides and attempted suicides associated with domestic violence
- # Emergency room visits by adult victims of domestic abuse
- # Visits to private physicians by adult victims as a result of a battering incident
- # Visits to mental health counselors by adult victims as a result of domestic violence
- # Hospital admissions for adult domestic violence victims
- # Hospital days for adult victims of domestic abuse
- # Domestic violence cases screened by the local Prosecutor
- # Domestic violence cases dropped (by reason) and prosecuted
- # Domestic violence cases successfully prosecuted (convictions)
- # Domestic violence cases plea bargained (misdemeanor; felony)
- # Domestic violence cases diverted (with and without mandatory batterer's education as a pre-condition)
- # Domestic violence probationers under no supervision, minimal and maximum
- # Domestic violence revocation hearings

- Annual medical costs associated with domestic violence incidents (adults/children)
- Annual court costs associated with domestic violence incidents (in criminal, civil, domestic, family, unified courts)
- Annual incarceration costs associated with domestic violence incidents (jails/prisons)
- Annual mental health care costs associated with domestic violence (adults/children)
- Amount of victim compensation paid to adult victims of domestic abuse

Presence and Activity Level of Champions

- # of active champions from Social and Political Action Groups
- # of active champions from Funding Sources
- # of active champions from local employers (military and civilian)
- # of active champions from the media
- # of active champions from the academic community (researchers, higher ed trainers of professionals / adult ed/ K-12)
- # of active champions from policy & lawmakers (government; professional associations)
- # champions provided domestic violence awareness training
- # champions provided follow-on, technical training
- # public presentations made by champions
- # domestic violence policies (internal), public laws (external), protocols (community-wide standards) and MOUs (inter-agency agreements) developed and implemented as a result of the work of champions
- # domestic violence training and awareness events sponsored by champions
- # champions who are making contributions (time, money, in-kind services) to battered women's service groups (including shelters) and financial value of these contributions
- # employee assistance programs (business and labor) which address domestic violence issues and needs initiated by champions

Comprehensiveness and Integratedness of CCR Efforts

- Presence or absence of an active Domestic Violence Coordinating Council /Task Force
- # Domestic Violence Coordinating Council members (including general membership)
- # Key players participating in the CCR initiative (by type of organization -- see CCR Leadership Map)
- # Domestic violence policies (internal), protocols (community standards) and MOUs (inter-agency agreements) developed and implemented as a result of the work of key players [DO NOT double count with those listed for champions]
- # Domestic violence trainings sessions (and # participants) sponsored by key players
- # Key players who are making contributions (time, money, in-kind services) to battered women's service groups (including shelters) and the financial value of these contributions
- # Employee assistance programs (serving key responder organizations) which address domestic violence issues and needs
- # key responder organizations which have established professional standards which outline procedures to be followed when one of their members is charged with abuse
- # of child abuse cases which were screened for domestic violence
- # of domestic violence cases which were screened for child abuse

Special Outcomes

- Recidivism Rates (number/type of re-offenses)
- # community members (adults and children) receiving domestic violence awareness/education (by method and type of sponsoring organization)

- # Infrastructure enhancements (e.g. domestic violence service units; victim advocate positions; Domestic Violence Courts; computer/information systems; hotlines; transitional housing units; visitation centers, etc.)
- Level of funding provided to battered women's service groups (by source -- government, foundations, charity, private donors, community fund raising, grants, licensing /fees)
- # media campaigns, public service announcements, programs, news stories, features and editorials on domestic violence
- # sermons, church school educational programs (adults and children) and specialized victim advocacy training programs for members of faith groups

Changes in Beliefs and Core Values

- # offenders who have successfully completed batterer's treatment and value the following:
 - negotiation -- honesty -- economic partnership
 - fairness -- accountability -- non-violence
 - respect -- responsible parenting -- citizenship
 - trust -- shared responsibility -- caring
 - equal rights for women in intimate partnerships
 - belief that the portion of the family unit that is non-violent /non-abusive should be preserved if trust, safety and a sense of well-being are present
- # victims who have successfully completed empowerment programs and value the following:
 - negotiation -- honesty -- economic partnership
 - fairness -- accountability -- non-violence
 - respect -- responsible parenting -- citizenship
 - trust -- shared responsibility -- caring
 - equal rights for women in intimate partnerships
 - belief that the portion of the family unit that is non-violent /non-abusive should be preserved if trust, safety and a sense of well-being are present

- # key responders who have successfully completed domestic violence training and value the following:

- negotiation
- honesty
- economic partnership
- fairness
- accountability
- non-violence
- respect
- responsible parenting
- citizenship
- trust
- shared responsibility
- caring
- equal rights for women in intimate partnerships
- belief that the portion of the family unit that is non-violent /non-abusive should be preserved if trust, safety and a sense of well-being are present

Lessons from Community Practice

About the Relationship of Substance Abuse and Domestic Violence

Lessons from the Medical Community:

The American Medical Association's Diagnostic and Treatment Guidelines on Domestic Violence state that alcohol and drugs may be used to rationalize violent behavior. Perpetrators and family members may insist that substance abuse is the problem. Evidence indicates that while substance abuse and violent behavior frequently coexist, the violent behavior will not end unless interventions address the violence as well as the addiction.

Lessons from the Criminal Justice Community:

San Diego County's Domestic Violence Council recognizes that drugs and alcohol may increase the level of violence but **do not precipitate it**. The decision to use violence is often made before the batterer consumes the substance which he will ultimately blame for his violent outbursts. The substance becomes the convenient excuse for deviant behavior.

Lessons from the Education Community:

According to the National Woman Abuse Prevention Project, a small percentage (7-14%) of battered women have alcohol problems, which is no more than is found in the general female population. **A woman's substance abuse problems do not relate to the cause of her abuse**, although some women may turn to alcohol and other drugs in response to the abuse [e.g., self-medicate to reduce physical and emotional pain]. To become independent and live free from violence, women should receive assistance for substance abuse problems in addition to other supportive services.

Men living with women who have alcohol abuse problems often try to justify their violence as a way to control them when they are drunk. A woman's failure to remain substance free is never an excuse for the abuser's violence.

Lessons from Community Practice
Regarding the Relationship Between Stress and Domestic Violence

Lessons from the Criminal Justice System:

The Quincy Court [Norfolk County, MA] suggests that many batterers learn through their families, the media, cultural norms, the legal, educational, medical and religious institutions that they are entitled to beat their wives and girlfriends. Traditional gender stereotypes reinforce tolerance for spousal assault as a natural extension of male dominance. Though society may not overtly condone it, abuse is routinely chalked up to stress or excused as drunken error.

Lessons from the Religious Community:

The “Center” for the Prevention of Sexual and Domestic Violence has learned that the batterer’s need to control family members seems to increase with the stress in his life. This stress may be external (his team loses the ball game, or he gets laid off at work) or from within the family (dinner is late, or a child is flunking several courses at school). Events in his life may cause him to feel disappointment (his best friend just got transferred), anxiety (will he get the promotion), or other upsetting emotions. These feelings are uncomfortable for him. They are not what he considers “masculine” because they make him feel “out of control.” So instead of expressing his feelings honestly, he expresses them as anger and lashes out at his family, seeking to regain control in his life.

When trying to understand why men batter, people want to look for what is “wrong” with them, believing that they must be sick in some way. However, battering is **not a mental illness** that can be diagnosed. **It is a learned behavioral choice.** Men choose to batter their partners because the choice is there to make, and until quite recently, there has been no consequence for these actions.

Lessons Learned from Community Practice Regarding Anger Management and Domestic Violence

Lessons from the Criminal Justice System:

Community leaders in Duluth have observed that by focusing predominately on anger control, practitioners ignore and minimize the **essence of battering -- the pattern of coercive control and exploitation of their partner**. Failure to address these issues allows offenders to leave the program with a single explanation for their behavior: "I had a short fuse."

The Quincy Court has learned that rehabilitative programs that imply that the victim is somehow to blame for the violence should never be used. These include couples counseling and anger-control counseling. Both of these type groups can be dangerous to women and children because they presume that the victim provoked the offender who then lost control. [Since the offender can't control the victim, he therefore can't control his own anger and subsequent behaviors.]

Lessons from the Religious Community:

Religious community leaders from Seattle, WA, provide this insight. Many abusers blame their victims for provoking the violence because of verbal abuse. Although verbal abuse may cause anger, it does not provoke or justify violence. How a person deals with anger is a choice -- some men choose violence. Only the violent party is responsible for the abuse.

Lessons Learned from Community Practice Regarding Blame for the Continuation of Domestic Violence

Lessons from the Religious Community:

In their training experience, the “Center” reports that viewers of training films will often assert that the woman “provoked” the batterer. This response reflects a popular misconception: that a victim’s “provocation” behavior is the cause of an abuser’s violence. It is critical to address this misconception head-on and to help viewers understand what is really happening. In the film, the wife’s behavior may be stressful to her husband (as his is to her). But he chooses to use violence in response to his stress, anxiety, jealousy, and other emotions.

David Baughman, a rape survivor and lay leader of an evangelical church in the state of Washington, believes that if the positions were reversed and men were primarily the victims of domestic violence, the church would be screaming about it. Baughman has observed that church leaders pay more attention to child abuse than to wife abuse based on **three common misconceptions**: women should be able to stop their own abuse; women bring the abuse on themselves; and abuse would stop if the wife were more godly.

Lessons from Battered Women’s Advocates and the Medical Community:

In a speech delivered to attendees of the 1994 American Medical Association’s National Conference on Family Violence: Health and Justice, Leslye Orloff, Director of Ayuda, Inc. (specializing in assisting **minority and immigrant battered women**), said that we must not blame victims who choose to return to their batterers. And we must not punish or sanction those who are not yet ready or able to leave and survive independently from their abusers. We must instead ensure that we continue to provide domestic violence victims with a consistent message that we will be there to help, even if she has returned to her batterer. We must make it clear that our doctors offices, police stations and court houses are and will continue to be **safe places** where she can turn for help. We have not failed if she chooses not to leave her batterer at this time. Developing this understanding of the cycles of domestic violence and our role as support persons ready to intervene and offer assistance when needed will help prevent burnout and will help us keep our work in perspective.

The American Medical Association tells physicians that blaming the patient and feeling frustrated or angry if the woman doesn’t leave her partner is a barrier to effective physician intervention. Resist allowing the victim to become the problem for being noncompliant with the **physician’s timetable**.

Lessons from the Criminal Justice:

In Quincy, MA, the clear message from batterer's treatment programs is that the batterer alone is responsible for his violent behaviors and he alone can end the violence.

CCR Program and Policy Checklist

The following checklist is provided to help community leaders and practitioners evaluate the overall “potency” of their Coordinated Community Response as well as the distribution of their valuable, limited resources. This checklist is a supplement to the CCR Lifecycle Framework which is found in Section D.

It is important that communities balance their resource investments across all three levels of prevention intervention. To the degree that community leaders can shift more resources to primary and secondary levels over time, they may be able to “turn off the valves” that are flooding their communities with domestic violence cases and their streets with all types of violent activity.

Primary Prevention

- **Skills for Living Education** -- for adults, youth and children: skills in communications, interpersonal and intergroup relationships, conflict resolution, negotiating, stress management, anger management, self-esteem, self-discipline, gender-role re-socialization and parenting
- **Core Values Education** - personal responsibility, respect, citizenship, trustworthiness, fairness, kindness and caring
- **Substance Abuse and Suicide Prevention Education** - alcohol, drugs, suicide and other destructive behaviors and additions
- **Cultural Diversity Training** - respect and appreciation for cultural differences and awareness of special services available in the community
- **GED, Literacy and English As A Second Language** - reading, comprehension, English language skills and assistance in acquiring a high school equivalency degree
- **Inter-Generational Programs** - programs which promote caring and helpful relationships between members of all generations -- adults, elders, youth and children
- **Youth Programs** - programs which promote staying in school, non-violent/non-abusive behaviors, mentoring, tutoring, healthy recreation, computer and media

literacy, gender-role re-socialization, child abuse and domestic violence prevention, safe and healthy dating relationships, community service work and volunteerism, educational programs for young single parents, retraining for highly aggressive boys and young adults to manage anger and impulses, peer leadership and mediation, active by-stander leadership education

- **Adopt-A-School Programs** - business-school partnerships which provide mentors, tutors, in-kind services and resources needed by schools in the local community
- **General Community Awareness Education and Action Groups** - domestic violence awareness initiatives, media campaigns, community problem identification and problem solving task forces and councils
- **Training for Professional Responders and Pre-Professionals** -- education for medical and legal professionals; mental health, counselors and social work professionals; law enforcement, investigative and incarceration professionals; religious leaders and lay leaders; judges and other court officials; social service professionals; professional educators and administrators; housing managers and owners; journalists; researchers; philanthropists and funding agency administrators; politicians; business managers; and public policy professionals
- **Religious Community Programs** - outreach efforts to reduce isolation of at-risk individuals and families; dialogues on domestic violence and religious issues, teachings and responses; training to respond to clergy misconduct and victims of abuse
- **Home Visiting Nurse Programs** - home visits to families with new babies, families identified as at-risk for family violence, and families who are currently living in violent environments
- **Lunchtime Learning Programs at Workplaces** - awareness education for employees regarding domestic and family violence, and available community resources

Secondary Prevention

- **First Offender Programs** - batterers' education and counseling services
- **Safety Planning and "Stay Safe" Planning** - ensures adult and youth victims have made plans to escape from violent episodes; engages those who can provide them with safety and protection; helps victims "stay" safe by planning for independent self-care, enhancing relationship skills and building skills for living
- **Victim Empowerment Groups** - educational and support groups which raise victim awareness about the impact of domestic violence on their lives and the lives

of their children; assist victims in crisis; provide support during the period that their abuser is in treatment; and teach victims individual and system advocacy skills which may be helpful in their own lives and the lives of others

- **Survivor Networks** - networks of formerly battered women who provide a “community of care” for each other short and long-term and serve as the focal point of domestic violence policy and program development; members serve as trainers and consultants for key responders
- **Victim Orientation, Rights and Compensation** - informational programs and services describe civil and criminal justice system procedures, legal remedies and protections, community referrals, and compensation benefits which defray costs associated with personal and property damage
- **Victim Advocacy** - crisis intervention, court accompaniment, assistance with child care and transportation, access to legal services, liaison with social services and other community agencies, court monitoring and case tracking, access to education, job training, job assistance services, housing and other needed transitional services; may also assist victims in having photographs taken of injuries and property damage
- **Legal Advocacy and Pro-Bono Legal Services** - provides legal advice, assistance and representation at nominal or no cost for victims of abuse; helps victims learn how to represent themselves in court proceedings
- **Safe Housing / Safe Havens** - shelters and support services, safe homes, motel vouchers, visitation centers and transitional housing
- **Hotlines** - local, state and national hotlines with crisis intervention specialists who have access to community information and referral services; provides counseling services 24 hours a day
- **Job Training and Job Assistance** - job skills, job search assistance, resume writing, interview skill building, job clubs (support groups for job seekers), job banks (with job listings)
- **Financial Planning and Budgeting Services** - assists family members in managing their personal finances, especially in cases of single parents with limited incomes or individuals who may have had limited experience managing money and paying bills
- **Child and Youth Services** - counseling, education and recreational services, tutoring services, safety planning, therapy, mentoring, teen support groups
- **Basic Living Needs** - food, clothing, diapers, medical and dental care, housing referral

- **Religious and Cultural Support Services** - assistance in dealing with religious issues and spiritual needs, access to helpers from ethnic, racial and cultural communities who can provide support and linkages with those who are striving for non-violent living
- **Special Needs Services** - special assistance for those who are physically and mentally challenged (blind, hearing impaired, learning disabilities, AIDS, illnesses, non-English speakers, etc.)
- **Bi-Lingual Services** - All support services for victims, witnesses and offenders need to provide translation services and access to those who can speak languages typically spoken in the local community
- **Individual, Group and Peer Counseling Services** - provides educational , empowerment and support services for victims of abuse; prepares victims for “life after battering”
- **Substance Abuse Services** - provides assistance in preventing and recovering from drug, alcohol and other addictions
- **Health Care** - provides emergency services, basic medical and dental care, and special services for hospitalized adult and child victims
- **Substance Abuse Treatment and Rehabilitation Services** - treats Levels I, II, and III substance abuse and other addictive behaviors
- **Therapy** - clinical counseling for victims, witnesses and offenders who may be suffering from trauma or psychological disorders; such therapy must be provided in light of the power imbalance of their abusive relationships and cycles of violence

Tertiary Prevention

- **Arrest and Incarceration** - removes offenders from the community and confines them in a controlled environment (detention centers, jails, prisons) according to judicial rulings; staffs notify victims of offender incarceration status and changes in status in person, through a trusted friend or relative or (as a last resort) on a telephone answering machine
- **Legal Defense** - legal representation by lawyers trained in domestic violence; domestic violence training helps attorneys fairly represent their clients while avoiding actions which would place victims and witnesses in further danger
- **Prosecution** - holding the offender accountable for criminal and destructive actions; policies and protocols guide prosecutors in selecting which cases to take to trial; mediation is not used as a method of resolving conflicts; vertical prosecution procedures help make victims better witnesses and provide for better safety and protection

- **Judicial Rulings** - “tourniquet sentencing” (increasingly harsh orders with each offense) gives offenders the clear and consistent messages that domestic violence is a serious crime, there’s no excuse for domestic violence, it’s not okay anymore, and the community will provide support for change and consequences for those who don’t; sentencing guidelines assist judges in providing fair and consistent rulings; certified batterer’s treatment programs and input from victim advocates are two invaluable resources for the judiciary and probation officers
- **Batterers’ Education and Counseling Programs** - designed to re-socialize batterers by addressing gender-role issues, power and control issues, anger management and impulsiveness, stress management, communication and relationship skills, and other cognitive and behavioral aspects related to abusive relationships
- **Support and Social Action Groups** - for rehabilitated batterers who wish to help others on their journey to non-violent and non-abusive living

Key Legislation

- **State Domestic Violence Codes** - recognize the power and control dynamic of abusive relationships and provide legal remedies for victims and witnesses as well as due process for those who are accused of acts of abuse
- **Violence Against Women Act and Firearms and Ammunition Control Sections of the Crime Bill of 1994** - provides guidance and resources for the nation regarding domestic violence, prevention and response initiatives; controls firearms and ammunition used to harm community members
- **State Stalking Codes** - recognizes stalking as a domestic violence offender tactic and provides guidance for law enforcement and court officials in domestic violence cases
- **Federal and State Victim Compensation Codes** - provides compensation for victims of all types of crime; funds are available for treatment and support services for domestic violence victims

Key Policies and Protocols

- **Mandatory or Pro-Arrest Policies** which require or allow arrest when there is probable cause to believe acts of domestic violence have occurred; requires mandatory arrest for violation of a court order

- **No Mutual Arrests Policies** to ensure that the primary aggressor is identified and victims are not charged with abuse when they were defending themselves
- **Mandatory Domestic Violence Training** for law enforcement, teachers, clinical counselors and social workers, judges, lawyers, medical practitioners, administrators and other professional responders
- **Mandatory Rehabilitation Education and Counseling for Batterers** ensures that offenders are provided the information they need to understand that domestic violence is a serious crime which is destroying their lives, and that the community will hold them accountable for their destructive beliefs and behaviors; includes services for offenders who are released to the community under supervision of probation officers as well as for those who are incarcerated
- **No-Drop / No-Dismissal Prosecution Policies** treat domestic violence the same as other serious violent crimes between strangers; such policies DO consider victim safety issues
- **Judicial, Prosecution and Probation Guidelines** improve the fairness and consistency of treatment of domestic violence cases and resulting sentencing, supervision and rehabilitation orders
- **Law Enforcement Guidelines and Protocols** ensure fairness and consistency of law enforcement response; helps eliminate victim blaming; typically provided via internal general orders, policy statements and memoranda of understanding between law enforcement agencies
- **Memoranda of Understanding (MOUs)** between key responders facilitates policy formulation, case monitoring, direct services to clients, sharing of resources and case management problem resolution
- **Orders For Protection (OFPs)** restrain offenders from further abuse, contact with victims and witnesses, removal or destruction of property, etc.; three types are needed -- emergency, short term and long term
- **Independent Corroboration Standard** guides the collection of evidence in domestic violence cases so cases can go forward without victim testimony or court presence
- **Full Victim Participation Standard** captures important information and evidence from victims who are willing to testify in court
- **Employer Policies on Domestic Violence** guide decision making regarding absences from the workplace, violence in the workplace, security procedures, stalking and other harassing behaviors by offenders, safety planning for victims and the employer, employee assistance and counseling services, employee awareness training and orientations, liability issues for the employer, availability of community referral resources, and volunteer service opportunities

- **Mandatory Educational Materials for Marriage License Applicants** are provided in an effort to give community members key messages about domestic violence the community's planned response and available support services
- **Marriage License, Firearms License, Manufacturing and Ammunition Sales Policies** allow fees to be collected and used to support domestic violence programs and services
- **Zero Tolerance Policies for Weapons** in schools and other places where safety is essential
- **Zero Tolerance Policies for Substance Abuse** and other destructive and illegal behaviors
- **Student and Citizen Bills of Rights** for a safe and healthy environment
- **Child Impact Statements** which tell parents the effect media productions and marketplace products have on children so informed decisions can be made
- **Gun Control Regulations** limit ownership and access to weapons which are used by domestic violence offenders and children; includes judicial authority to remove personally owned and professionally assigned firearms from offenders who been served with an Order For Protection
- **Medical Protocols** guide personnel in emergency rooms, ambulatory care clinics, private practitioner offices and other medical treatment facilities in providing necessary services for domestic violence victims, witnesses and offenders; require mandatory reports to law enforcement (in some states) when violent crimes have been committed; provide guidance for the collection of evidence to support prosecution; provide guidance for medical record keeping to protect victims and support legal proceedings
- **Rehabilitative Education and Treatment Standards** ensure that offender services focus on stopping the abuse by changing attitudes and behaviors; also address certification processes and guidelines for providers of such services
- **Child Witness Protocols** guide school administrators, parents and justice system professionals in preventing the re-victimization of child witnesses; minimizes absences from school

Infrastructure enhancements

Law Enforcement Infrastructure Enhancements

- Domestic Violence Sergeant within the police department

- Domestic Violence Investigative Units in law enforcement organizations
- Community Policing, Neighborhood Coordinators and District Advisory Groups
- Office of Professional Standards to deal with professional responders who are batterers
- Professional Counseling Services for offenders and family members as part of an employee assistance program (EAP)
- Victim Advocates in police departments, jails and other protective service agencies

Courthouse Infrastructure Enhancements

- Domestic Violence Prosecution Units with vertical prosecution procedures
- Domestic Violence Probation Units with maximum levels of appropriate supervision for all domestic violence offenders (for misdemeanors & felonies)
- Restraining Office in the courthouse
- Family Service Office in the courthouse where victim advocates work
- Domestic Violence Courts, Family Courts, Unified Courts with specially trained judges and attorneys

Community Education and Social Action Infrastructure Enhancements

- Domestic (or Family) Violence Coordinating Councils
- Spousal Rape Working Groups or Task Forces
- Abuse in the Church Working Groups
- Center for the Prevention of Sexual and Domestic Violence - an interreligious educational ministry to educate faith groups and leaders on family violence and actions that can be taken to reduce and eliminate it
- Religious and Community Centers available for community education, problem solving, support services and activities
- Domestic Violence Coalitions/Collaboratives (Advocacy and Service Groups)
- Domestic Violence Speakers' Bureaus
- National Workplace Resource Center to engage the business and labor communities in the campaign to reduce and eliminate domestic violence
- Corporate Alliance Against Partner Violence to develop and implement a national level Coordinated Community Response strategic plan
- National Institute on Media and the Family to help policy makers and parents play a greater role in making informed decisions about the impact the media and marketplace products on children
- Employee Assistance Programs (EAPs) to improve responsiveness to victims and reduce the cost of domestic violence on employers
- Victim Advocates in protective service and direct service agencies (e.g. social service departments, shelters, medical treatment facilities, etc.)
- Youth Councils and Forums to solicit ideas and engage youth in community problem solving
- Crisis Response Teams to respond to family violence episodes where children are involved
- Shelters, Safe Houses, Transitional Housing and Visitation Centers

Information Management Products and Infrastructure Enhancements

- LEADS (Law Enforcement Agencies Data System) links jurisdictions for the purpose of sharing information on Orders For Protection and outstanding warrants
- Telecommunications Working Groups assess how technology is impacting victim safety and shelters, and advise the community when new technology is developed which can either enhance or hinder the community's efforts to reduce domestic violence
- Family Violence Hotlines and Parental Stress Helplines
- Directory of Community Resources supports information and referral functions and self-help
- Religious Community Resource Guides help links victims to others in their faith group who are working to provide victim safety, offender accountability and enhanced religious community response to domestic violence
- Report Forms for medical practitioners who are required to report criminal acts and for victims who wish to report law enforcement misconduct
- Training Videos enhance training of professional responders and raise public awareness of domestic violence issues
- Public Service Announcements for radio and television
- Victim Rights and Referrals Notification Card used predominately by law enforcement and medical personnel to link victims to community resources

Key Leadership Processes

- **Community Policing** - a community-police partnership which places patrol officers in neighborhood beats so they can work cooperatively with residents to prevent, identify and appropriately respond to criminal activity
- **Tracking/Monitoring of Cases** - case management ensures that individual needs are met, victim safety and inter-agency cooperation is maximized, information is shared appropriately, and domestic violence policies and laws are fairly and consistently applied; when inconsistencies and problems are identified, key responders work collaboratively to resolve them
- **Voter Support for Prevention Programming** - prevention program strategic plans are presented to voters for approval and resourcing
- **Court Monitoring** - judicial proceedings are monitored to ensure that CCR goals and messages as well as agreed upon guidelines are followed
- **Offender Monitoring** - maximum levels of appropriate supervision for domestic violence offenders by probation and parole personnel
- **Community Education and Organizing** - identifying and organizing community leaders and members for the purpose of educating them about community problems and solving them collaboratively

AIRATE

A Community Education Change Management Process

STEP ONE: Awareness

Most individuals are unaware of how costly and widespread domestic violence is within their community. They do not know the impact of violence on America's children. Many believe that domestic violence is a part of normal family living. Few understand the causes of domestic violence and the risk factors associated with it. Most people are uncomfortable dealing with family violence because they consider it a private family matter and are unsure about what they can do to help victims and stop offenders. As a community organizer, it is your responsibility to help them understand the status of domestic violence in your community. Once their awareness is raised, stand by to make referrals, provide assistance and call community members to action. Most people want the violence to stop. Raising their awareness is the first step towards ending the violence in homes throughout your community.

STEP TWO: Intention

When community leaders and members realize the scope and effect of domestic violence -- especially as it has already touched the lives of at least 30% of all individuals in America -- many will be willing to make a commitment to do something about it. This can be done on two levels: (1) personally (within their own families and intimate relationships), and (2) publicly (by working in partnership with others in the community). Depending on their time, talents and organizational affiliations, community leaders and members will be willing to do their part in the community's campaign to end domestic violence. With the help of this self-study guide, you will be able to suggest simple, concrete actions they can take that are appropriate to their skill and comfort level.

STEP THREE: Readiness

Many community leaders and members may not feel comfortable dealing with domestic violence until they learn more about it, build some skills and participate in a planning process which outlines specific action steps for them to take. But within a short

period of time, they will be willing to help in small groups that are also dedicated to stopping the violence. Domestic violence training and advocacy training are ideal for garnering their full support and active involvement. Working alongside a more experienced organizer and educator in the beginning will build confidence and an experience base upon which to draw important lessons learned. Feedback, recognition, thanks and seeing what a difference their help makes in the lives of those around them will keep them involved in the long-term.

STEP FOUR: Action

Once community leaders and members feel “ready” to take action, they will. Your job is to provide them with updated information, contact with survivors of domestic abuse, training materials, on-going support and technical assistance as required. Their job will be to acquire needed resources to get their job done, implement their plan of action and ensure that they evaluate their actions to measure progress towards CCR goals. Such feedback will be useful as they decide what steps to take next.

STEP FIVE: Transformation

When many local residents are working in many different domestic violence interventions, their “small wins” (victories and accomplishments) will add up to make a big difference. If their gains are sustained, you and they will begin to notice a real difference in the status quo -- in individual cases *and* in the system that responds to domestic violence cases.

STEP SIX: Evolution

Fortunately in some cases and unfortunately in others, key players, power brokers and local residents move along and change. So does the local domestic violence situation. As these changes occur, there will be a need for monitoring the status of domestic violence in your local community. There will also be a constant need to involve new members in the community’s domestic violence planning and intervention efforts. Thus, on an annual basis, leaders must once again ask the question: “What is our domestic violence situation?” and “What can I (and others) do about it?”

7-P Model:

CCR Planning and Evaluation Checkpoints

The “7-P” Coordinated Community Response Planning and Evaluation Checkpoints Model is a conceptual framework that helps organizers and educators keep their focus on seven elements which lead to successful CCR planning, implementation and problem resolution. Experienced community organizers know that it takes *people* who share a common *philosophy* to accomplish the necessary *planning* that produces improvements in community *policies, programs and practices*. These improvements (if comprehensive, integrated and sustained over time) will eventually solve the *problem* of domestic violence in homes throughout the community.

Problem -- As a first step towards improving the community’s overall response to domestic violence, it is important for community organizers and educators to assess the scope and effect of domestic violence within their community. The AIRATE Checklist recommends specific measures for this purpose. Once an initial assessment is complete, they must share what they have learned and ask for help in reducing the human suffering and staggering costs associated with domestic abuse.

People -- Community organizers and educators can not solve the domestic violence problem alone. They need the help of “champions” (influentials, power brokers, public figures) in such areas as: (1) the media, (2) academia, (3) social and political action groups, (4) employers (military and civilian), (5) funding sources, and (6) policy and lawmakers. They will also need the support of key individuals within responding agencies such as:

- | | |
|---|---|
| • Law Enforcement and Correctional Institutions | • Governmental Agencies |
| • Schools and Adult Learning Centers | • Shelters and Other Safe Havens |
| • Courthouses, Prosecution and Probation Offices | • Churches, Mosques and Synagogues |
| • Medical Treatment Facilities and Private Practice Offices | • Substance Abuse and Batterer’s Treatment Programs |
| • Mental Health and Public Health Facilities | |

And most importantly, they need to reach out to community members in their neighborhoods and work settings at ask for their support in stopping the violence.

Philosophy -- Once a cadre of individuals has been identified to work as a team on the issue of domestic violence, it is important that they meet to discuss their learning needs. With the help of battered women's service groups and survivors, these individuals can begin to develop a common understanding of the nature of abusive relationships, the causes and risk factors associated with domestic violence, and the myths and misunderstandings that keep individuals from eliminating it from their own homes. At that point, community organizers can begin discussing common CCR goals and the importance of clear consistent messages about domestic violence to offenders and all community members.

Planning -- A Domestic Violence Coordinating Council is an ideal structure for focusing attention on the current effectiveness of the community's overall response to domestic violence. Such a council can be instrumental in helping a community conduct strategic planning around family violence issues. It can also launch a community-wide educational awareness campaign to enlist the support and assistance of a wider range of community members and professionals.

Policies and Protocols -- One of the first things that community responders and Domestic Violence Coordinating Council members do when addressing domestic violence on a macro-level is examine existing laws, policies and protocols which guide their response to victims, witnesses and offenders. Many of them find that their external (public laws) and internal (organizational) domestic violence guidelines and procedures are inadequate. Much progress needs to be made in communities around the nation on these matters. By working together on a Domestic Violence Coordinating Council, agencies and departments are able to develop Memoranda of Understanding which clearly define their roles and responsibilities. This diminishes inter-agency competition and promotes collaboration and shared leadership. It also provides community leaders and members with an opportunity to STOP BLAMING each other and victims and start educating and organizing for success.

Programs -- When community organizations come together to learn about each other and the challenges they face, they frequently identify opportunities for partnerships. By comparing services and programs, they can identify overlaps and gaps. Town meetings,

public hearings, working groups and task forces provide opportunities for community leaders and business men and women to establish collaboratives, realign resources and publish directories of community programs and services. Follow-on working sessions provide opportunities for responding agencies to develop *professional standards* for dealing with batterers among their own ranks and *program standards* to ensure that community responders focus their efforts on victim safety and stopping the violence. In some communities, *certification standards* have been developed for batterer's treatment programs. Such quality control initiatives align the goals of the community with the goals of direct service providers.

Practices -- Once policies, protocols and programs are established, it is critical that community organizers and leaders ensure that they are properly implemented and monitored. In too many instances, laws and policies not properly enforced. Training for those who are effected by domestic violence laws, policies and protocols is essential to successful implementation. Likewise, monitoring of domestic violence cases as they go through the system is necessary to ensure that "new process improvements" are working. When problems arise, it is important for community members and leaders to negotiate necessary changes, establish pilot programs (for evaluation purposes before a policy is widely implemented), and resolve disputes. No doubt there will be frustrations and sometimes slower progress than leaders might envision. But if community partners remain committed to the four CCR goals and five CCR messages listed below, community members can overcome almost every obstacle.

4 CCR COMMON GOALS

Prevention

Victim Safety and Protection

Offender Accountability

Community Accountability for Consistent

Appropriate Responses

5 CCR CLEAR AND

CONSISTENT MESSAGES

STOP THE VIOLENCE

Domestic Violence Is A Serious Crime

There's No Excuse for Domestic Violence

It's Not Okay Anymore

The Community Will Provide Support for
Change --and Consequences for Those
Who Don't

Selections from the American Medical Association's Domestic Violence Diagnostic and Treatment Guidelines

Observations

- Many women are reluctant or unable to seek help. Some are literally held captive and not allowed out of the house. Others may not have money or means of transportation. If they do come to a physician's office they may have to leave before they are seen, rather than risk further abuse for "getting home late."
- Physicians in all practice settings routinely see the consequences of violence and abuse but often fail to acknowledge their violent etiologies.
- Optimal care for the woman in an abusive relationship depends on the physicians working knowledge of community resources that can provide safety, advocacy and support.
- Often women are not the only victims at home: child abuse has been reported to occur in 33% - 54% of families where adult domestic violence occurs.

Requirements

- Since 1992, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has required that all accredited hospitals implement policies and procedures in their emergency departments and ambulatory care facilities for identifying, treating and referring victims of abuse. The standards require educational programs for hospital staff in domestic violence, as well as elder abuse, child abuse and sexual assault.
- All physicians should begin to respond to the JCAHO requirements of recognition, crisis intervention and referral.
- In states that have enacted mandatory reporting statutes, a physician's failure to report could give rise to liability, but since reporting laws rarely explicitly give victims such a right to sue, courts must determine whether their state's statutes implicitly contain that right.
- Criminal reporting statutes usually are enacted to inform the police of the occurrence of crimes rather than to protect victims of violence. If a state has a specific domestic violence reporting statute, courts may be more likely to allow a suit against a physician who failed to report the abuse.

- State Reporting Requirements: Few states have explicit mandatory reporting laws for domestic abuse, and it is not clear that mandatory reporting would best ensure the safety of competent adult victims or connect them with needed resources. However, virtually all states have some type of statute that requires physicians to report to law enforcement officials certain injuries that appear to have resulted from a criminal act.

Recommendations

- Domestic violence and its medical and psychiatric sequelae are sufficiently prevalent to justify routine screening of all women patients in emergency, surgical, primary care, pediatric, prenatal and mental health settings.
- Although women may not bring up the subject of abuse on their own, many will discuss it when asked simple, direct questions in a non-judgmental way and in a confidential setting. (See AMA's guidelines for a list of questions to ask.)
- In order for medical records to be admissible in court, ensure that:
 - records are made during the 'regular course of business' at the time of the examination or interview
 - records are made in accordance with routinely followed procedures
 - records are properly stored and their access limited to professional staff
- Physicians need to be aware of state laws and services in their community for abuse victims. The legal remedies available to battered women vary from state to state and these laws are changing rapidly. Advocacy programs often can explain to women the legal options that are available. They can help victims access the legal system.
- In most areas, there are no government agencies to coordinate case management and put victims in contact with needed services for domestic violence. Thus physicians need to be aware of local resources to make appropriate referrals and to advocate for expanded resources.
- Ways to improve awareness and outreach in the area of domestic violence include:
 - hospital-based intervention programs that link with community groups and provide on-going support and advocacy
 - community-based training projects to educate physicians and other health care providers
 - new residency requirements and additions to medical school curricula that train physicians to recognize violence and abuse
 - the addition of assessment of abuse into existing community outreach programs for women

- Some physicians will play a more active role by developing innovative programs, advocating for increased funding for services and for violence prevention programs, and by educating students, community groups and other physicians. There is much work to be done, but there is a great potential for improving patient's lives, especially when physicians team up with other professionals and work through local community services.
- Couples' counseling or family intervention is generally contraindicated in the presence of domestic violence. Attempts to implement family therapy in the presence of on-going violence may increase the risk of serious harm. The first concern must be for the safety of the woman and her children.
- Duty to the Victim: Most physicians will encounter cases of domestic abuse in their practices. Physicians must be aware of their obligations in these cases, as well as their potential liability for failing to diagnose and/or report domestic abuse. In general, doing what is medically best or most appropriate is good risk management.
- Disclosure of a diagnosis of abuse to partners or any third party and reporting to authorities should be done only with the abused woman's knowledge and consent.

APA CCR Recommendations

Public Policy and Intervention

1. We recommend that every community develop multi-disciplinary Family Violence Coordinating Councils with full participation of community service agencies, residents of the area served and behavioral scientists.
2. We recommend that community intervention programs be established to help victims find safety and heal from their trauma, to stop offenders' abusive behavior, and to prevent reoccurrence of the violence.
3. We recommend the development of regional centers, preferably university-based, for multi-disciplinary professional training in family violence intervention.
4. We recommend that pre-sentence assessment be mandated for everyone convicted of violence against a family member, whether the conviction is a misdemeanor or a felony.
5. We recommend that treatment be mandated for people convicted of violence against a family member.
6. We support policies that deny possession of firearms and ammunition as a condition of bail before trial to people arrested for battering an intimate partner. We recommend denying possession of firearms and ammunition as a condition of sentencing for people convicted of battering an intimate partner.
7. We recommend systematic evaluation of the impact of community policing on the reduction of family violence.
8. We recommend that victims of family abuse be eligible for victim compensation programs.
9. We recommend new efforts and programs within the public schools to detect and intervene in family violence and abuse.

Prevention and Public Education

10. We recommend a focus on the development of primary prevention strategies to keep family violence from occurring.
11. We recommend the development of programs within the public schools to prevent family violence and abuse.

12. We recommend the development of a public-private-media partnership for national education on family violence.
13. We recommend that corporations, businesses, and institutions develop policies that address family violence.
14. We recommend that development of programs to help families meet their own responsibilities in preventing violence at home and in coping with its consequences in their communities.
15. We recommend that human service organizations, churches, parent-teacher associations, and other groups attempt to involve isolated families in community activities; provide educational programs on family communication, conflict resolution, and power and control; and disseminate information on the prevention and treatment of family abuse.

Clinical Services

16. We recommend that routine screening for a history of victimization be included in standard medical and psychological examinations and be considered in the development of individual treatment plans.
17. We recommend that standards and guidelines be established by each professional discipline that is concerned with family violence identified in a clinical setting. These standards and guidelines should focus on evaluation and treatment of women and partner battering, child abuse and maltreatment, and elder abuse. We recommend that APA take the lead and establish such standards and guidelines for the discipline of psychology.
18. We recommend that the next revisions of the Diagnostic and Statistical Manual include a separate category for trauma reactions covering the symptoms that occur when someone is subjected to long-term severe physical, sexual and emotional abuse within the family.

Training

19. We recommend the development of psychology curricula, graduate training, practicum experiences, internships, and residencies in the area of family violence and other forms of trauma.
20. We recommend specialized training for therapists working with perpetrators and victims of family violence. Training programs should incorporate the extensive knowledge acquired in recent years about how to diagnose and treat victims of family violence who experience PTSD and other trauma-related disorders and how to use the law and support systems to assist these victims.

Psychological Research

21. We recommend that allocations for research funds in the area of family violence should be commensurate with the magnitude of the problem and the seriousness of the impact of such violence. More resources should be devoted to the study of family violence, and such resources should be made available immediately.
22. We recommend the initiation of a long-term, comprehensive prospective program of epidemiologic research on violence in the family.
23. We recommend that research on the social contexts in which family violence occurs include ecologic and ethnographic research on communities, neighborhoods, and social networks. The role of community institutions such as churches and schools in preventing, sustaining and ameliorating violence should be explored.
24. We recommend that public and private research funding agencies convene groups of experts to develop a lexicon of terms and definitions recommended for use in research studies and data gathering on family violence.
25. We recommend improved data collection and analysis to answer many scientific and policy questions. The importance of such data warrants a concerted effort to coordinate and meld findings from data collected through health, legal, social service, education, and law enforcement agencies in order to understand patterns of family violence and its aftermath in communities and societal institutions.
26. We recommend a review and evaluation of existing instruments measuring family violence and its aftermath with an eye toward developing and testing new instruments and methodologies that not only quantify violent acts but also take into account their provocation, context, intentionality, and consequences.

Selections from San Diego's Medical Protocol

- All health care professionals will report acts of domestic violence according to California state codes.
- Social work services shall be provided at the medical treatment facility. If not available, a nurse or staff member shall contact the battered women's hotline advocate on behalf of the victim. Any social worker who contacts a victim in a hospital setting should verify that law enforcement has been notified of the nature and cause of the injury and that a written report has been completed.
- All social service contacts with the victim should be documented in the medical record.
- County emergency medical services shall write "suspected domestic violence" on the patient's record and/or mark the domestic violence box on the pre-hospital patient record.
- Every effort should be made to keep the victim at the hospital or office until the police arrive.
- Medical personnel shall treat victims with respect and dignity and make community referrals.
- Medical and emotional needs of the victim shall be addressed.
- A long protocol and a summary protocol shall guide staff in their response to abuse.
- Domestic violence protocol training shall be provided to all new employees. Every effort should be made to provide annual in-service training for all employees affected by mandatory reporting requirements.
- Training on domestic violence shall be provided at regular intervals in the form of in-service or written materials.
- Abuse victims shall be encouraged to contact the local community women's center for counseling and further information, shelter, and crisis services.
- Referral information should be provided to all victims for victim services at the local prosecutor's office.
- Victims should be provided a copy of a "Responder Card" with phone numbers of responding agencies serving victims of all types of crime.

Quincy Youth Safety Plan

A YOUTH
SAFETY
PLAN
*

ARE YOU AFRAID
AT HOME?
AT SCHOOL?
ON THE STREET?

*

YOU HAVE THE
RIGHT
TO BE SAFE!

NORFOLK COUNTY DISTRICT
ATTORNEY'S OFFICE

* IF THE ADULT OR
POLICE YOU TELL DO
NOT HELP YOU, CALL:

1. CHILD ABUSE
HOTLINE # 1-800-792-5200

2. GOVERNOR'S OFFICE
#617-727-7200

3. YOUTH HOTLINE
#617-773-HURT

NUMBERS TO CALL:

*POLICE 911
*YOUTH HOTLINE
617-773-HURT

* CHILD ABUSE HOTLINE
1-800-792-5200

*NORFOLK COUNTY
DISTRICT ATTY'S OFFICE
617-329-5440

IV. IF YOU CANNOT OR DO
NOT WANT TO CALL 911
FOR THE POLICE,

A. TELL:

- 1. A TEACHER
- 2. A MINISTER, RABBI
OR PRIEST
- 3. A PARENT
- 4. RELATIVE
- 5. NURSE OR DOCTOR
- 6. A TRUSTED ADULT

B. CALL THE YOUTH
HOTLINE AT
#617-773-HURT
(24 HOURS).

C. CALL 411 AND
ASK FOR THE
HOTLINE NEAR YOU.

Quincy Youth Safety Plan (continued)

- I. SAFETY WHEN THERE IS FIGHTING AT HOME
- A. IF YOU ARE AFRAID THAT YOU OR SOMEONE ELSE WILL BE HURT, YOU CAN CALL 911 FOR POLICE HELP.
- B. TELL THE POLICE WHERE YOU ARE CALLING FROM & GIVE THE ADDRESS.
- C. TELL THE POLICE WHO IS BEING HURT, AND WHO IS INVOLVED.
- D. PRACTICE HOW TO GET OUT OF YOUR HOME SAFELY. THINK ABOUT WHICH DOORS, WINDOWS, OR STAIRS WOULD BE BEST.
- E. THINK OF WHICH NEIGHBOR YOU CAN GO TO FOR HELP.
- *****
REMEMBER: YOU HAVE THE RIGHT TO BE SAFE!

- II. SAFETY AT SCHOOL
- A. IF YOU, OR SOMEONE ELSE, ARE AFRAID OF BEING HURT, TELL:
1. A TEACHER
 2. SCHOOL POLICE
 3. PARENT
 4. SCHOOL NURSE
 5. ADULT YOU TRUST
 6. **CALL 911**
- B. ASK YOUR SCHOOL TO HELP EACH PERSON WRITE A SAFETY PLAN.
- III. SAFETY ON THE STREET
- A. IF YOU ARE AFRAID OF BEING HURT:
1. GO TO THE NEAREST STORE & ASK THEM TO **CALL 911**.
 2. **CALL 911** FROM A PAY PHONE.
 3. IF THERE IS NOT A PHONE OR STORE NEARBY, **SCREAM** AS LOUD AS YOU CAN.

Quincy Adult Safety Plan

CHECKLIST-WHAT YOU NEED TO TAKE
WHEN YOU LEAVE:

- ___ Identification
- ___ Driver's license, car title and registration
- ___ Children's birth certificate
- ___ Your birth and marriage certificate
- ___ Money
- ___ Restraining Order
- ___ Lease, rental agreement, house deed
- ___ Bank books
- ___ Checkbooks
- ___ Insurance papers
- ___ House and car keys
- ___ Medications
- ___ Small objects you can sell
- ___ Address book
- ___ Pictures
- ___ Medical records for all family members
- ___ Social security card
- ___ Welfare identification
- ___ School records
- ___ Work permits
- ___ Green card/immigration papers
- ___ Passport
- ___ Divorce papers
- ___ Jewelry
- ___ Children's small toys
- ___ Pets (if you can)
- ___ Other

IMPORTANT PHONE NUMBERS

- Police: _____
- Hotline: _____
- Friends: _____
- Shelter: _____

For more information about how to obtain a restraining order, develop a safety plan or to explore options available to you , contact a domestic violence advocate at your local court or district attorney's office at the numbers listed below.

NORFOLK COUNTY D.A.'S OFFICE:

- Brookline Division 617-738-5072
- Dedham Division 617-329-5440
- Quincy Division 617-984-5605
- Sloughton Division 617-344-9227
- Wrentham Division 508-384-3788

BATTERED WOMEN'S SHELTERS

- Dove 617-471-1234
- New Hope 508-695-2113
- Casa Myrna Vasquez 1-800-992-2600
- Elizabeth Stone House 617-522-3417
- Women's Protective Services- (Framingham) 1-508-626-8686

HELPFUL NUMBERS

- Asian Women's Task Force 617-338-2350
- Brockton Visitation Center 508-583-5200
- Coalition for Battered Women 617-248-0922
- Common Purpose (Batterer's T-ment) 617-628-2451
- Dating Viol. Intervention Project 617-868-8328
- Disabled Abuse Hotline 1-800-426-9009
- Elder Abuse Hotline 1-800-922-2275
- Emerge (Batterer's treatment) 617-422-1550
- Fenway Community Health Ctr. (same sex domestic violence) 617-267-0900
- Greater Boston Legal Services 617-472-3177
- Immigrant and Refugee Coalition 617-357-6000
- Network For Battered Lesbians 617-424-8611
- Parental Stress Hotline 1-800-632-8188
- S. Middlesex Legal Services 508-620-1830
- Travelers Aid Society 617-542-7286

NORFOLK COUNTY DISTRICT ATTORNEY'S
OFFICE



DOMESTIC VIOLENCE SAFETY PLAN

WILLIAM D. DELAHUNT
DISTRICT ATTORNEY

EVERYONE HAS THE RIGHT TO BE SAFE!

Quincy Adult Safety Plan (continued)

- I. SAFETY DURING AN EXPLOSIVE INCIDENT**
- If an argument seems unavoidable, try to have it in a room or area that has access to an exit and not in the bathroom, kitchen or anywhere near weapons.
 - Practice how to get out of your home safely. Identify which doors, windows, elevator or stairs would be best.
 - Have a packed bag ready and keep it in an secret but accessible place in order to leave quickly.
 - Identify a neighbor you can tell about the violence and ask that they call the police if they hear a disturbance coming from your home.
 - Devise a code word to use with your children, family, friends, and neighbors when you need the police.
 - Decide and plan for where you will go if you have to leave home (even if you don't think you will need to).
 - If the situation is very dangerous, use your own instincts and judgments to keep yourself safe. Call the police as soon as it is safe to do so. (You have the ability to obtain a restraining order at your local court during business hours and through local police during the night and weekends.)
- II. ALWAYS REMEMBER - YOU HAVE THE RIGHT NOT TO BE ABUSED IN YOUR RELATIONSHIP- PHYSICALLY, EMOTIONALLY OR SEXUALLY!**
- III. SAFETY WHEN PREPARING TO LEAVE**
- Determine who would let you stay with them or lend you some money.
 - Always try to take your children with you or make arrangements to leave them with someone safe.
 - Leave money, an extra set of keys, copies of important documents and extra clothes with someone you trust.
 - Open a savings account in your own name to start to establish or increase your independence. Think of other ways in which you can increase your independence.
- IV. SAFETY IN YOUR HOME**
- Inform neighbors and landlord that your partner no longer lives with you and that they should call the police if they see your abuser near your home.
 - Rehearse a safety plan with your children for when you are not with them.
 - Inform your children's school or day care about who has permission to pick up your children. (Give them a copy of your restraining order.)
 - Change/Add locks on your doors and windows as soon as possible. Add a peephole and increase outdoor lighting if possible. Try to borrow a portable or cellular phone.
 - Change your telephone number.
- V. SAFETY WITH A RESTRAINING ORDER**
- Keep your restraining order with you at all times. Leave extra copies at work, with a friend, in your car, etc.
 - Call the police if your partner breaks the protective order.
 - Think of alternative ways to keep safe if the police do not respond right away.
 - Inform family, friends and neighbors that you have a restraining order in effect.
 - Try to avoid places in the community where your batterer may frequent.
- VI. SAFETY ON THE JOB AND IN PUBLIC**
- Decide who at work you will inform of your situation. This should include office or building security (provide a picture of your batterer if possible).
 - Arrange to have someone screen your telephone calls if possible.
- VII. IF YOU ARE A TEEN IN A VIOLENT DATING RELATIONSHIP**
- If things in your relationship don't feel right to you, talk about it with someone you trust.
 - Decide which friend, teacher, relative or police officer you can go to in an emergency.
 - Contact a domestic violence advocate in the District Attorney's Office or the police to learn how to obtain a restraining order and make a safety plan.
 - Remember- **YOU SHOULD NEVER HAVE TO FEEL AFRAID IN YOUR RELATIONSHIP**
- F. NO MEANS NO!!!**
- VI. YOUR SAFETY & EMOTIONAL HEALTH**
- If you are thinking of returning to a potentially abusive situation, discuss an alternative plan with someone you trust.
 - If you have to communicate with your partner, determine the safest way to do so.
 - Have positive thoughts about yourself and be assertive with others about your needs.
 - Plan to attend a support group for at least two weeks to gain support from others and learn more about yourself and the relationship.
 - Decide who you can call freely and openly to give you the support you need.
 - Read books, articles and poetry to help you feel stronger.
- VII. IF YOU ARE A TEEN IN A VIOLENT DATING RELATIONSHIP**
- If things in your relationship don't feel right to you, talk about it with someone you trust.
 - Decide which friend, teacher, relative or police officer you can go to in an emergency.
 - Contact a domestic violence advocate in the District Attorney's Office or the police to learn how to obtain a restraining order and make a safety plan.
 - Remember- **YOU SHOULD NEVER HAVE TO FEEL AFRAID IN YOUR RELATIONSHIP**
- F. NO MEANS NO!!!**
- VIII. IF YOU ARE A TEEN IN A VIOLENT DATING RELATIONSHIP**
- If things in your relationship don't feel right to you, talk about it with someone you trust.
 - Decide which friend, teacher, relative or police officer you can go to in an emergency.
 - Contact a domestic violence advocate in the District Attorney's Office or the police to learn how to obtain a restraining order and make a safety plan.
 - Remember- **YOU SHOULD NEVER HAVE TO FEEL AFRAID IN YOUR RELATIONSHIP**
- F. NO MEANS NO!!!**

Selected Components of California's Requirements for Batterer's Rehabilitation Programs

- Strategies to hold the defendant accountable.
- Requirements to participate in same gender group sessions.
- Initial intake which provides the defendant with written definitions of physical, emotional, sexual, economic, and verbal abuse and the techniques for stopping these types of abuse.
- Procedures to inform the victim of requirements for the defendant's participation in the intervention program, available resources, and that offender participation in such a program does not guarantee that the abuser will not be violent.
- Requirement for the defendant to attend group sessions free of chemical influence.
- Educational programming that examines gender roles, socialization, the nature of violence, the dynamics of power and control and the effects of abuse on children and others.
- Requirements that exclude any couples counseling or family counseling or both.
- Procedures that give the program the right to determine if the abuser would benefit from the program and the right to refuse to enroll the defendant as long as that refusal is not because of the defendant's inability to pay. Program providers shall suggest an appropriate alternative program.
- Program staff who have knowledge of spousal abuse, child abuse, sexual abuse, substance abuse issues, the dynamics of violence and abuse, the law and procedures of the legal system.
- Program staff who are encouraged to use the expertise, training and assistance of the local domestic violence centers.
- Requirements that defendants sign written agreements to meet the requirements of the program (e.g. attendance, removal for failure to comply or disruptions, etc.).
- Requirement for defendants to sign a written confidentiality agreement about information concerning other group participants.
- Program that provides information about cultural and ethnic sensitivity.

- Requirement for written referral from court or probation for the defendant to enter into the program.
- Procedures for submitting the following information to the probation department: (1) proof of enrollment, including the fee charged (based on ability to pay for each session), (2) periodic progress reports including attendance, fee payment history and program compliance, final evaluation of defendant's progress, and (3) recommendation for either successful or unsuccessful termination or continuation of the program.
- A sliding scale fee which covers the costs of administering the overhead costs of the program. Indigent defendants may negotiate a deferred payment schedule but shall pay a nominal fee. This fee shall only be waived by the court who may conduct a hearing regarding the defendant's ability to pay.
- The court shall refer persons only to batterers programs that have been approved by the probation department.
- The probation department determines if the program is in compliance with standards, gives written notification to the program of non-compliance areas. The program has 14 days to submit a corrective action plan. The probation department shall review these plans and make a determination of whether to suspend or revoke program approval status. Upon revoking or suspending approval, the probation department may opt to cease referrals.
- No program, regardless of source of funding, shall be approved unless it meets the following standards: the establishment of guidelines and criteria for educational services, standards of service (lectures, classes and group discussions); supervision of defendants for evaluating progress in the program; adequate reporting requirements to identify those who fail to successfully complete the program as ordered (e.g. those who are no longer benefitting from the program) and report them to the court and probation department.
- No victim shall be compelled to participate in a program or counseling and no program may condition a defendant's enrollment on participation by the victim.
- The probation department shall apportion referral of indigent defendant's evenly among approved programs.

NOTE: In San Diego, the court requires the defendant to participate in 32 program sessions in not less than 32 weeks within a nine month period. In deciding whether a batterer would benefit from more sessions, the court considers the following conditions:

- Violence free for a minimum of 6 months
- Participation and cooperativeness in the program
- Demonstrated understanding of and practices positive conflict resolution skills
- No blaming, degrading, or committing of acts which put the victim's safety at risk (e.g. molesting, stalking, striking, attacking, threatening, sexually assaulting, or battering the victim)
- Understanding that the use of coercive or violent behavior to maintain dominance is unacceptable in an intimate relationship
- Threats to harm anyone in any manner
- Compliance to complete any requirements such as substance abuse

Selections from San Diego's Law Enforcement Protocol

The following standardized procedure describes San Diego County's 1990 Law Enforcement Protocol which has been recognized as one of the most effective in the United States. Community leaders report that the most significant decision law enforcement made in San Diego County was to remove the blame and responsibility from the victim and attempt to prove domestic violence cases without her cooperation wherever possible. Prosecutors and police officers created a team to address this extremely complicated and often divisive issue. The following model policy (abbreviated for this policy manual) resulted.

- Law enforcement agencies shall respond to acts related to domestic violence as serious crimes, regardless of the relationship between the victim and the offender. Additionally, victims shall be treated with respect and dignity and provided with information about community support services and victim rights (as the law requires).
- Offenders shall be arrested in all situations where an arrest is legally permissible for acts of domestic violence.
- Training on domestic violence [e.g. basic police personnel and spouse orientations; basic technical /skills training; roll call training] shall also be provided regularly to enhance law enforcement's response.

[NOTE: When law enforcement protocols are established, trained and supported by "top brass," a standardized law enforcement response results for police officers, detectives and prosecutors. Victims learn that they can trust law enforcement officers. Offenders learn that law enforcement and court officials are effective in carrying out their public duties.]

- Dispatchers who receive domestic violence calls (e.g. 911 operators) shall dispatch officers to every reported incident with the same priority as any other life threatening call. Whenever possible, two officers shall be sent to the scene. Dispatchers shall not place responsibility for law enforcement action on victims by discussing with them the victim's desire to "press or drop charges" or "prosecute." Dispatchers shall ask a prescribed list of questions to enhance law enforcement response and provide needed evidence for prosecution. However, victim safety is the primary concern. Dispatchers shall advise the victim to ensure her safety in any way possible, including but not limited to waiting for officers at a friend's house or leaving the residence if the batterer returns.
- When there is reasonable cause to believe that a felony has occurred, an arrest shall be made regardless of whether the officer believes the offense may be prosecuted.

- If a misdemeanor offense (e.g. an act of domestic violence, illegal possession of a weapon, etc.) occurs in the presence of an officer, an arrest shall be made.
- The officer shall not dissuade the victim from making a private person's arrest if such as arrest is desired or make any statements which would tend to discourage the victim from reporting domestic violence incidents.
- A police report of the incident will be filed according to policy and law regardless of the victim's wishes or the presence or absence of the suspect.
- The following factors are not to influence the officer's course of action in domestic violence incidents:
 - victim-offender relationship
 - existence of restraining order
 - victim's history or prior complaints
 - victim's emotional state
 - location of the incident (public or private)
 - places of residence of victim and offender
 - potential financial consequences of arrest
 - verbal assurances that violence will cease
 - injuries which are not visible
 - speculation that the victim or prosecutor will not follow through with prosecution
- Officers arriving on the scene shall conduct a thorough investigation, use a standardized checklist and file an incident report which is clearly marked "DV" [domestic violence]. Victims and suspects shall be advised that once the crime report is submitted to the City or County Attorney's office, (s)he has no control over the decision to prosecute.
- All reports shall be referred for investigation and follow-up. Investigation personnel shall process these reports in the same manner as all other criminal violations. Special domestic violence investigators shall be designated based on the investigator's desire to handle such cases. Investigation and follow-up reports shall be forwarded to the prosecutor's office regardless of the wishes of victims or suspects.
- Under no circumstances shall the investigator ask the victim if she wants to press or drop charges or prosecute the case.
- It is a misdemeanor to violate a protective order. If a protective order has been previously violated, a second violation is a felony crime. All law enforcement officers shall enforce court orders for protection. An arrest shall be made if violation of a court order occurs in the presence of the officer. If not, the victim may make a private person arrest.
- All protective orders shall be stored in the Marshall's Office. If the victim shows the officer a copy of the order, the officer shall verify the order by calling and asking a list of verification questions. All protective orders shall be enforced.
- Under no circumstances shall an officer fail to prepare a crime report on a restraining order violation simply because the suspect is no longer present. When responding to the domestic violence incident, the officer shall advise the victim of the availability of an Emergency Protective Order and help her prepare it on the scene. (S)he shall call the

Magistrate and make the request for protection on her behalf. Additionally, (s)he shall make a reasonable effort to service the suspect with the order.

- At the victim's request, the officer shall stand by for a reasonable period of time for her to remove a reasonable amount of personal property to another location (e.g. a suitcase). If the victim has sustained injuries (whether visible or not), officers shall administer first aid and offer to arrange transportation for proper medical treatment. Officers shall offer to make arrangements to transport the victim to safe housing if needed.
- Officers shall explain the following processes: private person's arrest, temporary restraining orders, arrest, follow-up procedures and criminal procedures. The officer shall also advise the victim of available community resources and the state victim assistance program.
- Officers shall exercise care for the safety of the officers and parties involved. No provision of this policy shall supersede that responsibility.
- This protocol shall be followed when responding to military suspects when incidents occur outside the boundaries of a military facility and law enforcement has been called to assist in handling the incident. All informal referrals, diversions, or report taking omissions shall be eliminated involving military personnel. No informal agreements with shore patrol or a suspect's commanding officer shall take precedence over the suspect's arrest and prosecution by the non-military authorities.

Section K: About the Author

Randy Newcome Eltringham, EdD
3 January 1952

Randy Eltringham is currently the Secretary of the Navy's Senior Policy Advisor for Force Support and Families. She has spent the past 13 years developing, implementing and overseeing a wide range of human services programs and policies including family advocacy, life skills education, suicide, sexual assault and rape prevention, new parent support, deployment support, crisis response humanitarian actions, and the 13 "Core" programs and services delivered by Navy and Marine Corps Family Service Centers.

Dr. Eltringham has taught extensively on military service and family member support matters. She specializes in adult education program development and management, marketing and strategic planning. She has designed numerous quality of life research initiatives, comprehensive assessments and organizational interventions which have supported senior Department of Defense decision makers.

Randy completed her Bachelor of Arts degree in Journalism (Advertising and Public Relations) from the University of South Carolina in 1974. In 1986, she earned her Master of Arts degree in Education and Human Development from The George Washington University. She has completed her doctoral studies in Adult and Continuing Education at Virginia Polytechnic Institute and State University in 1996. Her dissertation, entitled "Creating a Coordinated Community Response to Domestic Violence: A Program and Policy Manual for Community Leaders," is a reflection of her life long commitment to leadership education and the safety, health and well-being of community members of all ages. Dr. Eltringham is the proud mother of three children and the spouse of Navy Supply Corps Captain, Peter Eltringham. She resides with her family in Fairfax, VA.

A handwritten signature in black ink that reads "Randy H. Eltringham". The signature is written in a cursive, flowing style with a large, stylized 'R' and 'E'.



March 25, 1996

TO: Randy N. Eltringham
FROM: Jan Black, 503-581-1701 FAX (Please note new number, now a dedicated line.)
RE: Permission to include INOKA in your dissertation

This memorandum grants you permission to (1) briefly describe the biography of Greg Enns and I, co-authors of *It's Not Okay Anymore, Your Personal Guide to Ending Abuse, Taking Charge, and Loving Yourself* (hereafter referred to as INOKA); (2) reprint a copy of our Cycle of Abuse, Cycle of Personal Responsibility and Cycle-Jumping Models with full credit to the authors; (3) include information about how readers can acquire copies of our book and other materials we may have recently produced, including our forthcoming *INOKA Guide for Leaders*; (4) include the name, address and phone number of a point of contact who would be willing to talk with other individuals who want to use our publication in victim-witness support groups, counseling sessions or other appropriate venues.

We are very pleased to grant you this permission and honored by your desire to include our work in yours.

Here are the details of the above-granted permissions:

- (1) Brief biographies. Please grant us a few days to refine this. How detailed do you want?
- (2) Reprinting of the Cycles. The copyright designation of the Cycle of Personal Responsibility must read "Copyright 1995 by Domestic Violence Services." Credit for the Cycle of Abuse and Cycle-Jumping will go to LifeTrack Strategies for Living, Salem OR (1996).
- (3) Readers can acquire copies of our book by calling 1-800-681-0985 or by writing to: LifeTrack Strategies for Living, 1118 Lancaster Dr. NE, Ste. 325, Salem OR 97301, or by faxing their request to LifeTrack Strategies at (503) 581-1701, or by ordering through our web page on the Internet at <http://www.hannibalhouse.com> (as of May 1, 1996).
- (4) Point of contact to help with victim-witness support groups: Greg Enns, c/o LifeTrack Strategies for Living, 1118 Lancaster Dr. NE, Ste. 325, Salem OR 97301, (503) 581-4188.

A handwritten signature in cursive script that reads "Jan Black".



Minnesota Program Development, Inc.

Domestic Abuse Intervention Project National Training Project Mending the Sacred Hoop Visitation Center

March 20, 1996

Randy Eltringham
Senior Policy Advisor
Office of the Assistant Secretary of the Navy
(Manpower and Reserve Affairs)
1000 Navy Pentagon
Washington, DC 20350-1000

Dear Randy:

This is to acknowledge receipt of your letter of March 14, 1996.

You have permission to quote from all materials produced by Minnesota Program Development, Inc. You may also describe both Paymar and Pence in your work, reprint the wheels produced by MPDI, and include information on how to contact us. It's best not to give the name of a specific person because that person may leave the organization.

Enclosed is a copy of our materials brochure, which will be helpful to you when preparing a piece on how to obtain materials from our organization.

Thank you and good luck,

A handwritten signature in cursive script, appearing to read "Ellen Pence".

Ellen Pence

Quincy District Court

Probation Department



One Dennis F. Ryan Pkwy. Quincy, MA 02169



617-471-1650



617-471-6876

Date: 3-19-96 Total # of pages including cover sheet: 4

To: RANDY EITTINGER 703-693-4957

From:

G. Klein

Memo:

Please use whatever is helpful
to you. People can contact me at
the Court address & #.
Attached please find my wife
Call me for latest publications, manuals, etc.

BWA
Battered Women's
Alternatives

P.O. Box 6406
Concord, CA 94524
Business: (510) 676-2845
Fax: (510) 676-2526
Crisis: (510) 930-8300

March 19, 1996

Randy Eltringham
Senior Policy Advisor for Force Support and Families
Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs)
1000 Navy Pentagon
Washington, DC 20350-1000

Dear Randy,

Thanks for your kind letter. I, too, think BWA is an exemplary agency offering intervention and prevention programs designed to end domestic violence.

Of course you may reference BWA, our programs, and leadership in your dissertation. If the scope of your work permits I want to add that BWA also has procedure manuals available to other domestic violence agencies for the cost of reproducing. These include:

- transitional housing and employment program manual
- shelter program manual
- volunteer program manual

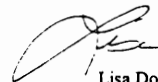
There are several new developments we are undertaking to create a community where domestic violence is obsolete. We have two new programs for the children of battered women. *Positive Images* helps boys who have watched their dad hurt their mom learn how to solve problems by "using your words, not your hands". *Powerful Images* helps girls who have been raised in homes where women are not respected or valued learn they are competent and powerful. In both programs, children learn that being abused is not their fault nor ever justified.

Our new couples and family counseling program is designed to be an early intervention program where families can get help before a relationship becomes physically abusive.

Finally, we are implementing a domestic violence *emergency response team* (DVERT) to provide immediate response to police officers and sheriffs when requested. Our goal is to reduce the number of repeat calls to police by providing resources and support to victims of domestic violence as early as possible.

Enclosed is Rollie's resume' and a description of how BWA has worked with the Navy. If you have any questions or need additional information please call me at (510)676-2845.

Sincerely,



Lisa Dobey
Interim Director

24 Hour Crisis Line
Shelter/Safe Homes
Transitional Housing

Counseling Services
Support Groups
Employment Assistance

Legal Advocacy Program
Men's Program
Children's Program

Teen Program
Workplace Program
Speaker's Bureau

American Medical Association

Physicians dedicated to the health of America



Larry S. Goldman, MD
Director
Department of
Mental Health

515 North State Street
Chicago, Illinois 60610

312 464-5067
312 464-5841 Fax

March 20, 1996

Randy N. Eltringham via FAX 703-693-4957
4919 Briar Street
Fairfax, VA 22032-2207

Dear Mr. Eltringham:

Thank you for your interest in the American Medical Association's (AMA) Campaign Against Family Violence. Let me address your requests sequentially:

- 1) I have enclosed a copy of Dr. McAfee's official biography for your use.
- 2),3) you have permission to describe the Campaign and to cite selected passages (with appropriate attribution) from any of the materials Ms. Witwer sent you, copies of printed AMA materials (e.g., the guidelines) may be ordered from Mary Haines, 312-464-5563. Physicians who wish to join the AMA coalition of Physicians Against Family Violence may call Jean Owens at 312-464-5066. Information about AMA's Campaign, including publications, is also available at our Web site, whose URL is <http://www-psy.bsd.uchicago.edu/~larry/uchome.htm>.
- 5) the AMA does not produce community policies, procedures, or response protocols. We are serving as conveners (along with the ABA, HHS, DOJ, and others) of community teams in a series of regional conferences where teams will be given information about how to make such products. Those who wish to attend a conference or to be put in touch with a local team may contact Ms. Owens, who will assist them.

I hope this helps with your efforts.

Sincerely,

A handwritten signature in dark ink, appearing to read "Larry S. Goldman", with a long horizontal line extending to the right.

Larry S. Goldman, MD

FAX TRANSMISSION

Date: March 15, 1996

To: Randy Eltringham

Fax Number: 703.693.4957

From: David Walsh, Ph.D.
Fairview Health System
(612) 672-4150 (phone)
(612) 672-4113 (fax)

Number of Pages Including This Page 4

I am pleased to have my work and materials used and quoted in your dissertation and other materials you are developing. You have my permission to quote and cite passages from any of the work I have done including the book Selling Out America's Children. Interested persons can obtain the book or information about "Reclaiming America's Children" by contacting me. My name and address are listed below.
A copy of my biography is attached.

David Walsh, Ph.D.
Fairview Riverside Medical Center
2450 Riverside Avenue
Minneapolis, MN 55455
612.672-4150 (phone)
612.672.4113 (fax)
walsh018@gold.tc.umn.edu

Best of luck in your work. Please contact me if I can be of further assistance.



SPORT IN SOCIETY

THE CENTER FOR THE STUDY OF SPORT IN SOCIETY

Northeastern University
360 Huntington Avenue, 161CP
Boston, MA 02115
(617) 373-4025
Fax: (617) 373-4566

TO: Randy Eltringham

COMPANY: _____

FROM: Jackson Katz

FAX NUMBER: _____

DATE: 3-15-90

SUBJECT: Everything looks fine - looks great,
in fact. If you need my signature, here it is.

Total number of pages including cover sheet 2

Please call (617) 373-4025 if any of the above pages are not received.



CHICAGO POLICE DEPARTMENT

Office of the Superintendent
1121 South State Street, Room 400
Chicago, Illinois 60605

(312)747-5501 (Voice)

(312)747-2430 (Fax)

DATE: Wed/ 27 Mar 95

FAX COVER SHEET

TO: RANDY N. ELTRINGHAM, Senior Policy Advisor

OF: ASN (MRA) FORCE SUPPORT AND FAMILIES

FAX NUMBER: (703) 693-4957

FROM: CMDR GERARD MAHNKE, ADMIN ASST TO SUPT M.L. RODRIGUEZ

RE: Supt. Rodriguez has approved your quoting from "Together We
Can." In addition, attached is a copy of the Supt's BIO.
We would appreciate a copy of your dissertation for review
prior to submission.

Number of pages including cover sheet: TWO

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