



Developing **COMMUNITY RESPONSES**
to Domestic Violence

A GUIDE TO KEY IDEAS, EFFECTIVE APPROACHES,
AND TECHNICAL ASSISTANCE RESOURCES FOR
MAKING CONNECTIONS CITIES AND SITE TEAMS

part of a series from the Technical Assistance/Resource Center of The Annie E. Casey Foundation

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A list of Technical Assistance/Resource Center Resource Guides appears on the inside back cover.

The Annie E. Casey Foundation

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for vulnerable children and families in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the foundation in honor of their mother.

Headquartered in Baltimore, the Foundation is the largest private foundation in the nation dedicated solely to the needs of vulnerable children and families, with assets of more than \$3 billion. The Foundation's grants are intended to help states, cities, and neighborhoods improve the life chances of the millions of American children at risk of poor educational, economic, social, and health outcomes. For more information, visit the Foundation's website at www.aecf.org.

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preface to family strengthening resource guides

Children do well when their families do well, and families do better when they live in supportive neighborhoods.

This simple premise underlies Making Connections, the centerpiece of a 10- to 15-year commitment by the Annie E. Casey Foundation to improving the life chances of vulnerable children by helping to strengthen their families and neighborhoods. The Foundation is working in 22 American cities to promote neighborhood-scale programs, policies, and activities that contribute to stable, capable families.

Making Connections seeks to help families raise healthy, confident, and successful children by tapping the skills, strengths, leadership, and resilience that exist in even the toughest neighborhoods. The initiative is founded on the belief that families and their children can succeed if the people who live, work, and hold positions of influence in distressed neighborhoods make family success a priority—and if there are deliberate and sustained efforts within the broader community and at the state level not only to connect isolated families to essential resources, opportunities, and supports, but also to improve the material conditions of the neighborhood.

The Foundation is dedicated to helping selected communities engage residents, civic groups, public and private sector leadership, and faith-based organizations in efforts to transform the toughest neighborhoods into family-supportive environments. *Making Connections* seeks to enable residents in these neighborhoods to live, work, play, earn decent wages, and interact with family, friends, neighbors, and social institutions in a safe, congenial, and enriching environment.

In order to improve the health, safety, educational success, and overall well-being of children,

Making Connections is a long-term campaign aimed at helping selected cities build alliances and mobilize constituencies at the neighborhood level.

Making Connections has identified three kinds of connections essential to strengthening families:

- + **Economic opportunities** that enable parents to secure adequate incomes and accumulate savings, thus assuring their families the basic necessities of food, clothing, shelter, and health care. To meet this need, communities must address job development, employment training, wage supplements, and asset-building strategies—all of which help ensure predictable incomes, which in turn bolster healthy child development.
- + **Social networks** in the community, including friends, neighbors, relatives, mentors, community organizations, and faith-based institutions that provide neighbor-to-neighbor support and help family members feel more confident and less isolated.
- + **Services and supports**, both formal and informal, public and private, which provide preventive as



MAKING CONNECTIONS CITIES

Atlanta	Milwaukee
Baltimore	New Orleans
Boston	Oakland
Camden	Philadelphia
Denver	Providence
Des Moines	San Antonio
Detroit	San Diego
Hartford	Savannah
Indianapolis	Seattle
Louisville	St. Louis
Miami	Washington, D.C.

well as ongoing assistance, and are accessible, affordable, neighborhood based, family centered, and culturally appropriate. These might include high-quality schools, health care, housing assistance, and affordable child care.

How will we know when Making Connections goals have been achieved?

Making Connections will have succeeded in a city when community leaders and residents have built a local movement on behalf of families that has the power and momentum to accomplish the following:

- + Build on existing efforts and spur neighborhood-scale, family strengthening strategies that reduce family isolation by increasing their connections to critical economic opportunities, strong social networks, and accessible supports and services.
- + Use these neighborhood-scale initiatives to rethink, revamp, and redirect policies, practices, and resources on a citywide scale to improve the odds that all families succeed.

As this movement grows, it will enable each city to know it is succeeding in a number of other ways:

- + When parents have the means, confidence, and competence to provide for their families economically, physically, and emotionally;
- + When residents have people to talk to and places to go for help, support, and camaraderie;
- + When families feel safe in their homes and in their neighborhoods;
- + When children are healthy, succeed in school, and go on to college or a job after high school;
- + When communities offer the resources families need to pass on a legacy of literacy and opportunity to their children.

What do we mean by “family strengthening”?

Family strengthening policies, practices, and activities recognize the family as the fundamental influence in children’s lives. These policies and practices both reinforce parental roles and messages and reflect, represent, and accommodate families’ interests. Family strengthening means giving parents the necessary opportunities, relationships, networks, and supports to raise their children successfully, which includes involving parents as decision-makers in how their communities meet family needs.

A family’s major responsibility is to provide an optimal environment for the care and healthy development of its members, particularly its children. Although basic physical needs—housing, food, clothing, safety, and health—are essential, children also need a warm emotional climate, a stimulating intellectual environment, and reliable adult relationships to thrive.

Threats to a family’s ability to manage its responsibilities come from many sources: externally generated crises, such as a job or housing loss, or internal crises, such as child abuse or estrangement among family members. Unexpected events, such as the birth of a child with a disability or a teen’s substance abuse problems, or more common events, like new jobs, marriages, deaths, and household moves, precipitate potentially destabilizing changes. The family’s ongoing stability hinges on its ability to sustain itself through these disruptions. To help families cope effectively with crises and normal life events, communities need a variety of resources, including adequate and accessible services for children at all stages of their development, effective supportive services for families, and a critical mass of healthy families who can effectively support their neighbors.

Family strengthening policies and practices consider the whole family, not just individual family members. Often, agency protocols and programs



create tensions inadvertently when their focus excludes family needs. A striking example is a well-intentioned nutrition program arranged to ensure that homeless children were fed breakfast, lunch, and dinner at school. The children’s parents and other siblings had no source of food, however, and the program participants had no opportunity to share meals with the rest of their families. Once the program leaders recognized the problem, parents and siblings were included in the school mealtimes, and the program designers learned to reconsider their strategies. Similarly, many welfare-to-work programs report difficulties in job retention because of family stresses—stresses often resulting from the jobs themselves. When a family member finds work, family rituals, logistical patterns, roles, and responsibilities change. More successful programs consider these disruptions ahead of time and develop ways to help the family cope.

What do we mean by “strengthening neighborhoods”?

Families must be helped to thrive within the context of their neighborhoods and broader communities. Job development, for example, should be coordinated with specific local or regional businesses, and community economic development should build on the resources of each unique neighborhood. Connecting families to economic opportunities can have a ripple effect: Just living in a neighborhood where a substantial number of families work can reinforce positive expectations for the children in the neighborhood.

Making Connections recognizes that the informal social networks that are most important to people (their friends, neighbors, faith communities, and clubs) almost always exist at the neighborhood level. Time and time again, these natural helping networks prove most important to families’ abilities to raise their children successfully. One component of strengthening neighborhoods is thus to invest in the

social capital provided by neighborhood-based networks. At the same time, *Making Connections* seeks to widen the networks that families have at their disposal, thereby broadening their aspirations, attitudes, and opportunities. Linking families to broader networks both within and outside their own neighborhoods promises to open up new possibilities for children and parents alike.

Finally, strengthening neighborhoods means placing formal public services in neighborhoods, and making them comfortable rather than intimidating for families. This requires redefining the jobs of public workers so that professionals from several separate mainline systems—as well as natural helpers or informal caregivers—work together in teams and are deployed to specific neighborhoods to take the necessary steps to help families succeed.

The Technical Assistance/Resource Center

The Foundation’s Technical Assistance/Resource Center (TARC) seeks to connect people in the 22 cities to powerful ideas, skillful people and organizations, examples of what works in other communities, and opportunities to develop leadership skills in their own neighborhoods. It provides assistance to the 22 *Making Connections* cities on a range of topics, from building alliances that lead to stronger families in healthier, more stable communities, to diverse strategies that community leaders may pursue in terms of jobs, housing, safety, schools, and health care. TARC responds to the sites’ priorities through a “help desk” approach, which seeks to meet sites’ requests for assistance, and “peer consultation,” where colleagues who have successfully addressed a particular problem help their peers in other communities to frame and solve a similar issue. In this way, *Making Connections* cities can capitalize on the practical knowledge that emerges from on-the-ground innovators.

One component of the Foundation's technical assistance strategy is a set of Resource Guides, including this one. The Resource Guides articulate the Foundation's perspective about issues pertaining to *Making Connections* sites, as well as summarize trends in the field, highlight effective examples, and point to people, organizations, and materials that can provide additional help. The Resource Guides are intended first for Foundation staff, in order to create a common fund of knowledge across a broad range of issues. Second, the guides are intended for residents and other leaders in *Making Connections* cities who may want to learn more about specific subjects.

The precise number of Resource Guides will fluctuate as demand changes, but approximately 12-15 guides will be produced during the year 2000 (see the inside back cover for a list). All guides will address topics aimed at both supporting individual families and strengthening neighborhoods. The guides fall into four categories: (1) Economic Opportunities for Families, (2) Enhancing Social Networks, (3) Building High-Quality Services and Supports, and (4) Techniques for Advancing a Family Strengthening Agenda in Neighborhoods.

The guides in the first three categories address substantive areas in which activities can directly lead to better outcomes for children and families as well as strengthen neighborhoods. The first Economic Opportunity Resource Guide, on jobs, for example, provides information about how to connect low-income residents to regional and local labor markets, allowing families to provide for their basic necessities and contributing to family stability. Simultaneously, successful jobs initiatives fortify the neighborhoods in which they operate, making them more attractive places to live and providing strong incentives for younger residents to participate in the labor force.

Likewise, the Resource Guides in the second and third categories were chosen because they affect both individual families and their neighborhoods. For instance, the guide on housing is intended to help communities provide affordable housing to low-income families, which in turn leads to enhanced housing stock and more desirable neighborhoods. The guide on child care seeks to help communities develop plans for increasing the supply of affordable, quality child care—especially the notoriously hard-to-find care for infants and school-age children, and care during nontraditional work hours. Achieving this goal not only would improve the developmental preparation of young children, but it also would help stabilize parental employment, enhance the viability of neighborhood enterprises, and promote safer, better-connected communities.

The guides in the last category address techniques for advancing neighborhood-based family strengthening work, such as how to develop a communications strategy and how to use data and maintain accountability for specific outcomes.

Additional guides may be developed as new requests for assistance surface from the sites. We view these guides not as an end in themselves, but as a first step in posing and answering some of the most difficult questions we face about how to help families in the toughest neighborhoods. Toward this end, we welcome readers' comments and thoughts on any of the subjects included in these guides.

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executive summary

Residents and leaders in *Making Connections* sites might want to explore a range of strategies for protecting people from domestic violence, which we define for this guide as *a pattern of assaultive and coercive behaviors that adults or adolescents use against their intimate partners*. Domestic violence can include physical assault, sexual abuse, constant harassment, jealous accusations, economic coercion, and threats to hurt or kill children. Creating strong and stable families in *Making Connections* neighborhoods requires attention to the problems posed by domestic violence—problems that do not just touch victims, but their children, other family members and friends, and the broader community.

The **Introduction** describes the incidence and characteristics of domestic violence and how it affects victims, their children, the perpetrators themselves, and other neighborhood residents. Abused women, for example, are more likely to experience depression, post-traumatic stress disorder, and drug or alcohol abuse than are women who are not abused. Several studies have documented significant problems for many of the children who witness assaults against a parent, including a greater likelihood of aggressive and antisocial behavior among boys, depression and anxiety, traumatic stress disorders, and slower development of cognitive skills (Schechter and Edleson, 2000). Men who batter also lose: Some face arrest, some are evicted from their homes, some are denied contact with their children and so lose the family most of them desperately want. Neighborhood residents suffer too: They can experience more crime and delinquency as violence learned in the home spills into the streets.

Potential Requests, Opportunities, and Challenges lists questions that might be raised about domestic violence in *Making Connections* neighborhoods: What supports should a neighborhood put in place to respond to domestic violence? Should victims be

encouraged to leave their violent partners? This second question is not easily answered; each victim must make her own decision about what is best for her and her children. Where to turn to for support is another difficult problem that requires careful consideration of a host of factors. There are structures that can be put in place to help families answer these difficult questions and feel supported in their choices.

Promising Approaches and Resources describes ways to prevent or respond to domestic violence. Three broad strategies are described and promising programs are identified:

A. Prevention and education campaigns try to reach families before violence begins: for example, by mobilizing residents to look out for one another; through radio, television, and print messages targeted at specific communities; and in discussion groups for teenagers about preventing violence in domestic and dating relationships. The Oakland, California, RAP Project sponsored by the Family Violence Law Center is an example of a program that helps teens understand that it is never acceptable to be abusive in their relationships.

B. Services for victims and intervention programs for batterers include (1) shelter-based services for adults and children, such as Baltimore’s House of Ruth, where a staff of 90 provides emergency shelter, transitional housing, 24-hour hotline counseling, legal assistance, professional training, and community education; (2) support services for women who remain in their homes, including legal and court-based services for victims, and health care services for victims and their children, such as the AWAKE Project (Advocacy for Women and Kids in Emergencies) at Children’s Hospital in Boston; (3) batterer intervention services to help abusive men stop their destructive behavior, such as Atlanta’s



Men Stopping Violence, a training program that offers attitude and behavior-change classes for men and teenagers who have abused women; and (4) programs for child witnesses to domestic violence, such as the Violence Intervention Program for Children and Families in New Orleans, which, among other things, educates police officers about the effects of violence on children to increase officers' knowledge and sensitivity when dealing with violent incidents. A fifth type of service includes programs that are culturally specific. One example is Hermanas Unidas (Sisters United), which serves the Latina population of Washington, D.C.

C. Coordinated community responses include efforts in which the police, the criminal and civil courts, and advocates for women and children work together to ensure the safety of victims and the compliance of the batterers with justice system requirements. For example, Santa Clara County, California, has established a Domestic Violence Council that includes the district attorney's office, law enforcement agencies, the medical community, shelter services, batterers' treatment programs, the courts, and other community-based organizations. The separate efforts are consolidated in a single initiative that helps prevent violence and offers support to victims.

D. National domestic violence resources include organizations that provide useful information and technical assistance on domestic violence issues that is available to *Making Connections* sites.

A list of **References** at the end of the guide lists work cited in the text and other readings of interest.

introduction

Sondra Browne dreaded the upcoming meeting with her daughter Toni's beloved preschool teacher, Mrs. George. In her phone call to Ms. Browne, the teacher had expressed concern about Toni's behavior: She was hitting other children, and during her free-play time, she frequently went straight for the dolls and used them to act out violent shouting matches. The teacher had never seen Toni behave this way before, and she was worried.

Ms. Browne was worried, as well. In their meeting, the two women talked about Toni's behavior at school. At first Ms. Browne seemed puzzled by it, unable to account for the change. The teacher asked whether Toni spent time watching violent television shows or had witnessed any recent unsettling events in the community. In both cases, the answer was "no." In fact, Ms. Browne reported that Toni often seemed very quiet and well-behaved at home. Both women were stumped, but they agreed that they needed to keep a more careful eye on Toni.

As the interview drew to a close, the teacher again expressed her concern for the family, and unexpectedly Ms. Browne began to cry, explaining that her live-in boyfriend was having problems at work. When he came home, he was often tense and angry. Sometimes he was drunk. Although in the past he had occasionally pushed and shoved Ms. Browne, now he punched her frequently and called her vile names. The weekend before, he even accused Ms. Browne of having an affair with her supervisor, and he had forced her to call in sick. Ms. Browne confessed that she was scared that he might really hurt her. Lately, she had been unable to sleep or eat much.

Mrs. George asked how she could help. Ms. Browne said she didn't know; she wanted to wait to see whether her boyfriend was going to quit his job, hoping that would improve his mood. After Ms. Browne left, Mrs. George wondered what she should do next—for Toni and for her family. Should she call Ms. Browne and invite her in again? What would she say? What if Toni and her mother were in immediate danger? And why would Ms. Browne's boyfriend suddenly behave this way? What did

he need? Who in the community could help this family before something terrible happened?

Making Connections site team members and residents will have some knowledge of the issues surrounding domestic violence. For the purposes of this guide, domestic violence is defined as a pattern of assaultive and coercive behaviors that adults or adolescents use against their intimate partners. (See box, "Domestic Violence Defined," page 10.) Although many people think of domestic violence as physical assault alone, victims often experience an array of coercive and threatening behaviors: demeaning name-calling, violent sexual attack, and partners' threats of homicide or suicide, among others. Many abused women maintain that emotional and sexual attacks are far worse—and far more difficult to heal from—than are physical ones.

guiding PRINCIPLES: community-based RESPONSES to domestic VIOLENCE

PROVIDE the resources and emotional support necessary to restore safety and stability to adult and child victims.

RESPECT the self-determination and restore the control of adult victims as they decide what is best for themselves and their families.

HOLD domestic violence perpetrators responsible for their abusive behavior.

OFFER them helpful interventions to stop the violence.

ADVOCATE with community institutions and service providers to intervene competently, safely, and respectfully with family violence victims, perpetrators, and their children.

Residents in *Making Connections* neighborhoods may want to explore how to create environments that help prevent violence and protect family members from domestic violence when it does occur. The problem can be found in every community. A report on the National Violence Against Women Survey states that approximately 1.5 million women are raped or physically assaulted, or both, by an intimate partner each year in the United States. And many women are victimized more than once a year: Approximately 4.8 million intimate partner rapes and assaults are perpetrated against U.S. women annually (Tjaden and Thoemes, 2000).

Although domestic abuse occurs across all classes and in all races, the poorest women are reported to endure the most violence. In *Making Connections* neighborhoods, as in most low-income neighborhoods, men and women experience a multitude of stressors that make family violence more likely to happen—lack of income, substandard and overcrowded housing, and a dearth of community support services. In the National Family Violence Survey, rates of “abusive violence” against women with annual incomes below \$10,000 were more than 3.5 times those found in households with incomes above \$40,000 (Straus and Gelles, 1990).

In another study of a low-income neighborhood in Chicago, more than 19 percent of those who were welfare recipients had experienced serious aggression from a partner in the past 12 months; only 8 percent of nonrecipients had (Lloyd and Taluc, 1999). Poor women are more likely to be forced to deal with domestic violence at the same time that they must try to keep their families fed, maintain their housing and jobs, and attend to their children’s needs.

Because *Making Connections* is designed to create strong and stable families in neighborhoods characterized by concentrated poverty, this guide highlights

the problems that low-income abused women face. But domestic violence clearly is not confined to low-income neighborhoods. Nor is it confined to women. Although women are about 6 times more likely to experience serious aggression in an intimate relationship than are men, it is good to keep in mind that male and female adolescents, heterosexual men, lesbians, and gay men also can be victims and can suffer the same debilitating consequences.

Domestic violence produces multiple and long-ranging effects on victims, children, perpetrators, other family members, friends, and neighbors. Many studies have found that abused women have higher rates of depression, post-traumatic stress disorders, and drug or alcohol abuse than do people who report no abuse. One New Jersey welfare-to-work program found that more than 54 percent of those in a current abusive relationship reported severe depression, compared with 31 percent of the women who were not abused (Curcio, 1997). In Pennsylvania, women who sought protective orders dropped out of a welfare-to-work program at six times the rate of others (Brush, L., forthcoming). The loss of income and the devastating effects on physical and mental health undermine the strength of many low-income women.

Children can be profoundly affected by domestic violence. Each disruption and trauma faced by a battered woman—loss of housing and income, longing for a partner, fear for safety inside her own home—also is endured by her children. Children are frequently forced to flee from their homes; they can lose contact with beloved fathers; they watch as their dads are handcuffed and arrested. Children, too, might be forced to give up schools and friendship networks in order to be safe. Numerous studies have documented significant problems among children who witness assaults against a parent, including a greater likelihood of aggressive and antisocial behavior

DEFINED

Domestic violence is a pattern of assaultive and coercive behaviors that adults or adolescents use against their intimate partners. Often, physical and sexual assaults are accompanied by other coercive and threatening behaviors. Domestic violence victims can experience some of the following:

PHYSICAL ASSAULT

- Hitting
- Slapping
- Kicking
- Shoving
- Burning
- Punching
- Assault with weapons

EMOTIONAL ABUSE

- Threats to kill
- Threats to kidnap children
- Jealous sexual accusations
- Enforced isolation from family or friends
- Constant harassment
- Name calling
- Punishment for discussing the abuse

SEXUAL ABUSE

- Rape
- Humiliating sex
- Pressured sex
- Threats to abuse children sexually

ECONOMIC COERCION

- Withholding money for food and clothes
- Forcible confiscation of money
- Ruining credit
- Lying about assets

COERCION OF THE MOTHER THROUGH THE CHILDREN

- Threats to hurt or kill children if the mother leaves
- Threats to disappear with the children
- Escalating physical abuse of the children if the mother tries to stop it
- Forcing the children to spy on their mother



among boys, depression and anxiety, traumatic stress disorders, and slower development of cognitive skills (Schechter and Edleson, 2000).

Children whose mothers are abused also are at high risk for maltreatment. In a survey of more than 6000 American families, researchers found that 50 percent of the men who frequently abuse their wives also frequently assault their children (Straus and Gelles, 1990).

Many child development experts have suggested that children’s psychological health depends on their parents’ mental and emotional stability. This also could be true for families that experience domestic violence: A child’s adjustment in the aftermath of assault often is closely tied to the mother’s well-being. If the community can maintain safety and stability for families, children are much better off (Schechter and Edleson, 2000).

domestic VIOLENCE at a GLANCE

- + A large study of emergency room patients reported that 54.2 percent of women seeking care said they been assaulted, threatened, or made to feel afraid by a husband or boyfriend at some point in their lives. More than 1 in 10 women patients (11.7 percent) attributed their need for emergency services to injuries resulting from domestic violence (Abbott et al., 1995).
- + The National Family Violence Survey estimated that approximately 1.8 million American wives are severely physically or sexually abused by their husbands each year (Straus and Gelles, 1990).
- + The National Crime Victimization Survey found that women are approximately 6 times more likely to be abused by an intimate partner than are men (Bachman, 1999).
- + In recent studies of welfare populations, more than 50 percent of women have reported that, at some time in their lives, they have been victims of physical violence by an intimate partner. Between 19.5 percent and 32 percent of the women in these studies said they had been abused in the recent past (Lyons, 1999).
- + Employee assistance program workers have reported that, during a one-year period, 83 percent worked with employees who had obtained restraining orders; 71 percent reported working with employees who were being stalked by current or former partners (Isaac, 1997).
- + The rates of domestic violence among different racial and ethnic groups are similar, but it is important to respond sensitively to the differences among communities (Kanuha, 1995).

Men who batter can experience profound disruptions in their lives as a result of the violence. Many of them face arrest and possible eviction from their homes. Some are prohibited from contacting their partners and children. In the long run, they often lose the families they desperately want: Their violence becomes so disruptive, terrifying, and hurtful that ties between the men and their partners are broken permanently.

Domestic violence also affects the community at large. The economic and social costs of arrest, incarceration, probation, and treatment are enormous. For instance, a study conducted in 1994 at a large health plan in Minneapolis and St. Paul, Minnesota, found that, per capita, \$1775 more was spent each

year on abused women than was spent on women selected at random from plan enrollees (Wisner et al., 1999).

Grandparents, friends, and neighbors—forced to worry about the health and safety of their loved ones—also live with the terror of domestic violence. Sometimes they face large financial burdens as a result of sheltering and feeding victims and their children. Or they watch helplessly as children, exposed early to domestic assault, later become violent toward others in the community. One study of more than 2000 children and teenagers found that recent exposure to family violence was a significant factor in predicting a child's use of violence (Song et al., 1998).

Making Connections site teams and resident leaders must be sensitive to the psychological complexities involved in addressing domestic violence. Some women and children need immediate—perhaps permanent—separation from an abuser; others will want to reunite with their partners if they believe

the abuse will stop. In the context of domestic violence work, strengthening families should mean providing all family members—women, men, and children—access to resources and supports that allow such decisions to be made soundly.

CHILDREN AND domestic VIOLENCE

- + The literature reports that, in 50-60 percent of the families where domestic violence occurs, a child and an adult are abused at the same time. (Appel and Holden 1998; Edleson, 1999a).
- + On average, children who are exposed to adult domestic violence show significantly more behavioral, emotional, and cognitive problems than do comparison children who are not exposed to violence (Edleson, 1999b; Holtzworth-Munroe et al., 1997; Margolin, 1998).
- + Young adults who have been exposed to adult domestic violence as children report significantly more cases of depression and trauma-related symptoms, and poorer social adjustment, than do nonexposed young adults (Edleson, 1999b).
- + There is great variation within the group of exposed children: In one study, 26 percent of shelter-resident children and as many as 50 percent of community-resident children who were exposed to violence showed no greater problems than did nonexposed children (Graham-Bermann, in press).
- + Many factors can mediate the influence of exposure to violence, including whether the child also is directly abused, the age and gender of the child, the period since exposure to violence, and the child's relationships with family members (Edleson, 1999b).
- + A study by Hawaii's Healthy Start home-visiting program found that partner violence was reported by approximately 47 percent of the families who were at risk for involvement with child protective services (Duggan et al., 1999).
- + Scant research is available on how children successfully cope with adult domestic violence or on the protective factors operating in their environments.



potential requests, opportunities, and challenges

A. WHAT ISSUES MIGHT NEIGHBORHOOD RESIDENTS AND LEADERS RAISE ABOUT DOMESTIC VIOLENCE?

Making Connections neighborhoods can take steps to help prevent domestic violence and to intervene early when violence does occur. A community's formal institutions and its informal support systems can help restore the victim's sense of well-being and self-respect and offer help in caring, safe, and competent ways. They also can create environments where children feel safe talking about the violence at home and where perpetrators get a strong message that, although violence is unacceptable, there are places to go for help. Site teams should expect to face several questions about how to do this in *Making Connections* neighborhoods:

+ What supports should a neighborhood put in place to respond to domestic violence?

Residents of *Making Connections* neighborhoods might ask what they can do to respond to domestic violence. What services and supports should they put in place to help keep families safe? The answer is that every neighborhood needs an array of supports: Abused women and their families have a wide range of needs, all requiring individualized solutions. For example, some women and children will be in extreme danger and need immediate shelter; most will not. Some women will appreciate a referral to a domestic violence advocate to review their options for safety and support. Others will reject this and prefer help from friends or from the staff of a neighborhood family resource center. For some, dealing with violence might be at the bottom of a long list of pressing needs: Finding housing and income supports will come first. Still other women will find themselves in the Child Protective Services system, and they might simultaneously need

substance abuse treatment, mental health supports, and domestic violence advocacy.

Situations of domestic violence are often complicated. Some women leave and return to their partners many times. Other women never want to leave, but they do want their families to be safe. No matter what the circumstances, when the violence happens, all women need neighbors and friends who will offer comforting words, and, if possible, a bed for the night. They require family support workers, day care providers, and nurses and doctors who will ask about the violence—and their safety—and offer hope and encouragement. They need competent social service providers who know how to help them design a safety plan and gain access to resources. Wherever abused women go in a community, they need to hear that the abuse is not their fault and that they and their children deserve better.

Men who abuse their partners also require assistance. Many can benefit from participating in batterers' intervention programs. Recent findings suggest that more than 50 percent of men who participate in programs are nonviolent 3 years later (Gondolf, 2000). Unfortunately, most men who abuse their partners are never referred to a program. Family, friends, and professionals within a community can offer important support by encouraging men to start and stay in programs. Some men who batter also will benefit from referrals for alcohol or drug treatment. At least half of those who batter also have problems with substance abuse. Each problem requires intervention if the violence is to cease.

Because of their limited resources, many poor neighborhoods still lack basic, culturally competent services—like shelters and support groups for adult victims or children—or batterer intervention programs. Although not every community needs a

shelter, support and outreach services within neighborhoods will contribute significantly to the safety of families.

+ **Should victims be encouraged to leave their violent partners?**

The question of how to help create stable families will not be answered easily. Many community residents and professionals within social service, health care, and school settings frequently assume that battered women should leave their partners. Often they say, “Why doesn’t she leave?” or “How can she continue to endanger her children by staying?” The questions that the abused woman asks herself, however, are often more complicated: “What will happen to my children if I go? Who will help pay the bills? Will I lose my partner’s help providing child care or transportation to my job? Will I lose my housing? If I leave, will his violence get worse? If I leave, will he carry out his threat to kill or hurt me or himself?” Neighborhood residents should acknowledge that they must grapple with these complexities, and they should not assume that leaving one’s partner is always the best response (Davies et al., 1998).

+ **What structures should the neighborhood establish to address problems of domestic violence?**

Until recently, most interventions for domestic violence were developed within the criminal justice system or by grass-roots women’s organizations. Only now are neighborhoods examining questions of how to create community-based sanctions against domestic violence and simultaneously help its victims. In 1999, the Germantown Settlement, a multi-service agency in Philadelphia, and the Family Violence Prevention Fund answered the question by designing a neighborhood-based initiative. Together the agencies hired a community organizer to bring

together social service providers and residents of a local housing project. Using a collaboratively designed survey, community women fanned out to conduct interviews about interpersonal violence in the housing project. They asked their friends and neighbors basic questions: “What do you call it when someone hits someone else? What do you think about this behavior? What would you tell someone to do about it?”

Although most people—men and women—said that violence was wrong and that women should get help, the interviewers also found that most residents did not know where to turn. With these findings, project staff and residents convened focus groups to ask more questions about the kinds of help community members need. Those activities have helped to raise consciousness about domestic violence in the community and simultaneously have built a group of women leaders who can educate and protect other community residents.

Unfortunately, only a handful of projects like the Germantown effort exist, even though studies suggest that abused women turn first to family and friends for help. Abused women often will seek assistance from more formal helping agencies only when the violence escalates and other solutions fail. Building the capacity of neighbors, family, friends, local clergy, teachers, and family support workers to talk about and respond to violence can help to avert more dangerous crises that otherwise require the police, courts, and shelters for life-saving protection.

Victims and perpetrators must hear from those who care about them. Battered women need clergy who are willing to say, “God wants you and your children to be safe.” They need neighbors who can say, “You and your children deserve more than this.” Perpetrators need to hear from those who care about them that their violence is wrong, and that they have the power to stop if they are willing to get



WHERE to START?

Neighborhood residents, site teams, and technical assistance providers can begin to explore issues of domestic violence for a particular neighborhood in several ways:

BECOME INFORMED

- + *Talk to local families affected by the problem.* Sit in on a session of a support group for battered women or a group for men who batter. Find out whether the local counseling agency, women's center, family resource network, faith-based organization, or health clinic serves battered women and their families. Ask staff members at that agency to convene a group of women or men for you to talk to. Ask them what kind of help they would like to see in their neighborhood.
- + *Meet with the local domestic violence program and batterer intervention project.* If there is a domestic violence organization in the targeted community, ask the members to describe the need in the community and explain the range of services locally available. They also should be able to provide brochures describing all of the domestic violence services for women, men, and children in the city and suburbs.

BEGIN THE WORK

- + *Hire a local organizer and a group of residents to survey the neighborhood about its needs.* Site teams and neighborhood leaders may want to talk to residents about the problems posed by domestic violence and the nature and incidence of such problems in their neighborhood.
- + *Conduct basic community education about domestic violence and its effects on families.* Local media outlets can use radio, television, and print ads from *There's No Excuse for Domestic Violence*, the public education campaign developed by the Family Violence Prevention Fund. (Information is available from the Internet at www.fvpv.org.) Also available from this same organization is a 12-part educational radio drama, *It's Your Business*, developed and produced for the African-American community. Both products include action-oriented print materials that encourage individuals and communities to intervene against abuse, and both suggest ways to do so safely and effectively.
- + *Hire or support local outreach workers or advocates.* Ask an already established domestic violence program to assign an outreach worker to the neighborhood. Ask a local social service agency or health clinic to assign a staff member to specialize in assisting abused women and their families. Or start a batterers' intervention group within a neighborhood counseling clinic.

help. Adults and children benefit from teachers and family support workers who are willing to ask whether they are in danger and will respond to their fears. Family members also need to know that the representatives of major community institutions—schools, health care clinics, religious institutions, and the criminal justice system—take violence seriously and are willing to intervene respectfully to protect families from harm.

B. WHAT ARE THE TRENDS AND OPPORTUNITIES ON WHICH SITES CAN BUILD?

One exciting new trend in the domestic violence field is the growing recognition that community residents and informal supports are crucial to violence prevention and education. They can articulate the solutions that will work in their own neighborhoods to change a climate that tolerates domestic abuse. They can talk to neighbors and friends about the effects of violence and about the importance of respectful relationships. They can organize informal social gatherings or community meetings to discuss local violence prevention strategies. Organizing other parents, they also can approach the schools and religious organizations, asking them to incorporate instruction and materials about youth, community, and family violence prevention in their curricula and programs.

Another positive trend is the growing formation of collaborations among criminal justice agencies and community service agencies to work with families embroiled in domestic violence. Since 1994, many of these joint criminal justice and advocacy initiatives have been supported with grants from the Violence Against Women Act, distributed to states and localities by the U.S. Departments of Justice and Health and Human Services.¹

C. WHAT CHALLENGES MIGHT SITES FACE?

Residents in *Making Connections* neighborhoods will face critical challenges, such as the following, as they explore options for addressing violence in their neighborhood:

+ **Determining safe, appropriate roles for community members in violence prevention and intervention**

Because some domestic violence perpetrators are extremely dangerous, community members and friends should never place themselves at risk to assist others. When family members face serious danger, it is best to help them find a domestic violence or victim services agency for safety planning and support or to call 911, if necessary. In less dangerous cases, family and friends might want to talk to the perpetrator of domestic abuse about the harm that he is causing his partner, his children, and himself and encourage him to get help. In all cases, community members can offer support to victims and help family members find referrals and attend appointments.

+ **Overcoming silence and denial about family violence**

In large community meetings about violence, residents are likely to talk about the horrible toll of handgun violence on their community, about drug and gang problems, and about the harassment of children going to and from school. Rarely will domestic violence and sexual assault be mentioned in these gatherings. The silence may leave an outsider

¹On May 15, 2000, the U.S. Supreme Court ruled in *United States v. Morrison et al.* (No. 99-5) that the Civil Rights Remedy of the Violence Against Women Act of 1994 is unconstitutional. In a five-to-four ruling, the Court concluded that Congress exceeded its authority by granting a Civil Rights Remedy to victims of violence against women. That remedy had given women the right to bring a federal court civil rights action against their attackers for damages. The Court's decision was limited to the Civil Rights Remedy; the case does not invalidate the act's other provisions.

wondering whether the problem even exists. However, when people are asked directly about abuse, many are willing—and sometimes eager—to talk about it.

Shame, denial, and loss can make it hard for victims to open up at first. Many people—rich and poor—must minimize the terrible consequences of violence just to survive. As one former battered woman commented, “If I didn’t minimize the problem, how would I have gotten up each day, made my kids’ lunches, and walked them to school? I would have stopped functioning if I thought too much about what was happening to me.” Or, as another woman remarked, “I saw myself as a strong woman, and strong women learn to take the violence” (Jones and Schechter, 1992).

For many abused women, violence is part of what life brings. Because the stereotype of battered women is that they are weak and passive, many of them reject the stigmatizing label: They define themselves as strong. In fact, they may fight back when they are attacked, and often they will adopt a tough exterior, insisting that they need no help. However, if these same women meet in a small, same-gender gathering in the community or in a friend’s home, they reveal many stories about abuse and about the pain and sorrow it has brought them and their children. Freed of the fear of judgment, or the worry that an outsider might make it worse by calling in Child Protective Services, many women will share their stories in the hope that women currently experiencing abuse will find help.

+ Facing gender tensions

Some men in the community initially will be defensive during presentations about domestic abuse, fearful that all men are being blamed for the problem or that their communities are being labeled violent. However, for most people this defensiveness

evaporates over time. Men, too, can be mobilized, if they have a chance to talk about violence in their own families of origin or about their first encounters with assaults and bullying on the streets and at school. Adult men can play a powerful role in preventing domestic violence by reaching out to younger men with the message that violence in the home is wrong. They also can reach out to men who are being violent with offers to help them find assistance.

Acknowledging that men can be victims of domestic abuse is one important way to overcome tensions about exploring these issues. Another is to examine the differences in victimization experiences that men and women have in a community: Men are far more likely to be assaulted on the streets by strangers or acquaintances; women face far more attacks from intimate partners.

Most men want their wives and female friends, their children, and female relatives to be safe from harm and the ever-present fear of assault. These men can be important change agents within the community.

+ Acknowledging the tensions inherent in family dynamics and deciding when to bring in the criminal justice system

People in *Making Connections* sites will have to face the difficult tension between helping the victims and the perpetrators when they are part of the same family unit. Many women’s advocates call for a strong criminal justice system response to battering. They argue that domestic violence should be treated as seriously as—or even more seriously than—an assault against a stranger. Some legislatures have supported mandatory arrest statutes for misdemeanor domestic assault and sentences for abusers that usually include mandatory participation in batterers’ intervention programs. And some states and localities have instituted mandatory-prosecution

policies that prevent a woman from dropping charges against her abuser if she later changes her mind.

Yet this strong emphasis on a criminal justice system response leaves some community residents uncomfortable. Although hundreds of thousands of women call the police annually for protection from immediate harm, many poor women and women of color are frightened that the police will turn on their partners. By using the police for their protection, some women fear that they will be pegged as disloyal to their partners and to their communities. Many also want to keep some positive connection between their children and their children's fathers, so they are reluctant to call the police and have the batterers arrested. These women face a terrible dilemma when they are in danger.

In some places, the police now collaborate with Child Protective Services and other agencies, and they report all children witnessing domestic assault to Child Protective Services. Obviously, these policies will make some battered women hide and lie about the violence. As a result, the families can feel less safe and less willing to request help from public institutions. Many domestic violence organizations would eagerly welcome support as they advocate for more community-based responses to domestic violence and child maltreatment. Their goal is to make it easier, not harder, for women to disclose violence and ask for help. For families involved in the child protection system, the aim is to protect women and children through a full continuum of voluntary or, when necessary, mandatory services.

These issues are not easy to resolve. Bringing together the local community-policing staff, if one exists, community residents and victims, and the local domestic violence program staff for a dialogue about these issues can be one way to work constructively on these very real tensions. Developing more community supports for families—and earlier interventions for violence—is another. *Making Connections* neighborhoods should engage residents in a series of discussions to grapple with these thorny issues.



promising approaches and resources

Since the mid-1970s, grass-roots domestic violence and community-based agencies have organized to help families and to change the conditions that lead to violence. Locally, they have gone about this work in three primary ways:

- + Initiating prevention and education campaigns for adults, children, and adolescents—a strategy that has just recently taken hold in a number of communities around the country,
- + Providing services for adult and child victims of domestic violence and intervention programs for batterers,
- + Improving institutional and community responses to domestic violence through coordinated efforts organized to ensure that every key institution in a community takes violence seriously and responds appropriately to the problem.

Each approach is described in turn below.

A. PREVENTION AND EDUCATION CAMPAIGNS FOR ADULTS, CHILDREN, AND ADOLESCENTS

The Idea

Many advocates recognize that services often help families too late, after they endure years of violence and much harm. In the hope of reaching women, men, and children earlier—before the violence begins—many groups have initiatives aimed at preventing domestic and dating violence. Some of these activities are targeted at middle and high school students, exploring with them the nature of dating and family abuse. Young people might be involved in creating dramatic presentations that serve as catalysts for conversation and education with their peers. Religious organizations also have introduced

violence prevention education campaigns for youth and families. This guide has information about the programs of the Center for the Prevention of Domestic and Sexual Violence, Seattle, Washington, which produces religious school curricula and films for many faiths.

Family violence prevention campaigns also include radio, television, and print messages targeted at specific communities. This Resource section has information about such materials produced by the Family Violence Prevention Fund. Another form of prevention involves mobilizing community residents to look out for one another and educate others about domestic violence.

What to Look Out For

Domestic violence prevention is a new area of work. Almost no research is available to tell us which prevention education campaigns, methods, or curricula work more effectively than others. As a result, it is important for the technical assistance provider to talk to local and national domestic violence organizations to learn more about what others have tried.

If the community designs a prevention campaign, residents and providers must be prepared to face new demands. Wherever education campaigns have been undertaken, victims have come forward asking for help. These requests can place new and daunting demands on domestic violence service providers. In advance of these campaigns, those involved should engage in a dialogue with local domestic violence organizations about the potential increase in requests for services. Technical assistance providers should help to find training for local helping professionals and community volunteers to assist victims. Without this preparation, victims go unassisted and interagency tensions can explode.

During education campaigns, men who batter also might come forward requesting help. They too will need assistance. During school-based educational events, child abuse victims and adolescent survivors of dating violence will disclose assaults in their families or in their intimate relationships. When children request help, schools and local agencies must be mindful of their legal obligations, such as reporting to Child Protective Services or notifying parents. Children must feel that they are protected and helped for disclosing, and providers should be trained ahead of time to deal with complications as they emerge.

The Idea in Practice

Many local domestic violence organizations have hired community education specialists to design educational campaigns aimed at preventing domestic violence. Several innovative prevention initiatives are highlighted below.

The **Oakland RAP** (Relationship Abuse Prevention) project of the Family Violence Law Center uses community-based abuse prevention strategies focused on youth to reduce dating violence and domestic violence. The project has several goals:

- + Identify and empower youth at risk of being in abusive relationships and link them to services that will reduce their risk.
- + Increase youth awareness throughout the Oakland, California, Unified School District about behaviors that indicate domestic and dating violence.
- + Effect changes in city policy regarding dating violence and domestic violence.

RAP's outreach and education programs help young people understand that it is never acceptable to be abusive, help them recognize the behaviors

that can lead to abusive relationships, and encourage them to identify resources and allies who can protect them or others from abusive relationships.

Contact:

*Relationship Abuse Prevention
Family Violence Law Center
PO Box 2529
Berkeley, CA 94702
510-540-5370
510-540-5373 (fax)
fvlc@igc.org*

The **Korean American Coalition to End Domestic Violence** (KACEDA), based in Oakland, California, is a prevention initiative that emerged from the ground-breaking Multilingual Access Model (MLAM) piloted by the San Francisco-based Asian Women's Shelter (AWS). MLAM was developed by AWS to respond to the needs of non-English-speaking battered women and their children in the San Francisco Bay Area, where more than 100 different Asian languages and dialects are spoken and where interpreters in the community at large were uninformed about domestic violence. The innovative language access model recruits bilingual women in the community as language advocates, and it provides employment opportunities, job training, and culturally sensitive domestic violence education.

KACEDA, an advisory committee of community agency representatives, was established after several Korean-American language advocates expressed concern about the dearth of culturally relevant domestic violence services in the community. Partnering with AWS, KACEDA has made considerable strides in generating concern about domestic violence and in mobilizing the community's institutions and individuals to better respond to the problem. KACEDA's advisory committee includes representatives from the Korean Community Center of the East Bay, Nihonmachi Legal Outreach, Asian

Pacific Psychological Services, Asian Community Mental Health, Asian Health Services, the Korean Presbyterian Church, the Korean community at large, AWS staff, language advocates, volunteers, and former residents. The coalition has raised awareness about domestic violence in the Korean community through newspapers; through a booklet called *Peaceful Homes, Healthy Relationships*; and in meetings with ministers to develop domestic violence training for their congregations. KACEDA and AWS recently were awarded funding to develop a collaborative domestic violence initiative to provide services and education to the Bay Area Korean community.

Contact:

*Korean American Coalition to End Domestic Violence
c/o Asian Women's Shelter
3543 Eighteenth Street, Suite 19
San Francisco, CA 94110
415-751-7110
415-751-0806 (fax)
sfaws@pacbell.net*

B. SERVICES AND SUPPORTS FOR FAMILIES

The Idea

For centuries, women have been abused by their partners, and until recently spousal battering mostly was considered a private matter—to be endured in shame and suffered in silence. In the 1970s, domestic violence was finally labeled a serious social problem, one that terrorized, injured, and sometimes killed its victims. With this realization, a social movement emerged to respond, and it was quickly discovered that there was little help available: Few laws existed, and victims had almost nowhere to turn for safety. Thus advocates opened shelters and started support groups and legal advocacy for battered women and their children. Later, health care institutions—as a way of offering prevention education and of reaching victims earlier—added

domestic violence screening and services for patients.

Most urban areas now have several large domestic violence organizations that provide a wide array of supports and services to battered women and their families. These typically include shelters and services for victims who choose to remain in their own homes.

+ **Shelter-Based Services for Adults and Children**

Shelter stays usually range from 4 to 12 weeks for families who can gain entry; in some urban areas, domestic violence shelters are often full. Women in shelters sometimes are required to attend support and parenting groups; obtain protection orders; and observe rules about cooking, curfews, and child care. Residents often receive legal assistance, including obtaining protection, visitation, and custody orders. Housing and welfare advocacy and job-training referrals also are sometimes offered. Children might be able to attend support or counseling groups. Some shelters have staff from diverse ethnic, racial, and linguistic groups. Some maintain the secrecy of their locations for their residents' safety.

+ **Support Services for Victims Who Remain in Their Homes**

In addition to shelters, most domestic violence organizations also offer an array of nonresidential services to women who remain in their homes and communities. These can include support groups for adults and children; legal advocacy; individual counseling and safety planning; and referrals to other services, such as substance abuse and mental health treatment, welfare and job advocacy, and housing assistance. Legal and court-based services and health care services for victims and their children are in this category. Many domestic violence advocates spend hundreds of hours each year helping thousands of nonsheltered

women through courts, welfare offices, and housing agencies.

As victims' services programs grew during the 1970s and 1980s, another concern arose: How can communities hold batterers responsible for their harmful behavior and at the same time teach abusers to stop the violence? By the mid-1980s, hundreds of communities had started batterer intervention programs, sometimes offered by local men's organizations or by court-affiliated agencies. In most communities, adults arrested for and convicted of domestic violence are sentenced to complete such programs. (Separate groups usually are established for male and female perpetrators.) In many places, batterers also can join voluntarily. Programs generally run from 6 to 52 weeks, and they often follow requirements established by state agencies or licensing boards. Guidelines frequently specify that participants attend programs that focus on stopping violence and on the issues of power and control in relationships. Most programs must notify the courts if participants fail to comply with treatment or offend again, and the participants can be asked to leave a group and start the program over. If they are violent again, they can spend some time in jail.

By the 1990s, researchers discovered that some children who are exposed to domestic assaults against their mothers also can develop problems. Symptoms of depression sometimes are manifest, and some children engage in disturbing behavior, for example in the form of self- or other-directed aggression. These findings led to the creation of the first programs for children who were traumatized by exposure to domestic violence.

What to Look Out For

Services—for victims and perpetrators—are often available in *Making Connections* neighborhoods. But some communities have no local domestic violence service organization, although families might find that a local health clinic, hospital, or social service agency can provide some help. In many neighborhoods, women find they must travel to a shelter in another community. Men, too, might need to seek services outside the community.

Some battered women will prefer leaving their communities to find shelter; a shelter in another neighborhood can preserve anonymity. For others, however, this presents insurmountable barriers to seeking help. Many communities also are completely without adequate, culturally competent services. For instance, an immigrant woman who is battered could be held hostage by her partner, she might be afraid of being deported if she should speak up, and she could be unable to find meaningful legal assistance in her own language or close to home.

The same lack of services affects men of color who batter, many of whom drop out of programs at higher rates do than white, middle-class clients.

If the nearest domestic violence program is outside the targeted neighborhood, someone might want to ask about families from the targeted community. How many of them use the program? Which families use the service? What are their needs? Can the domestic violence program help the families?

Although community residents might be eager to create shelter services in a neighborhood, these programs are costly to start and maintain. Before any decisions are made, technical assistance providers should talk to community residents, neighborhood service organizations, and domestic violence agencies to determine the most pressing needs and to



identify available resources. It is useful to remember that staff members at a city's domestic violence agencies could take offense at the suggestion that inadequate services exist in a neighborhood or that community residents or agencies see a need for new programs. Also, state agencies might have established guidelines for operating services for men who batter. These issues should be examined before new outreach or service initiatives are proposed.

The Idea in Practice

The following list highlights innovative service programs in a few *Making Connections* cities and in others around the nation. The projects were developed in communities by neighborhood institutions. Each offers ideas for service responses to domestic violence. The programs described below are organized into five categories:

- + Shelter-based services
- + Nonresidential services, including legal or court-based services, and health care services
- + Batterer intervention programs
- + Programs for child witnesses
- + Culturally specific support programs

1. Shelter-Based Services for Adults and Children

The **House of Ruth** is the State of Maryland's most comprehensive domestic violence center. A staff of 90 works in programs that provide emergency shelter, transitional housing, 24-hour hotline counseling, legal assistance, professional training, community education, and a volunteer program. The House of Ruth also offers counseling to victims, including young children and teens, and batterer intervention counseling.

The batterers' program at the House of Ruth promotes victim safety by holding abusers account-

able for their behavior. It seeks to eliminate violent and coercive acts against intimate partners through a program of re-education and skill building for batterers, victim support, collaboration with the criminal justice system, and other advocacy activities. The 22-session psychoeducational group format focuses on breaking through denial, helping batterers examine abusive tactics used against their partners, and developing nonviolent, egalitarian relationship skills.

Contact:

House of Ruth
2201 Argonne Drive
Baltimore, MD 21218
410-889-0840
410-889-7884 (hotline)
410-889-9347 (fax)
hofruth@clark.net

2. Services and Supports to Victims Who Remain in Their Own Homes

Most domestic violence organizations provide a range of services for victims, many of whom choose to remain in their own homes. Examples of organizations that provide legal, court-based, and health care services for victims are given below.

+ **Legal and Court-Based Services for Victims**

Greater Hartford Legal Assistance, Inc. (GHLA), founded in 1958, is a nonprofit corporation that provides free legal assistance to low-income residents of Hartford County, Connecticut. GHLA provides direct legal representation and advice in all priority areas, including family law and child protection matters, to adult and child victims of family violence. In 1988, GHLA joined with the Connecticut Coalition Against Domestic Violence to form the Legal Advocacy Project (LAP), which provides the coalition and its member projects access to legal information, research, training, and technical assistance. LAP also offers GHLA an effective means of

advocating for improvements in the legal system's response to battered women. LAP has produced numerous materials to enhance legal advocacy for battered women, including *A Guide to Connecticut's Family Violence Laws*, the *Family Violence Victim Advocate Resource Manual*, and training materials on safety planning and advocacy.

In 1999, GHLA added a new strategy to its advocacy. The Early Legal Intervention Initiative seeks to enhance the safety of battered mothers and their children by providing individualized legal advice, information, and representation to assist mothers who are safety planning. Under the Partnership Initiative, legal services programs assign specific staff to serve as "partnership lawyers" who take referrals exclusively from the domestic violence shelter programs, participate in coordination and training activities, and work directly with advocates to meet the safety needs of battered women throughout the state.

Contact:

Jill Davies, Deputy Director
Greater Hartford Legal Assistance
80 Jefferson Street
Hartford, CT 06106
860-541-5016
860-541-5050 (fax)
jdavies@gbla.org

The **Dependency Court Intervention Program for Family Violence** (DCIPFV) is a national demonstration project awarded in 1997 to the 11th Circuit Court of Florida (Miami) by the U.S. Department of Justice, Office of Justice Programs, and Violence Against Women Grants Office. This is the first major program in a juvenile court to examine domestic violence within the framework of child protection. The project develops, implements, and evaluates a coordinated response to battered mothers and their children in the context of child abuse

proceedings. Emphasis is placed on identifying battered women and helping meet their needs in precourt child abuse investigations and in judicial responses to child abuse. The premise is that when child abuse and domestic violence overlap, the safety and well-being of abused children can be better assured by increasing the safety and self-efficacy of their mothers.

Contact:

Dependency Court Intervention Program for Family Violence
2700 N.W. 36th Street, Suite 114
Miami, FL 33142
305-638-5619
305-638-5604 (fax)
jjgrants@jud11.flcourts.org

+ **Health Care Services to Domestic Violence Victims and Their Children**

The **AWAKE Project** (Advocacy for Women and Kids in Emergencies) of Children's Hospital in Boston is the first program in the country to bring advocacy for battered women into the pediatric health care setting. It is a model for other programs hoping to replicate its philosophy and services. A basic premise of the program is that protecting battered mothers is important to Children Hospital's mission of protecting abused children. AWAKE offers advocacy and services to battered mothers and their children and case consultation and training for hospital staff.

Contact:

AWAKE Project
Children's Hospital
300 Longwood Avenue
Boston, MA 02115
617-355-4760
617-730-0461 (fax)
robertson@a1.tch.harvard.edu



AWAKE's second location operates within the **Martha Eliot Health Center**, a full-service medical facility that provides pediatric health care, mental health services, and an extensive OB/GYN program that has a home-visiting component. All health center staff routinely screen for domestic violence and, for example, ensure time alone with each patient, at each visit, before a partner or family member enters the room. Services also include American Sign Language interpretation and weekly support groups for Latina victims of domestic violence; currently or formerly battered women in substance abuse treatment; a time-limited group for adolescent females; and a 12-week prenatal group.

Contacts:

AWAKE Project
c/o Human Services Department
Martha Eliot Health Center
Bickford Street
Jamaica Plain, MA 02130
617-355-4760
Teresa Stevens, AWAKE Advocate
617-971-2348

The **Family Violence Program (FVP)** is part of the larger Center for Child Protection at San Diego Children's Hospital. Its goals are to help battered women establish and maintain a safe, secure, nurturing environment for their children and themselves; to minimize the length of stay and need for foster care placements; and to assist clients in navigating through and avoiding victimization by the system. Mothers and their children are considered primary clients. FVP is the only program in San Diego County that offers extensive services to children who have witnessed abuse against their mothers. Working within fragmented government systems, FVP acts as a liaison between the various court systems and agencies with which battered women must

interact. The program pairs advocates and therapists with mothers and their children. Services are delivered throughout the community in courts, schools, shelters, police departments, Child Protective Services offices, hospitals, transitional housing sites, and FVP facilities.

Contact:

Family Violence Program at San Diego
Children's Hospital
3020 Children's Way, Mail Code 5087
San Diego, CA 92123
858-495-7719
858-495-7720 (fax)

3. Batterer Intervention Programs

Men Stopping Violence (MSV) was founded in 1982 in Atlanta to work toward changing the social and institutional structures and individual beliefs at the root of men's violence against women. MSV offers training and consultation to employers, professional groups, and allied anti-oppression activists. It publishes articles on the work to end gender-based violence and on the connection of violence to other forms of oppression, and it influences legislative and nonlegislative policies as an ally to women's advocates. It conducts attitude and behavior change classes for men and teenage males who want to explore their own use of abusive and controlling behavior toward women and to work for personal and societal change.

Contact:

Men Stopping Violence
1020 DeKalb Avenue, Suite 25
Atlanta, GA 30307
404-688-1376 (hotline)
404-688-4021 (fax)
www.menstoppingviolence.org
msv@menstoppingviolence.org

4. Programs for Child Witnesses to Domestic Violence

Boston's **Child Witness to Violence Project** (CWVP) is a counseling, advocacy, and outreach project that focuses on the growing number of hidden victims: children who are bystanders to community and domestic violence. The project began in 1992 and counsels more than 200 children and their families each year. It also offers national and state-focused training for health care professionals, police, educators, and many other social service professionals who confront the issues faced by children who have witnessed violence. CWVP has a multicultural, multilingual staff of social workers, psychologists, and early-childhood specialists, and a consulting child psychiatrist. It is run under the auspices of the Department of Developmental and Behavioral Pediatrics at Boston Medical Center.

Contact:

Child Witness to Violence Project
 Boston Medical Center, MAT 5
 One Boston Medical Center Place
 Boston, MA 02118
 617-414-4244
 617-414-7915 (fax)
www.bostonchildhealth.org/PediatricsDept/ChildWitness

The **Violence Intervention Program for Children and Families** (VIP) was founded in 1992 as a direct response to the crisis of rising violence in New Orleans and to the ever-increasing numbers of children exposed to violence as victims or witnesses. VIP takes a systems approach to working with the whole community to solve the problem of violence among youth. The program aims to decrease violence through early intervention, counseling, and services to victims and through education and prevention information directed at police, parents, and children. An important component is education of

police officers about the effects of violence on children and families as a way to increase officers' knowledge and sensitivity when dealing with violent incidents. VIP materials include Keeping Your Child Safe; Child Safety Booklet; Keeping Families Safe: A Family Violence Handbook; and a Community Resource Directory.

Contact:

Violence Intervention Program for Children and Families
 Joy D. Osofsky, Program Director
 Professor of Public Health, Psychiatry and Pediatrics
 Department of Psychiatry
 1542 Tulane Avenue
 New Orleans, LA 70112
 504-568-3997 or
 504-568-4450
 504-568-6246 (fax)
jsofs@lsumc.edu

5. Culturally Specific Support Programs

ASHA Family Services, Inc., in Milwaukee, Wisconsin, incorporates a culturally specific, African-centered approach to address issues of domestic violence among the city's African-American population. The family-based approach deals with the totality of the life cycle, recognizing that healing requires healing all the parts of a person's life. Understanding and appreciating heritage and ancestors are critical components as well.

ASHA provides a host of programs: Sister Circle Support Groups are for African-American women who are victims of domestic violence. Ujima is a nontraditional batterers' treatment program for African-American men, and Ujima Junior is a course for African-American youth. The Children's Advocacy Project provides services for children exposed to family violence. In addition to these programs, ASHA operates an outpatient mental health and substance abuse treatment clinic offering individual

and family counseling, therapy, and treatment for adults and youth. ASHA also offers adolescent sexual assault survivor and perpetrator groups, disease intervention specialists, HIV/AIDS outreach and education, on-site child care, transportation, domestic abuse education for incarcerated male and female offenders, and domestic abuse community education and training for human services and criminal justice providers.

Contact:

ASHA Family Services, Inc.
6001 West Center Street, Suite 201
Milwaukee, WI 53210
414-875-1511
414-875-1226 (fax)
www.ashafamilyservices.com
antonia@ashafamilyservices.com

Life Source Consultants, Inc., the first African-American domestic violence and sexual assault organization in Missouri, was founded in January 1994 in St. Louis to effect positive change in the African-American community concerning domestic violence and sexual assault. Support services are provided for the victims or survivors of physical, psychological, and sexual abuse; rape; and incest. Specialized programs help meet the needs of battered women from communities of color who, because of cultural or language barriers, experience particular difficulties using resources and breaking free of the violence. Mending Broken Hearts and Lives addresses the physical, emotional, spiritual needs, and special interests unique to African-American women. Life Source Consultants is convinced that the most effective way to help a woman who has been abused is to treat her heart, mind, and body. The organization uses a woman's religious and community beliefs to help her understand her opinion of herself, parenting issues, healthy versus unhealthy relationships, her partner's issues, and church and community

issues. The service environment positively influences clients to seek help that promotes healthy, complete, and well-balanced lives.

Contact:

Life Source Consultants
PO Box 5752
St. Louis, MO 63121
314-385-8588
314-385-8686 (hotline)
314-385-8364 (fax)

Sojourner House WomenCARES (Women Creating Awareness, Respect, Empowerment, and Support) provides outreach, education, support, advocacy, and empowerment services for women who are at risk of HIV or domestic abuse. The program is funded by the Rhode Island Department of Health and operates in Providence. WomenCARES connects Rhode Island women—especially Latina, African-American, American Indian, and teenage women—with the information, supplies, and support needed to help them recognize and reduce their risks of acquiring or transmitting HIV, while also providing domestic violence advocacy services. WomenCARES offers peer counseling, accompaniment to HIV test sites, goal-oriented psychoeducation and support groups, street outreach, domestic violence advocacy services, teen dating-violence services, community education, and referrals for supplementary services. Participants have full access to all of Sojourner House's other domestic violence services and programs. To enhance this program's ability to reach and serve at-risk women, Sojourner House has formed collaborative partnerships with more than 30 other Rhode Island organizations. By strengthening women's social support systems, WomenCARES empowers women and supports them in making healthy choices about their intimate relationships.

Contact:

Sojourner House
 2 Richmond Square, Suite 210
 Providence, RI 02906
 401-861-6191 (Administrative)
 401-658-4334 (Providence, R.I., 24-hour hotline)
 401-765-3232 (Northern R.I. 24-hour hotline)
 401-647-1514 (Western R.I. 24-hour hotline)
 401-458-3372 (Restraining Order Office)
<http://members.aol.com/SojournHse>
SojournHse@aol.com

Hermanas Unidas (Sisters United), located in Washington D.C., is the first support and empowerment program in the country for Latina immigrant survivors of domestic violence. Founded in 1991, the program is a semi-autonomous project under the umbrella of AYUDA, Inc., which helps single mothers learn English and provides members the opportunity to participate in economic and leadership development exercises to improve self-esteem and earning capacity. Hermanas Unidas is dedicated to the belief that, with access to information and an ability to communicate, Latina women can become empowered to create solutions to the problems they face as a result of domestic violence. By addressing the inequities facing immigrant women and children, AYUDA helps to remove the obstacles that impede their ability to strive for self-sufficiency and to live free of violence.

The Hermanas Unidas Latino Children's Program serves at-risk children who have special needs because of the violence they have witnessed or have been subjected to at home. Many were born in the United States to Latina refugee mothers who are victims of domestic violence and who struggle to raise their families alone with few economic resources. The 30 to 40 children who participate in the program range in age from 3 to 17, and all are Spanish speakers. The children engage in a variety of programs that include cultural activities, recreational programs, and field trips.

Contact:

Hermanas Unidas Project
 AYUDA
 1736 Columbia Road, NW
 Washington, DC
 202-387-4848
 202-387-0324 (fax)
cclayuda@erols.com

The **Ina Maka Family Program**, of the United Indians of All Tribes Foundation is a comprehensive counseling and advocacy program in Seattle, Washington, that specializes in the needs of Native Americans in cities and on reservations who face family violence. Through group, individual, and family counseling, the program provides a holistic approach to address issues of domestic violence, sexual assault, child abuse, and neglect. Services also include victim advocacy, victim defendant advocacy, a batterers' treatment program, and parenting classes for domestic violence offenders.

Contact:

Ina Maka Family Program
 United Indians of All Tribes Foundation
 1945 Yale Place East
 Seattle, WA 98102
 206-325-0070
 206-328-1608 (fax)
www.unitedindians.com

C. INSTITUTIONAL AND COMMUNITY RESPONSES TO DOMESTIC VIOLENCE

The Idea

In the late 1970s, many advocates for abused women noticed that men who were violent to their partners frequently escaped consequences for their behavior. Police failed to arrest them, or, if they did, the courts often imposed no sanctions. As a result, the men frequently assaulted their partners again.

This institutional neglect led domestic violence agencies—inspired by the pioneering work of the Domestic Abuse Intervention Project in Duluth, Minnesota—to create coordinated community responses to domestic violence. In these efforts, the police, the criminal and civil courts, and advocates for women and children work together to ensure that batterers are arrested, referred to programs, remain in them, and comply with counseling requirements. Their goals are victim safety and offender responsibility. Without these coordinated efforts, many communities maintain that the batterer drops out of treatment and once again harms members of his family. Often the coordinated response team members meet monthly to resolve case dilemmas and interagency policy problems that present barriers for families.

Other agencies also have been targeted for reform. For years, many domestic violence organizations have worked collaboratively with hospitals and clinics to improve responses to domestic violence. Providers can be taught to screen their patients for violence and offer them support and referrals. The goal of these efforts is to change the institutional climate that tolerates and ignores violence against women. Every institution in the community is defined as part of the solution.

What to Look Out For

In recent years, many citywide coordinating councils on domestic violence have been expanded to include health care and social service providers, educators, Child Protective Services staff, community residents, and formerly battered women. These councils often have active subcommittees working on improving agency responses and developing prevention education and outreach activities. However, in some urban areas, coordinating councils are still largely focused on a narrower criminal justice system response to domestic violence.

Domestic violence agency directors can brief *Making Connections* teams about the political agendas of local or citywide coordinating councils or coalitions. Residents and site teams should ask questions like, “On what issues is the coordinating body working? What are its long-range goals? Who are its members? What is the relationship between the local coalition and the statewide domestic violence coalition, or, in some states, the governor’s commission on domestic violence? Are there overlapping local and statewide policy agendas? Do these conflict with the needs of *Making Connections* sites? How can these differences be resolved constructively?”

The Idea in Practice

In the examples below of coordinated community responses, several institutions have come together with residents and battered women to improve responses to domestic assault.

Since its creation in 1991 by the Board of Supervisors, the **Santa Clara County Domestic Violence Council** has had a remarkable influence on the way domestic violence is addressed within Santa Clara County, California. The council seeks to develop a community that promotes accountability from batterers and safety, legal, and support services to victims through comprehensive and coordinated efforts. Professionals and community members were appointed to the council to establish goals, a work plan, and five standing committees. The council uses a countywide data collection system to quantify the results of its efforts with the district attorney’s office, law enforcement agencies, the medical community, shelter services, batterers’ treatment programs, and the courts. The council has developed and implemented a countywide domestic violence prevention plan to increase public knowledge and awareness of the dynamics of domestic violence, to develop action plans to end domestic violence in the community, to encourage community coordination

and education, and to consolidate efforts under a single prevention initiative.

Contact:

*Santa Clara County Domestic Violence Council
County Government Center, East Wing
70 W. Hedding Street, 10th Floor
San Jose, CA 95110
408-299-4321
408-993-8272 (TDD)
408-299-8460 (fax)
www.growing.com/nonviolent*

The **P.E.A.C.E. Initiative** (Putting an End to Abuse through Community Efforts) of the Benedictine Resource Center in San Antonio, is a coalition of 40 public and private institutions, grass-roots organizations, and individuals working collaboratively to end family violence. It raises community awareness about the dynamics of domestic violence, the extent of the problem, available resources, and safety planning.

P.E.A.C.E. offers training, seminars, and classes to professionals and the general public, and it serves as a catalyst for systemic changes within institutions. It creates comprehensive solutions to domestic violence in cooperation with law enforcement, the criminal justice system, the corporate community, physicians and other health care providers, grass-roots organizers, artists, the media, the educational system, social service agencies, elected and appointed officials, formerly battered women, the clergy, and advocates from around the country and world.

Contact:

*P.E.A.C.E. Initiative
530 Bandera Road
San Antonio, TX 78228
210-735-4988
210-735-2615 (fax)
www.mysanantonio.com/groups-peaceinitiative
patpeace@texas.net*

D. NATIONAL DOMESTIC VIOLENCE RESOURCES

The following is a list of national domestic violence prevention and technical assistance resources and brief descriptions outlining the nature of their work.

The **National Resource Center for Domestic Violence** provides comprehensive information and resources, policy development, and technical assistance to enhance community response to and prevention of domestic violence.

Contact:

*National Resource Center for Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
800-537-2238
800-553-2508 (TTY)
717-545-9456 (fax)
www.pcadv.org*

The **Battered Women's Justice Project** provides training, technical assistance, and other resources through a partnership of three nationally recognized programs: the Domestic Abuse Intervention Project, which addresses the criminal justice system's response to domestic violence, including the development of batterers' programs; the National Clearinghouse for the Defense of Battered Women, which addresses issues raised when battered women are accused of committing crimes, including killing an abusive partner; and the Pennsylvania Coalition Against Domestic Violence, which addresses civil court access and legal representation issues of abused women.

Contacts:

*Battered Women's Justice Project
4032 Chicago Avenue South
Minneapolis, MN 55407
800-903-0111
612-824-8768 (TTY)
612-824-8965 (fax)*



The **Resource Center on Domestic Violence: Child Protection and Custody** provides materials, consultation, and technical assistance related to child protection and custody within the context of domestic violence.

Contact:

Resource Center on Domestic Violence
PO Box 8970
Reno, NV 89507
800-527-3223
702-784-6160 (fax)
www.ncjfcj.unr.edu

The **Health Resource Center on Domestic Violence** provides resources and training materials; technical assistance; information and referrals; and models for local, state, and national health policy-making to support people who are interested in developing a comprehensive health care response to domestic violence.

Contact:

Health Resource Center on Domestic Violence
383 Rhode Island Street, Suite 304
San Francisco, CA 94103
888-RxABUSE (888-792-2873)
415-252-8991 (fax)
www.fvpf.org.health
health@fvpf.org

The **Sacred Circle, National Resource Center to End Violence Against Native Women**, increases Indian Nations' capacities to provide culturally relevant, direct services and advocacy to women and their children through technical assistance, policy development, model programming, community awareness, and training. It assists the tribal justice system, tribal law enforcement, and tribal service providers in developing coordinated agency responses within American Indian and Alaska Native tribal communities.

Contact:

Sacred Circle
722 Saint Joseph's Street
Rapid City, IA 57701
605-341-2050
605-341-2472 (fax)
scircle@sacred-circle.com

The toll-free **National Domestic Violence Hotline**, based in Austin, Texas, provides crisis intervention and referrals to emergency shelters and programs. Staff members also offer information about assistance networks and other resources.

Contact:

National Domestic Violence Hotline
PO Box 161810
Austin, TX 78716
800-799-SAFE (800-799-7233)
800-787-3224 (TTY)
512-453-8117 (fax)
www.ndvb.org

The **National Network to End Domestic Violence** provides training and development for state coalition staff and programs; news about legislation and public policy; training, conferences, and employment opportunities; and referrals, technical assistance, and training.

Contact:

National Network to End Domestic Violence
666 Pennsylvania Avenue, SE, Suite 303
Washington, DC 20003
202-543-5566
202-543-5626 (fax)
www.nnedv.org

The **National Coalition Against Domestic Violence** builds local, state, regional, and national coalitions. It offers support for community-based alternatives, provides public education and technical assistance, and develops policy and legislation.

Contact:

National Coalition Against Domestic Violence
 PO Box 18749
 Denver, CO 80218
 303-839-1852
 303-831-9251 (fax)
 www.ncadv.org

The **Institute on Domestic Violence in the African-American Community** is a community of African-American scholars and practitioners who advance scholarship in the area of African-American violence, raise community consciousness, inform public policy, gather and disseminate information, organize local and national conferences and training, identify community needs, and recommend best practices.

Contact:

Institute on Domestic Violence in the African-American Community
 University of Minnesota
 386 McNeal Hall
 1985 Buford Avenue
 St. Paul, MN 55108
 612-624-5357
 612-624-9201 (fax)
 www.dvinstitute.org
 NIDVAAC@tlcmail.cbe.umn.edu

The **Asian American Institute on Domestic Violence** provides a culturally and linguistically sensitive clearinghouse for information on policy and funding issues concerning the Asian-American community. It improves research allocation strategies; conducts research; implements services; reviews materials for policy and research; and provides training assistance, technical support, and data collection.

Contact:

Asian American Institute on Domestic Violence
 c/o Asian Women's Shelter
 3543 Eighteenth Street, Suite 19
 San Francisco, CA 94110
 415-751-7110
 415-751-0806 (fax)
 sfaws@pacbell.net

The **National Latino Alliance for the Elimination of Domestic Violence** works to ensure that the concerns of the Latino community are considered in the development and implementation of domestic violence policy and programs through research, community involvement, and service provider accountability. It advances scholarship on poverty, stress, and other factors that precipitate violence in Latino families.

Contact:

National Latino Alliance for the Elimination of Domestic Violence
 2215 Dogwood Lane
 Atlanta, GA 30330
 404-651-2955
 404-651-1391 (fax)
 jperilla@gsu.edu



The **National Network on Behalf of Battered Immigrant Women** is cochaired by the **National Organization for Women’s Legal Defense and Education Fund**, the **Family Violence Prevention Fund**, and the **National Immigration Project of the National Lawyers Guild**. The network sponsors meetings and conferences to update members on immigration laws concerning the Violence Against Women Act provisions for battered immigrant women; the Illegal Immigration Reform and Immigrant Responsibility Act; and the Personal Responsibility and Work Opportunity Reconciliation Act. The network provides culturally relevant technical assistance and referrals to programs that work with battered immigrant women.

Contacts:

*NOW Legal Defense and Education Fund
Immigrant Women Program
1522 K Street, NW, Suite 550
Washington, DC 20002
202-326-0040
202-589-0511 (fax)*

*Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103
415-252-8900
415-252-8991 (fax)
www.fvvpf.org
Fund@fvvpf.org*

*National Immigration Project of the
National Lawyers Guild
14 Beacon Street, Suite 602
Boston, MA 02108
617-227-9727
617-227-5495 (fax)*

The **National Training Center on Domestic and Sexual Violence** works with Texas agencies, other domestic violence service providers, and state associations to provide training, technical assistance, and conferences that enhance collaboration among advocates and others working to end domestic violence.

Contact:

*National Training Center on Domestic and
Sexual Violence
2300 Pasadena Drive
Austin, TX 78757
512-407-9020
512-407-9022 (fax)
www.ntcdsv.org*

The **Center for the Prevention of Sexual and Domestic Violence** is an interreligious resource organization that addresses issues of sexual and domestic violence by engaging religious leaders in ending abuse. The center serves as a bridge between religious and secular communities through education and prevention programs.

Contact:

*Center for the Prevention of Sexual and
Domestic Violence
936 N. 34th Street, Suite 200
Seattle, WA 98103
206-634-1903
206-634-0115 (fax)
www.cpsdv.org*

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resource GUIDES

As part of the *Making Connections* Technical Assistance/ Resource Center, the following Resource Guides are scheduled to be produced during 2000:

Economic Opportunities for Families

- + Connecting Families to Jobs
- + Building Family Assets

Enhancing Social Networks

- + Family Support
- + Engaging Residents in an Agenda to Strengthen Families

Building High-Quality Services and Supports

- + Building More Effective Community Schools
- + Community Safety and Justice
- + Child Care for Communities
- + Meeting the Housing Needs of Families
- + Community Partnerships to Support Families
- + Improving Health Care for Children and Families
- + Developing Community Responses to Domestic Violence

Techniques for Advancing a Family Strengthening Agenda in Neighborhoods

- + Using Communications to Support Families and Neighborhoods
- + Connecting Families to Computers and On-Line Networks
- + Outcomes-Based Accountability



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