Milbank Memorial Fund

Preventing Violence Against Women and Children

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FOREWORD

The Milbank Memorial Fund is an endowed national foundation that supports nonpartisan analysis, study, and research on significant issues in health policy. Most of the Fund's work is collaborative, involving decision makers in the public and private sectors. The Fund encourages strategic relations through which individuals and partner institutions actively contribute their time and other resources. The Fund makes available the results of its work in pamphlets, articles, and books, and it publishes the *Milbank Quarterly*, a peer-reviewed journal of public health and health care policy.

Since its founding in 1905, the Fund has encouraged research and analysis that may lead to enhanced consideration of policy alternatives that a significant number of decision makers regard as achievable. The Fund does not take positions on what policies ought to be implemented, but instead encourages open, reasoned discussion of alternatives.

This report is one of two published in the fall of 1996 that grew out of the efforts of the Fund and its collaborators to expand the breadth of concern for the health of the public and to assess policies that seek to improve it. Here we report on policies to prevent and control violence against women and children that have been implemented in the health, social service, criminal justice, and business sectors. The related publication, *What Is Appropriate Care for the Children of Troubled Families?* describes research and informed opinion about the effectiveness of policies and programs to provide social services that have an enormous effect on the health of children.

Both reports are the result of extensive conversations with public officials, providers of health and social services, and advocates (who are often also providers). Some of these conversations occurred in meetings organized specifically to inform these reports. Others were interviews, conducted by staff of the Fund and by the authors of the reports. The author of this report, Ronald B. Taylor, was for many years a reporter for the *Los Angeles Times* and has written books on related subjects.

The Fund appreciates the contributions to the drafting of this report of the persons named in the Acknowledgments. Each of them has strong and considered opinions about the causes of, and remedies for, violence against women and children. Each will, we expect, find that at least some of the policies he or she favors are insufficiently praised and some of those they disparage, inadequately criticized. If so, the report may achieve the Fund's goal of contributing to open, reasoned discussion of existing policies and alternatives to them.

Samuel L. Milbank
Chairman

Daniel M. Fox
President

ACKNOWLEDGMENTS

In the summer of 1994, the Fund, in collaboration with the American Medical Association, the Centers for Disease Control and Prevention, and the Family Violence Prevention Fund, sponsored a meeting, which provided initial information for this report. The participants in the meeting, who are listed in the positions they held at the time of their participation, were Jacquelyn Campbell, Anna D. Wolf Endowed Professor, School of Nursing, Johns Hopkins University; Nancy Durborow, Health Projects Coordinator, Pennsylvania Coalition Against Domestic Violence; Courtney Esposito, Coordinator, Center for the Study of Violence, Albert Einstein Medical Center in Philadelphia; Mary Ann Fenley, Communications Officer, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; Anne Flitcraft, Co-director, Domestic Violence Training Project; Kevin Fullin, Kenosha Cardiology Associates, Ltd.; Deborah Haack, Director, Office of Injury Prevention, Colorado Department of Health; Susan M. Hadley, Director, WomanKind, Fairview Health Systems; Robert E. McAfee, President, American Medical Association; Anne Menard, Director, National Resource Center on Domestic Violence; Janet Mickish, Executive Director, Colorado Domestic Violence Coalition; Eli Newberger, Director, Family Development Program, Children's Hospital, Boston; Jennifer Robertson, Director, Advocacy for Women and Kids in Emergencies (AWAKE), Children's Hospital, Boston; Mark L. Rosenberg, Director, National Center for Injury, Prevention and Control, Centers for Disease Control and Prevention; Esta Soler, Executive Director, Family Violence Prevention Fund; Carole Warshaw, Chicago Abused Women's Coalition; Beverly J. Wilkins, Mental Health Program Specialist, Family Violence Prevention Team, Indian Health Service, Department of Health and Human Services; and Martha Witwer, Project Coordinator, Department of Mental Health, American Medical Association.

In addition to the persons listed above, the following persons reviewed this report in draft and/or provided additional information: Bonnie Campbell, Director, Office of Violence Against Women, U.S. Department of Justice; Donna Ferrato, Founder and Co-chair, Domestic Abuse Awareness Project; Daniel Goleman, Reporter, *The New York Times;* Ann Haney, Vice President for Development, Dean Care HMO; Jim Hardeman, Director of Employee Assistance Programs, Polaroid Corporation; Barbara Hart, Associate Director, Battered Woman's Justice Project; Robin Hassler, Executive Director, Governor's Task Force on Domestic Violence, Office of the Governor of Florida; Merry Hofford, Director, Family Violence Project, National Council of Juvenile and Family Court Judges; Karen Landenburger, Assistant Professor, University of Washington Tacoma Nursing Program; Stephen Moskey,

Director of Consumer Issues, Aetna; Ellen Pence, Executive Director, Duluth Domestic Abuse Intervention Project (DDAIP); Sergeant Anne O'Dell, San Diego Police Department Domestic Violence Unit; Ray Rawson, Assistant Majority Leader, Nevada Senate; Patricia Salber, President, Physicians for a Violence-Free Society; Susan Schechter, Clinical Professor, School of Social Work, University of Iowa; and Rita Thaemert, Policy Associate, National Conference of State Legislatures.

In September 1994, the Fund and the New York Women's Foundation co-sponsored a meeting on violence against women and children and the issues facing members of different ethnic communities in New York City. Participants in that meeting and the organizations they represented are as follows: Annanya Bhattacharjee, SAKHI for South Asian Women; Nancy Dorsinville, AIDS Service Center of Lower Manhattan; Pat Eng, New York Asian Women's Center; Cecilia Gaston, The New York Women's Foundation; Polly Wheeler Guth, The New York Women's Foundation; Sheila Holderness, The New York Women's Foundation; Ji-Young Kim, Korean American Family Services Center; Davin Ky, St. Rita's Center, Tolentine-Zeiser Community Life Center; Margaret Lafontant, HAWANET; Sister Barbara Muldoon, St. Rita's Center, Tolentine-Zeiser Community Life Center; Suki Terada Ports, The Family Health Project, and Marie Predestin, The New York Women's Foundation.

INTRODUCTION

Domestic violence is a deadly crime, a social menace, and a costly public health problem. Most of the victims are women and children. Community leaders and legislators continue to search for workable – and affordable – policies to curb the violence and heal the wounds.

Domestic violence can explode anywhere, anytime, and within any economic class. In Los Angeles, for example, a doctor was arrested, in September, 1995, after shooting and killing his ex-wife in a crowded courthouse hallway as the couple's young daughter watched in horror. He had previously been arrested for battering his wife, and, after the divorce, had violated court orders to stay away from her. Weeks before her death, this frightened, battered woman had reported that her ex-husband was still harassing her. According to the *Los Angeles Times*, she told the court, "I cannot free myself from his attempts to dominate and control my life."

Domestic violence can take the form of threats, verbal abuse, battering, rape, and murder. It is an escalating pattern of coercive behavior that includes physical, sexual, and psychological assaults against a current or former intimate partner or against children.

Researchers Evan Stark and Anne H. Flitcraft, co-directors of the University of Connecticut Health Care Center's Domestic Violence Training Project, have concluded that domestic violence may be the single most common cause of injury among women seeking medical attention, surpassing auto accidents, muggings, and rape combined. Their studies show that 40 percent of the women seeking medical attention are, or have been, victims of such violence. They estimate that from 20 to 25 percent of the women in the United States – more than 12 million – are at risk of being abused by an intimate male partner. As many as 4 million women are battered each year in this country; nearly three thousand are killed.

Child abuse and domestic violence are closely linked. Clinical studies show that men who batter women frequently abuse their children. Some battered women neglect their children, fail to protect them, abuse, and even kill them.

The statistics are grim: two thousand children die in outbursts of family violence each year; 140,000 are injured physically and emotionally. In at least half of these cases there is evidence of both child abuse and domestic violence. Child abuse and woman battering have often been (and in many areas continue to be) addressed as separate issues. Although child abuse laws predate domestic violence legislation by decades, the term "domestic violence" as it is applied by the law and by battered women's advocates tends to obscure its impact on children.

VIOLENCE AGAINST WOMEN AND CHILDREN: A PERSPECTIVE

The damage to the victims of domestic violence is staggering. The financial burdens, public and private, run into the billions of dollars; they include the costs of law enforcement, health care, and social services, plus the loss of jobs, wages, and productivity. In 1994 the American Medical Association estimated that the costs of domestic violence exceed $45 billion annually. In 1996 the National Institute of Justice, using a different methodology, estimated that domestic violence costs well over $100 billion a year: $67 billion is incurred because of domestic violence against adults; $32 billion results from the effects of child abuse; and the remainder of the money goes to law enforcement and the criminal justice system.

Domestic violence is deeply rooted in our culture. Once sanctioned by religion and codified by English common law, wife-battering and corporal punishment were considered a legitimate exercise of a man's power over his woman and his children. Although laws in the United States no longer allow a husband to beat his wife and children, too often domestic violence is still considered a private affair. This attitude has changed somewhat in recent years. Laws have been instituted to criminalize brutal behavior and to improve the safety of women and children. Old attitudes, however, are hard to bury.

Public efforts to protect children began more than a century ago, long before there was a battered women's movement to push for domestic violence reforms. Until the middle of this century, however, child welfare activists were primarily concerned about exploitative child labor, juvenile crime, and issues involving widows and orphans. Child abuse within the family did not become a major concern until the 1960s.

By the early 1970s, battered women and their allies joined in grass-roots efforts to expose and combat the effects of domestic violence, mainly as it affected women. Community by community, they developed a patchwork of shelters and advocacy programs to intervene in and prevent domestic violence. State coalitions and task forces formed; national resource and technical support centers provided services and training; and legislators passed laws making domestic violence a crime and adopted policies to offer battered women and their children some protection and help.

Child welfare workers and battered women's advocates often disagree about how to tackle the issue of family violence. Their philosophies diverge, their professional terminologies are different, they do not seek the same outcomes, and they compete for funding and recognition. There is, however, a growing awareness that child abuse and

domestic violence are connected, and many advocates are now trying to overcome their rivalries and cooperate with each other.

Domestic violence, then, is a complex issue that crosses cultural, economic, and political boundaries. It can involve alcohol and drug abuse, juvenile delinquency, adult criminal conduct, poverty, and homelessness.

"We have made a start [and] are beginning to establish domestic violence as a community issue," said Anne Menard, director of the National Resource Center on Domestic Violence. "But there is much, much more to be done," she continued. It is not enough to pass laws that mandate reporting domestic violence and arresting batterers or that make criminal sentences tougher. Experts urge building strong, protective support systems for the victims and mandatory treatment for batterers.

Many women, victims of domestic violence, live in fear of pain and death. They are isolated, often lacking in self-esteem. They tend to blame themselves for what is happening and they try to explain away the bruises and broken bones. They may suffer depression and anxiety; some turn to drugs or alcohol and attempt suicide. A surprising number of them prove to be survivors; they develop strategies to endure and to protect themselves and their children. However, without help, escape is terrifyingly difficult. Few can simply walk away. Even if they flee, they may be stalked, harassed, or killed.

The traumatic impact of domestic violence on children is well documented. Rich or poor, these are children at risk. Most survive (often at great physical and emotional cost), others do poorly in school, drop out, or run away. Some turn to violent crime, some find marginal jobs, and others may even have successful careers. They have children and repeat the violent cycle: abused boys and girls who become abusive parents.

Long-range studies of school children show that youngsters from violent homes are twice as likely to commit brutal acts as children growing up in nonviolent homes; victims of child abuse and/or neglect are far more apt to become violent teenagers; the highest rates of youth violence and criminal conduct occur where there is both spouse abuse and child abuse.

These studies show an alarming connection between family violence and violent juvenile behavior. Violence of all kinds is on the increase. U. S. Justice Department reports show that the number of juveniles charged with violent crimes is up sharply; teen murder rates have more than doubled in two decades; the suicide rate has doubled.

While their numbers may be relatively small, the most violent of these youngsters display shocking behavior. The damage they do is horrendous. The cost of apprehending and incarcerating these violent young criminals runs into the billions of dollars.

New York Times reporter Fox Butterfield, in his book, *All God's Children*, gives examples of these costs. Nearly 100,000 youngsters were incarcerated in the United States in 1995, which represents a tripling of the numbers in two decades. The chronic juvenile offenders often end up in adult prisons. The cost of running the nation's adult prisons (including parole and probation) totaled $50 billion, up from just $4 billion in 1975. These figures do not include the billions spent on police work.

Butterfield traces the costly origins of violence by looking closely at a single case, that of convicted murderer Willie Bosket, considered the most violent criminal in the New York penal system where it costs $75,000 a year to jail a juvenile. Bosket has

a quick mind but lacks empathy or conscience. He bragged about committing scores of robberies and stabbings before he shot and killed two Manhattan subway riders in separate 1978 crimes. He was 15 at the time, a violent, abused, and neglected child who had been in and out of foster care and juvenile lockups.

"The seeds of Willie's problems were planted early," writes Butterfield. When Bosket was born his father was in prison for murder. His mother lived in Brooklyn with men who beat her and the boy. She neglected him, beat him. In Butterfield's words, Willie began the "long journey into a kind of social void" at an early age. In public school, he threw tantrums, hit teachers, fought other kids, skipped class, and ran the streets robbing and, finally, killing.

"Children who are beaten learn to treat others the same way, using aggression to get what they want," Butterfield concludes. In other words, they are conditioned to react violently.

The Willie Bosket case is an extreme example of how a violent personality was formed and at what cost.

Recent studies of brain development and function reveal that the impact of parenting on emotional competence and stability starts very early. Children who are cared for and loved learn self-worth, empathy, and self-control.

"The emotional lessons we learn as children at home and at school shape the emotional circuits," writes psychologist and *New York Times* reporter Daniel Goleman in the best-selling book *Emotional Intelligence.* This means that childhood and adolescence are critical times in shaping the powerful emotions that govern our lives. A chaotic, brutal family environment can be a school for violent, deviant behavior.

Domestic violence can be found anywhere: the inner city, suburbia, rural areas. Reactions to it are most often crisis oriented: a 911 call to police, a bloody victim rushed to the hospital. If there are children in the home and they are uninjured, police take them to a juvenile hall or an emergency shelter and report the case to child welfare workers. If the children are in danger, they may be placed in foster care.

If charges are filed against the batterer, he is booked and sometimes jailed briefly. The woman's wounds are treated and, when she is released from the hospital, she may find temporary safety in a crisis shelter. In many communities little else is done to change the dynamics of violence. Eventually the woman and her children may go home or they may move to a safer place. Even when the courts order the batterer to stay away, a woman may be attacked again.

Take Nicole Brown Simpson, for example. Los Angeles police responded to

her frantic 911 calls several times before they charged O.J. Simpson with wife battering in 1989. The couple divorced, but witnesses later testified that the battering did not stop. In June 1994 she and a friend were killed and murder charges were filed against Simpson. Although he was acquitted, the case focused the nation's attention on domestic violence.

In the aftermath of this double murder, domestic violence became a hot-button issue in 1995. The media discovered domestic violence. Stories appeared in newspapers, on television. *Sports Illustrated* (July 31, 1995) pointed out that Simpson was not the only sports figure headlined in domestic violence scandals. In a special report headlined "Sports' Dirty Secret," the magazine commented: "When scarcely a week passes without an athlete being accused of domestic violence, it is no longer possible to look the other way."

Thirty states passed 140 domestic violence laws; 100 had been passed the year before. Alabama, for instance, appropriated money for the Coalition Against Domestic Violence; New Mexico funded a new Domestic Violence Court. In California a legislature that had previously budgeted $1.5 million a year for domestic violence programs came up with $22 million—spread over two budget years—and passed a flurry of new laws.

Notorious cases attract public attention and the reactions almost always focus on the justice system, with a cry for tougher laws and harsher sentences. Lost in the uproar over crime and punishment are other equally important issues. Little attention is paid either to the causes and effects of domestic violence or to the shortcomings of health care and social service systems that struggle to help the victims and stop the violence.

Physicians and nurses are often the first to see the results of domestic violence. But their response has been to treat the bloody wounds without recognizing and responding to the underlying causes. That is beginning to change as more hospitals develop protocols and professional schools develop curricula to train students to recognize and respond to domestic violence.

As more people become aware of the problem, unexpected issues arise. For instance, some insurance companies are (or were) denying battered women health, life, and even homeowner insurance coverage. The risks are too high, these carriers explained. Even women who escape to a new life cannot always get insurance because their history of being battered is in their medical records.

Half of the 16 large insurance carriers surveyed by Representative Charles E. Schumer (D-New York) in 1994 admitted denying coverage when a woman had a

history of being battered. He has introduced a bill to outlaw such discrimination, as have Representative Susan Molinari (R-New York) and Representative Bernie Sanders (I-Vermont).

A spokesman for a large carrier denied that it had ever automatically denied coverage to victims of domestic violence. The company agrees that corrective legislation is needed to ensure that women are not denied coverage because they are, or have been, victims of domestic violence. It also supports legislation to ensure that insurance benefits are not paid to the abuser who causes injury or death.

Another insurance company acknowledged that it had denied coverage in the past but has since reversed that policy. This carrier supports legislation that prohibits insurers from denying coverage to a person because of a history of being victimized by domestic violence, and it has taken the lead in founding the Corporate Alliance to End Partner Violence, an industry group to promote public awareness and prevention programs.

Trade groups like the American Council of Life Insurance (ACLI) and the Health Insurance Association of America (HIAA) agree that some limited regulation is needed to ensure that victims of domestic violence are not excluded from coverage. The ACLI would support state legislation but opposes any attempt to impose federal regulations. The HIAA would support regulation to prohibit denial of coverage for medical expenses but would not support requiring coverage for disability or long-term care coverage.

The National Association of Insurance Commissioners, representing state insurance regulators, has drafted model state legislation to outlaw such discrimination. The NAIC reports that six states—Connecticut, Massachusetts, Delaware, Florida, Iowa, and California—have passed antidiscrimination laws and that 14 others are considering similar action.

Hundreds of agencies and programs deal with the many effects of violence against women and children. These include private, non-profit shelters, clinics, battered women's advocacy groups, and service centers. Most are small, crisis oriented, underfunded, short-staffed, and overworked. Then there are the government agencies – police, courts, welfare and social service bureaus – and hospitals, clinics, and medical practices. These various efforts are funded by a wide variety of private and public resources.

Federal money subsidized a few model shelter programs and court-based services in the 1970s. In 1978, the U.S. Commission on Civil Rights held hearings that led to the creation by the Carter Administration of the Office of Domestic Violence, which it subsequently abandoned. In 1984, the Family Violence Prevention and Services Act went into effect, providing continuous funding ($32 million in 1994-95) for domestic violence services and public awareness projects.

The public health aspects of domestic violence became part of the debate when Surgeon General C. Everett Koop convened a domestic violence workshop on health issues in 1985. Several years later the role of the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control was expanded to include domestic violence research and demonstration projects.

The 1994 Violence Against Women Act established a Violence Against Women Program Office in the Justice Department. The act authorized $1.6 billion over the next six years, money Congress must appropriate year by year. The FY95 budget is $26 million.

Policies and approaches differ among the states. For instance, Hawaii funds large domestic violence programs directly through its health department. Michigan funds these programs through the human services department. Kansas imposes docket fees on traffic violations and fish and game violations to fund domestic violence projects. In Florida, a special domestic violence prevention fee is added onto the cost of applying for a marriage license or filing for a divorce. In Illinois, the proceeds from the sale of a new specialty license plate help fund domestic violence shelters.

Health Care

The primary problem in health services for victims of domestic violence has been a lack of awareness. While physicians and nurses are often the first to see the effects of this problem, they are not always trained or equipped to recognize it and respond appropriately.

A study of the medical records of 52 battered women treated in Chicago's Cook County Hospital revealed that the emergency department had failed to detect obvious signs of domestic violence in all but one case.

Carole Warshaw reported in 1989 that although signs of abuse were present in the cases she reviewed, emergency department physicians rarely utilized or responded to this information. More recent studies in California and elsewhere have come up with similar, equally disturbing results.

Warshaw, a physician, is co-director of the Hospital Crisis Intervention Project, a domestic violence training and advocacy program run by the Chicago Abused Women's Coalition and the Cook County Hospital. She said, "I found that the structural constraints of a busy urban emergency room ... led not only to non-detection and non-intervention but, more importantly, to a lack of receptiveness and response by health care providers to the issues a battered woman struggles with; issues that are vital to her life and well-being."

According to the American Medical Association, the problem is not confined to the emergency departments. "Physicians in all practice settings routinely see the consequences of violence and abuse, but often fail to acknowledge their violent etiologies," reported a 1994 AMA publication on domestic violence. "By recognizing and treating the effects of domestic violence, and by providing referrals for shelter, counseling and advocacy, physicians can help battered women regain control of their lives."

Mandatory reporting laws have been passed in five states according to a 1995 article in the *Journal of the American Medical Association (JAMA)*. These states are California, Kentucky, New Mexico, New Hampshire, and Rhode Island. The laws require health care providers to call the police if they suspect domestic violence. The *JAMA* article notes that, although well intended, these laws "may fail to protect battered women" from a batterer's backlash. They also "create ethical dilemmas" for clinicians when patients do not want their cases reported because they fear being blamed and beaten again.

When California legislators passed a law in 1995 that requires doctors to ask their patients routinely if they are victims of domestic violence, they created a Catch-22 situation. If a woman admits she is a victim of domestic violence, the mandatory reporting law requires her doctor to report her case to police, which can put her in harm's way.

Since 1992 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has required hospitals seeking accreditation to develop and implement domestic violence protocols and training guidelines for every department. JCAHO accreditation is a voluntary process recognized nationwide, a seal of approval guaranteeing the quality of care provided by 5,300 participating hospitals. To help hospitals meet the JCAHO domestic violence standards, the Family Violence

Prevention Fund, based in San Francisco, and the Pennsylvania Coalition Against Domestic Violence worked together to develop model protocols and training guides. Their thick how-to manuals have gone out to nearly 1,000 hospitals so far, and that number will soon double.

The Centers for Disease Control and Prevention(CDC) has budgeted $8 million to fund collaborative domestic violence prevention efforts. Project WATCH is an example. Using CDC funds, the Massachusetts Department of Health and the Massachusetts Research Institute are developing a statewide domestic violence surveillance system in clinics and hospitals that will track incidents of woman abuse.

In Rhode Island the state health department and the Coalition Against Domestic Violence are using CDC funding to do a statewide evaluation of the domestic violence prevention services. The money also supports public education and information campaigns and prevention efforts in community-based family centers.

Medical societies are becoming involved. The AMA sponsors the 8,000-member Coalition of Physicians Against Family Violence. The North Carolina Medical Society and students from the North Carolina School of Medicine sponsor family violence seminars and help raise funds for women's shelters. The Oklahoma Medical Association publishes a protocol and information booklet to help members identify victims of abuse. The Minnesota Medical Association has initiated a "Stop Violence" campaign to educate both practitioners and the public.

In Connecticut, the Hartford County Medical Society has a regional training program called "Project Safe." The society conducts weekly forums for practicing physicians in local and regional hospitals to help them recognize and treat domestic violence.

One reason more physicians and nurses have not responded to domestic violence is the lack of training in professional schools. Although most medical schools (98 out of 125) offer some domestic violence training, the Association of American Medical Colleges (AAMC) reports that domestic violence "has low visibility in the curricula of most medical schools."

Nearly two-thirds of the 1994 medical graduates surveyed by the AAMC in 1995 said that such violence was receiving inadequate attention. The association concluded, "There is no template for a coherent program of education in medical school that fosters an integrated understanding of family violence, risk assessment, clinical evaluation strategies, reporting and intervention tactics."

Some medical schools are making progress. At the University of Connecticut medical students learn about abuse of children, women, and elders as part of their

introduction to primary care. University of Chicago medical students are trained to deal with domestic violence at the Hospital Crisis Intervention Project in the Cook County Hospital. Similar training is offered at Boston University, Dartmouth, and UCLA medical schools, among others.

The problem is much the same in the schools of nursing. Some are adding domestic violence education to their curriculum. At the University of Washington Tacoma Nursing Program, information and training about how to recognize and respond to domestic violence has been integrated into four courses. At the Johns Hopkins University School of Nursing in Baltimore, Jacquelyn C. Campbell teaches one full course on family violence and has units on domestic violence in other courses.

"Nursing has increased its awareness of domestic violence tenfold over the past decade, but we still have a long way to go," said Campbell, a leader in the Nursing Network on Violence Against Women. Many of the nursing schools still do not include such training.

Other problems block health care providers from responding. For a *JAMA* article, entitled "Primary Care Physicians' Response to Domestic Violence" (June 17, 1992), 38 physicians were interviewed in a large, urban, health maintenance organization (HMO) serving predominantly white, middle-class patients. They talked about their lack of time, lack of resources, and a reluctance to interfere in private and potentially embarrassing "family matters." If the victim doesn't say she was abused, the doctor doesn't ask, fearing to "open Pandora's box," as one physician put it.

A physician can stop the bleeding and close the wounds, but he or she cannot solve the underlying problems without help. That is where hospital-based victim advocacy comes in.

In-Hospital Advocacy

WomanKind is one of the earliest in-hospital domestic abuse advocacy programs. Based in two suburban hospitals and one urban hospital in the Minneapolis-St. Paul area, WomanKind is staffed by a director, Susan M. Hadley, four full-time program coordinators, and 75 volunteers, many of them survivors of domestic violence. With an annual budget of over $200,000, WomanKind is a fully funded department in each of the three hospitals.

WomanKind trains the hospital staff to identify and respond to domestic violence victims; it offers battered women both crisis intervention and ongoing support during and after their hospital stay. Upon discharge, the women are put in contact with community resources and offered safe housing, legal aid, and welfare assistance.

"Early intervention is important.... By the time a woman is seen in ER the abuse may be pretty advanced," Hadley said. Routine

screening of all patients on admission can identify domestic violence problems before they reach a crisis, she said. The idea is to prevent more serious injuries by early detection.

Project AWAKE at Children's Hospital in Boston has a different focus. It works with abused children and their mothers. When studies at nearby Boston City Hospital revealed that a high percentage (59.4 percent) of the mothers of abused children were themselves victims of domestic violence, hospital diagnosis and disposition plans for abused children were amended to include help for the mother as well.

AWAKE (Advocacy for Women and Kids in Emergencies) has a paid staff of six – four of them survivors of domestic abuse – and operates in the hospital as part of the Child Protection Team. It works on a $220,000 budget. Most of the funding comes from private donations raised by the project. Working with the state agency, Children's Protective Services (CPS), AWAKE advocates try to keep women and their children together. AWAKE offers in-hospital counseling and support groups; advocates continue working with families after they leave the hospital, helping them find support groups, safe housing, and legal aid. Women who have no source of income are helped to qualify for Aid to Families with Dependent Children (AFDC).

Two outcomes exemplify AWAKE's impact: (1) 16 months after their children are released from the hospital, 85 percent of the battered women no longer live with their batterers, and the abuse has stopped; and (2) only three of the 500 children referred by various agencies have subsequently been placed in foster care, which experts consider a less desirable, more costly outcome.

Barriers

Projects like WomanKind and AWAKE have uncovered barriers to providing the kind of help that women need.

- Battered women are either too afraid or too embarrassed to seek help. They need – but do not always find – empathy, support, safety, and appropriate services in a hospital or clinic setting.
- While emergency rooms are beginning to respond to domestic violence, other hospital departments – pediatrics, ob-gyn, drug and alcohol recovery – focus primarily on their specialties and are not trained to recognize domestic violence.
- If health care services are to be effective, they must be linked with programs outside the hospital, including safe shelter beds, support groups, counseling, and other community services, all of which are in short supply.

The response of health care providers to domestic violence has been uneven. The system has gaps in some places while efforts

are duplicated in others. Some states – New York and Connecticut, for instance – are taking a more organized approach.

New York state legislators created the Office for the Prevention of Domestic Violence (OPDV) nearly a decade ago. Working with the Department of Health and the state medical society, OPDV has established domestic violence training standards and protocols for hospitals and other health care providers. The OPDV conducts domestic violence training courses for health care professionals statewide. More than 20,000 practitioners have been trained to recognize, treat, and refer cases of domestic violence to the appropriate helping services.

In Connecticut the legislature initiated the Domestic Violence Training Project (DVTP) headed by Anne H. Flitcraft, a physician, and sociologist Evan Stark. Funds were appropriated to the Department of Public Health to support the project. DVTP provides on-site training and technical assistance for 33 private and public hospitals, HMOs, and substance abuse clinics. And it has developed a Resource Center on Domestic Violence to provide clients with comprehensive information and training materials.

The Hawaii Department of Health has taken another approach to the prevention of child abuse through an early intervention program called "Healthy Start," which is available in approximately 60 percent of the census tracts in the state. The health department contracts with private community social service agencies throughout the islands to provide home visitation services for troubled families with newborns.

High-risk families are detected by screening hospital records. A third of these families have drug abuse histories, nearly half show signs of domestic violence and/or emotional problems, and a fourth are homeless. Their participation in the early intervention program is voluntary.

Healthy Start caseworkers are paraprofessionals who are trained to teach parenting skills and to help families find medical and social services. Caseworkers meet with each family weekly for up to 90 days and are on call around the clock. They follow the family for five years, helping as needed. In order to extend the program to more families, state officials are working to mobilize private sector resources.

The National Committee to Prevent Child Abuse (NCPCA) promotes the Hawaiian approach in its Healthy Families America (HFA) project. Using trainers from Hawaii, the committee has helped set up similar programs in 92 communities in 25 states. NCPCA reports that the HFA program saves tax dollars because it reduces child abuse and decreases accidents and hospital emergency room visits.

Over the past two decades there has been a shift in attitudes about domestic violence. Woman battering is no longer a "domestic problem"; it is criminal conduct in most jurisdictions. Federal and state legislators are passing tougher laws, giving police and the courts more power to crack down on batterers. If convicted, batterers face – but do not always receive – harsher sentences. The civil courts are issuing tougher restraining orders and doing it sooner.

The 1994 Violence Against Women Act (VAWA) makes stalking across state lines a federal crime and doubles sentences for repeat offenders. VAWA appropriations are funding a computerized interstate tracking system to give police instant access to restraining orders. A new, nationwide toll-free domestic violence hotline – 1-800-799-SAFE – has been established to provide immediate crisis intervention. The act authorizes state grants to fund regional and local hot lines, data gathering, more police, more prosecutors.

States are taking action. In Hawaii a comprehensive Crimes Against Women legislative package contained 38 bills. Florida legislators, responding to the Governor's Task Force on Domestic Violence, strengthened the laws holding batterers accountable for their crimes. Kentucky allows police to issue protective restraining orders without having to wait for a judge's signature. State by state, the list of new laws grows longer. Montana requires an offender convicted of partner or family member assault to go through an assessment and complete a minimum of 25 hours of counseling in a specialized domestic violence intervention program. The offender must pay all costs.

Just how vigorously these new laws are being applied varies from place to place. But even if the get-tough approach works and the batterer is jailed, battered women's advocates point out that the current system is only reacting to violent events, not solving the basic problems.

The criminal justice system was not designed to deal comprehensively with domestic violence. Its task is to capture and punish the guilty, not to address complex social and economic problems like those facing battered women and children.

Criminal justice leaders are beginning to realize that domestic violence victims need protection, legal advice, counseling, housing assistance, child care, transportation, and other services. A few cities – like San Diego and Duluth – have pioneered a more comprehensive approach to combating and preventing domestic violence.

Police Approaches

Until just a few years ago, the police seldom enforced assault and battery laws when

women were battered. The standard response of patrol officers answering a domestic violence call was to break up the fight and leave without filing a report.

If children were involved, police acted differently. By the 1960s child abuse was a serious, reportable crime. Now if the police suspect child abuse or neglect, the children are taken into protective custody and child welfare workers are notified. When there is evidence of abuse or neglect, arrests are made.

Twenty years ago battered women and their advocates began to insist that police and the courts treat women fairly. If beating up a stranger was criminal conduct, so was assaulting and battering a wife or girlfriend. Women's advocates successfully lobbied for new laws in the 1980s, but law enforcement officials did not pay much attention until Tracey Thurman was beaten, stabbed and nearly killed by her estranged husband in 1984 in Torrington, Connecticut.

Torrington police knew Tracey Thurman had a restraining order against her husband and that he was violent. Yet, when he attacked her, they did nothing to protect her. After she recovered, Ms. Thurman filed suit in federal court against the city and the police department. She won a $2.3 million settlement. The court ruled that a man is not allowed to physically abuse or endanger a woman merely because they are married and that the police have an obligation to protect the victim.

The message was clear: without adequate training and guiding protocols, police have only their own instincts to follow and that can be dangerous for the victims, frustrating for the police, and expensive for the taxpayers. As a result of the Thurman case, things began to change in Torrington and elsewhere. Most law enforcement agencies now provide officers with some domestic violence training. A few, like San Diego and Duluth, for instance, have special units that are trained to investigate and prosecute domestic violence cases.

San Diego. In San Diego the police department has a domestic violence unit staffed by 3 sergeants and 18 detectives. In addition, both the city and county prosecutors have specialized domestic violence units working with the police.

Prosecutors traditionally depend on the testimony of the victim to get a conviction. But terrified women often refuse to testify. San Diego police do not usually need the victim's testimony. Working with well-trained patrol officers, the specialized domestic violence detectives meticulously build their cases on a wide range of evidence, including 911 recordings, medical records showing previous battering, and photos of the victim's wounds. Victims testify only if they are willing. The conviction rate: 88 percent.

Children are involved in half of the domestic violence calls. The responding patrol

officers notify the domestic violence detectives that there are children in the home, and then the detectives notify county welfare department Children's Protective Services. If the children are in danger, the patrol officers at the scene have the authority to remove the children and take them to an emergency shelter.

San Diego's criminal and civil justice policies are established by a Domestic Violence Council comprising community leaders, victims' advocates, and justice officials. The council coordinates the work of police, courts, emergency shelters, medical service providers, victims' advocates, and community services. The council's goals are to stop the violence before it escalates, arrest the batterer, protect victims, and help them find community services.

San Diego police jail on average 375 batterers a month. Facing aggressive prosecution, most plead guilty to misdemeanor charges, are placed on three-year probation, and are ordered into a certified counseling program for one year, at their own expense. The most egregious offenders serve jail time, then go into treatment. The recidivism rate in the first four years: less than 15 percent repeat within a year.

The most impressive outcome so far is the drop in the San Diego homicide rate. While the number of domestic violence arrests has doubled – 15,184 arrests were made in 1994 – the domestic violence homicide rate has dropped 59 percent, from a high of 22 in 1991 down to 7 murders in 1994.

Other law enforcement agencies have instituted some form of domestic violence training and are taking a strong stand against domestic violence. Most police departments now have either pro-arrest or mandatory arrest policies in domestic violence cases. The term "pro-arrest" means that officers have some discretion in the actions they take. Mandatory arrest policies leave no choice: batterers must be taken into custody if there is probable cause that a crime has been committed.

While the mandatory laws send a stronger message, they also cause problems. One problem is dual arrest. Victims are being arrested too if it appears they fought back. The advocates say mandatory arrest can compromise a woman's safety if the police response does not include a well-coordinated, communitywide effort to protect the victims.

Duluth. Duluth is the first city to adopt a comprehensive approach to domestic violence, making it a model for other cities. The Duluth Domestic Abuse Intervention Project (DDAIP) integrates the justice system into a communitywide effort that involves social service agencies, police, prosecutors, family and criminal court judges, jailers, shelter providers, and, more recently, health care providers and child welfare workers.

DDAIP provides special training for the

police. The police department has a mandatory arrest policy. Arrests and conviction rates are up. Most convicted batterers (92 percent) choose group counseling and therapy rather than jail.

While the long-term results are not spectacular, they offer hope. A five-year follow-up shows that 40 percent of the convicted batterers returned to their violent ways, but 60 percent have stopped being abusive.

DDAIP's aggressive victim advocacy helps battered women and children find safety. DDAIP provides legal aid, counseling, and support groups. The project has instituted cross-training programs to bring domestic violence advocates and child protection workers together in a coordinated effort.

In addition, DDAIP operates the Duluth Visitation Center where children can safely visit an abusive father and where separated parents can meet and work out custody issues. DDAIP has a 911 tracking system to monitor police responses. Funded by the Centers for Disease Control and Prevention, DDAIP is developing domestic violence assessment tools to help the justice system detect such violence before it becomes fatal.

Prosecution and the Courts

Domestic violence laws and court practices vary among states, counties, and cities. Prosecutors and judges are not always well trained in domestic violence issues. Protective orders are often difficult to obtain and are not always enforced. Sentencing is uneven and too often biased against women. Many women who murdered their abusive partners have received longer prison sentences than men who killed their wives, girlfriends, or ex-lovers.

The National Council of Juvenile and Family Court Judges has acknowledged that there are problems in the court system and that it is in need of overhaul. "The whole area of family violence has long been a troublesome one for the courts. Frankly, we have not handled these cases well," said Judge Stephen B. Herrell, chairman of the council's Family Violence Committee.

The council has published a manual, *Family Violence: Improving Court Practices*, and launched a Family Violence Project to help find ways to improve the system. The FVP recommends domestic violence training for all criminal and civil justice officials, including judges.

The Family Violence Project has developed a package of model laws – a model state code – to guide policy makers in drafting effective criminal and civil justice legislation. The code does the following:

1. Defines domestic violence.
2. Sets criminal penalties and procedures.
3. Establishes civil orders protecting victims and their children.
4. Sets custody procedures and protective

visitation rights.

5. Suggests prevention and treatment modalities.

While the model code is proving useful in drafting new laws in some states, all sections of the document have not been embraced by all advocates for battered women. Proponents, like the Family Violence Prevention Fund, give the model code high marks. Others say the code fails to define adequately critical words, like "abuse" and "self-defense."

Joan Zorza, former senior attorney with the New York-based National Center on Women and Family Law, expressed the view that the code gives judges too much discretion in a sensitive area like court-ordered mediation where issues of divorce, child custody, income, and property settlement are decided. Such a well-intended but ill-conceived court order forcing an abused and intimidated woman into mediation with a man she fears can tip the scales in the batterer's favor, Zorza explained. And mediation can quickly turn to violent confrontation if the man feels he is losing control.

Under the code's guidelines, each state would have a Domestic Violence Advisory Council to set statewide policies. Each community would have a Family Violence Council operating under the state council's guidelines to advise and coordinate local efforts. These state and local councils are to be appointed by governors, county commissioners, or boards of supervisors and chaired by a supervising judge. Representatives from government departments, private agencies, community organizations, and women's advocacy programs should sit on these councils.

Several states have established advisory councils, with mixed results. In Minnesota, critics say these councils tend to be heavy-handed, top-down operations that are dominated by the judges, that battered women and their community-based advocates are underrepresented, and that there are questions about conflicts of interest. For example, should a judge preside over a council that includes child welfare workers, probation officers, and women's advocates who later may have to represent clients in that judge's court?

The model code's usefulness as a resource will depend entirely on how well domestic violence experts, policy makers, and legislators within a particular state can adapt the model to meet the needs of their community and region.

Battered Woman Syndrome. At least 14 of the 33 women on death row in the United States in 1991 had killed men who battered them. Hundreds more are serving long sentences for murder or assault with deadly intent.

For years the courts refused to hear a

defendant's testimony about prior abusive conduct; the "Battered Woman Syndrome" was not an allowable self-defense. Today, after years of trials and appeals, the courts and legislatures in some states recognize that the use of deadly force is sometimes justified, but only if a woman is defending herself, not acting in retribution or to stop anticipated assaults.

In Ohio the supreme court ruled that under the language of the then-current law, the Battered Woman Syndrome could not be used as a defense in criminal cases. Reacting to this, the Ohio legislature changed the law, explicitly permitting such a defense in criminal cases. No mention was made of its use in civil cases where child custody, property settlements, and other issues are heard. Battered women's legal advocates considered this a setback.

Community-Based Services and Advocacy

Community by community, women's advocates have put together services for abused women. Most often, these efforts have not included the child advocacy groups or child welfare workers.

The relationship between domestic violence advocates and child welfare advocates has not always been cordial. That situation is beginning to change in a few states – Minnesota, Michigan, and Massachusetts – where the two parties are trying to work out a common, community-based approach. To support the development of coordinated strategies, the AMA has produced a guidebook for working at the local level and is sponsoring regional training conferences to provide multidisciplinary community teams with skills in assessment and collaboration and to share information about ongoing successful efforts.

The domestic violence movement is a loosely federated group of organizations and individuals. At last count there were more than 1,800 community-based groups and organizations focused on domestic violence issues, including 1,200 shelter programs. Finding public and private funding where they can, these groups have responded to victims' needs and have made domestic violence a public issue.

State Coalitions

Statewide coalitions were usually outgrowths of the battered women's movement. The oldest, the Pennsylvania Coalition Against Domestic Violence (PCADV), was founded in 1976 by nine independent domestic violence organizations that had come to the state capitol in Harrisburg to lobby for changes in the law.

Over the next few years similar coalitions were formed in other states. They provide technical assistance to local programs, offer

professional training to criminal justice agencies and the medical community, work to raise public awareness of domestic violence as a social issue, and coordinate public policy reform at the local, state, and federal levels.

In 1984, support from state coalitions helped to secure passage of the federal Family Violence Prevention and Services Act. DHHS now budgets $2.5 million a year to help fund these state coalitions, splitting the money evenly among the 50 states and two trust territories. Each coalition receives about $47,000.

The Pennsylvania coalition, one of the largest and most active, funds 64 domestic violence projects statewide. The state appropriates $10 million a year and contracts with the PCADV to distribute the funds. In addition PCADV sets operating standards and protocols for these projects and monitors their performance. PCADV has a staff of 27, the largest in the nation. It helped create four domestic violence national resource centers and cofounded the National Network to End Domestic Violence, an organization of state coalitions that work on public policy issues.

The Texas Council on Family Violence (TCFV), another large state coalition, operates on a $9 million state-funded budget and has a staff of 21. Like the Pennsylvania coalition, the TCFV acts as a funding agent for domestic violence projects around the state. It provides support and technical assistance to these projects, conducts public education programs, and lobbies for better laws and policies. However, the council reports that half of the 254 counties in Texas have no domestic violence programs. The existing shelters in the state serve 30,000 women and children a year but turn away an equal number as well for lack of beds and services.

The problem is a common one. The Oregon Coalition Against Domestic and Sexual Violence reports that four out of five battered women are being turned away from Oregon shelters. In California two-thirds of the women and children who need help cannot find shelter.

Welfare Reform

Survivors of domestic violence often depend upon public assistance, most of which is funded by the federal program, Aid to Families with Dependent Children (AFDC). Studies in Washington, New Jersey, and Illinois (Chicago) show that more than half of the AFDC families headed by single mothers are or have been the victims of domestic violence. Nearly a third of these families were victims of domestic violence before they applied for welfare. With few job skills and no money to pay for child care or health services, the only hope these women have of making a transition to a safer environment has been public assistance.

These battered women and their children, like many other recipients of AFDC, now face

an uncertain future. Congress and the Clinton Administration have eliminated the federal entitlement to AFDC. Single mothers may be cut off from state aid if they do not find work within two to five years, depending upon the welfare-to-work program adopted in their state. No one is certain what will happen to these single parent families if the mother cannot find a job and is cut off aid.

Family Preservation Movement

The family preservation movement, an outgrowth of the child welfare reform movement, has been concerned with family violence issues although it has not been directly involved with the battered women's movement. Today most states have family preservation programs. These are government-funded, community-based child welfare systems that attempt to keep troubled families together instead of placing neglected, abused, or delinquent children in foster care.

Domestic violence is a problem in many of these families. There also may be drug or alcohol abuse, unemployment, poverty, and homelessness. Any or all of these problems could be reason for the courts and/or child welfare agencies to step in and protect children who are "at risk."

Proponents of family preservation believe children are better served if they are kept at home and the family is helped by caseworkers trained in crisis intervention techniques. These advocates claim family preservation helps children and saves money by reducing the number of children who are placed in foster care.

From the outset family preservation has been controversial. Proponents contend the traditional child welfare system is too quick to remove children and place them in a foster care system that is overburdened and underfunded. Some child welfare workers argue that too often children at risk are left in violent, unsafe homes when they should be placed in the safety of foster care.

In the 1970s child welfare workers began experimenting with family preservation techniques, providing intensive assistance for families in crisis. Social workers in Seattle devised a successful crisis intervention prototype called "Homebuilders," which uses techniques that are called "Intensive Family Preservation Services" (IFPS).

The intervention begins after child abuse and/or domestic violence have been detected and child welfare workers are considering placing the children in foster care. Community-based IFPS caseworkers provide whatever help is necessary to keep the family safely together. A family unit may be a teen-aged mother and her child, a two-parent home, or an extended family.

The Homebuilders model was introduced in other communities and states and became known as "Families First." There are

variations of the Families First model in communities in 35 states.In 1988 Michigan developed the first statewide Families First program. The Michigan Department of Social Services (DSS) contracts with private providers in each community to operate the $26 million-a-year program. DSS supervises the intense, short-term, in-home services. Domestic violence is involved in 30 percent of all cases. Most child abuse cases are referred by the courts or child welfare workers, while the state Domestic Violence Prevention and Treatment Board refers families from battered women's shelters. IFPS caseworkers help battered women and their children find safe housing, counseling, protective court orders, and other support services.

Strictly following the Homebuilders model, Michigan IFPS caseworkers work with a maximum of two families at a time. Caseworkers are available 24 hours a day, seven days a week for up to six weeks. If there is evidence of alcohol or drug abuse, delinquency, unemployment, or lack of housing, caseworkers coordinate their efforts with the appropriate agencies.

Michigan's Families First is successful, according to a study commissioned by DSS, which reported that 70 percent of the families were still together 30 months after receiving help. According to this study, the program is keeping children at risk out of the more expensive foster care system, thereby saving taxpayers millions of dollars.

Critics question these findings and the methodology of the evaluation. While Michigan is operating an outstanding Families First program, some experts say there is no proof that fewer children are being taken from their homes and placed in foster care as a result of the IFPS intervention. "Michigan has a strong commitment to Family Preservation and is doing a much better job (than most)," said sociologist Peter H. Rossi, a University of Massachusetts professor emeritus, who has evaluated studies of three similar programs. He praises both the Michigan program and the Families First concept when they follow the Homebuilders model. "If there is child abuse or domestic violence, Families First intervention is what you'd want," Rossi said. "It's great, but it's expensive ... very expensive."

Rossi believes skilled intensive crisis intervention does help, but only if the program is well staffed, adequately funded, and keeps its caseloads small. Even then, he pointed out, there is no experimental evidence that such help actually reduces the number of children placed in foster care.

A study of the Illinois Families First program by the University of Chicago's Chapin Hall Center for Children not only confirmed this observation, but reported no evidence that the program in Illinois lowered the risk of subsequent harm to the children.

The approach by the Illinois Department of Children and Family Services (DCFS) to family preservation ignited controversy, both political and legal. Several class action lawsuits were filed on behalf of children; others were filed on behalf of parents who had lost custody. Critics say DCFS broke from the Homebuilders model by cutting corners financially, providing less intensive crisis intervention, and expanding workers' caseloads.

The same problems are evident in Connecticut where the deaths of three children in July 1995 rekindled the controversy. A *New York Times* headline about one of these children read: "Slaying of Connecticut Infant Shifts Policy on Child Abuse." This infant had been raped, beaten, and killed by her mother's boyfriend. Critics blamed the family preservation movement, policies were quickly changed, and caseworkers began aggressively removing dozens of other children "at risk" from their homes, placing them in an already over-crowded foster care system.

Was family preservation to blame? Connecticut has a Families First program; however, state welfare officials said none of the dead children were from families in that program because the underfunded, short-staffed program is overbooked. Families First caseworkers are handling five families each, not the recommended two, and they cannot intervene in any more cases.

Child welfare caseworkers – operating under a general policy ordering them to keep families together, if possible – had been instructed to supervise closely the three families in question. Critics say the caseworkers failed to perform adequate background checks of the adults living in these homes and that they did not follow their own guidelines for "close (twice weekly) supervision," sometimes visiting only every two weeks.

The horrible death of another child, this one in New York City, focused attention on the failure of that city's child protection system. Elisa Izquierdo, aged six, was found beaten to death in her mother's apartment in a housing project on the Lower East Side of Manhattan. *The New York Times* headline described "A Girl Trapped, Neglected, Tormented, Dead."

The district attorney charged Elisa's mother with second degree murder. Investigators said she hit her daughter so hard that the child died of a brain hemorrhage. The autopsy revealed bruises and scars from previous abuse, the coroner reported.

Elisa was a drug baby, an abused child living in a domestically violent home. Her mother was a crack addict and a battered woman who abused or neglected her six children. The man she lived with had stabbed her in a jealous rage, was jailed for two months in Rikers Island, and had returned to the home.

Many people seemed to know about this situation: neighbors, child welfare workers, the police, the courts. The child abuse hotline ignored calls; child welfare officials did not act on reports of domestic violence. Nobody heeded warnings by doctors and school officials.

It was a death foretold that prompted yet another round of investigations. *The New York Times* reported that shortly before Elisa's death, the city's Child Welfare Administration was pressuring caseworkers to close two children's files for every new file opened. Critics said cases were being closed prematurely, children were being returned to violent homes, and their cases were mishandled in the rush to reduce caseloads.

After Elisa was killed, the mayor, who had previously defended efforts to close cases more quickly, blamed the welfare department's family preservation philosophies. He created a new child welfare agency and announced that its emphasis was to be on criminal justice and child protection, not family preservation.

Colorado: A Different Approach

The Colorado approach to domestic violence has been a mix of public and private efforts. Guided by the Colorado Domestic Violence Coalition and the state's Department of Health, several communities have formed their own domestic violence task forces. Each has its own network of services, shelters, and victim advocacy programs. Using funding from the Colorado Trust, a private foundation, the coalition – working with state and local agencies – has created protocols and training manuals for public health practitioners and the criminal justice system.

The courts order convicted batterers into state-certified counseling programs for 36 weeks, at their own expense. Fees are on a sliding scale, based on the batterer's ability to pay. The goals of counseling are to persuade violent men to accept responsibility for their behavior, help them to understand the social and personal origins of their violence, train them to redirect their anger positively, and improve their conflict resolution skills. They must remain drug and alcohol free. According to one-year follow-up studies in the largest of these programs, 59 percent of the men no longer batter their intimate partners.

Financially, each community relies on what it can raise privately. While the state budgets no general fund money for domestic violence, it raises $250,000 a year through an income tax check-off that allows taxpayers to donate refund money to domestic violence projects.

Domestic Violence Resource Networks

Four federally funded resource centers comprise the Domestic Violence Resource

Network. The network provides comprehensive statistics, information, technical assistance, and access to expert opinion while promoting research, policy analysis and program development on all aspects of domestic violence response and prevention. Working with community-based programs, each center examines current and emerging issues and takes the lead in developing collaborative responses and solutions.

The four centers are the National Resource Center on Domestic Violence, a project of PCADV in Harrisburg, Pennsylvania; the Battered Women's Justice Project, sponsored by the Duluth, Minnesota, DAIP; the Resource Center on Child Protection and Custody in Reno, Nevada, a project of the National Juvenile and Family Court Judges Association; and the Health Resource Center in San Francisco, a project of the Family Violence Prevention Fund.

The National Resource Center on Domestic Violence – called the NRC – is the largest of the four. It has a staff of six and a $500,000 budget funded by the federal DHHS. The NRC is developing an extensive research library, on-line computer data banks, and information services; it funds state and regional working groups on various domestic violence issues; and it provides information to the media.

The Battered Women's Justice Project deals with the criminal justice system response to domestic violence, women's self-defense issues, and civil court access and legal representation. The Resource Center on Child Protection and Custody focuses on child safety and custody issues. The Health Resource Center develops specialized information packets and resource guides to strengthen health care responses to domestic violence.

School Awareness and Prevention

Studies of school-age children show that some are exhibiting increasing anxiety, apathy, impulsiveness, quick tempers, and disobedience, which are indicators of troubled emotional lives. Added to Justice Department reports that violent juvenile crime is on the rise, these reports present a disturbing picture: children are learning violent, disruptive behaviors. Many of these youngsters show a lack of feelings for others. Their attitudes about male-female relationships are shaped by what they see, hear, and experience.

Research, however, is showing that negative attitudes and behavior patterns can be reversed and, with help, troubled youngsters can learn the emotional and social skills to lead caring, well-adjusted lives. Recognizing this, school officials in some areas are reevaluating the role of public education and creating school-based primary prevention programs that target specific

problems: smoking, drug abuse, pregnancy, dropouts, and, more recently, violence.

In North Carolina, for example, the Johnston County public schools are confronting the issue of male-female relationships and domestic violence. Working in conjunction with the University of North Carolina and the state health department, the schools have constructed a domestic violence awareness curriculum. Students in middle and high schools are learning about date violence, gender stereotypes, and the social conflicts that contribute to violence between men and women.

The Minnesota Coalition for Battered Women, working with St. Paul public school officials, has developed and distributed a domestic violence awareness curriculum for young children, from kindergarten through grade 6. Specially trained teachers help students learn about gender equality, respect, and finding nonviolent ways to resolve conflicts.

The Minnesota format – called "My Family And Me: Violence-Free" – also promotes early intervention for students who are being abused or are witnessing violence in their homes. Teachers in schools using the Minnesota system are encouraged to work with community-based battered women services and child abuse advocates to help children in crisis.

Another approach that is gaining recognition focuses on children's emotional growth. Beginning in preschools and the primary grades, these programs concentrate on giving children basic training in emotional and social skills. From New York to the San Francisco Bay area, early childhood development experts and teachers are helping children learn about their own feelings and emotions. Troubled children can learn self-control, empathy, and other emotional skills.

"Emotional intelligence" refers to the individual's basic emotional characteristics, writes Daniel Goleman in his book *Emotional Intelligence.* Goleman explains that there are two kinds of intelligence: IQ (thinking) and emotional (feeling). The latter influences self-awareness and self-control and is the basis of a person's will and character.

As children grow they develop feelings about themselves and others; they see and hear their parents and learn how to react to love, compassion, anger, fear, and frustration. Home is their first emotional classroom. Violence affects their emotional growth; if there is child abuse as well, the damage may be compounded, resulting in a personality, like Willie Bosket's, with little self-control, prone to impulsive behavior, thoughtless anger and violence, and lacking in empathy. With training, however, new emotional responses can be learned.

In New Haven, pioneering work in early childhood development by experts from Yale University's Child Study Center and the public schools has developed ways to help

young students learn emotional and social competency. Conflict resolution is a part of the training. The program, in its sixth year, is showing promising results: fewer school yard fights, fewer girls getting pregnant, and fewer students dropping out, accompanied by rising academic achievements. These successes are occurring against the usual backdrop of urban ills: high unemployment, poverty, disintegrating families, drugs, and violence. Recognizing that just teaching emotional skills is not enough, New Haven district officials have set up Family Resource Centers and peer truancy programs, and they have deployed outreach workers skilled in dealing with family problems.

New Haven is probably the first school district in the country to have an emotional intelligence curriculum for all its students. The program includes parents and caring adults who are recruited to help youngsters needing support. In adult classes, parents learn about the emotional development of their children.

"Analysis of school-based primary prevention programs for drug abuse, violence, dropouts and the like has shown that they work best if children are given a more basic training in the underlying emotional and social competencies," Goleman explains. "And by teaching this to all children [in the school system], you will reach those who are most at risk, who come from families where the lesson at home is one of violence."

Other districts in other states have implemented variations of emotional skills training and conflict resolution. In the New York City schools the program is called "Resolving Conflict Creatively." In Oakland, California, teachers work the "Conflict Resolution Curriculum" into the daily lesson plans, teaching youngsters that they have alternatives to fight or flight.

The Workplace

Domestic violence results in absenteeism, increased health care costs, higher turnover, and lower productivity in the workplace, at a cost to private employers in the United States estimated at $5 billion a year. No one has calculated the cost to public sector employers.

Surveys show that women battered at home are frequently harassed by the batterer when they are at work. Even if the abuse is confined to the home, victims may be late or absent from work, and batterers may be absent because they are in court or in jail. Recognizing the negative impact of domestic violence on the productivity of their work-force, companies like Honeywell, Aetna, and Marshalls are actively seeking solutions. Liz Claiborne, Inc., was one of the first major corporations to tackle domestic violence issues. In 1991 the company launched a campaign, called "Women's Work," to focus

on violence in the company and in the community. Internally, Employee Assistance Programs offer help, counseling, and family stress seminars. Women can have security escorts to and from the parking lots. Women's Work also reaches out to the surrounding community, sponsoring educational workshops at colleges, contributing 10 percent of special store sales to local domestic violence programs, organizing community groups, and encouraging retailers to address the problem.

Other companies have put together domestic violence responses. In San Francisco, Kaiser Permanente, the largest HMO in the city, has developed Threat-Management Teams and Employee Assistance Programs to deal with domestic violence issues. Supervisors and their staff are trained to respond to domestic violence threats and violent episodes in the workplace.

The Polaroid Corporation of Cambridge, Massachusetts, has become a recognized leader in the effort to eliminate domestic violence in the workplace. Polaroid's Employee Assistance Program includes domestic violence counseling and support groups within the company. The company conducts awareness programs for supervisors and helps battered employees find safe housing, counseling, and group support. Company lawyers representing battered employees go to court to get restraining orders against the batterers, and battering employees who violate restraining orders are fired. Polaroid donates funds to local shelters. Its executives sit on the board of directors of the Massachusetts Coalition for Battered Women.

In the public sector, President Clinton ordered department heads in all federal agencies to create domestic violence awareness training and response programs. More locally, the City of Milwaukee has a Domestic Violence Awareness Program called "Breaking the Silence." The project, started in 1993, is sponsored jointly by the city's health department, the Common Council Task Force on Sexual Assault and Domestic Violence, and the Department of Employee Relations. The domestic violence program is part of the city's Workplace Violence Prevention Project. Each city department head is required to set up mandatory education and training programs for all supervisors and to design general information seminars for all 8,500 city employees. The emphasis is twofold: prevention and a planned response to violence.

Public Awareness

The Family Violence Prevention Fund, founded 15 years ago in San Francisco, is a national nonprofit organization that focuses on domestic violence education, advocacy, prevention, and public policy reform. The fund has developed prevention strategies in the fields of justice, public education, family

preservation, child welfare, and health. It functions as a national clearinghouse for health issues relating to violence against women and children. Working with PCADV, the Fund has developed the National Health Initiative to improve the hospital response to battered women and abused children.

With the help of the Ad Council, the Fund has launched a national public education campaign with the theme, "There is NO Excuse for Domestic Violence." Using the same multimedia approach that has changed public attitudes toward smoking and drunk driving, the Fund's campaign messages are simple and direct: domestic violence is unacceptable and will not be tolerated.

To help employers and labor organizations deal with domestic violence, the Family Violence Prevention Fund is creating a National Workplace Resource Center on Domestic Violence. The new center will help public and private employers develop appropriate workplace policies and programs to deal with domestic violence problems. There are other national organizations working for increased awareness and policy change, notably the American Medical Association, the American Bar Association's Commission on Domestic Violence, the National Council of Juvenile and Family Court Judges, the Coalition of Physicians Against Family Violence, and the National Conference of State Legislatures. Each of these organizations acts as a clearinghouse for information, sponsors workshops, helps develop public policy, and formulates model legislation.

POLICY CONSIDERATIONS

Many concerned men and women are working to end violence against women and children. Much of the energy in the struggle against domestic violence comes from community-based programs and leaders. No one can say definitively how big the problem is because there is no centralized data-collection system. Even so, some conclusions are possible:

- Violence in homes is a major cause of violence on our streets and in the workplace.
- Violence against women and children is both a costly public health problem and a preventable crime.
- There is an unmistakable connection between child abuse and violence against domestic partners.
- Substance abuse, delinquency, poverty, and other socioeconomic problems are often a part of domestic violence.

Policies to prevent domestic violence should achieve the following:

- Identify, protect, support, and empower victims.
- Hold batterers accountable.
- Change public attitudes toward all forms of violence, including domestic violence.
- Ensure equal status for women at home, in the workplace, in politics, and at all levels of society.

Most policy responses to date have been reactive efforts to fix the flaws in the justice, health care, or social service systems. "We're currently operating in a policy vacuum," says Dr. Eli H. Newberger, director of the Family Development Program, Boston Children's Hospital. "We should be thinking how to integrate a coherent public response to family violence."

"Our task is to help coalitions and legislators frame public policies so they help, not harm the victims of domestic violence," said Anne Menard, director of the National Resource Center. "We need to craft public policy carefully."

Susan Schechter, an advocate, author, and prominent voice in the domestic violence movement, says, "We need to think this through. No thirty-second, off the top of the head answers will do.... And the last thing we need are more working groups that get together just to talk to each other."

POTENTIAL ACTION

What can be done now? Here are some thoughts from experts and policy makers familiar with the issues:

- As police, prosecutors, and the criminal courts expand their activities in response to new laws, including the 1994 Violence Against Women Act, there will be a growing need for adequately funded, community-based advocacy and support services for victims.
- At the same time that batterers are being held accountable, a strong set of public policies should protect the victims of domestic violence, both women and children. Child welfare agencies and domestic violence advocates need to cooperate in setting such policies.
- Keeping in mind that battered women leaving violent partners need an opportunity to start a new life, legislators can review existing state laws to ensure that victims have access to essential resources. These include civil and criminal justice court remedies, support, alimony, equitable distribution of property, housing, employment, consumer credit, and insurance.
- As welfare reforms reduce benefits for women and children who are escaping from abusive relationships, the need for subsidized shelter, food, clothing, health care, transportation, job training, and child care will increase.
- Agencies in neighboring states can share information and cooperatively enforce court protection orders as victims move across state borders.

Those are general ideas. What specific steps can be taken? That question brought a long list of suggestions from experts in health care, criminal and civil justice, community services, the workplace, and public awareness. Following are some of their ideas.

Health Care and Public Health

A responsive health care system would recognize and act promptly and appropriately to evidence of domestic violence and/or child abuse. Such a system could include these elements:

- Protocols requiring intake workers to routinely screen for domestic violence and child abuse in all health care settings, both public and private
- Standardized domestic violence education and training for all health care practitioners in both professional education and practice
- Statewide, uniform data collection systems that protect victims' identities while tracking incidents, responses, referrals, outcomes, and all other needed information
- Hospital-based advocacy services for battered women and abused children that

are funded through employer-based health benefits and Medicaid

- State regulations requiring health care facilities to meet the domestic violence accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- A review of mandatory reporting requirements for doctors and other health care workers who detect domestic violence against women to ensure that such laws do not jeopardize the victim or deter her from seeking health care

Criminal and Civil Justice

The Model Code developed by the National Council of Juvenile and Family Court Judges is a starting point for a thoughtful review of current state laws. The writing of amendments or additions to existing state laws should be broadly based collaborative efforts that could achieve the following:

- Limit mandatory arrest authority to the "primary aggressor" and preclude the arrest of a victim who acts in self-defense or in defense of her children.
- Expand court restraining-order authority to include the protection not only of a wife or lover but of anyone in danger, including the same-sex partner of an abuser.
- Grant police the authority to issue temporary restraining orders on the spot if a victim has been threatened or appears to be in danger.
- Prohibit batterers under court-ordered restraint from purchasing or carrying firearms.
- Create a centralized registry of restraining orders that is easily accessible to all courts and police agencies. Authorize states to recognize and enforce orders issued by neighboring jurisdictions.
- Amend custody and visitation codes to give the battered parent sole custody of the children. A convicted batterer is to be presumed dangerous. Unsupervised visitation by the perpetrator should be denied when there is any indication of risk to children.
- Exempt victims of domestic violence from required mediation in divorce and custody cases. Other means of resolving disputes must be developed if battered women are to be protected. The courts should screen divorce and custody cases for any sign of domestic violence.
- Evaluate the adequacy of domestic violence training mandates for police, probation and parole workers, correction officers, and the courts. Establish and enforce professional training standards and protocols, statewide.
- Encourage police departments and prosecutors' offices to hire trained specialists to handle domestic violence cases.

Community-Based Services and Advocacy

Emphasize early intervention and prevention at the community level. These efforts might well be collaborative, involving a wide range of services:

- Comprehensive transitional living programs for victims and their children that provide a safe social environment
- Legal advocacy, support groups, child care, job training, and placement
- Mandatory, certified intervention and treatment programs for batterers that hold perpetrators accountable
- Mandated domestic violence and child abuse education and response training for all supervisors, investigators, and line workers in child welfare agencies

School Awareness and Prevention

As family structures break down and children become more isolated, the roles of public schools are changing. School administrators and policy makers might consider these steps:

- Creating specialized domestic violence awareness and response training for school teachers. This training could be done by domestic violence coalitions or resource centers.
- Establishing school-based primary prevention programs that provide children with basic training in the essential emotional skills and social competencies.
- Coordinating these school-based programs with community-based domestic violence programs to develop well-designed, multiagency intervention policies and actions.

The Workplace

There is a need for workplace domestic violence safety standards and policies, just as there are protective standards for other worker health and safety issues. These policies might, for example:

- Include appropriate response and worker safety plans if such violence is detected and employee benefit packages that are sensitive to domestic violence issues.
- Require domestic violence and child abuse awareness education and response training for all supervisors.
- Require that employees be apprised of corporate domestic violence prevention policies.
- Encourage employers to grant transfers or leaves of absence if a victim is being harassed or endangered at work.

Public Awareness

Prevention depends on the increasing awareness of the problem and a social consensus that moves toward zero tolerance. Legislators can take these steps:

- Adopt an unambiguous policy statement regarding equal protection and treatment of women and children.
- Subsidize media campaigns against domestic violence, much like those created to combat smoking and drunk driving. Such campaigns can show the close connection between child abuse and the battering of women.
- Require domestic violence awareness training in the workplace for all government supervisors and line workers, and mandate it for private contractors working on public projects.

Woven through these suggestions are two themes: prevention and urgency. Much has been accomplished already, some of it good, some not so good. Assessment of achievements to date has begun: the Centers for Disease Control and Prevention and the National Resource Center on Domestic Violence are working on a comprehensive inventory of all domestic violence programs and resources in the country. The National Research Council's Board on Children and Families is completing an assessment of family violence interventions. The report, due in late 1996, will catalogue and evaluate the intervention programs and total costs. The study will also identify and evaluate family violence intervention policies.

A century after children's advocates began their efforts to combat child abuse, a quarter of a century after the battered women's movement began the struggle to end domestic violence, there is a possibility that these goals can be reached. But it will take work. The first task is to provide protection and support for the victims; the harder task is to prevent violence.

Violence has disastrous results. Violence against women and children begets violence. The good news is that family violence can be interrupted, and that early intervention can prevent it.

National Child Abuse and Domestic Violence Organizations

Administration for Children and Families
Department of Health and Human Services
Office of Community Services
370 L'Enfant Promenade, SW
Washington, DC 20447-0001

Tel: (202) 401-5529
Fax: (202) 401-5718

Administers grants that support state domestic violence coalitions and facilitates programs and projects related to preventing domestic violence and providing assistance to victims and their families.

American Bar Association
Commission on Domestic Violence
740 15th Street, N.W.
9th Floor
Washington, DC 20005-1009

Tel: (202) 662-1737
Fax: (202) 662-1594

Provides a range of materials aimed at strengthening the legal community's response to domestic violence.

AMA Alliance
515 N. State Street
Chicago, IL 60610

Tel: (312) 464-4481

Through a network of state and county alliances supports primary prevention efforts in schools, raises funds for shelters for women and children, and promotes continuing medical education and community outreach programs.

American Medical Association
Department of Mental Health
515 N. State Street
Chicago, IL 60610

Tel: (312) 464-5066
Fax: (312) 464-5841

Provides a range of materials and programs to strengthen the medical community's response to domestic violence and is helping to develop local, multi-disciplinary coordinating councils by producing a community guide and sponsoring a series of regional meetings.

Center for the Prevention of
Sexual and Domestic Violence
936 North 34th Street, Suite 200
Seattle, WA 98103

Tel: (206) 634-1903
Fax: (206) 634-0115

Provides a range of materials, including videos, focused on strengthening the religious community's response to domestic violence.

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103-5133

Tel: (415) 252-8900
Fax: (415) 252-8991

Develops innovative domestic violence prevention strategies and public policy in the fields of health care, justice, public education, and child welfare.

Mending the Sacred Hoop,
National Training Project
206 West Fourth Street
Duluth, MN 55806

Tel: 218-722-2781
Fax: 218-722-0779

Provides technical assistance and information aimed at strengthening the Native American community's response to domestic violence.

National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway
Atlanta, GA 30341-3274

Tel: (770) 488-4410
Fax: (770) 488-4349

Supports extramural projects and activities that focus on primary prevention of violence against women through a public health approach, including projects to define the problem, identify risk factors for women, evaluate effectiveness of prevention efforts, and disseminate information.

National Child Abuse Hotline (ChildHelp USA) 800-422-4453

National Clearinghouse on Child Abuse and Neglect Information
800-FYI-3366
703-385-7565

Provides information on programs and policies for prevention, identification, and treatment of child abuse and neglect.

National Coalition Against Domestic Violence
Administrative Office
P.O. Box 18749
Denver, CO 80218

Tel: (303) 839-1852
Fax: (303) 831-9251

Provides public information, education, and institutional advocacy on domestic violence.

National Committee to Prevent Child Abuse(NCPA) and Healthy Families America (HFA)
(National Office)
332 S. Michigan Ave., Suite 1600
Chicago, IL 60604

Tel: (312) 663-3520

Provides training and technical assistance on the prevention of child abuse, conducts a national media campaign, publishes a catalog of materials on prevention of child abuse, and runs a research center.

National Domestic Violence Hotline

800-799-SAFE (7233)
800-787-3224 (TDD)

National Network to End Domestic Violence
Policy Office
701 Pennsylvania Avenue, NW
Suite 900
Washington, DC 20004

Tel: (202) 434-7405
Fax: (202) 434-7400

Provides national coordination for the network of state coalitions focusing on public policy and public education to end domestic violence.

Violence Against Women Office
U.S. Department of Justice
10th & Constitution Avenues NW, Room 5302
Washington, DC 20530

Tel: (202) 616-8894
Fax: (202) 307-3911
Tel: (202) 307-6026 grants office
Fax: (202) 307-2019

Implements the Violence Against Women Act and administers grants to states and local communities under the Act.

Domestic Violence Resource Network

In October, 1993, the U.S. Department of Health and Human Services (HHSA) provided the funding to establish a network of domestic violence resource centers. This national resource network provides comprehensive statistics, information, technical assistance, access to expert opinion and promotes research, policy analysis and program development on all aspects of domestic violence response and prevention.

Battered Women's Justice Project
Minnesota Program Development Inc.
4032 Chicago Avenue South
Minneapolis, MN 55407
contact: Denise Gamache, Associate Director

800-903-0111
Fax: 612-824-8965

Through a partnership of three nationally recognized organizations, provides training, technical assistance, and other resources addressing criminal and civil justice system responses to domestic violence and issues related to battered women's self-defense.

Health Resource Center on Domestic Violence 800-313-1310
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
contact: Janet Nudelman, Senior Program Specialist Fax: 415-252-8991

Provides specialized information packets designed to strengthen the health care response to domestic violence, as well as technical assistance and library services to support health-care-based domestic violence training and program development.

National Resource Center on Domestic Violence 800-537-2238
6400 Flank Drive, Suite 1300 TDD 800-553-2503
Harrisburg, PA 17112-2778
contact: Anne Menard, Director Fax: 717-545-9456

Provides comprehensive information and resources, policy development and technical assistance to enhance community response to and prevention of domestic violence.

Resource Center on 800-527-3223
Child Protection and Custody
PO Box 8970
Reno, NV 89507
contact: Meredith Hofford, Director Fax: 702-784-6160

Provides information, materials, consultation, technical assistance, and legal research related to child protection and custody within the context of domestic violence.

State Domestic Violence Coalitions

Alabama Coalition
Against Domestic Violence
PO Box 4762
Montgomery, AL 36101
Tel: (334) 832-4842
Fax: (334) 832-4803

Alaska Network on Domestic Violence
and Sexual Assault
130 Seward Street, Room 501
Juneau, AK 99801
Tel: (907) 586-3650
Fax: (907) 463-4493

Arkansas Coalition
Against Domestic Violence
523 South Louisiana, Suite 230
Little Rock, AR 72201
Tel: (501) 399-9486
Fax: (501) 371-0450

Arizona Coalition
Against Domestic Violence
100 West Camelback Road, Suite 109
Phoenix, AZ 85013
Tel: (602) 279-2900
Fax: (602) 279-2980

California Alliance
Against Domestic Violence
619 13th Street, Suite I
Modesto, CA 95354
Tel: (209) 524-1888
Fax: (209) 524-2045

Colorado Domestic Violence Coalition
PO Box 18902
Denver, CO 80218
Tel: (303) 831-9632
Fax: (303) 832-7067

Connecticut Coalition
Against Domestic Violence
135 Broad Street
Hartford, CT 06105
Tel: (860) 524-5890
Fax: (860) 249-1408

DC Coalition Against Domestic Violence
513 U Street, NW
Washington, DC 20013
Tel: (202) 387-5630
Fax: (202) 387-5684

Delaware Coalition
Against Domestic Violence
P.O. Box 847
Wilmington, DE 19899
Tel: (302) 658-2958
Fax: (302) 658-5049

Florida Coalition
Against Domestic Violence
1535-C5 Killearn Center Boulevard
Tallahassee, FL 32308
Tel: (904) 668-6862
Fax: (904) 668-0364
Hotline: (800) 500-1119

Georgia Coalition on Family Violence, Inc.
1827 Powers Ferry Rd., Bldg. 3, Suite 325
Atlanta, GA 30339
Tel: (770) 984-0085
Fax: (770) 984-0068

Hawaii State Committee on Family Violence
98-939 Moanalula Road
Aiea, HI 96701-5012
Tel: (808) 486-5072
Fax: (808) 466-5169

Idaho Coalition Against Sexual
& Domestic Violence
200 North Fourth Street, Suite 10-K
Boise, ID 83702
Tel: (208) 384-0419
Fax: (208) 331-0687

Illinois Coalition Against Domestic Violence
730 East Vine Street, Suite 109
Springfield, IL 62703
Tel: (217) 789-2830
Fax: (217) 789-1939

Indiana Coalition
Against Domestic Violence
2511 E. 46th Street, Suite N-3
Indianapolis, IN 46205
Tel: (317) 543-3908
Fax: (317) 568-4045
Hotline: (800) 332-7385

Iowa Coalition Against Domestic Violence
1540 High Street, Suite 100
Des Moines, IA 50309-3123
Tel: (515) 244-8028
Fax: (515) 244-7417
Hotline: (800) 942-0333

Kansas Coalition Against Sexual
and Domestic Violence
820 SE Quincy, Suite 416-B
Topeka, KS 66612
Tel: (913) 232-9784
Fax: (913) 232-9937

Kentucky Domestic Violence Association
PO Box 356
Frankfort, KY 40602
Tel: (502) 875-4132
Fax: (502) 875-4268

Louisiana Coalition
Against Domestic Violence
PO Box 3053
Hammond, LA 70404-3053
Tel: (504) 542-4446
Fax: (504) 542-7661

Massachusetts Coalition of Battered
Women's Service Group
14 Beacon Street, Suite 507
Boston, MA 02108
Tel: (617) 248-0922
Fax: (617) 248-0902

Maryland Network
Against Domestic Violence
11501 Georgia Avenue, Suite 403
Hotline: (800) 634-3577
Silver Spring, MD 20902
Tel: (301) 942-0900
Fax: (301) 929-2589

Maine Coalition For Family Crisis Services
128 Main Street
Bangor, ME 04402
Tel: (207) 941-1194
Fax: (207) 941-1194

Michigan Coalition
Against Domestic Violence
PO Box 16009
Lansing, MI 48901
Tel: (517) 484-2924
Fax: (517) 372-0024

Minnesota Coalition for Battered Women
450 North Syndicate Street, Suite 122
St. Paul, MN 55104
Tel: (612) 646-6177
Fax: (612) 646-1527
Hotline: (800) 646-0994

Missouri Coalition
Against Domestic Violence
331 Madison Street
Jefferson City, MO 65101
Tel: (314) 634-4161
Fax: (314) 636-3728

Mississippi Coalition
Against Domestic Violence
PO Box 4703
Jackson, MS 39296-4703
Tel: (601) 981-9196
Fax: (601) 982-7372

Montana Coalition
Against Domestic Violence
P.O. Box 633
Helena, MT 59624
Tel: (406) 443-7794
Fax: (406) 449-8193

Nebraska Domestic Violence and Sexual
Assault Coalition
315 South 9th, #18
Lincoln, NE 68508
Tel: (402) 476-6256
Fax: (402) 477-0837
Hotline: (800) 876-6238

Nevada Network Against Domestic Violence
2100 Capurro Way, Suite E
Sparks, NV 89431
Tel: (702) 358-1171
Fax: (702) 358-0546
Hotline: (800) 500-1556

New Hampshire Coalition Against Domestic
& Sexual Violence
PO Box 353
Concord, NH 03302-0353
Tel: (603) 224-8893
Fax: (603) 228-6096
Hotline: (800) 852-3388

New Jersey Coalition for Battered Women
2620 Whitehorse/Hamilton Square Road
Trenton, NJ 08690
Tel: (609) 584-8107
Fax: (609) 584-9750
Hotline: (800) 572-7233

New Mexico State Coalition Against
Domestic Violence
P.O. Box 25363
Albuquerque, NM 87125
Tel: (505) 246-9240
Fax: (505) 246-9434
Hotline: (800) 773-3645

New York State Coalition
Against Domestic Violence
79 Central Avenue
Albany, NY 12206
Tel: (518) 432-4864
Fax: (518) 432-4864
Hotline: (800) 942-6906

North Carolina Coalition
Against Domestic Violence
PO Box 51875
Durham, NC 27717
Tel: (919) 956-9124
Fax: (919) 682-1449

North Dakota Council
on Abused Women's Service
State Networking Office
418 East Rosser Avenue, Suite 320
Bismarck, ND 58501
Tel: (701) 255-6240
Fax: (701) 255-1904
Hotline: (800) 472-2911

Ohio Domestic Violence Network
4041 North High Street, Suite 101
Columbus, OH 43214
Tel: (614) 784-0023
Fax: (614) 784-0033
Hotline: (800) 934-9840

Oklahoma Coalition on Domestic Violence
and Sexual Assault
2200 Classen Blvd., Suite 1300
Oklahoma City, OK 73106
Tel: (405) 557-1210
Fax: (405) 557-1296

Oregon Coalition
Against Domestic and Sexual Violence
520 N.W. Davis, Suite 310
Portland, OR 97209
Tel: (503) 223-7411
Fax: (503) 223-7490

Pennsylvania Coalition Against Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Tel: (717) 545-6400
Fax: (717) 545-9456

Rhode Island Coalition
Against Domestic Violence
422 Post Road, Suite 104
Warwick, RI 02888
Tel: (401) 467-9940
Fax: (401) 467-9943
Hotline: (800) 494-8100

South Carolina Coalition
Against Domestic Violence & Sexual Assault
P.O. Box 7776
Columbia, SC 29202-7776
Tel: (803) 254-3699
Fax: (803) 583-9611
Hotline: (800) 260-9293

South Dakota Coalition Against Domestic
Violence and Sexual Assault
P.O. Box 141
106 West Capitol Avenue, Suite 5
Pierre, SD 57501
Tel: (605) 945-0869
Fax: (605) 945-0870
Hotline: (800) 430-7233

Tennessee Task Force
Against Domestic Violence
P.O. Box 120972
Nashville, TN 37212
Tel: (615) 386-9406
Fax: (615) 383-2967
Hotline: (800) 356-6767

Texas Council on Family Violence
8701 North Mopac Expressway, Suite 450
Austin, TX 78759
Tel: (512) 794-1133
Fax: (512) 794-1199

Domestic Violence Advisory Council
120 North 200 West
Salt Lake City, UT 84145
Tel: (801) 538-4100
Fax: (801) 538-3993
Hotline: (800) 897-5465

Vermont Network Against Domestic
Violence and Sexual Assault
P.O. Box 405 Montpelier, VT 05601
Tel: (802) 223-1302
Fax: (802) 223-6943
Hotline: (800) 228-7395

Virginians Against Domestic Violence
2850 Sandy Bay Road, Suite 101
Williamsburg, VA 23185
Tel: (804) 221-0990
Fax: (804) 229-1553
Hotline: (800) 838-8238

Washington State Coalition
Against Domestic Violence
2101 4th Avenue, E Suite 103
Olympia, WA 98506
Tel: (360) 352-4029
Fax: (360) 352-4078
Hotline: (800) 562-6025

West Virginia Coalition
Against Domestic Violence
P.O. Box 85
181B Main Street
Sutton, WV 26601-0085
Tel: (304) 765-2250
Fax: (304) 765-5071

Wisconsin Coalition
Against Domestic Violence
1400 East Washington Avenue, Suite 103
Madison, WI 53703
Tel: (608) 255-0539
Fax: (608) 255-3560

Wyoming Coalition Against Domestic
Violence & Sexual Assault
P.O. Box 1946
Pinedale, WY 82941
Tel: (307) 367-4296
Fax: (307) 367-2166
Hotline: (800) 990-3877

Local Chapters of the National Committee to Prevent Child Abuse

Alabama

Greater Alabama Chapter, NCPCA
Alabama Council on Child Abuse
P.O. Box 230904
2101 Eastern Blvd., Ste. 26
Montgomery, AL 36123-0904
(334) 271-5105

North Alabama Chapter, NCPCA
Parents and Children Together
P.O. Box 119
Decatur, AL 35602
(334) 355-7252

Alaska

Fairbanks Chapter, NCPCA
Resource Center for Parents and Children
1401 Kellum Street
Fairbanks, AK 99701
(907) 456-2866

South Central Alaska Chapter, NCPCA
Anchorage Center for Families
3745 Community Park Loop, Ste. 102
Anchorage, AK 99508-3466
(907) 276-4994

Arizona

Arizona Chapter, NCPCA
National Committee To Prevent Child Abuse
P.O. Box 442
Prescott, AZ 86302
(520) 445-5038

California

California Chapter, NCPCA
California Consortium to Prevent Child Abuse
1600 Sacramento Inn Way, Ste. 123
Sacramento, CA 95815
(916) 648-8010

Colorado

Colorado Chapter, NCPCA
Colorado Child Protection Council
9502 S. Cherry, Ste. 312
Denver, CO 80222
(303) 759-2383

Connecticut

Connecticut Chapter, NCPCA
Connecticut Center for Prevention of Child Abuse
Director Children's Services, Wheeler Clinic
91 Northwest Drive
Plainville, CT 06062
(800) 747-6801 Ext. 244

Delaware

Delaware Chapter, NCPCA
Delawarians United to Prevent Child Abuse
124 "D" Senatorial Drive
Greenville Place
Wilmington, DE 19807
(312) 654-1102

District of Columbia

D.C. Chapter, NCPCA
D.C. Hotline, Inc.
P.O. Box 57194
Washington, DC 20037
(202) 223-0020

Georgia

Georgia Chapter, NCPCA
Georgia Council on Child Abuse, Inc.
1375 Peachtree Street, NE Suite 200
Atlanta, GA 30309
(404) 870-6565

Florida

Florida Chapter, NCPCA
Florida Committee for Prevention of Child Abuse
2728 B. Pablo
Tallahassee, FL 32308
(904) 334-1330

Hawaii

Hawaii Chapter, NCPCA
Prevent Child Abuse Hawaii
1575 S. Beretania Street, Ste. 201-02
Honolulu, HI 96826
(808) 951-0200

Illinois

Illinois Chapter, NCPCA
Prevent Child Abuse, Illinois
528 S. 5th Street, Ste. 211
Springfield, IL 62701
(217) 522-1129

Quad Cities Affiliate, NCPCA
Child Abuse Council
525 16th Street
Moline, IL 61265
(309) 764-7017

Indiana

Indiana Chapter, NCPCA
Indiana Chapter for Prevention of Child Abuse
One Virginia Avenue, Ste. 401
Indianapolis, IN 46204
(317) 634-9282

Iowa

Iowa Chapter, NCPCA
Iowa Committee for Prevention of Child Abuse
3829 71st Street, Ste. A
Des Moines, IA 50322
(515) 252-0270

Kansas

Kansas Chapter, NCPCA
Kansas Children's Service League
1365 N. Custer Street, P.O. Box 517
Wichita, KS 67201
(316) 942-4261

Kentucky

Kentucky Chapter, NCPCA
Kentucky Council on Child Abuse, Inc.
2401 Regency Road, Ste. 104
Lexington, KY 40503
(606) 276-1299 or 1399

Louisiana

Louisiana Chapter, NCPCA
Louisiana Council on Child Abuse, Inc.
2351 Energy Drive, Ste. 1010
Baton Rouge, LA 70808
(504) 925-9520

Maine

Franklin County Maine Chapter, NCPCA
Franklin County Children's Task Force
69 North Main Street
Farmington, ME 04938
(207) 778-6960

Greater Maine Chapter, NCPCA
Maine Association of CAN Councils
P.O. Box 912
Portland, ME 04104
(207) 874-1120

York County Chapter, NCPCA
York County Child Abuse & Neglect Council, Inc.
P.O. Box 568
Biddeford, ME 04005
(207) 284-1337

Maryland

Maryland Chapter, NCPCA
People Against Child Abuse, Inc.
125 Cathedral Street
Annapolis, MD 21401
(410) 269-7816

Massachusetts

Massachusetts Chapter, NCPCA
Massachusetts Committee for Children and Youth
14 Beacon Street, #706
Boston, MA 02108
(617) 742-8555

Minnesota

Minnesota Chapter, NCPCA
Minnesota Committee Prevention of Child Abuse
1934 University Avenue West
St. Paul, MN 55104-3426
(612) 641-1568

Mississippi

Mississippi Chapter, NCPCA
Exchange Club Parent/Child Center
2906 N. State, Suite 200
Jackson, MS 39216
(601) 366-0025

Missouri

Missouri Chapter, NCPCA
Missouri Committee to Prevent Child Abuse
308 East High Street
Jefferson City, MO 65101
(573) 634-5223

Montana

Montana Chapter, NCPCA
Montana Council for Families
127 East Main, Ste. 209
Missoula, MT 59807
(406) 728-9449

Nevada

Nevada Chapter, NCPCA
WE CAN, Inc.
3441 W. Sahara, Suite C-3
Las Vegas, NV 89102
(702) 368-1533

New Hampshire

New Hampshire Chapter, NCPCA
New Hampshire Task Force to Prevent Child Abuse
P.O. Box 607
Concord, NH 03302
(603) 225-5441

New Jersey

New Jersey Chapter, NCPCA
New Jersey Committee for Prevention of Child Abuse
35 Halsey, Ste. 300
Newark, NJ 07102
(201) 643-3710

New Mexico

New Mexico Chapter, NCPCA
Prevent Child Abuse: Santa Fe
P.O. Box 15082
Santa Fe, NM 87506
(505) 471-6909

New York

New York Chapter, NCPCA
National Committee to Prevent Child Abuse
New York State
134 S. Swan Street
Albany, NY 12210
(518) 445-1273

North Carolina

North Carolina Chapter, NCPCA
Prevent Child Abuse, North Carolina
3344 Hillsborough Street, Ste. 100D
Raleigh, NC 27607
(919) 829-8009

North Dakota

North Dakota Chapter, NCPCA
600 S. Second Street, Ste. 3
Bismarck, ND 58504
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Oklahoma Committee to Prevent Child
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