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A REPORT OF THE VIOLENCE AGAINST WOMEN RESEARCH STRATEGIC PLANNING WORKSHOP

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Coordinated Community Approaches to Domestic Violence

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Meeting Summary of the Violence Against Women Research Strategic Planning Workshop

Opening Remarks

Jeremy Travis, Director of the National Institute of Justice, welcomed the group and invited everyone to take a minute to introduce themselves.

Laurie Robinson, Assistant Attorney General, Office of Justice Programs, stated she was delighted and impressed with the stellar nature of the assembly, especially given the contributions to the field by the individuals gathered. She noted the strong commitment to address the problem of violence against women on the national front. The Department of Justice plans to take a collaborative approach towards the issues. First, OJP has tried to link into the field to gain feedback on the development of the research and evaluation plan. Secondly, OJP attempted to model interdisciplinary and collaboratory approaches that it supports and would like to encourage in the communities. It is a priority of OJP to make these linkages. Third, the department is committed to the area of evaluation, and will be allocating some of the programmatic money to devote to research and evaluation. OJP is taking this unprecedented approach to "push the envelope" of research.

Ms. Robinson mentioned the names of some persons who are committed to making a significant contribution to the project in DOJ. First and foremost, Janet Reno has a non-political, non-partisan commitment stemming from her career prior to becoming Attorney General. After the signing of the Crime Act, Noel Brennan conducted outreach to those in the field. Bonnie Campbell, Iowa's first woman Attorney General, has recently been appointed as Director of the Violence Against Women Office in OJP. She has provided a strong lead in Iowa. Kathy Schwartz is the Administrator for the grants program in the Violence Against Women Office and will use her background working with grants in the LEAA. Ms. Robinson also thanked the participants who had written papers for the meeting for their efforts and the quality of their work. She viewed the forum as an opportunity to work together to try to bring change to domestic violence and the way that it is dealt with in the criminal justice system. Ms. Robinson then introduced Peter Edelman, Counselor to the Secretary, Department of Health and Human Services.

Mr. Edelman added his thanks to the assembly and noted the difficult time they had deciding whom to invite because so many people around the country are working on these issues. The amount of work being done in this area is testimony to the advances in society's knowledge. Many professional areas must come together to work on these issues, as they cut across many of the boundaries normally assumed in the criminal justice field. Mr. Edelman offered a special thanks to the paper authors and to Mr. Travis for all the work in preparation for the meeting. He also welcomed Ms. Campbell to her new assignment.

Mr. Edelman noted that the interdepartmental nature of the participants underscored the commitment of the Attorney General, the Secretary of HHS, and the President to the issue of domestic violence. There is also bi-partisan support for this in Congress, and therefore this portion of the Crime Act is not threatened as are other programs. He mentioned **Bill Riley** and **Virginia Cox** for their efforts and the guests from the National Research Council. He spoke on the strong need to think collaboratively in terms of research and evaluation, as the issues cut across lines between the branches of government and within society.

Mr. Travis set the discussion in context and gave the participants an idea of what NIJ hopes to accomplish. In DOJ, there is a commitment to develop research and evaluation strategies in the areas funded by the crime bill. There will be one and a half to five percent of funding for research and evaluation. The task of the participants is to advise NIJ and offer ideas on a substantive research and evaluation strategy. NIJ has held similar sessions for the other main areas funded in the Crime Act, including policing, drug courts, and boot camps. It is the task of the Institute to utilize the suggestions in a research plan to be issued as a special solicitation later in the year. In a narrow sense, NIJ is asking for advice that reflects not only Congress' design, but also recognizes the essence of the program.

The efforts toward collaboration and interdisciplinary work will require complex responses. Therefore, it is important to have individuals stretch the standard way of thinking, beyond the traditional criminal justice audience. However, Mr. Travis also noted the need to think about research strategy in the longer term, how to link research and practice, and disseminate research findings. He suggested looking for changes in local settings to spread knowledge and to further understanding in the long term. He stated that more than in some of the other areas, there is a national, bi-partisan foundation for the program. Finally, the participants can act as advisors to other federal agencies and think of interdisciplinary funding opportunities. Jeremy then introduced **Frank Hartmann** of the Kennedy School of Government at Harvard University, who would be acting as moderator.

Mr. Hartmann likened his role in directing the discussion to the role of a traffic cop. He noted that domestic violence is not his area of expertise, and he will therefore seek clarification for himself and others. In reading the prepared papers, Mr. Hartmann was impressed with the primary goal of moving the agenda forward, instead of pushing one's own ideas.

Topic: A Coordinated Community Approach to Domestic Violence

  Barbara Hart opened the discussion of her paper by stressing the importance of common understandings in the field of domestic violence, since people in the field operate from different understandings. She outlined five general areas that required commonality: 1) The phenomenon of domestic violence: its definition, how we understand it, different interventions and advocacies, and the nature of community interventions; 2) what is the goal and purpose of community intervention; 3) what is the role and importance of advocacy, community approaches, and research; 4) what are the differences in understandings of current research and investigations; and 5) what is the understanding of collaboration. Interdisciplinary and multi agency approaches may be different than collaboration, and it cannot be assumed that the old labels fit. It is important to determine what is meant by "community collaboration" or "interagency approaches". Currently, the field does not talk about differences in understandings. It is assumed that everyone operates with the same definitions.

  Lucy Friedman noted that children should also be included in such goals as safety and economic quality of life. One question regarding community coordination is whether domestic violence strategies should be different from general violence prevention strategies. She also felt that a research plan would ideally have a macro as well as a micro approach, i.e., it would examine a few communities and all aspects of their community domestic violence efforts, as well as looking at shelter availability, homicide rates, etc. across the country.

  Marissa Ghez suggested a study of the similarity of mobilization efforts against domestic violence in different communities.

  Dr. Friedman commented on early prevention efforts to change attitudes at an early age, since her organization is receiving calls for service from younger clients. She noted that it is important to incorporate this into school systems.

  Mr. Edelman asked about the best method of designing a solicitation or responding to a proposal on community coordinated response to domestic violence.

  Robert Keating asked on the time frame for the research. He also asked for a definition of success in reducing domestic violence.

  Mark Rosenberg acknowledged the difficulty in measuring the progress of large scale community intervention, and even in defining measures of performance.

  Edward Gondolf suggested using official institutional data, but cautioned that performance is often unquantifiable.

Jackie Campbell commented that the research agenda would likely be very complex and would require a multi faceted approach. She recommended including the health administration field in any analysis. She noted that any research design utilizing step data must be carefully designed. Ms. Campbell also cautioned that research will show an increase in domestic violence at first, with an increase in calls for service, requests for restraining orders, etc. In addition, the costs will increase at the outset, such as the expenses incurred in utilizing EAP counselors for domestic violence counseling. She pointed out the need for long-term evaluations, as it may take 5-6 years to see a change. Ms. Campbell suggested linking the evaluation with cities that have empowerment zones, since such zones could have an impact on domestic violence.

Ada Melton stressed the importance of creating a research design that would acquire data from population pockets where it is difficult to collect or from which statistics had not been historically collected, such as Indian tribes or small rural communities. In addition, she noted that empowerment zones are often found in urban and not rural communities. Ms. Melton noted that coordinated efforts should be linked to private industry, such as the health insurance industry, and gave as an example the cost of insurance or the denial of insurance benefits due to domestic violence.

Donna Edwards noted that it is important to tailor new programs to individual communities, taking into account race, ethnicity and culture. She also recommended partnerships with advocacy organizations. Ms. Edwards cautioned against studying a community without going into it and becoming a part of it.

Adele Harrell expressed concern lest the victim would be left out in any research design to measure change.

Jeffrey Edleson questioned the nature of advocacy, and suggested researching and evaluating advocacy.

Mr. Hartmann asked about the types of research that could be done to measure outcomes, such as the use of surveys and focus groups.

David Ford stressed the need for the localization of research, noting that he currently serves on a local commission in Indianapolis. He described the difficulty in outcome evaluations, since different data sources have different definitions. He noted that one function of a coordinating council is to standardize the data. Dr. Ford also addressed the issue of the time required for evaluation by stressing that there would not be any overnight successes, and that programs would need to be evaluated over a long period of time. He also suggested using the BJS model for conducting victimization surveys.

Mr. Hartmann noted the difficulty in balancing the need to record data over time and the desire to record it quickly.

Dr. Friedman recommended changing the methodology from telephone interviews to in-person interviews in order to improve the results.

Dr. Campbell noted the importance of getting many levels of data and pointed out that the criminal justice system does not capture all of the data because it does not include the ex spouse relationship.

Evan Stark noted that while domestic violence may be criminalized, many aspects of the victimization suffered by women have not been, such as loss of control in their lives, etc. There needs to be a revision of these categories. There are different institutional and subjective definitions of domestic violence and it is important to involve the victim in any research effort. Dr. Stark recommended soliciting feedback from advocates for evaluating research designs. Dr. Stark also noted that many offenders may have as many as 13 prior domestic violence related offenses.

Dr. Ford commented that domestic violence perpetrators can often go years before being brought to justice.

Murray Straus noted that domestic violence often begins in the dating relationship, becomes habitual, and like any other criminal behavior is eventually brought to the attention of law enforcement.

Ada Melton stressed the need for early intervention in violent behavior. She noted that there are alternative ways to detect domestic violence, such as from child abuse reports, etc.

Debby Tucker noted that the military claims to have an interdisciplinary approach to domestic violence, but that they do not have common understandings, and also often exclude the victim. Coordination can lead to distortion of purpose, because in some cases certain participants are trying to avoid changes.

Dr. Edleson suggested using advocates from outside the criminal justice system to monitor such things as prosecution, 911 calls for service, judges' response to domestic violence, etc. He also pointed out the need for different models of service for diverse providers in the system.

Mr. Travis noted that there seemed to be a consensus favoring the construction of a typology of community coordination. He asked about the participants' expectations would be for

such a typology, as this would be "uncharted territory." He also asked the participants to think about the potential benefits of this early task force.

Mr. Rosenberg asked about the meaning of "community coordination". He also inquired about past and present related research.

Judge Keating stressed the need for standardized data in order to entice judges to take a more active stance. Without hard data, it is unlikely that judges will become instruments for change.

Mr. Hartmann cautioned the participants against becoming too engrossed in the standardization of data. The focus should be on improving the system's response to victims.

Judge Keating also noted the lack of communication between different agencies.

Ms. Edwards commented on the importance of evaluating accountability and advocacy. She also addressed the issue of anecdotal data that has historically been given little value, but she feels is important.

Dr. Harrell asked about the definition of advocacy. There is a difference between advocates inside and advocates outside the system.

Ada Melton felt it was important to address the abuse of power by community councils, especially regarding victims.

Mr. Rosenberg noted the differences in collaboration, that means working together, and coordination, defined as coming together. He asked about the effects of both coordination and collaboration.

Ms. Hart concluded the session by thanking the participants for their comments and expressing her appreciation for those who had contributed to her paper.

. . . . Break . . . .

Topic: Links Between Domestic Violence and Child Abuse

Mr. Travis reconvened the meeting and asked that the group make an effort to focus on the research agenda, although he admitted that it was appropriate and correct for the discussion to occasionally cross over into policy. He said that he believed that the proceeding had been very productive so far.

Dr. Edleson explained that he started as a social worker and had become involved in research over the last fifteen years on batterer programs and advocacy intervention. He had been impressed with the work being done by Susan Schechter and decided to work with her. The two have tried to pull together disparate areas of research and data about child and women abuse. He noted with interest the lack of perceived overlap between child and women abuse and the fragmentation of service providers.

Dr. Edleson discussed a hand out that was passed out to the group, noting that a large number of child abuse cases were linked to battered women cases. A separate issue is how children deal emotionally with the witnessing of abuse. He pointed out the link between domestic and other forms of violence. Although there are demonstration programs underway, researchers still do not fully understand the links between woman and child abuse.

Ada Melton discussed the similarities between data sets for domestic and youth violence, and suggested a collaboration with youth violence researchers. She stressed the need to identify sources of information.

Mr. Hartmann asked Dr. Friedman if she was comfortable with the current research plan for violence against women.

Dr. Friedman responded that research should be done in schools in order to target children. Once a relationship is established with the children, they can provide valuable information. Researchers also need to examine exposure to violence in the home. Finally, an accurate method of measuring interventions needs to be devised.

Dr. Harrell noted that the perpetrator of domestic violence is not always male, and that the abused partner can in turn abuse the children. This is a delicate situation for many agencies. Concern should be for the victims.

Dr. Straus agreed that there is a link between domestic violence and violence in a dating relationship. More research is needed on child abuse because most forms of violence clearly begin in the home.

Ralph Martin agreed that schools are good sites for data collection, but it may become necessary to supplement the limited information available. He also recommended studying certain court programs, such as CHIN (CHildren In Need) services.

Dr. Stark offered a different perspective, suggesting more basic research into youth violence. However, he also recognized the need for more study of relationship and effects of partner violence.

Mr. Rosenberg suggested a typology, in order to differentiate between youth on youth and youth on adult violence. In addition, he agreed with Dr. Stark on the need for a clear set of criteria upon which to base evaluations.

Jeffrey Edleson felt that researchers have not established the link between child abuse and spousal violence on either a qualitative or quantitative level.

Mr. Hartmann iterated the need for a basic typology study, suggesting that specific research might be postponed until the basic criteria are defined.

Ms. Hart suggested conducting research on early intervention and its effect on future proclivity to violence.

Susan Solomon noted a good model study for such research was conducted by Del Elliott. She added that there is a wide disparity in the nature of interventions.

Donna Garske agreed with the linkage between child abuse and future violence, but stressed the need to examine the specific effect of child abuse on the proclivity for violence against women. In addition, data should be gathered on the experience of young girls.

Jeffrey Edleson suggested including women and their children who go to shelters in the research plan.

David Lloyd noted that child welfare researchers are examining ethical issues and that the National Research Council is defining terminology. He added that there is societal pressure in favor of some forms of child abuse, therefore community interventions can vary widely.

Mr. Hartmann asked about the prioritization of research needs.

Dr. Stark explained that there have been a few cases of child murder and rape in his county, sparking the formation of a council to examine how child protection agencies responded to child abuse reports. It was discovered that many hospitalized children show signs of abuse, and

that women often fear reporting the abuse for fear of losing their children. Researchers should study dual victim programs, such as those in Massachusetts and Connecticut that deal with the mother and child simultaneously.

Mr. Edelman expressed concern that policy makers may respond punitively rather than with a prevention/reeducation approach.

Mr. Lloyd pointed out that domestic violence workers were left out of the statewide planning process in his state.

Jerry Silverman suggested that programs that train social workers also require evaluation.

Mr. Rosenberg thought that researchers could take a lesson from the CDC (Centers for Disease Control), that is capable of an intense, rapid investigation, followed by funding.

Ms. Solomon noted that NIMH (The National Institute of Mental Health) also has this capability.

Mr. Rosenberg recommended studying the mental health angle of domestic violence.

Mr. Hartmann reviewed the research agendas suggested thus far in the meeting, and asked for additional ideas.

Dr. Ford iterated the need for basic research in domestic violence, and believed that if the links between different forms of violence could be demonstrated through data it would increase concern for violence against women. He also cautioned against losing sight of primary prevention.

Clarence Harmon noted that the police approach to domestic violence up to now has been to employ response field teams. The state mandates that police make an arrest on all domestic violence calls. However, police administrations are not operating with a good understanding of the problem. They are waiting for research to help them deal with and reduce domestic violence.

Mr. Martin said that the next most prevalent youth violence issue is sexual assault, and that the Department of Youth Services is having difficulties dealing with juvenile sexual offenders. He suggested that researchers examine the recidivism rate, as well as the rate at which juvenile offenders commit crimes as adults.

Judge Keating agreed with the need for basic research. He suggested field work within local jurisdictions to discover their needs, goals, and unique solutions to problems.

Chief Harmon pointed out that state laws prohibit information sharing in many cases, even with the police.

Ms. Hart suggested a study of custody issues. Court personnel need to be made conscious of child abuse issues. Researchers should also examine court-based access and the family abuse initiative. Ms. Hart was also dismayed that the Child Welfare Research Agenda did not include a discussion of child abuse in relation to child welfare.

Mr. Lloyd assured her that the National Research Council had examined this issue.

Ms. Melton felt that it is important to get the child's perspective of domestic violence. The research plan should include a study of how best to interview children. She also called for emergency measures to halt the fragmentation of victims' services. Researchers should also study drug abuse prevention and intervention.

Mr. Rosenberg suggested a broader definition for the "witnessing" of violence by a child. Even if a child does not directly view an act of violence, he can still be effected by the experience. He suggested a simultaneous typology and intervention program, as well as a study of prevention and multi-generational violence problems. Mr. Rosenberg noted that it is also important to examine issues of demography, poverty, race and class, because different segments of society view violence in different ways.

Topic: Public Education and Prevention of Violence Against Women

Ethel Klein spoke on her project on the Family Violence Prevention Fund, that was the subject of Ms. Ghez's paper. In many cases of domestic violence, there is a denial response whereby the victim refuses to accept the fact of the battering. In addition, societal silence can be viewed as consent. The public education project was designed to counter the acceptability of domestic violence. There is an extreme societal taboo against discussing domestic violence. For example, in one of the focus groups held in Hartford, Connecticut, a female participant mentioned that her brother's wife had come to a family event with bruises. The woman spoke to her brother's wife about the battering, but not to her brother directly. In Ms. Klein's campaign, the focus was on the batterer.

During the formation of the campaign plan, Ms. Klein had discovered little in the way of prior public education campaigns that attempted this fundamental change in societal behavior. They started with consciousness raising in the "No Excuse" campaign. The next step after

raising people's awareness is to give instruction on forms of intervention. Public education has been successful in altering societal attitudes and behaviors in the areas of smoking and drunk driving. However, part of the problem to address in the domestic violence campaign is the process of intervention. Any intervention strategy should not put the individual at risk. A second issue is the conflicting desires to end the abuse and keep the family unit intact. In addition, the arrest/jail option raises other problems. In particular for people of color, jail is not seen as a good solution to any problem.

Ms. Ghez listed potential areas of research and evaluation of public education campaigns. One option would be a comprehensive review of campaigns, with special emphasis on effectiveness in different communities. There are also a number of questions to be answered. What motivates people to act? Particularly in relation to domestic violence, what are the barriers to intervention? To what extent are people willing to get involved? Studies could also test how involvement would be demonstrated. Finally, what are the best methods by which people can express support for victims and promote a cultural change? Research can examine potential sanctions that can affect behavior, such as loss of work, etc. However, she reiterated Ms. Klein's idea that any intervention would have to be assessed in relation to the risk to the individual.

Dr. Straus agreed that research on how to motivate individuals to take a more active stance is critical. He suggested efforts to reduce the acceptance of corporal punishment in the home.

Ms. Edwards supported the examination of effective measures in different communities. She also emphasized the role that men can play in holding other men accountable. Ms. Edwards stressed the need for male involvement and education in condemning abuse. One possibility, particularly in minority neighborhoods, is the role of clergy and other professions that can encourage better responses in men.

Dr. Edleson expressed concern in having men hold other men accountable, due to its effect on the victim. He cited the potential for male interaction to become more of an interference than a resource for the victim. Dr. Edleson felt that the victim should be consulted to see if having males speak directly to the batterer would be beneficial or detrimental to her safety.

Mr. Hartmann agreed with Dr. Edleson's last statement.

Ms. Edwards replied that when she had spoken of men and accountability, she was referring less to a specific situation and more to behavior and reaction in general.

Dr. Harrell concurred that on a general level, athletes and other strong male role models could be used to promote the inacceptability of battering.

Mr. Rosenberg thought that the research question should be broadened. He noted that public service announcements cannot accomplish any major change in behavior. The research should examine the impact of legislation on behavior to ascertain ways in which both federal and local governments can link violence against women acts with public education and advocacy to alter attitudes and behavior.

Ethel Klein believed that anti-domestic violence campaigns differ from other public education campaigns. With domestic violence, public dialogue is necessary. Currently, there are many preexisting laws on violence against women, yet the social changes still need to be facilitated.

Ms. Tucker commented that the level of change expected in the individual is so complex that constructing the method to instill this change is overwhelming. She suggested looking at the military. The military currently has intervention strategies in place, and would be easier to track at the local level given the level of structure and control in the environment. Research could examine the changes on commanders, other officers, and servicemen. Study of the military would also provide a wealth of information on attitudinal changes among different races and economic classes.

Mr. Hartmann noted that military personnel are taught both violent and non-violent responses to certain situations.

Dr. Friedman mentioned a potential research study in the area of public education in the community. Studies could be conducted in areas with legislation and resources that have supported public education and compared with communities without those resources to ascertain the differences, if any.

Ms. Hart asserted that public education promotes transformation. However, she recommended innovation educating the public. One example would be using the Little League, in conjunction with a broadcast media campaign and community involvement. The study design should have different components in different locations and then look at the effect over the three areas. Ms. Hart suggested looking at various types of education, while keeping in mind the simultaneous effect.

Dr. Stark used the example of police behavior towards demonstrations in the 1960s as a change in behavior without the corresponding change in attitudes. When targeting a professional audience, the campaign should not focus on injuries. Secondly, Dr. Stark mentioned the AIDS campaign as an unsuccessful attempt to change behavior through education. He urged caution lest people receive conflicting messages. Also, empowerment is an integral part of the primary services for women. Community health campaigns are well-established, and the campaign against

violence against women should be linked to community health and public safety fields in order to reach a wider audience, and ultimately to make a difference.

Chief Harmon cautioned against underestimating the changes in behavior of police departments and police chiefs. Research should be directed toward assisting programmatic development to better address the problems. In part, police departments are addressing the public education component due to the increased community involvement in community/problem-oriented policing.

Ada Melton stated that especially in small, Native American, or rural communities, societal silence can protect the batterer. The leaders of the community can sometimes be the perpetrators. She agreed with the concept of targeting men to take a leading role because they dominate the issue. Secondly, in rural communities, there are only two options available, outpatient or removal, as the resources do not exist to provide other services. Public education should look to develop the community's resources to provide a wide range of services. If the individuals see the advertisements and messages, but do not have the services, such as a shelter, it will only lead to frustration and a sense of disenpowerment. Especially for people of color, denial of the problem is very strong, therefore public education measures need to reflect this and take cultural factors into consideration.

Ms. Garske returned to the topic of the valid reasons why individuals do not get involved, and the risk factor. She has had five direct interventions, and in one instance she is being sued by the batterer. In examining the type and opportunity for interventions, there are a lot of restrictive factors to bear in mind when formulating a course of action. Research could document the social factors that form a barrier to action. Even with the increased amount of attention in the national arena, there is still a tendency to blame the victim, to see domestic violence as a private matter, and other social belief systems that prevent action. Ms. Garske suggested caution when choosing an individual who is promoted as a role model for males. She likened the social change to the civil rights movement. When there is a threat to the vested power, there will probably be a backlash. She highlighted the importance of the community's influence and the environmental factors at play in the community. Finally, it is vital that communities make internal decisions and changes. Allowing for community-initiated changes will democratize the process.

Ronet Bachman mentioned that it will be impossible to find the ideal community for an experimental design. The public education campaign will be affected by the legislation, level of services, and prior awareness in the community. Therefore, the attitudinal/behavioral change will be difficult to quantify. She recommended using small communities with pre- and post- test measures.

Mr. Lloyd stated that some of the grantees he has worked with have found the use of professional ad campaign agencies for marketing to be vital to the project. He also suggested first testing focus groups in order to locate the groups you are most hoping to change. The campaign staff should decide whether to target men, women, or the general public. Mr. Lloyd advised utilizing the most effective mix of communication approaches.

Mr. Travis noted that in the community approach, it would be valuable to examine the role of advocacy. He found the examples of the anti-smoking campaign and MADD to be unhelpful, given the complexity of the behavior and desired changes in attitudes. He asked about the model for facilitating behavioral change. In order to change the behavior of a certain sector of society, one needs to target this sector through advocacy as well. What is the model of advocacy that is desired in the community?

Dr. Harrell said that evaluation on inputs and outputs without the intermediate factors would not be effective. Evaluation needs to have a solid foundation in theory and the factors to be examined should be well thought-out.

Ms. Garske suggested learning from other fields, for example, CSAT. There is a documented need for theoretical clarity, and simple awareness is not enough. People need to be engaged on a primary level. The awareness campaigns should engage individuals in the attempt to create a new reality and a new vision. In every community, there are different ways to engage people in the change. At the community level, there is a lot of room for innovation and creativity.

Mr. Rosenberg stated that in order to monitor effectiveness it is vital to see if the campaign has an effect on the instances of abuse. To conduct this portion of the study a good database is necessary. Secondly, the Violence Against Women Act provides for the availability of services, such as clearinghouses, hotlines, etc. Therefore resources will be available, and the research needs to examine the services and the effects.

Dr. Stark asked for a definition of a community safe for women. It might be helpful to look at some research in this area to establish public definitions of these safe communities. Another topic related to the health field are the issues of prevalence and incidence. Incidence could potentially be reduced through interventions. He mentioned some data that demonstrates that measuring the number of women treated at medical establishments can be an effective research tool. Data shows the number of new cases is 4%, but the prevalence is 35%. Dr. Stark also recommended examining secondary consequences of abuse, such as suicide.

Ms. Edwards spoke on the methodology used to train service providers. Given the high turnover in shelters and service programs, it is important to have a strong training methodology.

Currently, there is inconsistent knowledge on how to train individuals. Research could help to provide information on the most effective methods.

Dr. Friedman spoke on the topic of making research more acceptable to service providers and victims. She described a situation whereby a researcher speaks to people and discovers they have been victims or, talking to victims, uncovers unmet needs. The researcher may feel uncomfortable if he or she cannot respond with services. The research is triggering the demand for services. In addition, a harm reduction approach would suggest that victims should be involved in explaining the successful measures that they have taken to reduce violence.

Dr. Gondolf suggested looking at an increase in referrals and help-seeking to monitor the effect of the campaigns. He also brought up the potential problem of a backlash against campaigns to end domestic violence. He proposed that such backlashes will increase with the visibility of VAWA. Dr. Gondolf mentioned the National Resource Center on Domestic Violence's attempt to respond to the Simpson trial. They have found that the extreme media attention and publicity has hidden the underlying issues. Domestic violence could be sensationalized to the point where it does not seem to affect ordinary people. He stressed the need to promote the process to offset the backlash.

Ms. Ghez concurred with the tremendous need to educate journalists on the complexity of domestic violence issues. Education alone may not be enough, however. She agreed that the risk factors for the individual must be considered within the supported sanctions. Ms. Ghez gave an example from her recent experience with the CEO of Marshalls to demonstrate the utility of communicating the inacceptability of domestic violence as only a "female problem".

The meeting adjourned for lunch.

Topic: Improving Responses to the Victim

Dr. Ford opened his comments by noting he is both a researcher and a "member of the movement", as he chaired the Indianapolis Mayor's Commission. He addressed the issue of using formal regulations beyond their intended scope in order to empower victims, and gave as an example the policy that allowed women to drop charges. The 'no-drop' policy is the orthodoxy in domestic violence, but when women were allowed to drop charges, they were less likely to suffer further abuse and were more likely to pursue arrest and prosecution. In addition, he discussed the informal methods to help the victim, such as what a judge says to the offender, rather than how he is adjudicated. Dr. Ford compared this to Colonial America where the community 'punished' the offender because the crime was against the community. Lastly, Dr. Ford asked how neighbors could respond to help victims, especially when victims may not want intervention. He commented on the community's interest, and asked for a definition of a community. What is the human response as compared to the official response?

Mr. Hartmann asked Mr. Rosenberg to describe research to form a common definition for the group.

Mr. Rosenberg outlined four areas/steps of research: 1) Descriptive, identifying the problem. This is the data gathering stage, who, what, when, where, why; 2) Causes, the risk/protective factors; 3) Impact, the most effective interventions; 4) Implementation. He noted that it was necessary to identify common needs, and felt that the questions being addressed at this meeting were researchable. He discussed the three levels of prevention: 1) Primary, which targets the unfiltered population; 2) Secondary, which targets the population that comes to the attention of the criminal justice system; and 3) Tertiary, which targets the victims.

Dr. Campbell noted that most intervention programs focus on the primary population or the tertiary population, as most women do not come into the shelter until they are the tertiary population. She felt there needed to be more research on the secondary population, as that group was the least-known.

Dr. Friedman described the Domestic Violence Prevention Project, that was a task force comprised of police, counselors, and domestic violence advocates in order to reach the secondary population.

Judge Keating noted the importance of the judge's relationship with the defendant, and described the involvement of judges in the drug court system as critical.

Mr. Hartmann asked what research on informal control would look like.

Dr. Harrell suggested looking at the perceived likelihood and severity of punishment and the perceived response from the courts, police or friends. To determine the extent of the criminal justice system as a deterrent, the researcher must examine perceptions.

Dr. Stark noted that violence against women is not being studied in mainstream academia. Even within criminal justice, it is a specialized area. Other disciplines such as anthropology, sociology, and psychology need to be included in the effort, but they currently have no stake in domestic violence.

Dr. Campbell recommended ethnographic studies, such as those done in other countries, that would address the secondary population. She noted that within the health care community there is nothing concerning domestic violence and depression.

Mr. Hartmann asked if it was known why most men do not abuse their wives.

Dr. Ford replied that most men are raised not to hit women.

Mr. Hartmann inquired about the research tools that would be necessary to study domestic violence.

Ms. Bachman noted that there has been related situational research, called vignettes, and other studies published in journals.

Dr. Edleson noted that spouse-abusing men use other tactics to exert control.

Dr. Friedman agreed, commenting that when those tactics are not successful, they resort to violence.

Dr. Stark noted that in the criminal justice discipline, there is one model that describes behavior in a dichotomous manner and one model that defines behavior on a continuum, and domestic violence is a continuous behavior.

Ms. Hart discussed the issues of safety plans as a way of reaching the secondary population. These plans should be identified, organized and evaluated after six months with the women to see if it they work. These plans would be based on the client's specific needs.

Dr. Harrell suggested a similar strategy in identifying agencies for potential collaboration, such as criminal justice, social service, health, etc.

Mr. Hartmann asked if the group envisioned a series of demonstration projects.

Ms. Hart felt that in any project, the community needs to be fully informed.

Dr. Harrell cautioned against limiting participation and encouraged interviewing many victims.

Dr. Friedman suggested using schools to test theories on informal sanctions. One school in New York is attuned to inappropriate sexual harassment. It is important to establish rules at an early age.

Mr. Rosenberg asked which risk-assessment model should be used.

Dr. Friedman noted that the focus is usually on the primary and tertiary populations while the population in support groups (secondary) gets less attention.

Anne Menard commented that the number of women served in shelters is less than 10% of the abused population.

Mr. Edelman commented that there is a need for inter-agency partnerships at a much earlier stage than is now the case. He also expressed the need for a community approach.

Dr. Straus raised the issue of violent women.

Ms. Hart agreed that it was important to learn how to work with violent women, but pointed out that violence by women is different than violence by men. She described an intervention program in Minnesota that included a multi-disciplinary outreach component: the police give information to the victims and the offenders, and advocacy groups and male counselors give information on domestic violence to the male patients.

Mr. Hartmann asked about the prevalence of this type of program.

Dr. Stark noted the need to formalize models of cooperation between agencies, and felt that this cooperation at the local level needed to be mirrored at the state and federal level. He believed that research is an inefficient method of providing information on successful strategies, and called for a different form of feedback. In addition, he said that since the advent of the shelter movement, there were probably 5-6 thousand women who have received service without ever being studied, and he asked about models of service delivery and collaboration in shelters. He commented that research and evaluation cannot track community collaboration.

Mr. Travis asked how NIJ could develop a research strategy that would capture innovations and include "low end" research. He felt it would be helpful at the federal level to

know how to locate small-scale programs. He also noted that the federal government is interested in a fast turnaround from research to dissemination.

Mr. Rosenberg asked how NIJ intended to ensure that strategies identified through research were implemented, and asked how this had been accomplished in the past.

Mr. Hartmann asked the practitioners for a list of the top 6-10 questions they would like answered through research.

Judge Keating said that he is interested in what other practitioners are doing, and would like to talk with them directly. He felt it was important to let the practitioner community know about existing programs.

Chief Harmon praised NIJ for disseminating information without being judgmental.

Dr. Harrell suggested that if follow-up studies are conducted for practitioner programs, evaluations should include research on the feasibility of adapting the program to other jurisdictions.

Ms. Tucker stressed the need for collaboration between organizations, and cautioned agencies not to try forcing square pegs into round holes. It should be remembered that these are individual victims and the ultimate goal is to create a violence free society.

Mr. Hartmann agreed that it was important not to act rashly.

Ms. Hart described monographs by NIJ and SJI profiling models, and thought they were both very useful.

Chief Harmon cautioned that what police think are successful programs may not correspond to other agencies' views of success. He felt that victim satisfaction is an important consideration.

Mr. Rosenberg discussed the need to accelerate communication between agencies and jurisdictions. He questioned the usefulness of an electronic network because of lack of access and quality control.

Ms. Menard noted that the SJI monograph also described programs that do not work, which was more helpful than only listing successful programs.

Ms. Ghez agreed that communication between entities was essential for providing intervention services.

Dr. Edleson noted that qualitative studies are not usually funded by the federal government.

Dr. Ford expressed the need for research to challenge orthodox views. He urged research on why programs work, and that looks beyond a program's intended results.

Dr. Stark stated that the issue is not just violence, but the effects of a pattern of conduct towards women and children. The center of attention should be on women who are trapped in a violent situation.

Topic: Interventions for Batterers

Dr. Gondolf began the discussion by recounting some of the highlights of his paper. He had tried to call attention to batterer intervention and batterer education programs. One issue is how to deal with the large number of individuals in the court system. For example, in Pittsburgh there were 1,200 referrals from 8,000 cases. The courts want to give referrals and place batterers in programs. Secondly, there is much controversy about programs for the batterer. There is a need to address ambivalence and uncertainty among the general public, and to sort out the most effective measures to stop abuse while educating the public on the types and success of different programs.

Batterer intervention and counseling are amorphous fields. A clearer understanding of the existing diversity in the field needs to be developed. Dr. Gondolf mentioned three important components of such programs: implementation, modality, and duration. There is a wide diversity among programs, with some having a duration of only three months and some lasting for a year. Also, some programs include year-to-year follow-up with clients, that can be beneficial. There is a state standards movement to promote more uniformity among programs, that would provide some quality control. However, even these standards differ in implementation between enforceable legislation and simple guidelines. He suggested examining how these differences alter the effectiveness of the programs.

Dr. Gondolf suggested a number of areas to focus upon in research. One important topic is the evaluation of batterer programs. There is pressure to know success rates and outcome measures that prove effectiveness. Research needs to look at more probabilistic models and identify success rates with certain kinds of men and practical, methodological innovations to improve outcome evaluation through questioning and testing effectiveness in single sites. In addition, research can give information on the most effective methods for examining a variety of

modalities and implementation. There is a need to document current programs and gather descriptive information on programmatic components and success. In addition, intervention programs need to find a way to reduce drop-out rates and non-compliance. Even court-ordered programs face a 40%-50% drop-out rate.

Studies should also be conducted to find methods to increase the safety and protection of the victim during the treatment of the batterer. The lethality and dangerousness questions should be addressed. Currently, we do not have a good indication of the markers of lethality and factors that increase risk to the victim. Studies on the different types of batterers can provide some sorting mechanism for those who need more comprehensive interventions.

Finally, there is the question of bringing services to minorities and rural areas. Currently, the services are on a two-tiered level, one for communities with programs and one for those without.

Ada Melton noted that when looking at different types of communities, researchers would find some that utilize indigenous measures instead of the courts and the criminal justice system. She mentioned that the indigenous means and safety nets in the communities are often overlooked by researchers. For example, in Pueblo, they have an indigenous justice system. Their experience should be shared with other indigenous communities. These types of programs may not work in the larger urban communities, but they should in smaller, rural communities. Attention should also be paid to private industries and health insurance companies. She pointed out that women are often denied health insurance because the injuries are related to abuse. The insurance issue creates a motive for non-reporting. In addition, many health care systems do not allow funding for mental health services, such as those provided in a batterer intervention program.

Dr. Harrell spoke on the topic of non-compliance. Non-compliance occurs when there is lack of sanctions for failure within the program. Courts must bear some of the responsibility for ordering compliance. She urged research to address the means to enforce compliance in order to increase retention in the programs.

Dr. Campbell suggested that instead of modifying the existing treatments to target minority communities, totally new models should be developed.

Dr. Friedman espoused research and evaluation of programs that target young boys.

Ms. Garske stated that one of the mistakes made in California has been to focus too much on men's programs as the "solution" to domestic violence. Instead, she recommended multiple interventions. However, each individual must make the decision to stop the violence.

Researchers need to identify the factors that will cause men to change their beliefs. Male peer advocates could help to expand the base of men who are prepared to be "different".

Ms. Hart said that if a community wants to design a batterer intervention program, it should take into account all levels of the justice system. She also acknowledged the need to coordinate services, citing the example of pretrial services in Reading, PA. In addition to examining the therapeutic measures, programmers should look at selection, monitoring, release/graduation, and maintenance. She suggested the use of community service sanctions to engage offenders in the concepts of justice.

Dr. Edleson agreed that there are large numbers that do not complete the intervention programs. Many forms of supervision should be encouraged to increase the follow-up.

Mr. Travis suggested these program development ideas would form a good demonstration project.

Ms. Tucker noted that through probation services, a researcher could track the number of referrals compared to the number who enter the program.

Mr. Travis asked the participants to discuss the components of treatment.

Chief Harmon noted the lack of knowledge on the causes of battering as a barrier to designing effective interventions. He suggested a study with extensive interviews of batterers to find the means of ending the behavior. Police responses also need to be addressed. Policies are defined to give the police very limited involvement. Even with problem solving/community-oriented policing, officers are instructed to refer problems to other service providers. Chief Harmon said that research should attempt to answer whether this exacerbates or helps the situation.

Sally Hillsman noted the importance of addressing the issue as chronic problem. She pointed out the overlap in treatments for the victim and the batterer, and asked whether the services provided to the victim affect the batterer.

Dr. Friedman concurred, suggesting that victims be asked about treatments they want for the batterers. She stressed the need for sophisticated thought on the range of services available.

Ms. Hart thought there is more collaboration between the victim's programs and the batterer interventions programs than other participants seemed to believe.

Ada Melton agreed that in indigenous communities, the approach is more continuous and holistic. The process involves community resources at all stages, in policing, enforcement, rehabilitation, etc. The parts are all in place to work together for a greater impact. She cautioned against importing an approach to a different environment.

Dr. Harrell disagreed with Ms. Hart's observation on the level of coordination between programs. Dr. Harrell felt there are not enough contacts between the intervention programs and the victim. For example, intervention programs do not speak to the victim to ascertain whether she is still being beaten during the course of the program.

Dr. Ford expressed the difficulty of researching effective components in counseling programs. In reference to Ms. Garske's comment on the batterer having to make the decision to change, Dr. Ford felt it incumbent on the program to make the batterer want to change. Given court-mandated treatment, it is very easy to randomize assignments in a research design. Therefore, he felt evaluating programs should be relatively easy and successful. He also suggested looking at the promises made to individuals who enter the program.

Chief Harmon commented that the police arrest everyone else, they should arrest batterers.

Dr. Ford stated that counseling provides more supervision and services than other areas. He expressed concern over the measurement and documentation of "success". As a proponent of counseling, he recommended implementing more programs.

Ms. Tucker mentioned that after twenty years, intervention and rehabilitation remains limited. In most communities, they have been working for about ten years with a small sample of people. An additional problem with the programs is that the clients are those with limited funds and education, and have difficulty "getting out" of the criminal justice system.

Dr. Stark was skeptical in research on interventions. For example, for repeat offenders with a history of drug and alcohol dependence, it is difficult to expect reform following a ten week program. Dr. Stark was also skeptical of the evaluations of the programs. He proposed that these programs could do more harm than good. In many jurisdictions, many court deferrals are for a six week batterer treatment program. He suggested studying the effect of batterers programs on the dispositions of cases in the court system, conducted similarly to the Rand five-year study. When the courts attempt to form an assessment system for cases, most of these instruments have a selection bias without evaluating the real problems. Research should develop an assessment system based on the risk to the victim. Secondly, using the triage model, batterer interventions resemble social service treatment models. He remained skeptical of the success of these programs. Dr. Stark recommended increasing the penalties for domestic violence.

Jacqueline Agtuca recommended additional research on the death rate. She cited a study conducted in San Francisco that found that 64% of female homicides in 1993 were the result of family violence. Assessing risk in batterer treatment is inadequate. Ms. Agtuca felt that the issue of domestic violence has a lot of potential for collaboration among branches in the criminal justice system.

Ms. Garske mentioned that batterer intervention programs are used both by men in the criminal justice system and those who are self-referrals.

Ms. Tucker said that one issue that has not been discussed, but is especially prevalent in cases of women killing their batterers, is sexual violence. Sexual violence should be included throughout the process. This form of violence can also be the most damaging.

Ms. Hart suggested researching batterer programs in prison and post-prison settings. She used the model of East Cleveland, that has a strong cultural component. Research could also look at interventions that include some form of incarceration.

Dr. Gondolf returned to the question of the effectiveness of batterer interventions. He cautioned against thinking about offenders categorically as those who will change versus those who will not change. Change is a complex process, and programs can have a role in the process. There is a need to look at a wide range of programs. Despite the skepticism, there is some zeal behind these programs. He wanted to acknowledge the movement in society that supports these programs.

Dr. Ford believed that community policing is not effective in the area of domestic violence and the zeal for community policing overlooks this issue.

Mr. Lloyd stressed the link between battering men and their children, both male and female. He was curious about the batterers' perceptions of the effect on the children.

Ada Melton suggested looking at the violence experienced by the Indian communities and its relation to intra-family violence.

Dr. Stark noted the effect of non-violence related policies on domestic violence, for example, the consequences of welfare reform. The effects of these changes on clients on welfare should be documented. One estimate is that 60% of women on welfare are victims of domestic violence.

Summation and Concluding Remarks

Mr. Edelman thanked the participants and hoped that they felt they had gained some insights. The participants' comments will help in the collaborative efforts of the departments to address domestic violence. The discussion demonstrated the importance of working on prevention to change behaviors. The issue of domestic violence connects to broader issues in violence prevention. Mr. Edelman stated that the various strands need to be drawn together, for instance, tying public education to community approaches. The research will take into account that all methods of addressing the issue will not necessarily be located in one area. HHS is particularly interested in child welfare. He noted that not everything has to be "pure" research. Mr. Edelman promised to work towards better means of dissemination and ways to share information.

Dr. Hillsman thanked the participants for providing useful and thoughtful information. She said that the dialogue had encompassed differing outlooks and was quite productive, and if the same is true in communities, there is hope for success. NIJ and other research organizations have relatively limited funding, therefore they must plan carefully for funding at both the federal and state level to fill the gaps in other areas. This is an enormous challenge. As a message to researchers, she recommended creativity in the types and levels of research, in addition to the partnerships formed, in order to maximize the utility of the data and the research. In the long term, NIJ also will have to address the effects of VAWA, in terms of the federal contribution to state and local initiatives.

Mr. Travis echoed the thanks and appreciation on behalf of HHS and DOJ. The discussion highlighted the enormity of NIJ's task to create a long term research agenda on domestic violence and to work specifically on VAWA. One of the most exciting features of the meeting was the collaboration with HHS and the atmosphere of partnership. NIJ's challenges are shared by the rest of the federal research agencies. The discussion has helped to increase understanding of the complexity of the problem, and has increased knowledge of some current programs. NIJ will keep that complexity and collaboration in mind while working on the special research solicitation. The Institute will distribute the solicitation as soon as possible and continue to think about ways to facilitate discussions between practitioners and researchers.

COORDINATED COMMUNITY APPROACHES

TO

DOMESTIC VIOLENCE

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Introduction. Over the course of the last twenty years, communities across the country have identified domestic violence[1] as a social problem of significant proportions and, in myriad ways, have initiated strategies to stop the violence and protect battered women and children. This social reform movement, birthed in women's centers and led by battered women and advocates, has generated profound change in public discourse[2], law[3] and institutional practice.[4] Initially, a primary emphasis of this reform effort was the development and institutionalization of community-based shelters and counseling programs for battered women and children.[5] Thereafter, advocates expanded the work to target systemic reform. The

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[1] The battered women's movement adopted the term "domestic violence" to refer to the abuse of women by their intimate partners. Domestic violence is generally defined by the movement as the exercise of power by men over their female partners to subordinate and control them. The various tactics of coercion, terrorism, degradation, exploitation and violence are the conduct that constitutes domestic violence. These tactics are employed intentionally and instrumentally, and they are designed to maintain authority over and entrap the abused woman in the relationship.

Any definition of domestic violence that is not based in a gender analysis or that focuses on individual acts of physical violence as discrete conduct, without identifying how the physical violence is inextricably part of the concerted acts of coercive controls, decontextualizes the violence in heterosexual relationships; it misrepresents the experience of battered women. The critical danger in misapprehending the nature of domestic violence is the development of strategies to protect women and end men's violence that are flawed and risk women's lives and well-being.

The battered women's movement also concludes that domestic violence is a practice rooted in the cultural prerogatives assigned to men by sexism; that a patriarchal culture both fosters beliefs in men's entitlement to the service, obedience, loyalty and subservience of women partners and authorizes men's violence toward women in the service of those entitlements. But beyond this, in a patriarchy the power assigned to men in intimate relationships and the violence permitted to sustain that power fosters the social control of all women by men in the culture. Thus, to end violence against battered women [and to end all other violence against women], the culture must embrace new belief systems, rejecting those that both subordinate women and endorse the allocation of power in relationship and society to men.

[2] EDK Associates. (April, 1993). Men Beating Women: Ending Domestic Violence; A Qualitative and Quantitative Study of Public Attitudes on Violence Against Women. NY: Family Violence Prevention Fund.

[3] Hart, B. (1992). State Codes on Domestic Violence: Analysis, Commentary and Recommendations. *Juvenile and Family Law Digest*, Vol. 25, No. 1 (1992).

[4] Dobash, R. E. & Dobash, R. P. (1992). Women, Violence & Social Change. NY, NY: Routledge; Steinman, M. J. (1991). Coordinated Criminal Justice Interventions and Recidivism Among Batterers. Woman Battering: Policy Responses. Ed. Steinman, M. J. Highland Heights, KY: Academy of Criminal Justice Sciences.

[5] Schechter, S. (1982) Women and Male Violence: The Visions and Struggles of the Battered Women's Movement. Boston: South End.

system receiving first attention was the justice system, both civil and criminal. Efforts preliminarily sought to effect change in practice of the individual components of the justice system. Job responsibilities were modified. Policies and practice guides were developed with each component. Practitioners received training on domestic violence and on revisions in practice embodied in the new protocols. Systems to monitor or track perpetrators were established.

However, the limitations of parallel reform within discrete components soon became apparent to advocates and colleagues within the justice system. Parallel reform did not foster meaningful intervention. In fact, upgrading the response of individual components may have placed battered women in more jeopardy, encouraging them to take action in the justice system to achieve safety when systemic response was uneven or addressed to perpetrator sanctions while indifferent to victim safety.[6] Parallel reform also appeared to exacerbate fragmentation between the components. There was often no shared vision[7] and no mechanism for problem identification and solution development. There was no vehicle to move recalcitrant components. Neither was there communication, coordination or interface between sectors. Public accountability by justice system sectors was also lacking. No method or authority to monitor adherence to standards or practices was adopted; nor were systems implemented to evaluate the efficacy of practice or to incorporate community input. Therefore, advocates concluded that a process must be devised to create a unified vision about the goals of reform[8], the fundamental principles of intervention, the roles of each component, the merit of collaboration, and the necessity for public accountability.[9] A number of models for

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[6] Syers, M. & Edleson, J. L. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. *Journal of Interpersonal Violence, 7, 4.*

[7] Disparate definitions of domestic violence and differing goals for action resulted in practitioners crafting conflicting intervention strategies, creating significant tensions between components.

[8] Early on, the battered women's movement concluded that the overriding goal of the justice system intervention must be safety for women and children. Certainly, the goals traditionally articulated by justice system intervention (i.e. deterrence/desistance, rehabilitation, restitution and accountability related to the perpetrator) must also be pursued. However, the interests of battered women in safety, autonomy and restoration must be incorporated in the philosophy and practice of the justice system. Most coordinated community responses against domestic violence now subscribe to these goals.

[9] Interview with Ellen Pence, DAIP, Duluth, MN.

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organizing and institutionalizing coordinated justice system response were designed. (*See below*, **Approaches to coordinated community response.**)

One unanticipated outcome of increased intervention by the justice system was a sharp increase in demand for individual advocacy and supportive services of domestic violence programs. Programs instituted civil and criminal advocacy components to assure that battered women are informed about participation in the justice system and able to safely and effectively participate therein.[10] Victims may become reluctant or unable to participate in the justice system if their basic safety and survival needs are not met during the pendency of civil and criminal proceedings. Other essential supportive services include temporary housing, food, clothing, counseling, transportation, child care, safety planning, relocation resources, and employment development. Domestic violence programs are significantly underfunded in most communities, such that as many as one in five battered women are not able to access essential services.

In recent years, those engaged in reform efforts identified other essential activities for coordinated community response. It became apparent that the interventions developed were often not culturally sensitive. Issues of race, language, religion, culture, class, kinship networks, and perspectives on the efficacy of participation in legal process, all must be factored into crafting culturally sensitive practice. This work has begun. With the enactment of the Americans with Disabilities Act of 1990, P. L. 101-336, domestic violence programs began to make structural change in offices and shelters to accommodate victims with physical disabilities,[11] to develop communications systems for advocacy with deaf or hard of hearing impaired battered women, and to create effective programs for battered women with mental disabilities. Advocates are working with colleagues in the justice system to identify

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[10] The range of advocacy includes: education about law and practice; assistance in obtaining protection orders; safety planning both general and related to participation in the legal system; support during interviews with justice system personnel; court accompaniment; court preparation clinics; advocacy with police, pre-trial services, prosecutors, the courts, probation, corrections and parole; assistance with crime victim compensation claims; advocacy with employers regarding workplace safety plans and retention of employment.

[11] A significant number of the victims with physical disabilities have become disabled through the violence of the batterer. The injuries further the risk and create yet another barrier to safety and justice.

the ways that the justice system can eliminate barriers to victims with disabilities. Systemic reform has just begun. In many regions of this country rural battered women confront critical barriers to safety and justice; transportation, communication and housing. Collaborative efforts continue to craft solutions to these impediments.[12]

Few justice system personnel have been willing to grapple with the fact that some battered women are charged with crimes but are, nonetheless, victims of crime requiring the protections that the civil and criminal justice systems afford. Battered women sometimes are coerced into criminal conduct by their abusers; forced to write bad checks, purchase controlled substances, engage in prostitution, convert food stamps into cash, complete fraudulent loan applications, steal to clothe their children, etc. Other battered women who have fought back to escape from a batterer or to stop his violence have been arrested and charged with assault or homicide. In a number of communities, advocacy, counseling and legal services for battered women defendants are included in the plan for coordinated community response.

Undertakings in the health care system, in educational institutions, in religious organizations, among providers of service for the homeless, in batterer education and treatment services programs, in the business sector, in civic groups, and in neighborhoods have also burgeoned over the last 10 years. Many of these endeavors involve partnering with domestic violence programs. However, reform again has been largely parallel within the disciplines or organizations; certainly it has been informed by the work of advocates and justice system professionals, but it often remains separate from the collaborative infrastructure. The problems arising from parallel reform are compounded by the amount of activity emanating from so many diverse organizations throughout the community. These particularly impose a heavy burden on underfunded, community-based domestic violence programs and state coalitions.

Even more recently, a number of practitioners have started dialogue about primary prevention; transforming community beliefs and norms about violence against women. Prevention strategies are being forged and implemented with a vision, not

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[12] Hart, B. (1995). The Violence Against Women Act: Identifying Projects for Law Enforcement and Prosecution Grants: FY '95 Funding. Harrisburg, PA: NRC & BWJP.

merely for managing the violence and protecting its victims, but one that anticipates an end to men's coercive and violent conduct toward their partners.

Achieving coordinated community response with this magnitude of activity can be daunting, but in many communities throughout the country coordination efforts are in process.

Approaches to coordinated community response. Approaches to coordinated community response to domestic violence are multiple. Often several may be employed at one time in a local community or within a state. The following are examples of the most commonly utilized strategies:

Community Partnering. In many communities, the domestic violence program has elected to use the community partnering approach to build coordinated community response. In this model, the domestic violence program identifies a strategic plan for community action. Tasks are prioritized. The program partners with individuals and organizations in the community to work on the various initiatives in the plan. Work groups are established that are task specific and draw upon the expertise of members in the community. Work plans are developed and implemented. From planning through execution, the work is collaborative with selected actors in the community. The domestic violence program orchestrates and oversees the work undertaken.

As contrasted with other approaches, this one is decentralized by design. It readily works in many areas of the community contemporaneously. It is an approach that is accessible to professionals and other community actors who are interested in work but who are not necessarily the power brokers in the community. It also enables the diverse leadership within the domestic violence program to be fully employed rather than limiting participation to executive staff. Those engaged are likely to volunteer rather than being drafted. Thereby, team building among the work groups is facilitated. As the work groups are not public forums, problem-solving may be enhanced; public posturing and turf issues may be minimized. Community partnering does not require a formal infrastructure, and thus may be less costly and more manageable by grassroots organizations than other approaches.

Many domestic violence coalitions, as well as local domestic violence programs, utilize this model.[13]

Community Intervention. Intervention projects[14] are private sector programs designed to enhance justice system accountability to battered women. Their work

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[13] Utilizing this approach, the Pennsylvania Coalition Against Domestic Violence (PCADV) engages in myriad activities which include: a health care project (training and technical assistance for hospital-based outreach to battered women and insurance reform), telecommunications initiatives (FCC and PUC advocacy to maintain telephone privacy and safety, video on Caller*ID, education of member programs on telecommunications advances), school-based prevention (policy initiatives with state office of education and curriculum development and training for local districts), corrections (curriculum development and training, design of victim input system, risk assessment tools), legal services (planning and research project to assure access and quality civil representation of battered women), bar association (committee work, legislation and continuing legal education), batterer intervention services network (certification development, training and problem-solving), training institute (core curriculum for domestic violence staff and volunteers), child protection (families first initiative), diversity planning (assuring accessibility to women of color, women with disabilities, rural women, lesbian women, immigrant and refugee women to services and participation in work), AIDS awareness (curriculum development and training), legislative consultation (domestic relations legislative commission, testimony, governor's special session on crime), stalking law implementation (public education and training), media interface (technical assistance, data collection, production), courts (model forms, automation, rules), state police (policy, registry, fatality review, data collection), justice system (policy, training, technical assistance, curriculum development throughout: police, sheriff, registries, minor judiciary, district attorneys, courts, probation and parole, corrections, pardons board), housing (transitional housing development, guidelines for subsidized housing), and community audit project (technical assistance, development of plan for assessing community readiness and developing coordinated community approach).

The Women's Center and Shelter of Greater Pittsburgh similarly partners with a broad range of actors and community systems. Their work includes: training department (curriculum development and training of professionals on identification and intervention, as well as policies and protocols, including clergy, mental health, hospital staff and educators), school-based prevention (development of curriculum and education of children K through college), hospital-based outreach (technical assistance to hospital staff, direct services to victims and policy and protocol development), city task force on domestic violence (legal advocates coordinate; district attorney, public defender, legal services, batterer program, sheriff, courts, court administration and domestic violence program), legal office (direct services, policy and protocol development within justice system, police training, problem-identification and solution, coordination of legal advocacy services for county), batterer program (monitoring, training and partners group), drug and alcohol (education for residents, outreach to hospitals, training to drug and alcohol providers, coordinated programming and policy development between agencies), housing (coordination with real estate companies on location of private housing for battered women and work with landlords, public housing department on priorities and safety planning, training and protocols of housing security police), and children's project (coordination of pro bono therapists to work with children in all shelters in the county, training of volunteers, child protective services, including training of all new staff and quarterly meetings with management to coordinate better services for battered women and their children).

[14] Edleson, J. L. (1991). Coordinated community responses to woman battering. In M. Steinman (Ed.), Woman battering: Policy responses. Cincinnati, OH: Anderson Press, pp. 203 - 219.

includes orchestration and oversight of coordinated community initiatives related to domestic violence. The intervention program works with all sectors of the justice system (i.e., police, jail personnel, pre-trial services, prosecutors, judges, pre-sentence investigators, probation and parole, corrections) and the mental health system to create an effective deterrent to domestic violence, to safeguard battered women and children and to align the community in efforts to end violence against women. Elements of the work include the development, implementation and monitoring of protocols and practice guides with each component; training of all staff in every component on domestic violence, the goals of the intervention approach and the changes in job responsibilities and methods entailed in the reform; outreach to batterers in the civil and criminal justice systems, as well as education or treatment groups based in the Duluth[15] curriculum or others; training and monitoring of the educators or therapists working with perpetrators; tracking of batterers and automation of data retrieval on batterer status in both civil and criminal justice systems; outreach, information and referral to battered women to enhance safety and autonomy; and community education and media initiatives to transform public understanding and response to domestic violence.

Like the community partnering model undertaken by domestic violence programs, the intervention approach establishes the hub of coordinating activity in a grassroots organization. The intervention staff are charged with primary responsibility for interface between the components. They negotiate changes that are essential, as identified through feedback from the several components or their own monitoring efforts. They convene meetings of the whole as necessary. They undertake independent evaluation of systemic function and coordination and seek modifications.[16] In many ways they serve as cheerleader to the system. The overarching principle of their work is accountability to battered women.

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[15] Most often intervention programs utilize the curriculum developed by the Domestic Abuse Intervention Program of Duluth; Pence, E. & Paymar, M. (1986). **Power and Control: Tactics of men who batter.** Duluth: Minnesota Program Development. Many intervention, and other batterer education and counseling services across the country have adopted this curriculum and incorporated additional components related to cultural diversity, belief system impediments to desistance, "ownership" divestiture, impact on children, parenting, etc.

[16] Intervention initiatives appear to be the coordinating approach that has most often engaged in formal evaluation of their work. Evaluation may be broad but may also focus on fine details of practice. Evaluation may assess whether the community is aware of the commitment to end violence against women in intimate relationships. It may identify recidivism patterns. Staff may look at

Intervention programs differ from partnering initiatives in that they provide direct services to batterers from entry through exit from the justice system. The foci of intervention work are cessation, surveillance and batterer education. Direct services and advocacy for battered women are sometimes provided by domestic violence programs, rather than the intervention program.

Task Forces or Coordinating Councils.[17] Task forces seek to coordinate all the components of the criminal justice system to improve justice system practice and to better communicate and collaborate in work to end violence against women.

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supervision practices to see if line staff are given corrective counseling when they fail to adhere to practice guides. Intervention staff may review forms utilized by all actors in the system to access if they facilitate or impede the goals of intervention.

[17] Holford, M. & Harrell, A. V. (1993). Family Violence: Interventions for the Justice System. *Program Brief.* Washington, D.C.: Bureau of Justice Assistance; National Council of Juvenile and Family Court Judges. (1992). **State-of-the-Art Court Programs.** Reno, NV: NCJFCJ.

Some of the earliest criminal justice initiatives to end violence against women were funded by the Law Enforcement Assistance Agency in the U. S. Department of Justice. Many of the funded programs undertook to establish local criminal justice task forces to facilitate communication and coordination among the various components of the criminal justice system and the civil protection order system. Early in the history of task force development, most were organized and staffed by domestic violence and sexual assault program personnel, working collaboratively with key professionals in the justice system both in leadership and development of coordinating task forces. Some have endured since inception, while others have been established for specific, time-limited purposes. While a significant number of the older task forces continue to be staffed and led by victim services programs, those of more recent vintage are often organized and led by judges, prosecutors or law enforcement executives with sharply limited participation from advocates in the formulation and execution of task force work. Although advocates are ambivalent about the shift of power to criminal justice system actors as principal convenors (citing a loss of vision, an absence of primary focus on safety for victims, discounting of the leadership and expertise of advocates, exclusion of victims and delimited task identification), they note that in communities where leadership has shifted to justice system professionals, but where the above deficits have not followed, the changes effected may be significantly greater than previously achieved. This type of coordinated justice system response has expanded to include other components of the human services systems and community organizations. Often, instead of task forces, these more extensive initiatives, particularly those in which the membership and leadership are the chief executives of agencies, are called coordinating councils. For purposes of this paper, the term 'task force' is intended to include 'coordinating councils.'

Fagan, J. A., Friedman, E. & Wexler, S. (1984).The LEAA family violence program: **Final evaluation report.** Washington, DC: U. S. Department of Justice.

See, Baltimore Coordinating Council, now housed in the Office of the Mayor, but initiated by the House of Ruth and the Office of the City Prosecutor, and the San Diego Task Force on Domestic Violence; featured in "Comprehensive Programs" in **State-of-the-Art Court Programs,** *infra.*

The initial work of a task force almost invariably is an assessment of the state of criminal justice (and/or human services)[18] practice and resources in the community, followed by a report on effective practice and systemic deficits, along with a description of recommended remedies and potential resources therefor. A task force may then develop a work plan for incremental change and elevated coordination. The promulgation of compatible and definitive protocols or guidelines for practice in each component of the justice system is often the first step in a work plan. While each agency retains the exclusive authority to develop the protocol for that component, sharing of work product with a request for feedback from the other components, particularly in terms of interface of the various components, is routinely invited. Other collaboration in training and problem-solving follows. Evaluation may be undertaken and systemic reform considered in light of the results thereof. Informal systems of communication, conflict resolution and coordination among task force participants are an important outgrowth of the formal work of the task force.

Training and technical assistance projects. Training and technical assistance projects are targeted at informed, improved justice and human service system practice have produced a plethora of training curricula and an almost equivalent amount of audiovisual materials. Legal advocacy training is offered in a number of states; some certify advocates and require continuing education to maintain certification. Police training manuals, court clerk handbooks, prosecution guides, bench books, pre-trial services seminars, probation workshops, correctional curricula on victims of domestic violence, electronic monitoring pamphlets, safety planning and survival skills workshops, guides to maximizing compensation and restitution, court audit tools, and innumerable other educational materials have been crafted and implemented. Training curricula for clergy, educators, health care providers, child protective service workers, public housing staff, private security firms, employers, civic groups, etc. have been developed. Media campaigns have been initiated. Clearinghouses have been established. Technical assistance projects

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[18] Initially, most task forces were primarily justice system and domestic violence program based, but in the last five years, many of these have expanded to include the human services community.

to aid policy-makers and practitioners in the design of effective justice and human services systems have been instituted.[19]

Community organizing. Community organizing initiatives are those which invite members of the general public to actively engage in work to end violence against women.[20] Domestic violence programs and community activists have utilized organizing strategies with the goals of enhancing safety and achieving social justice for battered women and children; objectives of community organizing are expansion of the constituency of active participants in the work, articulation of a clear, universal message that each citizen can take responsibility to end this violence, and transformation of the public discourse and consciousness about the causes of violence against women and the power of the community to end it.

Many community organizing efforts originated in domestic violence programs. Sometimes organizing addresses a discrete problem[21] and at others it attempts to

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[19] In October of 1993, HHS provided funds to establish the Domestic Violence Resource Network; composed of the National Resource Center on Domestic Violence (a project of the PA Coalition Against Domestic Violence), The Resource Center on Child Custody and Protection (an initiative of the Family Violence Project of the National Council of Juvenile and Family Court Judges), The Health Resource Center on Domestic Violence (a project of the Family Violence Prevention Fund) and the Battered Women's Justice Project (a collaborative effort of the Duluth Domestic Abuse Intervention Project, the National Clearinghouse for the Defense of Battered Women, and the Legal Office of PCADV).

[20] Parker, C. J. Seeking Justice: Legal Advocacy and Practice. Harrisburg, PA: PCADV (1992); McGee, G. S., Coha, A. L., Hagenian, K. (September, 1991). Fighting for Justice for Battered Women: A Law and Advocacy Manual. Lansing, MI: Michigan Dept. of Social Services, Domestic Violence and Treatment Board; Schechter, S. Hart, B. & Richie B. (1987). Building Women's Leadership. Reading, PA: Leadership Institute for Women; Pence, E. (1986) In Our Best Interest: A Process for Personal and Social Change. Duluth, MN: Domestic Abuse Intervention Project.

[21] The Family Violence Prevention Fund is now working with Filipina women in the Bay Area to assist that community in organizing to identify the unique needs of Filipina battered women and their children, to design programs and advocacy strategies to meet those needs, to seek changes in the dominant culture, particularly the justice and victim services systems, to institutionalize the strategies and interventions required and to create a voice for Filipinos at the Coordinating Council, within the Domestic Violence Consortium and in public discourse.

In a growing number of communities neighborhood watch projects are enlarging specifically to intervene against domestic and sexual violence.

In one small town in the midwest where a serial rapist had escaped apprehension, the victim services organization organized women in the neighborhoods where the rapes had occurred to watch and protect all residences and to monitor police activity until the perpetrator was identified and charged.

transform the consciousness and practice of the entire community.[22] However, once organized the community team often develops a mission and tasks of its own; at which time the organizing effort is passed on to the community. Among all the coordinated community approaches, organizing projects have, perhaps, best engaged communities of color and other marginalized constituencies in full partnership in the visioning and implementation of work to end violence against women and children.

In one metropolitan area the victim services agency which serves both sexual assault survivors and battered women organized the women's clubs to write letters to the editor of the local newspaper weekly, demanding that all public agencies prioritize work to end violence against women.

In several communities workers are organizing co-workers to intervene to protect victims of domestic violence against stalking and assault at the workplace.

In another city, a victim services agency organized tenants of a landlord who was known for sexual harassment and violence against women tenants to demand administrative hearings and to facilitate evidence presentation both on housing code violations and on the landlord's application for a liquor license; the actions were successful in creating significant public awareness of the landlord's practices and economic disincentives to violence.

[22] Transforming Communities is an initiative of the Marin Abused Women's Services. It is a five year, multi-faceted community organizing campaign to build a broad-based movement to challenge existing beliefs about relationships and violence against women and to advocate for the individual rights of women and girls. Strategies are designed to: create formal and informal sanctions that hold men accountable for their abuse, build men's awareness and accountability for discarding beliefs which support abusive and coercive behaviors, and encourage men who have transformed their beliefs to become advocates to other men to do the same. The city of Novato, CA is the site of this organizing effort.

The Initiative for Violence-Free Families and Communities in Ramsey County was begun three years ago in St. Paul, MN. The effort is targeted at both prevention and intervention. Members work through 11 action teams, representing over 500 people and 100 organizations to stop family and community violence; teams include a gun violence team, a leadership team, a legislative action team, the child abuse prevention council, Strong Hearts of the Circle, workplace action teams, an education action team, neighborhood anti-violence teams, the Inter-Religious Task Force and a media action team. Many products have been generated and outreach accomplished during the short history. Identified stake-holders in various communities have been attracted to the work. Outreach to and inclusion of the general citizenry will follow.

Overview of the evaluation literature on coordinated community response.
The evaluation literature on coordinated community approaches is largely exploratory and preliminary.[23] It lends support to the premise that multiple and coordinated approaches to ending domestic violence are warranted.

Data on the question of when battered women will seek outside intervention suggest that the more resources and apparent options a woman has for ending the violence, the more likely she is to act to seek intervention, to achieve protection or to leave the abuser.[24] Thus, where a community offers multiple, viable options, it appears that the safety requirements of battered women will be better met than when a singular intervention is employed. If one defines coordinated community response in terms of comprehensive, or at least multiple, options in the justice and

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[23] Steinman, M. (1990). Lowering recidivism among men who batter women. *Journal of Police Science and Administration,* 17, 124 -132; Gamache, D. J., Edleson, J. L., & Schock, M. D. (1988). Coordinated police, judicial and social service response to woman battering: A multi-baseline evaluation across three communities. In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick, & M. Straus (Eds.), **Coping with family violence: Research and policy perspectives.** Newbury Park, CA: Sage, 193-209; Steinman, M. (1988). Evaluating a system-wide response to domestic violence: Some initial findings. *Journal of Contemporary Criminal Justice,* 4, 172 -186; Pence, E., Novack, S. & Galaway, B. (1982). Domestic Abuse Intervention Project: Six Month Research Report. Unpublished manuscript from the Duluth Domestic Abuse Intervention Project.

Informed practitioner deliberations, likewise, evaluate coordinated community response and shape policy and practice. Landmark endeavors have included: Merryman, M. (1995). Specialized Domestic Violence Courts: A New Means to Address an Age Old Problem. Harrisburg, PA: PCADV (in process); Hart, B. & McGuire, L. (1995). Practice Under Presumption Custody Codes Related to Domestic Violence. Reno, NV: NCJFCJ (in process); Davidson, H. (1994). The Impact of Domestic Violence on Children: A Report to the President of the American Bar Association. Washington, DC: ABA Center on Children and the Law; National Council of Juvenile and Family Court Judges, (1994). **Model Code on Domestic and Family Violence.** Reno, NV: NCJFCJ; Governor's Task Force on Domestic Violence. (1994). **The First Report of the Governor's Task Force on Domestic Violence.** Tallahassee, FL; National Council of Juvenile and Family Court Judges. **(1992).** *supra* at note 17; National Council of Juvenile and Family Court Judges. (1990). **Family Violence: Improving Court Practice.** Reno, NV: NCJFCJ; Goolkasian, G. (1986). Confronting Domestic Violence: A Guide for Criminal Justice Agencies. *Issues and Practices.* Washington, D.C.: National Institute of Justice; Goolkasian, G. (1986) The Judicial System and Domestic Violence — An Expanding Role. *Response,* Vol. 9, No. 4.

[24] Sullivan, C. M. (August, 1991). Battered Women as Active Helpseekers. *Violence Update* Newbury Park, CA: Sage; Gondolf, E. D. (1988). Battered women as survivors: An alternative to treating learned helplessness. Lexington, MA: Lexington Books; Hotrod, A. L., Simonidis, K. M., & Simonidis, L. L. (1987). Legal Remedies for Spouse Abuse: Victim characteristics, expectations and satisfaction. *Journal of Family Violence,* 2 (3), 265 - 279; Okun, L. (1986). Woman Abuse: facts replacing myths. Albany, NY: State University of New York; Donato, K. & Bowker, L. (1984). Understanding the helpseeking behavior of battered women: A comparison of traditional service agencies and women's groups. *International Journal of Women's Studies,* 7 (2), 99 - 109.

human services systems, this appears to advance the goal of social justice for battered women.

It is critical to note, however, that there has been relatively little research on outcomes of individual justice system or human service system endeavors. The singular intervention of arrest has been investigated.[25] A smaller amount of inquiry has been directed at prosecution, lawyers or the courts.[26] A comparative treasure trove of research on batterer intervention services is now available, the results of which offer some direction for policy formulation.[27] There is a dearth of evaluation study on advocacy and domestic violence program services and the needs of battered women seeking shelter.[28] There is an emerging body of research on the efficacy of civil protection orders and court processes.[29] However, it is clear

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[25] Hirschel, J. D., Hutchinson, I. W., III, & Dean, C. W. (1992). The failure of arrest to deter spouse abuse. *Journal of Research in Crime and Delinquency*, 29, 7- 33; Schmidt, J. D. & Sherman, L. (1990). Does Arrest Deter Domestic Violence? *American Behavioral Scientist*, Vol. 36, No. 5; Dunford, F. W., Huizinga, D., & Elliot, D. S. (1990). The role of arrest in domestic assault: The Omaha police experiment. *Criminology*, 28, 183 - 206.

[26] Ursel, E. J. (May 1994). The Winnipeg Family Violence Court. *Juristat* Vol. 14, No. 12. Ottawa: Statistics Canada; Bowker, L. H. (1987). Battered Women as Consumers of Legal Services: Report from a National Survey. *Response* Vol. 10, No. 1; Ford, D. A. (1983). Wife Battery and Criminal Justice: A Study of Victim Decision-Making. *Family Relations*, 32, 463 - 475; Bowker, L. H. (1983). **Beating wife-beating.** Lexington, MA: D. C. Heath.

[27] See NIJ discussion paper of Edward Gondolf prepared for the 3/31/95 strategic planning workshop on violence against women.

[28] Sullivan, C. M., Basta, J., Tan, C. & Davidson II, W. S. (1992). After the Crisis: A Needs Assessment of Women Leaving a Domestic Violence Shelter. *Violence and Victims*, Vol. 7, No. 3, 267 - 275; Sullivan, C. & Davidson II, W. S. (1991). The Provision of Advocacy Services to Women Leaving Abusive Partners: An Examination of Short-Term Effects. *American Journal of Community Psychology*, 953 - 960; Gondolf, E. W., Fisher, E. R. & McFerron, J. R. (September, 1987).Texas Shelter Research: **Quantitative Analyses of Shelter Interviews.** Pittsburgh: Western Psychiatric Institute and Clinic of University of Pittsburgh; Donato, K. & Bowker, L. (1984). Understanding the helpseeking behavior of battered women: A comparison of traditional service agencies and women's groups. *International Journal of Women's Studies*, 7 (2), 99 - 109.

[29] Ptacek; J. (1995). Disorder in the Courts: Judicial Demeanor and Women's Experience Seeking Restraining Orders. Dissertation; Brandeis University; Gondolf, E. W., McWilliams, J., Hart, B. & Stuehling, J. (1994). Court Response to 'Protection From Abuse' Petitions," *Journal of Interpersonal Violence*, Vol. 9, No. 4, 503 - 517; Harrell, A., Smith, B. & Newmark, L. (1993) Court Processing and the Effects of Restraining Orders for Domestic Violence Victims. Monograph. Washington, D. C.: Urban Institute; Nickum, L. L. (1993) A survey of victims of family violence in Denton County, Texas, regarding the utilization and effectiveness of protective orders. Doctoral Dissertation; Texas Woman's University; Smith, B. (July, 1993). Domestic Retaliations: Escalating Violence in the Family Courts.

that the evaluation of discrete intervention strategies has barely begun. Significant additional investigation on intervention initiatives in the justice system and community is essential, and it will inform research on coordinated community response.

Measuring success. The issues of how and what to measure in evaluating the efficacy of coordinated community approaches pose interesting questions.

How to effectively measure coordinated community response. While quantitative empiricists may shudder at descriptive assessment pieces, in the field of domestic violence these practitioner inquiries have been instrumental in building theory and shaping the design of empirical work. An early, notable piece is the investigation of Finn & Colsen.[30] The work relied on expert practitioner informants to render a broad brush picture of protection order practice. This reasoned appraisal of the intent of protection order law and the practice thereunder set the stage for significant research and policy development.[31]

The Merryman[32] inquiry on court, advocate and attorney practice in dedicated protection order courts may similarly inform future investigation on the design of dedicated domestic violence courts and the comparative worth of specialized, as contrasted with unified and traditional court structure and practice. There are many questions on justice system interventions in domestic violence that would also benefit from the informed reflections of expert practitioners and battered women; questions, both qualitative and quantitative, for inquiry will be clarified and expanded by this deliberative process.

ABA Journal; Fischer, K. (1992). The Psychological Impact and Meaning of Court Orders of Protection for Battered Women. Dissertation; University of Illinois at Urbana/Champaign; Chadhuri, M. & Daly, K. (1991). Do Restraining Orders Help? Battered Women's Experience with Male Violence and Legal Process, Domestic Violence: The Changing Criminal Justice Response. Eds. Buzawa, E. and Buzawa, C. Westport, CT: Greenwood Press; Finn, P. & Colson, S. (1990). Civil Protection Orders: Legislation, Current Court Practice, and Enforcement. Washington, D.C.: National Institute of Justice, U. S. Dept. of Justice.

[30] Finn & Colsen, *supra* at note 29.

[31] See research enumerated at note 29 and practitioner investigations and policy recommendations at note 23.

[32] Merryman. (1995), *supra* at note 29.

Beyond this, analysis of aggregate justice system data and other data sets that may be rich, but untapped, sources of information[33] would greatly enhance the knowledge base on domestic violence and interventions to end it. All methods of statistical data collection, federal and state, should capture gender and relationship. Technology within the justice and advocacy system must be upgraded with dispatch.[34]

Empirical investigation is also essential. It will be enhanced both by informed reflection by practitioners and by improved statistical aggregation. Research should be retrospective, developmental and experimental. Practitioners caution that the imposition of experimental design on communities should be undertaken most judiciously. The design should foster coordinated community response rather than erect significant barriers between components and constituencies.[35] Furthermore, since experimental design may have significant impact on the communities in

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[33] For example, when the Bureau of Labor Statistics first issued their recent report on workplace homicide, while the study broke out homicides by gender, it did not offer any information on gender and relationship, which had seemingly not been tabulated. Asked to examine the data for homicides committed by men of their wives, girlfriends and former wives/girlfriends at the workplace, Janice Windau, BLS statistician, was able to discover that 12% of the workplace homicides of women were committed by their husbands or former husbands and no women had killed spouses or ex-spouses at the workplace. Data on non-marital, intimate homicides at the workplace was much softer, as state labor departments do not uniformly, reliably ascertain this information, but it appeared that at least 8% of the women killed at the workplace were assaulted by a non-marital intimate. Collectively, the preliminary figure of 20% is astounding and has been one of the bases on which advocates have begun to organize around safety planning in the workplace and to develop legislation to protect battered women and co-workers from domestic violence.

[34] The pace of NIBRS implementation is discouraging for practitioners who anticipate the complexity and richness of criminal justice statistics therein; information essential both to fully describe domestic violence and its impact on victims and the community and to devise more sophisticated interventions.

Many trial courts in this country are not automated. Statewide registries on domestic violence have been implemented in only a handful of states. The data that could be generated by fully automating courts and law enforcement would give significant direction and assistance to policy-makers and practitioners. For example, this past year in planning for a statewide registry on protection orders in PA, the court clerks in many of the 67 counties had to manually search dockets to ascertain the number of temporary, final and contempt protection orders entered in the past several years; an arduous but essential task in designing the registry.

[35] Advocates for battered women reported that the arrest study in Milwaukee created significant division between the advocacy community and components of the justice system that did not exist prior to the imposition of the experimental design in that city. Further, because of the issue of alleged contamination of the data by advocacy for battered women and affirmative prosecution and rehabilitation of batterers, collaborative work in process was side-tracked and precluded until the experiment had been concluded.

which it is undertaken, examination of the environmental context of the experimental intervention both before and after its imposition should be employed.[36]

What to measure in evaluating coordinated community response. First and foremost, every investigation should evaluate the impact of an intervention on battered women. The impact should be measured in terms of the safety, autonomy and quality of life of battered women.[37]

Secondarily, in measuring the impact of coordinated community response on batterers, issues of recidivism[38] should be addressed. Research should also evaluate whether a batterer has made financial restoration to the battered woman for the losses occasioned by his violence, whether he acts as a parent in ways that eschew violence and are respectful of the battered mother, whether there has been a change in perpetrator belief systems about domestic violence, and whether the abuser acts to end violence against women in his social and work life.[39]

Issues of race[40], class and culture must be carefully incorporated in research on coordinated community approaches to ending domestic violence. Reporting of the

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[36] Social impact assessment has a lengthy history in this country and should be utilized in evaluation research on domestic violence interventions, particularly in the justice system. See, Finsterbusch, K. & Wolf, C. P. (1981). **Methodology of Social Impact Assessment**. Stroudsburg, PA: Hutchison Ross.

[37] The work of Bowker, Fischer, Ford, Gondolf, Ptacek and Sullivan has offered preliminary direction for impact assessment beyond the traditional (hits, injuries, recidivism), *supra* at notes 24, 26, 28 & 29.

[38] Recidivism should be defined broadly to not only include further physical violence or law enforcement involvement subsequent to the intervention but should also look at conduct that is coercive, fear-inducing, degrading, exploitive or otherwise psychologically abusive. See the work of Adams, Edleson, Gondolf, Hamberger, Paymar, Pence, Saunders, Sinclair and Tolman, elsewhere.

[39] At least two other things should be investigated; changes in batterer belief systems that suborn violence and conduct that condones it in the community. Commentary on these issues can be found in the work of the scholars and practitioners in footnote 38. See also, Sinclair, H. (1995). **I Am Not A Violent Man**. NY, NY: Ballantine.

[40] For example, Oliver Williams offers suggestions on how to engage both in intervention design and research on domestic violence in the African American community. The community must participate in developing an analysis of the ways African Americans are affected by woman abuse. The community must also collaborate on methods of identifying and recording the violence. Then interventions should be designed tailored to the community's deliberations. A research agenda should be crafted to fully

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results should be crafted in such a manner that informs social change rather than reinforcing cultural and institutional bias.

Evaluation of individual components of coordinated community response to domestic violence should be undertaken, as well as investigation of the effectiveness of the entire community approach. Issues of systemic readiness for the interventions proposed, change in practice and procedures, fit between the changes adopted by various components, interface or communication between the systems and with the community, availability of advocacy and support services, leadership of advocates and battered women in the design and implementation, change in public discourse, and impact on battered women, batterers and the community should be examined. Essential components of a coordinated community response in various communities, e.g. metropolitan, urban, suburban, rural and tribal communities, as well as in specific communities of color and diverse culture, class and religion, should be identified. Comparative efficacy of the various approaches might also be evaluated.

A number of additional questions should be answered. It is critical that careful study be undertaken on whether "separation assault"[41] occurs, how it is different from domestic violence before separation and after the batterer relinquishes perceived ownership of the battered woman, the dangers it poses and the specialized interventions that may be critical to avert severe or lethal violence during the time that the battered woman is separating from the batterer.

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explore the historical and contemporary relevance of domestic violence and intervention strategies in the African American community. Research should then be undertaken and reported in a manner that is sensitive to the reality and exigencies of the African American community. The community should be informed about the data and the social and practice implications of the research, and then offered the opportunity to collaboratively engage in a plan to design and implement reform throughout systems in the community.

Similar consideration should be given in research within other communities of color and culturally diverse populations.

See also, NCJFCJ. (1992). East Cleveland Domestic Violence Project. **State-of-the-Art Court Programs.** Reno, NV: NCJFCJ. This article describes a community-wide, community-based coordinated community response in a predominantly African-American city in Ohio.

[41] Mahoney, M. R. (October, 1992). Legal Images of Battered Women: Redefining the Issue of Separation. *Michigan Law Review*, Vol. 90, No. 1.

Investigation of risk-markers for severe or lethal assault by batterers is essential.[42] Research on the effectiveness of specialized interventions by the justice system once life-imperiling risk-markers appear should be undertaken.

Practitioners throughout justice and human services agencies have begun to engage in "safety planning" with battered women to assist them in strategically assessing danger and identifying action steps possible to avoid life-imperiling assault. Studies on the utility of "safety planning" should be initiated.

Building collaborative investigative processes. Over the course of the last 10 years significant dialogue has been forged between practitioners and researchers about interventions to end domestic violence, research questions and both short and long-term research agendas, methods of investigation, measurement issues, ethics of research and intervention, analyzing data, developing reports on the research, crafting practice modifications in light of the results, dissemination and community education strategies, and building bridges between practitioners and academe. In many of these discussions the principle of evaluating our work in light of its impact, beneficial or adverse, on safety, autonomy and social justice for battered women has been articulated. Through this process of collaborative research many of the questions raised by advocates, practitioners and policy-makers are now being answered.

Collaborative initiatives within the justice and human services systems and between practitioners and researchers will well serve the critical social imperative to end violence against women. As we seek to institutionalize coordinated community approaches to end domestic violence, we should also endeavor to institutionalize collaboration between the practice and research communities.

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[42] See the work of A. Browne, J. Campbell, M. Daly, B. Hart, B. Parker, E. Stark, K. Williams and M. Wilson, and others, on risk markers and assessment.

People offering input and assistance, whose views may differ from the writer and whose assistance does not imply endorsement:

- Judge Ronald B. Adrine, Ohio, Cleveland Municipal Court

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MOTHERS AND CHILDREN: UNDERSTANDING THE LINKS BETWEEN WOMAN BATTERING AND CHILD ABUSE

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Running head: Mothers and Children

Executive Summary

The studies reviewed here suggest that in 32% to 53% of all families where women are being beaten their children are also the victims of abuse by the same perpetrator.   A small but growing body of research also suggests that children who witness domestic violence, but who are themselves not physically abused, may suffer social and mental health problems as a result.   Although several new initiatives are under way to integrate services that provide safety to both battered women and abused children, most state child protection, family preservation and private child welfare programs have done little to address this issue.

A review of existing literature suggests that our present understanding of the link between woman and child abuse would be enhanced by supporting studies that:

1. directly aim to describe in depth the cases in which woman abuse and child abuse jointly occur;

2. more clearly define and shed light on the incidence and experience of children who witness domestic violence in their homes;

3. more carefully examine the short- and long-term social and mental health effects on children of witnessing violence;

4. clarify what links may exist between violence at home and youth violence; and

5. enhance our understanding of the effectiveness and efficiency of programs that integrate the provision of safety to mothers and their children.

MOTHERS AND CHILDREN:

UNDERSTANDING THE LINKS BETWEEN WOMAN BATTERING AND CHILD ABUSE

Twice over the past three decades social reform movements have called public attention to problems of family violence. Even though programs for the prevention of cruelty to children have long existed (see, for example Gordon, 1988), it was not until the 1960s when Dr. Henry Kempe "rediscovered" the battered child that a new wave of public concern took hold (Helfer & Kempe, 1968). On the heels of this work and the public attention it drew came legislation in every state to mandate the reporting of abuse and neglect and the protection of children.

A decade later, the resurgent women's movement rediscovered yet another hidden form of abuse: wife beating (see Schechter, 1982). In over two decades since the founding of the first American battered women's shelters, public interest in the issue of woman battering has grown dramatically, most recently expressed in 1994 passage of the federal Violence Against Women Act.

This paper focuses on an important gap in our current understandings of family violence: the link between woman battering and child abuse. It is surprising that after so many years of public attention it is only in recent years that a discussion of this link has begun to appear in the literature. At present, there is much more we need to know about the overlap between woman and child abuse.

1. <u>Studies that describe the overlap between wife assaults and child abuse are</u>

   <u>needed.</u>

   A clear picture of the overlap between woman battering and child abuse has yet

   to emerge. There are, however, several studies that shed light on this overlap and raise

   serious concerns that we are overlooking an important arena of research, policy making,

   and intervention.

   Estimates of the number of abused children who live in homes where their

   mothers are also being physically abused vary. For example, child protection workers in

   the Massachusetts Department of Social Services (Hangen, 1994) reported statewide

   that an average of 32.48% of their cases also involved domestic violence. A somewhat

   higher estimate was obtained in Straus and Gelles' 1985 national survey of over 6,000

   American families (see Straus & Gelles, 1990). They found that 50% of the men who

   frequently assaulted their wives also frequently physically abused their children. They

   also found that mothers who were beaten were at least twice as likely to physically

   abuse their children than were mothers who were not abused. Walker's (1984) study of

   400 battered women also revealed that 53% of the fathers and 28% of the mothers

   physically abused their children.

   The risk of violence continues during separation and after divorce, raising

   concerns about safe custody visitation arrangements (see Saunders, 1994). For example,

   Minnesota police reported that almost half (47%) of battered women were victimized by

   an ex-spouse or friend, exceeding the percent of those married to their abuser (44%)

   (Minnesota Department of Corrections, 1987). In a Canadian study (Leighton, 1989) a

quarter of the women reported threats against their lives during custody visitations.

Child abuse studies also show that while the majority of perpetrators are women, perpetrators of the most severe forms of child abuse are men. Pecora and his colleagues (1992) reviewed several sets of data and concluded that "most families involved in child fatalities were two-person caretaker situations where a majority of the perpetrators were the father of the child or the boyfriend of the mother" (Pecora et al., 1992). Data on 67 child fatalities in families previously identified by the Massachusetts Department of Social Services found that 29 (43%) were in families where the mother also identified herself as a victim of domestic violence (Felix & McCarthy, 1994).

The data reviewed above appears to establish a clear link between woman battering and child abuse in many cases. Future studies are needed to better document the child abuse cases that also involve wife abuse. What we do not currently understand is how these events play themselves out over a period of time. We don't know, for example, if one type of violence precedes the other or if they occur as part of the same violent incidents. We don't know the degree to which child neglect might be the result of a mother reeling from the results of her own victimization. We have little information on how family members and institutions such as criminal justice and child welfare agencies do or do not respond differently to families where both woman abuse and child abuse are occurring. Future studies might include examination of cases reported both before and after the states of Michigan and Massachusetts implemented identification and screening protocols and services to families where an overlap between woman and child abuse exists. Detailed qualitative studies of families in which woman

and child abuse exist might also add greatly to our understanding of these cases.

2.   **Better definitions and a more in-depth understanding of child witnessing of**

domestic violence are needed.

A related area of research that has more recently gained attention concerns the

degree to which children in a home witness wife assaults and to what extent such

witnessing influences child social development and mental health. The most widely

cited estimates of the number of children who witness violence (but are not themselves

abused) come from the works of Carlson and Straus. Somewhere between 3.3 million

(Carlson, 1984) and 10 million (Straus, 1991) children in the United States are said to be

at risk of witnessing woman abuse each year. These estimates appear to be computed

by taking either the number of battered or of severely battered women estimated in

national surveys of family violence (e.g. Straus, Gelles & Steinmetz, 1980; Straus &

Gelles, 1990) and computing the expected number of children residing in those homes.

No nationally representative survey has been conducted of children who witness

domestic violence.

Widely accepted survey data on both physical violence against women and child

assaults have resulted in more or less standardized measures of these forms of violence.

These measures are not without controversy (see Straus & Gelles, 1990) but tend to be

widely used in a variety of studies allowing some comparisons. This is not the case in

studies of children who witness violence. The term "witness" is defined differently in

each of many studies and may include viewing or hearing an actual violent event as well

as seeing the aftermath (e.g. injuries to mother, police intervention) of such violence.

Similarly, there is no consensus on whether a child who witnesses violence in his or her

home is a victim of child abuse and neglect. Does witnessing violence involve "mental

and emotional injury," a reportable form of child abuse in the majority of U.S.

jurisdictions (Younes & Besharov, 1988)? Child witnessing is reported to child

protection in some jurisdictions and sometimes children are placed in temporary care

outside of a home if the mother discloses she is a victim of domestic violence. In other

localities, the mother's victimization is not a determining factor in out of home

placements and a child who witnesses domestic violence is seldom reported to

authorities.

Taking definitional issues even further, Peled (1993a) argues that the manner in

which child witnessing is socially constructed as a problem will determine public

responses. She suggests that a medical or mental illness oriented construction of the

problem would focus on the negative developmental effects, parent-child relations, and

psychological reactions to witnessing violence. On the other hand, a social-structural

or more contextual construction of the problem, may lead to a greater focus on social

mechanisms that foster violence and to greater prevention efforts.

Future studies might test different definitions and measures of witnessing abuse

by examining it in one locality using multiple sources of data (e.g. newly created

measures and/or secondary analyses of child protection, police, and shelter data) and

varying definitions of the phenomenon (e.g. visual, audio, aftermath). Studies that

clarify the child experience in witnessing violence and the context of family and

institutional responses to witnessing violence are also needed.

3.   Controlled studies are needed on the effects of witnessing violence on children.

A literature has developed in the area of children's exposure to multiple forms of violence from war to street violence (see Garbarino et al., 1991, 1992). Within the specific arena of children exposed to domestic violence, there is a small but growing literature that includes approximately 20 published studies.

Studies have found that child witnesses exhibit more aggressive and antisocial (externalized) as well as fearful and inhibited (internalized) behaviors (Christopherpoulos et al., 1987; Jaffe et al., 1986), and to show lower social competence than other children (Wolfe et al., 1986). Children who witnessed violence were also found to show more anxiety, depression and temperament problems (Christopherpoulos et al., 1987; Forsstrom-Cohn & Rosenbaum, 1985; Holden & Ritchie, 1991; Hughes, 1988; Westra & Martin, 1981), less empathy and self-esteem (Hinchey & Gavelek, 1982; Hughes, 1988) and lower verbal, cognitive, and motor abilities (Westra & Martin, 1981), than children who did not witness violence at home. There is also some support for the hypothesis that children from violent families of origin carry violent and violence-tolerant roles to their adult intimate relationships (Cappell & Heiner, 1990; Rosenbaum & O'Leary, 1981; Widom, 1989).

Great caution should be used in interpreting these findings. First, it is clear that a number of factors mediate the degree to which children are influenced negatively by the violence they witness. Mediating factors include the severity of the abuse

witnessed, whether or not the child was also physically abused, the child's age, family

situational factors, and the time since exposure (Peled & Davis, 1995).   Children may

also show resilience in the face of violence and learn to cope in constructive ways

(Peled, 1993b).

Second, while some existing studies show careful design, many are characterized

by a variety of methodological weaknesses that limit the conclusions one might draw

from them. For example, a number of studies have not differentiated between children

who witness abuse and those who were also abused. Many studies have also drawn

samples primarily from children residing in shelters for battered women, a time of great

family crisis and dislocation for these children.   Studies have also relied on measures

such as the Child Behavior Checklist (Auchenbach & Edelbrock, 1983) that have been

developed a general measures of child mental health but lack the sensitivity to measure

specific effects of witnessing violence.

There is a great need for more carefully designed, larger scale and longer-term

studies on the effects witnessing violence has on children's social development and

mental health. Basic definitions and large-scale incidence studies of child witnessing

are non-existent and need to be conducted. Controlled studies focused on determining

the effects of witnessing violence on children's social and mental development would

also allow stronger conclusions to be drawn regarding effects and should provide

guidance for future policy and program efforts. These studies should examine both the

short and long-term effects as well as the coping skills of child witnesses.

4.   <u>The link between violence at home and youth violence must be more clearly</u>

<u>understood</u>.

A few studies have begun to establish a link between prior victimization and

youth violence. For example, Carlson (1990) found that males who witnessed spouse

abuse were significantly more likely to use violent behavior than non-witnesses. There

were no significant differences for females. DuRant et al. (1994a) found the strongest

statistical predictor of the use of violence by 225 urban black adolescents was their

previous exposure to violence and victimization (which included family conflict as

measured by the Conflict Tactics Scale). But in another published report on the same

data set, Durant et al. (1994b) found that fighting behavior was not associated with

family conflict. In the largest study to date, Singer et al. (1995) conducted a survey of

3,735 students in six urban and suburban public high schools in two different states.

They found that "being a recent victim or witness to home violence...were strongly

associated" with total trauma symptoms and four of five trauma subscales: anxiety,

depression, stress, and dissociation. (p. 481).

The link between violence at home and youth violence is mostly unexplored at

this point. A full range of studies from incidence to indepth understanding of the

linkage are needed.

5. <u>Demonstration projects that provide joint safety to mothers and children are</u>

   <u>needed</u>.

   The field is currently characterized by severe fragmentation in delivery of

services to battered women and abused children.   Various factors create tension

between battered women's, family preservation, and child protection programs.   There

are, however, several demonstration projects that integrate safety for mothers and

children. Most notable are: (1) the collaboration between Michigan's Families First and

its Domestic Violence Prevention & Treatment Board (DVPTB); (2) one in which the

Massachusetts Department of Social Services has integrated a domestic violence unit

within its child protection services; and (3) AWAKE at Children's Hospital in Boston.

These initiatives are more fully described elsewhere (see Schechter, 1994) and will be

briefly summarized here.

   Michigan's initiative, called "Finding Common Ground," began in 1993 with a

dialogue between Families First and the DVPTB.   Within six months a training for

Families First staff was provided by the DVPTB.   This quickly led to cosponsorship

(with Homebuilders) of a national curriculum on domestic violence for family

preservation workers recently developed by the Family Violence Prevention Fund in San

Francisco. This dialogue further blossomed with $635,000 in funding to initiate the first

family preservation effort within domestic violence programs in the United States. This

effort is placing five family preservation teams within collaborating battered women's

shelter programs to work to provide <u>joint</u> safety to women and children referred from

the shelter.

The Domestic Violence Unit of the Massachusetts Department of Social Services (DSS) evolved from responses to several child fatalities in 1989 in which the murdered children's mothers were also victims of domestic violence. DSS has assigned domestic violence specialists to six regional offices. Specialists provide case consultation, training, and work for systems changes aimed at providing greater safety to mothers and children. Domestic violence working groups support the work of specialists by reviewing system-wide practices that might be changed to be more sensitive to issues of domestic violence. DSS has also established several pilot projects in which child protection workers and domestic violence specialists work closely together on teams that are handling severe cases of woman and child abuse. DSS has also supported the establishment of supervised visitation centers, a children's evaluation service, and the development of training materials.

AWAKE (Advocacy for Women and Kids in Emergencies) was established in 1986 and was the first program in a pediatric setting to work with both battered women and their children. The hospital created a program that offered support and advocacy services to battered women at the same time the hospital was working with their children. Battered women and their children work with an AWAKE advocate who has also had personal experience with family violence. Advocates, hospital staff, and outside agencies collaborate to provide safety for both mothers and their children. AWAKE currently employs three advocates and project director who, in 1993, offered services to 346 women and 179 children.

These programs are but two of a number that are being established across the country. Very little data exists on their effectiveness and efficiency. For example, a review of the average duration of Massachusetts cases receiving services from a joint child protection and domestic violence team showed such cases to be closed in approximately one-third less time than the state average (Hangen, 1994). Contrary to expectations, including concerns for the mother's as well as the child's safety seemed to shorten, rather than lengthen work with the family. Funding for and evaluation of demonstration projects such as those being undertaken in Michigan and Massachusetts would help us to better understand the consequences of linking mother's and children's safety in social interventions. An ongoing forum in which programs exchange information about demonstration projects should be supported.

6. **A national research agenda on the link between woman abuse and child abuse/witnessing is needed.**

This review suggests that our present understanding of the link between woman and child abuse would be enhanced by supporting studies that:

a. directly aim to describe in depth the cases in which woman abuse and child abuse jointly occur;

b. more clearly define and shed light on the incidence and experience of children who witness domestic violence in their homes;

c. more carefully examine the short- and long-term social and mental health effects on children of witnessing violence;

d.   clarify what links may exist between violence at home and youth violence; and

e.   enhance our understanding of the effectiveness and efficiency of programs that integrate the provision of safety to mothers and their children.

Progress on this national agenda would go a long way toward informing the public and policy makers of the problem and its extent. Such progress should also provide important clues to program developers and service providers about the best practices for improving the safety of women and child victims of violence.

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COMMUNICATIONS AND PUBLIC EDUCATION: EFFECTIVE TOOLS TO PROMOTE A CULTURAL CHANGE ON DOMESTIC VIOLENCE

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Introduction

Earlier this year, the state of California once again suffered from shock as reports filed in about three separate domestic homicides that all took place within the course of a week -- two of which involved a mother being shot dead in front of her children. In the state which has served in recent months as the focal point for a national look at the issue of domestic violence, analysts and policymakers struggled to understand how such horrifying acts can continue to take place.

After twenty years of grassroots organizing, which has resulted in the growth of what is now more than 1700 domestic violence programs across the country, we must all ask ourselves the same question. While awareness about the issue has been raised significantly in recent months, the epidemic of violence against women continues unchecked, with almost four million women abused in the last year alone.[1]

Domestic violence continues to flourish because of silence, and the subtle but pervasive ways that American society implicitly accepts and condones disrespect of and violence against women, and the ongoing belief that domestic violence is a private, and not a public, concern. Today, the cultural climate in this country is one in which people say that domestic violence is wrong, but in which they nevertheless look the other way from the problem, subtly reinforcing its continuation through disrespect and devaluation of women.

Over the years, this implicit cultural acceptance of violence against women also has been reflected in the way the justice system has historically -- and until quite recently -- responded to domestic violence. Typically, police called to deal with an incident of abuse did not take the problem seriously, rarely arresting perpetrators. When battered women persevered and tried to press charges, district attorneys often refused to support their cases, and those cases which made it to court were likely to be dismissed by the judges. In domestic violence incidents, the general attitude was "she provoked it;" "it's a private, family problem, not our business;" "there's nothing really wrong with a husband showing he's boss;" or "if it was really so bad, why didn't she just leave?"

The cultural climate about women has improved in some ways during the last decades. Women have made gains in the workforce, for example, and the justice system has moved to take domestic violence more seriously. At least in some jurisdictions and some states, clearer procedures and stronger laws have been put into place so that police officers and judges can react swiftly and appropriately. More shelters have been opened. And public attitudes have changed dramatically. Today, 87 percent of Americans believe outside intervention is necessary if a man hits his wife -- even if she is not injured -- and virtually everyone (99 percent) believes outside intervention is necessary if he causes her injuries that require medical attention.[2] More and more, people are beginning to recognize their *own* role in stopping domestic violence, asking themselves "what can *I* do to help?" rather than "what should *she* do to escape the abuse?"

However, the vast majority of Americans demonstrate covert attitudes which implicitly condone battering, and which create an environment in which inaction is the norm rather than the exception. A recent survey found that almost half of the American public currently believes that men sometimes physically abuse women because they are stressed out or drunk, and not because they mean to hurt them.[3] This type of widely-held excuse for battering helps explain how friends, family and institutions alike can continue to resist holding men accountable for their behavior -- even when almost all Americans today recognize domestic violence as wrong. The following story is instructive. Ed is a liberal individual who is very progressive on social issues. He mentioned to a woman friend (a domestic violence activist) that he had just made a startling discovery: a man with whom he plays weekly tennis regularly beats up his wife. Ed's woman friend asked him why he continues to play tennis with that kind of person. "Because," Ed replied, "he's basically a nice guy."

This type of attitude, unfortunately, continues to exist even in institutions that have made great strides in recent years in addressing the problem. For example, in hospitals across the state of California -- the only state in the country that now requires health care personnel to screen all women patients for signs of spousal abuse -- evidence suggests that more health care providers continue to buy some of the old excuses for battering than does the general public.[4] And highly publicized cases from around the country indicate that as far as the courts are concerned, judges still have much to learn about domestic violence (in the state of Maryland, for example, a judge recently imposed a sentence of only 18 months on a man who shot his wife in the head with a rifle after finding her with another man, saying, "I seriously

wonder how many men ... would have the strength to walk away without inflicting some corporal punishment. I'm forced to impose a sentence -- only because I think I must do it to make the system honest"[5]).

Even though the staggering numbers of abused women indicate that progress is not being made very quickly, we know from other issues that what is learned can be unlearned. Broad cultural messages about male-female relationships can be changed; attitudes about what is acceptable behavior can be reframed; children growing up with domestic violence can be taught new behaviors. Domestic violence can be positioned as an issue that touches the lives of more than just abused women and batterers, a problem that tears families and communities apart, fills our courtrooms, hospitals and morgues. In order to galvanize Americans to take action on this issue, domestic violence must be promoted as an issue that individuals and communities alike must help address. People around the country must be educated that they have a role to play in helping battered women and their children -- educated, that is, that their behavior matters, too -- and shown how to get involved. The strategic use of communications and public education tools can play a key role in raising public awareness, changing attitudes, and promoting personal and community involvement.

The domestic violence field is at a pivotal moment as we all begin to recognize that enacting sanctions through the justice system is essential in addressing the problem, but that it is not enough. Concomitantly, social sanctions must also be developed and woven into the everyday fabric of people's lives so that batterers know their behavior will no longer be tolerated by

their friends, family and co-workers. To be effective, communications strategies must educate

the public at large about the issue in a manner which counters the existing cultural acceptance

of violence and produces public outrage about, and a commitment to stop, violence against

women. We have seen this with many behavior-based health issues. In fact, addressing every

significant societal health problem, especially those that involve behavior, has required

changing the way people think, as well as the way they behave -- whether it has been

recycling, cigarette smoking, or drunk driving.

Social Change Movements

A review of other social movements can be useful. High exposure media efforts to educate

the public about the environment, for example, have brought recycling into the everyday life

and habits of Americans. Attitudes about smoking have changed in this country from viewing

it as glamorous, sophisticated behavior (validated by seeing our favorite movie stars lighting

up on the big screen) to seeing it as dangerous (with activists boycotting movies in which

smoking is glamorized); in California, where massive public education efforts have taken

place to caution the public about the first- and second-hand effects of smoking, the prevalence

of smokers declined from 26 percent in 1987 to 21 percent in 1990.[6] Finally, our attitudes

about drinking and driving have also been transformed by pervasive public education efforts;

people have learned to watch out for potential perpetrators, and have learned to take

responsibility for preventing the problem (by taking the key away from a friend too

intoxicated to drive, or designating a non-drinking driver at the evening's outset).

Saturating the media with messages that promote individual involvement and action -- even when the messages are unpleasant and intrusive -- is an effective method for changing behavior. For example, a public service advertising campaign sponsored by the Advertising Council which urged people, particularly men, to speak to their doctors about colon cancer (not an easy or comfortable subject) was found to increase awareness about the issue from 11 percent to 29 percent after only six months of high exposure to advertising, and up to 40 percent in 12 months.[7] The number of people who spoke to their doctors about colon cancer during the course of the education effort increased by 43 percent, with the number of men increasing by 114 percent. Because colon cancer is a disease with a good prognosis after early treatment, this public education effort presumably saved lives.

In looking more closely at the public education efforts which produced these changes in behavior and attitudes about difficult subjects, several common threads can be identified. First, they all developed simple, powerful messages which are action-oriented, emotive, empowering and short; for example, "save the planet," "friends don't let friends drive drunk," etc. Second, all of these movements have utilized the media to convey their public health and public policy messages, and none of them would have succeeded without strong press support. Third, these initiatives have relied on a clear understanding of their audience, relying on focus groups, polling data and tracking surveys to measure attitudes, reported behavior and response to campaign messages.

Fourth, all the campaigns addressed issues that could be seen by almost everyone through the lens of their own personal experience; for example, almost everyone has choked on cigarette smoke or been afraid of being killed or disabled by a drunk driver. By framing the issue in this way, little explanation is necessary to move people because they already understand the issue and are hooked emotionally. Fifth, these campaigns clearly communicated the benefits associated with behavior change, a particularly critical aspect of public education efforts when the desired outcome requires a difficult adjustment in behavior. The campaigns against both AIDS and cigarette smoking relied on messages that communicated clearly the hazards of *not* adapting desired behavior changes (ie: risk of contracting deadly diseases like AIDS and lung cancer). Sixth, most of these campaigns enjoyed visible support from powerful opinion leaders, who have the ability to generate press attention, make policy changes, and assist the cause financially. Lastly, sustained leadership is essential; either institutions or charismatic leaders must guide the effort on a sustained basis, to make steady progress towards its objectives.

This country is on the threshold of being able to affect massive social change on the issue of domestic violence because public awareness has been raised so significantly over the years, and especially in recent months. Yet if advocates want to see a lasting difference in behavior -- and to ensure that domestic violence is not merely this year's fad -- a concerted effort must be made to address the public's subtle acceptance of, and turning away from, the problem of domestic violence. America continues to need massive public education initiatives on the issue of domestic violence which make the issue a public one by encouraging

individuals and communities to claim personal responsibility for stopping domestic violence, just as they have taken responsibility for stopping drunk driving and protecting the environment.

Message Development

As with other campaigns, message development for such initiatives must be grounded in a clear understanding of <u>what motivates the target audience to get involved in stopping domestic violence.</u> Particular messages may very well prove enormously effective with one subset of the target population and not at all with another. For example, developing messages that motivate people by emphasizing the devastating impact of domestic violence on people's lives may work quite well when targeted at individuals who have a friend, daughter or co-worker who is a victim (or perpetrator) of domestic violence -- but might not necessarily activate those individuals interested in getting involved because of their understanding about the high impact of the problem on our courts, hospitals, and social service systems; or others who are concerned about the links between domestic violence and youth violence; or still others who approach the problem out of a sense of basic fairness and a conviction for the equality of women. Other individuals may be motivated to act simply by the power of the spokesperson delivering the message (as when Magic Johnson's revelation of his HIV-positive status reportedly led to an increase in individuals coming in to be tested for AIDS). Research examining such motivating factors must look at differences between men and women, as well as race and class differences, so that messages can be tailored and targeted appropriately.

In addition to examining what some of the motivating factors are, <u>advocates must also examine what some of the barriers to intervention are for the target audience, and develop messages that address those barriers in order to promote action.</u> While twenty years ago it was much more difficult to mobilize the general public because of a pervasive lack of awareness about the seriousness and prevalence of domestic violence, today that is no longer the case. Rather, advocates must learn more about whether people in this country are still hesitating to get involved in domestic violence efforts because of the all-too-familiar "it's not my problem" attitude; or because they don't know what to do; or because they are (legitimately) afraid for their own safety if they intervene directly in an on-going assault, and don't know of any substitute activities for physical intervention. Messages must be developed which address these barriers to intervention, and which provide potential intervenors with concrete, safe action steps.

Additionally, attention must be paid to how the public understands the problem of domestic violence, which in turn impacts the way the issue should be framed. For example, although evidence indicates that as many as 95 percent of domestic violence perpetrators are male, focus groups have demonstrated consistently that both women and men strongly resist framing men as the enemy, wanting instead to see them as part of the solution.[8] Campaigns that encourage men to hold other men accountable for their violence are therefore likely to be successful, and those that indiscriminately blame all men for the problem are not.

Any public education prevention strategy which is developed must address differences within various communities, particularly communities of color. Such strategies must grow out of, and be in tune with, those communities. Previous campaigns that have resulted in widespread behavior change in different communities have enjoyed success in part because messages, interventions and sanctions have grown out of the target community. Research on AIDS prevention conducted in low-income housing projects in Chicago found, for example, that African-American women were significantly more likely to adapt desired behavior outcomes (ie: testing for HIV antibodies, requesting condoms, etc.) when targeted with culturally sensitive messages about AIDS.[9] A recent report from the Center for AIDS Prevention at UC San Francisco also demonstrated that carefully focused, targeted campaigns helped stem the tide of AIDS across the globe (in Chicago, risky needle-sharing by a group of addicts dropped from 100 percent to 14 percent after street workers provided access to clean syringes, and in Switzerland, a highly explicit program aimed at teenagers and young adults who were having casual sex saw condom use increase from 19 percent to 73 percent).[10] These outcomes were obtained because the messages were so closely tailored to the target population, as well as because the suggested interventions were appropriate to the needs and behaviors of the target population.

These lessons must be applied to public education initiatives on domestic violence. Attention must be paid to cultural differences in attitudes about the acceptability of domestic violence, in perspectives about victims and perpetrators. Public education efforts must assess which spokespeople are most effective with different communities. Efforts must be made to enable

each community to own the issue, and to develop their own approaches to solving the problem -- and resources must be made available to accomplish this.

Public Opinion Research On Domestic Violence

In 1992, the Family Violence Prevention Fund (the FUND), a national domestic violence education and policy organization, conducted pioneering market research on public opinion about domestic violence with funding from the Ford Foundation to lay the groundwork for such a campaign.[11] Prior to this research, there had been no comprehensive, national study of public knowledge or concern about domestic violence. EDK Associates, a public opinion research firm, designed a qualitative and quantitative research effort on public attitudes toward domestic violence.

A series of 12 focus groups were conducted in five cities (Hartford, CT, Little Rock, AR, Dallas, TX, Los Angeles, CA, and San Francisco, CA). Three were comprised of white women, two of white men; two of African-American women, and one group each of Latinas, Latinos, Asian-American women and Asian-American men. The groups were led by a gender and ethnic appropriate moderator, and the Latino groups were conducted in both Spanish and English.

One of the most striking findings was that, contrary to expectations, Americans across all race and ethnic backgrounds were both ready and willing to discuss this issue. People discussed domestic violence as a real problem that they had seen in their own lives, and although not

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aware of the prevalence of the problem throughout society, they wanted it stopped. One man from Dallas commented, "I don't know [why my friend's boyfriend beat her], but there's no reason to hit a woman. That's absolutely wrong.... If she did something horrible, you can leave."

An opinion survey was then conducted which was the most comprehensive survey on the issue to date. The survey was drawn from a national sampling of 1,000 men and women aged 18 and older who were interviewed by telephone. Three additional surveys were also conducted to oversample 300 African-Americans, 300 Latinos, and 300 Asian-Americans, with ethnic-appropriate surveyors doing the interviews.

The survey found that 87 percent of Americans felt that men beating their wives and girlfriends was a serious problem facing many families. More than one in three (34 percent) had witnessed an incident of domestic violence directly -- more than had witnessed a mugging or a robbery combined (19 percent). Further, 14 percent of women indicated that they themselves had been violently abused by a husband or boyfriend, and one in two women said that battering was not uncommon in relationships.

Further, Americans of every age and racial group agreed that violence is not just a physical assault, but is also an attack on women's dignity and freedom. And, unlike a decade ago, most Americans claimed they were no longer buying the old excuses for abuse. Respondents were unwilling either to excuse him for his violent behavior ("he couldn't help it," "he was

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drinking") or blame her for the violence ("she provoked it," "she deserved it"). Ninety-three percent of Americans said they would talk to friends, family or clergy if someone they knew was being beaten, and 90 percent said they would call the police if they witnessed a man beating a woman.

The research also indicated that most Americans felt helpless to do anything about this widespread problem: while 81 percent said that something could be done to reduce domestic violence, more than one in four (26 percent) said they didn't know what specific action to take.

Overall, the research showed that in 1992 Americans were aware of, and concerned about, the effects of domestic violence in their lives. While unaware of the extent of the problem throughout the country, they said they no longer accepted any excuses for battering. Many people expressed willingness to become involved but said they didn't know what they should do about the problem, either in their personal lives or in general. Americans needed to be further educated about the prevalence of the problem, and given some direction for action.

National Public Education Campaign

On the basis of that information, in June 1994 the Family Violence Prevention Fund launched a national public education campaign. Called THERE'S NO EXCUSE FOR DOMESTIC VIOLENCE, the FUND's multi-year effort aims to reduce and prevent domestic violence by educating the public and creating a commitment in Americans to end the epidemic. Sponsored

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by the Advertising Council and selected as its major public education and research initiative for several years, the campaign is giving unprecedented visibility to the issue.

As a part of the public education initiative, the FUND developed print, radio and television public service announcements, as well as bus shelter and billboard displays, targeting the general public. These ads carry the campaign's key messages that "domestic violence is everybody's business" and "there's no excuse for it." In one powerful television execution called *Neighbors*, viewers see a couple in their bed who hear the sounds of a man brutally beating a woman in the apartment upstairs. The couple exchange anxious looks, but when the husband reaches over to the night table, instead of picking up the phone to call the police, he turns off the light. The corresponding print execution shows a man beating a woman, and the. text reads: "If the noise coming from next door were loud music, you'd do something about it." Another television ad shows wedding day images and contrasts them with the chilling fact that 42 percent of women murdered in America are killed by "someone who promised to love them."[12]

This first stage of the advertising component of the campaign was designed to focus on the seriousness and lethality of domestic violence because the FUND's polling data revealed that most Americans believe domestic violence crosses the line from a private to a public issue when injury occurs.[13] While respondents condemned such abusive behavior as shouting, threatening, grabbing, and shoving, they nevertheless did not believe any public interventions were necessary until injury occurs. The campaign was therefore designed to capitalize on the

Before the launch of the campaign and the distribution of the PSAs, the Ad Council commissioned a pre-test of the 30-second television PSA, *Neighbors*, to ensure that Americans would understand the strategic intentions of the ad.[15] Overall the commercial tested extremely well, generating a recall score 15 percent above the average for other Ad Council campaigns and in-depth verbatims (many people remembered the slogan "it is your business" in particular and understood that it meant "we should all get involved"). In addition, the execution appears to have a positive impact on key consumer attitudes -- the commercial was found to be believable (84 percent), important (83 percent), effective (76 percent) and thought-provoking (64 percent).

The Ad Council has since arranged for millions of dollars of donated media space for the PSAs, enabling campaign messages to appear in national news magazines, on primetime network television, in national and local newspapers, and on radio stations across the country. Already, the media have demonstrated an enormous interest in promoting a focus on what individuals can do about domestic violence, airing the television PSAs an astounding 14,000 times during the first four months of the campaign (Ad Council campaigns average 1,100 PSAs aired per month).

The trial of O.J. Simpson for the murders of his ex-wife and her friend and the subsequent revelations of his violence toward her have focused national attention on the issue of domestic

violence, and have served as a national "teach-in" on the subject. In recent months, many

publications have dedicated prominent, in-depth feature stories and even entire issues to the

subject of domestic violence, creating intense interest in the seriousness of this epidemic.

What's more, because Simpson was such a beloved public figure, journalists became intrigued

by the question of how such incidents can be circumvented earlier. In short, the events of the

last year have prompted a public shift toward questioning how domestic violence can be

stopped.

Advocates, journalists and policymakers alike have channeled renewed energies into

understanding what role individuals and communities can play in addressing domestic

violence, as well as how to reach women who are currently being abused before it is too late.

An extraordinary *People* cover story recently ran the banner headline: "Why Nobody Helped

Nicole: Friends, family and police saw her bruises but failed to stop O.J.'s abuse. What went

wrong?"[16] Meanwhile, a recent issue of *Self* included an article entitled "100 Things You Can

Do To Prevent Domestic Violence,"[17] *Emerge* ran a piece called "The Brutal Truth: Putting

domestic violence on the black agenda,"[18] and *Men's Fitness* ran a special report called "Is

Someone You Know a Batterer? Domestic abuse is every man's problem. Here's how to spot

it and stop it."[19]

Public opinion polling in the last several weeks reflects the effect this national teach-in has

had on the general public's perception of the problem of domestic violence. In mid-January,

Time Magazine/CNN released findings from a poll of 1,000 adults.[20] In comparison to the

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Family Violence Prevention Fund's 1992 poll, which found that 87 percent of the public considered domestic violence a serious problem, this more recent study found that almost everyone in this country (96 percent) considers domestic violence a serious problem in today's society. The same poll revealed that two-thirds of men (67 percent) and 80 percent of women view domestic violence as a *very* serious problem; in 1991, only 57 percent of respondents in a similar poll said domestic violence was a *very* serious problem.

Additionally, these recent polls continue to reveal the extent to which domestic violence is a problem that impacts the lives of many. A poll conducted last year for Liz Claiborne, Inc. reported that two in five (40 percent) corporate leaders are personally aware of employees in their company who have been affected by domestic violence.[21] A recent survey of security directors working at corporations nationwide revealed that more than 90 percent of those surveyed were aware of more than three incidents in which men stalked women employees, and 94 percent said that domestic violence was a high security problem at their companies.[22] And Time Magazine/CNN's 1995 poll found that a striking 57 percent of respondents said they personally knew a victim of domestic violence.

Despite this prevalence, however, and despite public recognition of domestic violence as a serious problem, until very recently few people had actually taken action against domestic violence. Prior to the distribution of the Family Violence Prevention Fund's PSAs, the Ad Council collected baseline data through interviews with 700 men and women (which will be collected on an ongoing basis for the next several years) to gauge the effect of the public

education initiative on attitudes and reported behavior.[23] This data revealed that only last year, while 30 percent of Americans knew a woman who was a victim of spousal abuse, only 18 had taken steps to help reduce domestic violence in the previous year. While polling data continues to reveal some variation in the number of people who say they know someone who is a victim of spousal abuse (with reports ranging from 30 to 57 percent of Americans claiming they do[24]), what this research made clear was that there was a marked divide between knowledge and action: about half of those who said they knew a victim of domestic violence had nevertheless failed to even talk to her about the abuse. This poll also revealed that levels of participation in domestic violence efforts were quite low compared with the public's engagement in other social issues that have been popularized over the years (56 percent had done something in the past year to help the environment and 43 percent had aided children living in poverty).

The survey further revealed that there are barriers that must be overcome before more people will get involved in the effort to reduce domestic violence: Almost two-thirds of respondents said they didn't know what to do to reduce violence in their communities, and 70 percent felt most people would not think of joining a community action group as a way of reducing domestic violence. (Those who *had* gotten involved had taken such steps as talking to an abused woman or abusive man, donating money or doing volunteer work.) A striking 85 percent reported that they would be concerned about their own safety if they tried to help in a specific domestic violence situation. Encouragingly, however, fully 40 percent of respondents also said they would like to do something to help reduce domestic violence in the coming

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year.

Certainly, increased media coverage about domestic violence has helped raise awareness about the issue and has helped galvanize the general public to take some action. A media audit conducted for the FUND reveals that there was a dramatic increase in both television and print coverage of domestic violence in the months following O.J. Simpson's arrest and the subsequent revelations of his abuse towards his ex-wife: During the months of April and May 1994, a total of two stories about domestic violence appeared on the three networks' evening news and a *Lexis-Nexis* search found 206 print stories that referred to domestic violence, spousal abuse and/or battered women; during the months of June and July 1994, however, the number of network news stories skyrocketed to 54 and the *Lexis-Nexis* search uncovered 454 print stories about domestic violence. This dramatic increase in coverage sustained itself until the end of 1994.[25]

Polling data reveals that this increase in coverage was not lost on the general public -- a July 1994 survey found that 78 percent of Americans had seen stories on domestic violence in the media very or fairly often in the previous three months (almost 50 percent reported having seen such stories very often).[26] Evidence suggests that battered women are more likely to seek outside intervention or leave their abusers when they perceive themselves to have resources and options for ending the violence.[27] During the same time period when domestic abuse featured prominently in national and local media markets, including scores of articles about what to do if you are a victim, battered women across the country began seeking outside

intervention in record numbers. In San Francisco alone, there was a 51 percent increase in the number of people calling crisis lines in the first three months after Nicole Brown Simpson was murdered; during the same time period, 39 percent more people sought help from local domestic violence agencies.[28]

Significantly, the same media stories that prompted battered women to come forward also seem to have had a positive effect in motivating Americans to take some action to help reduced domestic violence. Almost 50 percent reported that the stories in the media had made them more likely to do something to help reduce domestic violence (and only six percent reported that the stories had made them less likely to do something to help).

From Knowledge to Action

In the last several months, this country has experienced a remarkable change in the way that domestic violence is viewed and responded to by the general public. More than ever before, Americans recognize the seriousness and pervasiveness of the problem, and are proclaiming the issue both as a public one that deserves public recognition and discussion as well as one they would like to get involved in. At unprecedented levels, women are beginning to publicly acknowledge the violence in their lives, and their friends and relatives are beginning to talk to them about the abuse, as well -- a sure sign that this issue, which has been ignored and denied for centuries, is finally beginning to permeate public consciousness. Tracking data collected for the FUND from November 1994 through February 1995 reveals that there has been a significant increase in the number of women who are willing to admit they have been

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physically abused by a husband or boyfriend (up to 31 percent in February 1995 from 24 percent in July 1994, an astounding increase of seven percentage points in only a few months), especially among women living in households earning more than $40,000 in suburban and rural areas. Additionally, there has been a concomitant increase in the number of people who say they *know* women who are physically abused by their husbands or boyfriends, a sure sign that more people are talking about their personal experiences with domestic violence.

In addition to acknowledging the problem, Americans are increasingly grappling with the question of *what to do* about domestic violence. More and more people are seeking to get involved in domestic violence efforts; as the polling data shows, there has been an exciting increase in the number of people who have taken action to reduce domestic violence in the last year (especially among women, who showed a six percent increase in likelihood to do so between July 1994 and February 1995). The action step that appears the most accessible is talking to an abused woman, which more people (especially women) are doing (showing a seven percent increase since July 1994). In a finding that has many implications for message targeting, the data also shows that those who know an abused woman are most likely to take action against domestic violence (59 percent of whom intend to take action in the next year, as compared to 41 percent of the general public and 49 percent of the California public, where so much of the country's recent public education teach-in has originated).

With the public ready to take action against domestic violence, advocates and policymakers in the field must provide the public with some direction for engagement and more encouragement to do so (after all, despite an increase in the number of people getting involved, fully 79 percent of the public had *not* taken any action against domestic violence in the last year as of February 1995). <u>Until recently, there has been little collective thought given to the question of how to involve and engage the general citizenry in addressing this problem. Over the next decade, advocates must identify and promote simple, safe and effective action steps that address three different, distinct levels: person-to-person contact, individual action, and community action.</u>

Person-to-Person Contact

Individuals everywhere must be educated about how to effectively talk with and give support to women they know who are currently victims of abuse so that they can help real people living with or trying to escape from violence at home. While these kinds of conversations are often emotionally difficult -- and may require the commitment of the intervenor to have ongoing discussions with the victim about the situation -- this kind of support is invaluable. One of the problems facing battered women is their very real sense of isolation and shame. Yet if advocates can help create a world in which battered women are surrounded by friends and relatives non-judgmentally offering support, referrals, and resources, victims will have a much easier time finding the courage to leave and the help to make it happen. Additionally, individuals must be educated about the devastating impact of spousal abuse on children living in violent homes, and encouraged to offer help and support to the youngest and most innocent

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victims of domestic violence whenever possible.

Conversely, the public has for centuries helped create what U.S. Secretary of Health and Human Services Donna Shalala has called "America's dirty little secret," turning a blind eye toward friends and co-workers who are batterers and failing to sanction the violent behavior in any way. Yet social sanctions imposed by individuals who are close with the batterer -- for example, withholding friendship, social status or acceptance -- are powerful ways to sway behavior. Thus, friends and relatives of batterers -- those who have pre-existing relationships with batterers that are based on love, affection and understanding -- are in a unique position to have a real impact on a batterer's behavior by addressing the violence directly and calling it unacceptable.

While many programs have developed literature about how to talk with a victim about the abuse, few have applied the same principle to the batterer and developed materials about how to confront a friend, relative or co-worker who is also a batterer to let him know that his behavior is unacceptable. Communicating especially with men about the importance of condemning violent behavior and providing them with some direction for how to have those difficult confrontations in a way that does not further jeopardize the victim of abuse, will help create an environment in which anti-women violence becomes as socially unacceptable as racist violence or anti-Semite violence.

Other behavior change efforts have experimented successfully with the use of social sanctions and social support as effective ways to alter behavior. For example, an AIDS prevention study conducted in three gay bars in different cities demonstrated that safe sex practices endorsed by peers who were perceived by others as popular were likely to be adapted; these interventions consistently produced reductions in reported high-risk sexual behavior.[29] Similar studies must be designed and evaluated on the issue of domestic violence, that explore the extent to which social sanctions (ie: ostracism, and loss of social status and affiliation) are effective in changing the behavior of batterers and the extent to which social support for victims encourages them to seek and receive help.

In order to develop effective social sanctions and messages, advocates must learn more about what currently *prevents* men from having those difficult conversations, and what messages batterers will respond to. Focus group testing different messages with groups of potential intervenors and former batterers would be a useful way to help determine effective intervention strategies and messages.

Individual Action

Individuals who can be mobilized to take action must be provided with relatively easy action steps that allow them to be participants in the effort to end domestic violence. The Family Violence Prevention Fund's public education campaign includes a national toll-free number, publicized on each public service announcement, which provides free Action Kits to callers. These kits include specific organizing strategies that several citizens have undertaken to raise

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awareness about domestic violence in their communities. These strategies include getting

domestic violence hotline numbers printed on milk cartons; organizing a march for women's

lives to raise both awareness and funds for services; and blanketing storefronts with stickers

reading "THIS IS A SAFE HAVEN," where battered women can seek refuge and know that

support is available to them.

What the FUND has found, however, is that these strategies may be somewhat ahead of the

curve for the general public: while such direction is fodder for the community organizer, the

average person interested in helping to stop domestic violence does not necessarily have the

time or desire to become involved in orchestrating community-wide demonstration projects.

Additionally, those motivated to get involved by the people they know who are directly

affected by this problem will seek action steps much closer to home -- including concrete

ways to help people affected by the problem.

One of the real challenges of the domestic violence community over the next couple of years

must be to come up with ways for individuals to get involved with domestic violence in a

relatively simple fashion that does not put them at risk -- the domestic violence movement's

equivalent of the drunk driving movement's "take the keys away." These action steps must be

clearly articulated and promulgated to potential intervenors in a way that carefully avoids any

endorsement of direct physical intervention, which could put individuals at considerable risk.

Such innovative actions (ie: honking the horn of a car until a crowd gathers when confronted

with a man beating a woman in the street) might be found by convening focus groups with

individuals who have confronted domestic violence in their lives in various ways, or with formerly battered women who could discuss how they would have liked both friends and strangers to respond to them, or with former batterers who could explore the kinds of actions that would have compelled them to stop their abusive behavior. Any action steps developed must be assessed both in terms of safety for the potential intervenor and in terms of level of commitment needed to carry them out (the more commitment needed to execute an action, the less people are likely to engage in it). Because there is a large continuum in terms of the level of commitment people will give to this issue, many action steps must be tested and promulgated so that there is something for people at every level of commitment to do.

Additionally, for at least some of these action steps, advocates and social marketers must devise the simple, emotive language used successfully by other social change campaigns to describe the concrete steps people can take. Just as the drunk driving movement has instructed people to "take the keys away," the domestic violence movement must create, test and promulgate memorable language that gives potential intervenors direction for action.

Community Action

Every successful social change movement requires the commitment to get involved not just from individuals but also from the collective community of which they are a part. Orchestrated, community-wide actions and demonstrations have an awesome ability to sway public opinion, attract media support and resources, and keep community-based institutions accountable.

The AIDS movement has been particularly successful in some areas of the country at galvanizing public support, and funneling community energies into a collective project. In San Francisco, the city's annual AIDS march through the streets of the city serves as a moving reminder every year of the thousands of people who have died since the epidemic began, raising awareness about the problem and its massive effects on the lives of real people, and giving activists the opportunity to lobby publicly for increased aid for services and prevention, and other policy changes. In cities where the Names Project's travelling AIDS quilt is unravelled -- in which each of the many thousands of panels that compose it represents a victim of AIDS -- the enormous display serves the same purpose, allowing every individual to participate in the AIDS movement (either by actually making a panel for a loved one lost to AIDS or by viewing the panel and, in so doing, experiencing the impact of AIDS on this country).

The domestic violence movement must create a similar kind of public event that invites mass participation, involving all members of the community in both recognizing, remembering and mourning victims, raising awareness about the issue, and holding institutions to which battered women turn accountable for their response. Just as Mothers Against Drunk Driving instituted court monitoring to gauge the way judges handled individual drunk driving cases, activists could pack courtrooms in which domestic violence cases are being decided, and bring incidents handled poorly to the press. Just as the Ms. Foundation's "Take Our Daughters to Work Day" encouraged business communities across the country to welcome the future female workforce and give young girls a vision of possible career paths, the domestic

violence movement must create a day in which the media and business communities come together to condemn abusive behavior and show young girls and boys that there is another way of life for them. Advocates must determine the most effective forum for such public events, and begin working to make them happen.

In addition, community organizers and elected officials who might be persuaded to take this issue on must be provided with successful programs that are tailored to raise awareness about the problem and help change behavior at workplaces, in schools, and at hospitals and health clinics. These programs will help create a society in which a battered woman's employer recognizes the signs of abuse and offers help ... in which doctors and nurses gently probe when they suspect battering is the cause of injuries ... and schools let children know that there is help available for them, too, if their fathers are beating their mothers.

Such projects are beginning to emerge all over the country. For example, the Minnesota Coalition for Battered Women has launched a state-wide initiative called "Hands Are Not for Hitting," an effort to educate young schoolchildren about non-violence. And the Taylor Institute in Chicago is working in a low-income community to begin a school-wide conversation and educational process about domestic violence. Additionally, the Harvard School of Public Health has teamed up with Polaroid, Inc. to determine how employee assistance programs can be modified to include domestic violence and how to make domestic violence an issue that corporate America addresses. In a good example of corporate investment in domestic violence prevention, Marshalls, Inc. has raised money to create an

awards program called *Marshalls Domestic Peace Prize*, which will identify and recognize at least six model and replicable prevention programs that are helping to reduce and end domestic violence; awards will be made in October 1995.

At the United Nation's Fourth World Conference on Women, which will take place in September 1995, the Ford Foundation will sponsor a program that will help identify original community-based models. This workshop, called "From Private Problem to Community Concern: Preventing domestic violence before it begins," will bring together presenters at the NGO meeting from all over the world who are engaged in innovative community-based prevention strategies, which will serve as an excellent opportunity to learn firsthand of the pioneering approaches of activist women throughout the globe (many of whom have had to rely on community-based action in the face of reluctant law enforcement response to the problem). This forum will serve as a real opportunity to learn about new models for community involvement.

More of these model programs must be identified, and funded. Importantly, these new ideas must be disseminated to the grassroots community so that they can be replicated. Information vehicles must be used to carry word of effective new approaches, and must be expanded beyond the domestic violence community: PTAs, men's groups, youth groups, community health clinics, etc., must be included in providing and promoting community-based responses to the problem.

Expanding the constituency of people concerned about and active in addressing domestic violence is critical. Spokespeople for the issue must include leaders from the legal, justice, health, education, entertainment, sports, media, political, corporate and civil rights fields, as well as representatives from the women's and domestic violence communities. Developing leadership among men is particularly important, as it will help position domestic violence as a universal problem and not exclusively as a women's issue. It will also help convey the message that not *all* men batter women -- but that *too many* do, and that men are responsible for helping to reduce those numbers. In addition, men speaking out against domestic violence -- particularly men drawn from the sports, civil rights, and entertainment arenas -- will provide new role models for young boys, creating an environment in which beating girls and women is never socially acceptable or "cool." Already, such men's groups are beginning to emerge -- at Morehouse College in Atlanta, a group called Black Men for the Eradication of Sexism was formed to respond to misogyny on campus, and at Northeastern University in Boston, an organization called Sports in Society trains male athletes to speak out against violence against women.

Encouraging spokespeople from many different arenas to speak out against domestic violence will create an environment in which domestic violence victims know that they are not alone and that there is help available, and in which batterers begin to recognize that their behavior will increasingly carry negative consequences. Already, such a shift has begun. On Court TV, the media outlet covering the Simpson trial most closely, a male prosecutor from New Jersey appeared and commented that "this type of activity should not be condoned.... If you are

aware of this type of situation, by not speaking out, you in fact condone it -- and something as horrendous as a death may result. So it is important that if you are aware of it, come and speak out about it."[30]

More and more, this changed environment encourages survivors to come forward to tell their stories, and increases both public awareness about the issue and public commitment to ending the epidemic. When *Time* printed a domestic violence photograph taken by Donna Ferrato, a state Legislator from Maryland saw the photo and decided to admit publicly that she herself had at one point been a victim of domestic violence. Testifying last year at a Congressional subcommittee hearing, she said:

> This is the first time I've made any public statement about this issue. I'm here today because of a picture in *Time* magazine. It showed an eight year old boy. With his finger pointing at his father, he said, 'I hate you for beating my mother.' Another picture flashed in my mind; I saw another little boy. He was almost seven years old. His mother saw his face peering over a bannister as his father brutally beat her, and she told him, 'Go to your room.' I am that mother. That day, a little over 25 years ago, I took my children and I walked out.[31]

The statement appeared in the national evening news around the country.

Now is the time to promote action. The same Time Magazine/CNN poll cited earlier found that only three percent of Americans say that domestic violence is *not* a serious problem in our society right now.[32] Advocates and government officials alike must seize the day with ways to galvanize the American public to address this costly and devastating epidemic. The action steps that are developed today will help address abuse and aid battered women long after the public spotlight has shifted.

1. Harris, L. "The First Comprehensive National Health Survey of American Women." NY: The Commonwealth Fund, 1993.

2. "Domestic Violence Advertising Campaign Tracking Survey: Post-Wave I." Conducted by Lieberman Research Inc. for The Advertising Council and the Family Violence Prevention Fund. New York: November 1994 - February 1995.

3. Lieberman Research Inc., "Post-Wave I," op. cit.

4. A survey of 59 health care personnel in 11 hospitals in California and Pennsylvania conducted by the Family Violence Prevention Fund found that 77 percent believe alcohol and/or drug abuse is the cause of domestic violence (Unpublished survey, 1995). By contrast, a poll conducted for the Family Violence Prevention Fund by EDK Associates (New York: 1993), "Men Beating Women: Ending domestic violence," found that only 25 percent of the general public accepted alcohol and/or losing control as the reason that men beat women.

5. *Washington Post*, Style Section, "Mercy for a Cuckolded Killer: Women outraged over judge's light sentence," Wednesday, October 19, 1994.

6. In 1988, California voters passed Proposition 99, which increased the state excise tax on cigarettes from 10 to 35 cents per package; one-fifth of the revenues generated were directed to tobacco-related public education (more than $100 million annually). From the combination of increased cost and an intensive public education campaign, there was a sharp (15 percent) decline in tobacco sales in California (see Hu, T. and Bai, J. "The impact of large tax on increase on cigarette consumption: The case of California." Working paper, No. 91-174, Berkeley, CA: University of California Berkeley, Department of Economics, July 1991). By 1990, smoking prevalence had declined from 26.3 percent (1987 baseline) to 21.2 percent (see Kizer, K. and Honig, B. "Toward a tobacco-free California: A status report to the California Legislature on the first fifteen months of California's tobacco control program." Sacramento, CA, Department of Health Services, 1990).

7. "Inspiring Action and Saving Lives." A study conducted for the Advertising Council. New York: Press release April 8, 1991.

8. Focus groups conducted in five cities across the country for the Family Violence Prevention Fund, by EDK Associates. New York: 1992.

9. Kalichman, S. C., Kelly, J. A., Hunter, T. L., Murphy, D. A., et. al. "Culturally tailored HIV-AIDS risk-reduction messages targeted to African-American urban women: Impact on risk sensitization and risk reduction." *Journal of Consulting and Clinical Psychology*, April 1993 61(2): 291-95.

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11.   EDK poll, "Men Beating Women," op. cit.

12.   The data used to calculate this percentage came from the FBI's 1988-91 Uniform Crime Reports (UCR), as analyzed by the Center for the Study and Prevention of Violence, at the Institute for Behavioral Science, at the University of Colorado.

13.   EDK poll, "Men Beating Women," op. cit.

14.   More recent data suggests that public tolerance for domestic violence has decreased -- and that people are more likely to define domestic violence more broadly than just as injury. Lieberman Research Inc., "Post-Wave I," op. cit.

15.   Recall Plus Test conducted for The Advertising Council and the Family Violence Prevention Fund by ASI Market Research, Inc. New York: June 1994.

16.   Levitt, S., et. al. "Why Nobody Helped Nicole: Friends, family and police saw her bruises but failed to stop O.J.'s abuse. What went wrong?" *People*, February 20, 1995: 56-64.

17.   "100 Things You Can Do To Prevent Domestic Violence." *Self*, November 1994: 172-75, 185.

18.   Briggs, J. & Davis, M. "The Brutal Truth: Putting domestic violence on the black agenda." *Emerge*, September 1994: 50-58.

19.   Cary, S. "Is Someone You Know A Batterer? Domestic abuse is every man's problem. Here's how to spot it and stop it." *Men's Fitness*, October 1994: 41-45.

20.   CNN poll, *Time*, January 14, 1995.

21.   "Addressing Domestic Violence: A Corporate Response." Poll conducted by Roper Starch for Liz Claiborne Inc. New York: August 1994.

22.   Survey conducted by the National Safe Workplace Institute (Charlotte, North Carolina) and reported in *Workplace Violence & Behavior Letter* (November 1994).

23.   "Domestic Violence Advertising Campaign Tracking Survey: Base Wave." Conducted By Lieberman Research Inc. for The Advertising Council and the Family Violence Prevention Fund. New York: July 1994.

24.   Percentages drawn from Lieberman Research Inc. poll, "Base Wave," op.cit., and CNN poll, op. cit.

25. Media audit conducted by PR Solutions for the Family Violence Prevention Fund. Washington, D.C.: March 1995.

26. From Lieberman Research Inc., "Base Wave," op.cit.

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28. "Domestic Violence in San Francisco: A Call for Public Safety." Published by the San Francisco Domestic Violence Consortium: March 1995.

29. Kelly, J., et. al. "Community AIDS/HIV Risk Reduction: The effects of endorsements by popular people in three cities." *American Journal of Public Health*, Nov. 1992, 82 (11): 1483-1489.

30. Comment by Robert Honecker, Jr., Prosecutor of Manmouth County, NJ, on Court TV, February 3, 1995.

31. U.S. House of Representatives: June 30, 1994.

32. CNN poll, op.cit.

RESPONSES TO THE VICTIM:
RESEARCH DIRECTIONS FOR IMPROVING RESPONSES

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Responses to the Victim: Research Directions for Improving Responses
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The Violent Crime Control and Law Enforcement Act of 1994 places the problem of violence against women squarely in the mainstream of crime control needs. Its acknowledgement in this Act comes on the heels of almost three decades of victim advocacy and over two decades of Justice Department funding for demonstration programs and research on domestic violence. Title IV of the Act, the Violence Against Women Act of 1994, calls for a number of prevention initiatives, including community-based efforts, in recognition of limitations in the capacity of criminal justice to protect women.

Preventing violence against women calls for long-term cultural change, e.g., devaluing violence as a desirable trait, especially in men; debunking the belief in violence, including corporal punishment, as an effective or acceptable means of social control; extinguishing violent predispositions already learned; breaking off our love affair with firearms; and fostering gender equality and an end to patriarchy. Today's victims, however, cannot wait for cultural change. Instead, they call upon institutions as they currently exist for protection. Criminal justice is but one of several institutions responsible for protecting all of us from criminal violence. It has a special responsibility to protect those already victimized with continuing abuse.

Numerous policies and programs in place around the country are specifically designed to assist victims. I take these to be "responses" for purposes of this paper, i.e., interventions *to protect women and their children* from an abuser's violence. However, any social institution or its agents can and should respond to violence against women. Thus when I speak of "societal responses" to victims, I have in mind a model of community responses

encompassing all sectors of society--religious organizations, schools, neighborhood groups, business and labor organizations, etc. Research for improving these societal responses covers both implementation evaluations and impact analyses.

The purpose of this paper is to stimulate thought and focus discussion on research issues associated with societal responses to victims of violence. Part I defines the scope of the paper. Part II offers background on the problem of violence against women as a research issue. Part III presents guiding principles for any research on responses to victims. Part IV discusses a number of more specific areas where research might confirm the relative effectiveness of one policy or program over another. Part V concludes the paper with my personal valuation of promising directions for research for improving responses to victims.

I. Scope of this Paper

The title of this paper invites a lengthy discourse on all possible responses to all forms of violence against women. It is essential, therefore, to limit the scope of the task. First, I interpret the notion of "response" in broad terms, as described above. Other papers written for this meeting (e.g., "Coordinated Community Approaches" and "Interventions for Batterers") cover part of what are considered societal responses in this paper. Consequently, each is subject to the guidelines offered here for research on improving responses to victims. Second, the areas highlighted for research in this paper naturally reflect my bias for valued or necessary responses and research priorities. It is not my main purpose, however, to explicitly promote one specific direction for research over another, but to outline areas of interest for detailed consideration by others. Third, most of the issues discussed are relevant primarily to violence against women in dating, conjugal, or other family relationships--domestic violence.[1]

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[1] "Domestic violence" is used here for ease of discussion, despite variations in its meaning in different contexts.

Acts of sexual and physical violence committed against women by strangers demand societal responses comparable to violence by intimates, but, they differ in key respects and so receive minimal attention here.

For one, victimization by domestic violence is predictably repetitive. The same victim is likely to be revictimized by the same offender over time, in part because she is likely to have continuing contact with her abuser. When women call upon others in response to their harm, they seek to be healed physically, psychologically, and socially. And of course they do not want to be revictimized by those they approach for help. There are certainly occasions when women are terrorized by strangers, but the typical victim of stranger violence will never see the offender again, outside of court.

Evaluation of societal responses to any form of victimization must consider not only intended impacts but also the integrity of implementation as designed. There is little, if any, controversy regarding policies for responses to violence against women by strangers. Most of the research questions associated with violence by strangers tend to center on problems of implementing policies--questions shared by research on victims of domestic violence. For example, few victim advocates would argue with the general principles for responding to victims embodied in the International Association of Chiefs of Police Crime Victims Bill of Rights, but implementation of policies consistent with rights remains problematic (e.g., Waller, 1990). Similarly, the response to reform of rape laws has been limited not by a wavering consensus on principles but by faulty implementation. Domestic violence, in contrast, does not enjoy consensus on response policies because of differing opinions over what underlying principles dictate the most effective means of protecting women from persistent abuse. For example, there is ongoing debate over basic policies such as mandatory arrest, permitting victims to drop charges, and mandatory reporting of violence against adults.

II. Background for Research on Responses to Victims

The 1984 Final Report of the Attorney General's Task Force on Family Violence addressed key issues regarding violence against women in family settings. Though heavily oriented to criminal justice issues, it acknowledged the need for a broader response with "coordinated community intervention" subject to evaluation. Today, the Violence Against Women Act specifies funding for a number of societal responses to victims, including restitution, encouraging arrest for domestic violence, law enforcement and prosecution grants to reduce violent crimes against women, a national domestic violence hotline, pretrial release conditioned on victim assessments of danger, interstate crimes of domestic violence, violations of protective orders, and full faith and credit in the recognition by one state of another's protective orders.

Funding for these various responses presumes that implementation will help prevent violence. Nevertheless, we do not know for certain that a given program will protect victims, especially as implemented in different jurisdictions around the nation--which brings us to the point of conducting research on improving responses. It is often the case that policies implemented to prevent crime sound better than they work. In some cases they may even backfire and put those seeking help at greater risk. Research can evaluate policies to insure that resources spent on prevention are paying off. At the same time, research must be necessary, well-designed, and conducted in a manner certain to yield valid results.

Research on victims sometimes incurs the wrath of advocates who do not accept the need as being worth the cost, especially when the expense of evaluating approaches the expense of operating the program under scrutiny -- "If only the money for research were spent on the program, it would be an obvious success." In fact, research probably does more to benefit successful programs by certifying their effectiveness in responding to victims and by

making the success known beyond the realm of local action. For example, the Minneapolis Domestic Violence Experiment (Sherman and Berk, 1984) influenced law and policy to an unprecedented degree, despite its limitations and subsequent challenges to its findings by other experiments.

Further, practitioners who are highly committed to their programs sometimes resist cooperating in a research effort that may ultimately show them to be ineffective. An agency that does not want to be evaluated can usually find ways of undermining the effort. However, research does not have to be threatening. Most practitioners want to improve their responses and are more likely to participate in evaluation efforts if given a role in the design and in the decisions on outcome measures. If the programs are ineffective, or worse, do harm to those they claim to help, it is important to know, regardless of practitioners' good intentions. But it is equally important to be certain that whatever research is conducted has sufficient methodological rigor to support its findings. For example, the Indianapolis Domestic Violence Prosecution Experiment evaluated the impact of "no drop" policy for victims who filed charges against their abusers and found that despite its popularity among advocates, the policy resulted in a higher prevalence of new violence than when victims were permitted to drop charges. In Indianapolis, at least, victims benefitted from research findings in an area that few saw reason to evaluate.

Finally, practitioners and researchers alike need to promote evaluation research for the good it can do, even when it might find that a policy is no more effective than doing nothing at all. In fact, despite the threat, research findings are unlikely to destroy good deeds. The reality of policy-oriented research, as Leighton (1949) once remarked, is that policy makers use research findings as a drunk uses a lamp post, "not for illumination but for support."

III. Guiding Principles for Research on Responses

Research on responses to victims is dictated by the nature of policies proposed or already implemented. The question of research priorities is bound to some party's preference for one policy over another. The interested party may be a funding agency, a politician, an advocate, a victim, or the researcher. In turn, the research design must be appropriate to the task according to standards again representing someone's preferences, most often the researcher's based on his or her expertise in matching appropriate methodologies to research objectives. The principles set forth here specify criteria for selecting both problems and designs in order to keep the tasks focused on *improving responses to the victim*.

Underlying these principles is a conceptual scheme for what is likely to make one response preferable to another. First, any response will have some consequence for a victim's sense of control over her life situation. Perhaps it is a sense of enhanced power in direct contrast to the perpetrator; perhaps it is a new capacity to deal with conflict; perhaps it is achieving independence; perhaps it simply raises her self-esteem. We do not know all the ways that societal responses may impact on victims, but I think it fair to assume that any response to a woman's victimization (including those that target an offender, such as arrest) stands to empower or disempower her and thereby carries a potential to alter her chances for self-protection. Victim empowerment means that she has an increased chance of controlling resources relevant to changing her circumstances. *How* she uses those resources is itself a research question. There is evidence that in the context of criminal justice, a victim may use certain resources (e.g., prosecution) to bargain for security (Ford, 1991). Alternatively, she may find her allies in the system to be effective resources in balancing her power vis-a-vis the defendant (Ford & Regoli, 1993).

Bearing in mind the importance of empowering victims through societal responses (even if unnoticed or unintended), the following principles should guide research for improved responses:

1) Any response to a call for help must attempt to protect and <u>do no harm</u> to <u>victims</u> who request it. Research should be crafted to test for both intended protective outcomes and unintended harm.

2) Research priorities should <u>be consistent with victim needs</u>, as ascertained through victimization surveys.

3) Responses to victims must <u>meet avowed goals</u> and <u>address victim needs</u>, particularly the need for protection. Evaluation research can assess the effectiveness of a given policy in achieving those ends.

4) Research for improved responses must be attentive to <u>empowering victims</u> through resource enhancement and satisfaction of stated needs. Research can insure that policy stands to empower victims in addition to any other stated objective.

5) There should be <u>no structural constraints</u> on victims' access to resources promised in response to her victimization. Research is needed to discover constraints, to assess the impacts of any apparent constraints, and to assess the impacts of their removal.

6) Research needs to explore how victims engineer their <u>self-protection</u> apart from the promise of protection intended by a given response.

The emphasis placed here on victim resources and needs should arouse sensitivity to relevant differences in victim's background characteristics. The importance of such differences is well-documented in the literature. For example, Bonilla-Santiago (1989) claims success for a model serving Hispanic women by providing multiple services, including English language skills training and bicultural resources. African-American battered women require special sensitivity and consideration just to spark their willingness to seek and use available social services (Coley & Beckett, 1988). And women in rural communities often do not receive the response or services expected in urban settings (Feyen, 1989).

Apart from the general principles outlined here, research for improving responses should, as a practical matter, utilize outcome measures consistent with currently accepted

standards of success. Three objectives tend to permeate contemporary discussions of societal responses to victims -- impacts, compliance, and coordination.

Impacts refers to both the intended and the unintended consequences of policies and practices addressing violence and meant to protect women. Consistent with the principles outlined above, we want to know that however we respond to victims--whether through criminal justice, counseling of perpetrators or victims, or coordinated community action--our actions will work to the advantage of victims without harming them.

Compliance and coordination are intermediate outcomes viewed as necessary conditions for improving responses to victims. Compliance is a matter of social control essential to the successful implementation of policy, law, and court orders. It is of concern in such areas as police acting on arrest policy, batterers' compliance with protective orders, and advocates' compliance with prosecution policies. Coordination of responses has been a topic of recent national attention, including conferences (e.g., the AMA National Conference on Family Violence in 1994 and the present meeting) and legislation (Violence Against Women Act of 1994). The existence of local task forces, commissions, and coordinating councils throughout the country attests to increasing awareness that prevention demands community-based initiatives engaging all institutions.

Finally, research itself may institutionalize a policy that might not have existed before, and that policy should be held to the same principles as any other societal response. For example, in an experiment contrasting arrest with a scripted non-arrest response (e.g., in the Milwaukee SARP experiment, officers who did not arrest were to tell the victim and offender that if the police return, "everyone goes to jail."), the alternative should be judged under the same standards as the experimental response (e.g., "do no harm").

IV. Research Directions for Improving Responses

The remainder of this paper outlines topics for research based on programs already in place, programs proposed, and general ideas about new responses to violence against women. They are listed under four subsections reflecting key areas of societal responses -- Legal Responses, Social Services, Medical Services, and Other Community-Based Responses.

A. Legal Responses

Criminal justice responses to domestic violence against women have been subjected to some of the most ambitious and rigorous research projects ever conducted in the social sciences, thanks to funding from NIJ. Criminal justice interventions have proven effective in reducing the prevalence of persistent domestic violence. We know from studies of misdemeanants that most batterers will desist for at least six months when formally acknowledged as offenders by criminal justice processing. A simple knock on the door by the police may deter some men. Others may require more aggressive police action, although as the NIJ Spouse Abuse Replication Program (SARP) experiments show, it does not necessarily matter what the police do. Apart from the police, findings from the Indianapolis Prosecution Experiment demonstrate the immunity of what I consider a minority of "hard-core" batterers to criminal sanctions-- 30-40% batter within six months of case settlement; at least 20% batter the same victim even while awaiting trial! It makes little difference if they are prosecuted or diverted, or counseled or jailed. Nonetheless, given a high propensity to batter, we can say today that there are many relatively effective interventions to protect women from most batterers. Now we need to evaluate interventions against a higher standard of success, one that reaches the hard-core as well. But where do we begin?

The Violence Against Women Act has set immediate priorities for research on legal responses by committing funds to a variety of programs and interventions meant to prevent violence. Each represents an area subject to evaluation.

VAW grants to combat violent crimes against women:
"training law enforcement officers and prosecutors to more effectively identify and respond to violent crimes against women"
"developing, training, or expanding units of law enforcement officers and prosecutors specifically targeting violent crimes against women"
"developing and implementing more effective police and prosecution policies, protocols, orders, and services specifically devoted to preventing, identifying, and responding to violent crimes against women"
"developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and courts or for the purpose of identifying and tracking arrests, protection orders, violations of protective orders, prosecutions, and convictions for violent crimes against women"
"developing, enlarging, or strengthening programs addressing stalking"
"developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes in dealing with violent crimes against women"

VAW grant for a national hotline:
"for the operation of a national toll-free telephone hotline to provide information and assistance to victims of domestic violence"

New VAW crimes:
"Interstate domestic violence"
"Interstate violation of protection order"
"Pretrial release of the defendant" -- "the victim shall be given an opportunity to be heard regarding the danger posed by the defendant"
"Restitution" (mandatory)
"Full faith and credit given to protection orders"

VAW grants to encourage arrest policies:
"To implement mandatory arrest or proarrest programs and policies in police departments, including mandatory arrest programs and policies for protection order violations"
"To develop policies and training in police departments to improve tracking of cases involving domestic violence"
"To centralize and coordinate police enforcement, prosecution, or judicial responsibility for domestic violence cases in groups or units of police officers, prosecutors, or judges"
"To coordinate computer tracking systems to ensure communication between police, prosecutors, and both criminal and family courts"
"To strengthen legal advocacy service programs for victims of domestic violence"
"To educate judges in criminal and other courts about domestic violence and to improve judicial handling of such cases"

VAW grants for community-based action:
"to establish projects in local communities involving many sectors of each community to coordinate intervention and prevention of domestic violence"

The National Institute of Justice currently supports a number of research projects evaluating preventive responses:

"The impacts of arrest on the social control of violence among intimates"
"Prosecution of domestic violence cases"
"Evaluation of family violence prevention and services act" (law enforcement training, technical assistance, dissemination of information)
"Evaluating domestic violence training programs"
"Corporate sector response to domestic violence"
"Role of alcohol & drug abuse in domestic violence" (evaluation of one court's treatment approach).
"Effectiveness of civil protection orders"
"Divorce mediation and spousal violence"
"Domestic violence cases: Effects of a specialized court"
"A coordinated response to domestic violence: A field test"
"Violence & threats against women in America"

Despite the level of activity in this area, a number of important concerns in preventing

violence against women need to be addressed, as suggested by the following titles:

Qualitative studies on details of arrest procedures: Preventive impacts and their situational outcomes, including victim reactions
Community-oriented policing and domestic violence: Problem or solution for victims of domestic violence?
Misogyny in police ranks: Prevalence and consequences for victims of domestic violence
Victim empowerment through criminal justice: mechanisms and impacts
The defense attorney's role in protecting--or endangering--victims of domestic violence
The preventive impacts of home detention with electronic monitoring for batterers
Implementing orders of protection: Problems with officer compliance and court followup
The protective functions of panic alarms for victims

B. Social Services

Evaluations of social service responses to victims have been stigmatized by the notion

that "nothing works" (Martinson, 1974) and hindered by minimal funding for studies of

rehabilitative interventions in recent years. Women's services such as shelters, support

groups, and advocacy services are the least studied, perhaps for good reason. They are

obviously needed, and they pose minimal risk of harm. However, just as criminal justice

empowers victims, so do social services, and we need to learn more about their consequences

for self-protection. For example, women leaving shelters have multiple needs that must be

satisfied if they are to find security (Sullivan, et al., 1992). We also need to learn more about

the potential for advocates to assist victims (Sullivan et al., 1992). Davis and Hagen (1988)

argue in support of public policy on services for battered women through a coordinated social service response, over and above legal interventions, in order to become self-sufficient and independent.

On the other hand, the principle service for batterers is counseling meant to prevent future violent behavior. Evaluations of various programs conducted recently have not been promising (e.g., review by Hamberger & Hastings, 1993), with the exception of Stosny's (1993) Compassion Workshop model which has been implemented as the sole program for men ordered into counseling in Prince George's County, Maryland. Unfortunately, it has not been evaluated by anyone other than the developer and implementer (Stosny). See Ed Gondolf's paper for this meeting for current issues on batterers.

C. Medical Services

Between 1987 and 1991, 68% of all single-offender assaults on women were by intimates, relatives, or acquaintances. If assaulted, women in intimate relationships were more likely to be injured (59%) and more likely to require hospital care (15%) than women in any other relationship (Bachman, 1994). Former Surgeon General C. Everett Koop first acknowledged domestic violence as a major public health problem in 1982. In the years since then, the public health community has taken great strides in seeking ways of preventing violence against women and impressing physicians with the need to identify and respond to such violence. In 1992, the American Medical Association published information for physicians on recognizing signs of violence, documenting them, and referring women to appropriate local service providers for non-medical resources. In 1994, the AMA held a National Conference committing itself to work with others, including the ABA, NIJ, and CDC in preventing family violence. The level of activity in this area suggests that we already know how best to respond to victims in health care settings. But we cannot say today that most

physicians or even most hospitals have any greater sensitivity to the problem than they did 10 years ago (see Flitcraft, 1993). And even if they do, we cannot be certain that their actions reflect their awareness. Bowker and Maurer (1987) found that women use medical services fairly frequently but in contrast to other sources of assistance -- social service agencies, the clergy, police, lawyers, women's groups, and shelters) medical personnel were reported to be less effective. There is a need to know whether or not policies for the care of battered women are being implemented, and if so, whether or not they are helpful. The AMA's "Diagnostic and Treatment Guidelines on Domestic Violence" sets the agenda for research. Beyond that, research should be exploring some of the controversial issues surrounding the delivery of medical services, including the following: Should there be mandatory reporting of suspected criminal violence to the police? Should medical practitioners confront a known perpetrator for his crime, or does acknowledgement place the victim in greater danger?

D. Other Community-Based Responses

The Violence Against Women Act provides funds for establishing community programs on domestic violence, i.e., "projects in local communities involving many sectors of each community to coordinate intervention and prevention of domestic violence." The projects will engage representatives from the key sectors likely to have an impact in prevention efforts: health care providers, the education community, the religious community, the justice system, domestic violence program advocates, human service providers, and business and civic leaders. In short, it calls for coordinated community approaches such as discussed in Barbara Hart's paper for this meeting.

Research is needed to evaluate alternative models of community approaches for preferred means of providing access to resources or delivering services to victims. Research should also seek to discover whether any model is preferred over another in terms of reducing

a victim's chance of continuing abuse. Of course, the complexity of community efforts confounds evaluation efforts. It is difficult to make cross-site comparisons of multi-agency systems with controls for all relevant extraneous factors. On the other hand, much can be learned from single-site studies, a point I take up in the conclusion to this paper.

Finally, a particular challenge for community-based responses is to engage neighbors to help neighbors at risk, without increasing the danger to all involved. Obviously, we want neighbors to call the police to report a crime of violence. And one neighbor can acknowledge another's plight by talking and offering to participate in safety plans. But what about talking to the offender? How can we bring to bear on him the informal controls inherent in a community opposed to violence against women?

V. Conclusion: Promising Directions for Responses and Research

There are numerous areas where research might find ways of improving responses to victims of violence. Part IV barely begins to cover the most general areas where research could help. In this conclusion, I discuss briefly what I consider to be especially promising directions for responses and research.

Our search for protective criminal justice policies over the past ten years reveals that criminal justice can reduce a victim's risk of continuing violence at the hands of a habitual batterer. We still have much to learn about what specific criminal justice policy works best to prevent wife-battering. Indeed, we cannot say that criminal justice interventions are any more effective than others. But having committed to treating domestic violence as a serious crime, we need to learn more about effective system-wide policies. There is ample support for "feels right" criminal justice policies, i.e., those that seem consistent with the ideal of protecting victims and are supported by our commitment to the ideology of punishment underlying criminal justice policies. However, the lesson of "no-drop" policies should caution against

putting into practice ideas that have not been evaluated, particularly when there is reasonable counter-evidence or plausible arguments that harm could result from change. That the most effective of prosecution policies in Indianapolis involved victims being permitted to drop charges indicates that much more needs to be learned about the informal controls operating within formal criminal justice proceedings. In particular, there is a pressing need for research on the mechanisms whereby battered women are empowered to protect themselves not only through criminal justice but also through other service providers.

Several other areas that I consider important have been addressed in one form or another by the Violence Against Women Act. There is a need for federal leadership and funding for community-based prevention programs, for training programs targeting not only police but also prosecutors and judges, for evaluations of batterer treatment programs, and for implementation of criminal justice interventions including arrest policies and interstate violations of protective orders, to name a few key issues.

Finally, I see a need for *localization* of research on responses. The movement to prevent violence against women has spawned numerous programs around the country. Today, most cities have some form of coordinating council overseeing combinations of diverse types of interventions, and the numbers will increase with the availability of VAW grants. It would be of great value to know that one program is better than another by subjecting alternatives to rigorous cross-site evaluation. However, even with valid results in hand, it is unrealistic to think that practitioners committed to their own city's program would adopt that of another city because it was found to be superior to those of still other cities. The complexity of multiple initiatives precludes simple comparisons. Instead of imposing cross-site controls, it should prove fruitful to encourage research on as many local programs as possible while

incorporating uniform outcome measures to allow meaningful cross-site comparisons and meta-analyses.

An important step in that direction is to localize victimization surveys, either by calling on BJS to supplement the national survey with city-specific samples or by supporting surveys conducted by local research organizations. Victimization data are crucial to detecting possible general preventive impacts. Moreover, if conducted in the same manner as the National Crime Victimization Survey, the panel data from local surveys permit analyses of the impacts of interventions and services on specific victims' circumstances. Local victim surveys can be tailored to evaluate local responses to victims, including assessments and use of available services, needed services, and access.

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BATTERER INTERVENTION:
WHAT WE KNOW AND NEED TO KNOW

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BATTERER PROGRAMS: WHAT WE KNOW AND NEED TO KNOW

Abstract

Research is summarized that addresses the prevailing issues facing batterer programs: 1) Do batterer counseling programs work? 2) What program approach is the most effective and appropriate? 3) How do we reduce program dropout and non-compliance? 4) How do we increase the safety and protection of battered women? 5) How do we extend batterer programs to rural and minority communities? In order to answer these questions program evaluation in general needs to be enhanced methodologically, descriptive case studies of model programs and demonstration innovations need to identify implementation prospects and problems, and fundamental needs assessments should be conducted of especially rural and minority communities. Collaboration between researchers and practitioners is an essential aspect of the process.

Introduction

During the last ten years, there has been a proliferation of research on men who batter women and interventions that address them. A fundamental aspect of this research has been the characteristics of batterers, their psychology and belief systems, and the dynamics and nature of their abusive behavior (e.g. Hamberger & Hastings, 1991; Hart et al., 1993; for summaries see Dutton, 1988; Sugarman & Hotaling, 1989). Much of this research relates to batterer programs and what their focus should be. The research on batterer intervention, and particularly batterer programs, has nonetheless become an enterprise in its own right (Eisikovits & Edleson, 1989; Edleson & Tolman, 1992; Gondolf, 1993; Saunders & Azar, 1989). This paper attempts to highlight the contributions of that program research and what that research suggests about the questions facing batterer programs.

The paper takes the perspective of the practice field in reviewing the state of knowledge in the field. That is, research findings are used to address prevailing and essential programmatic questions, rather than being reviewed to propose implications for further research independent of program needs and challenges. The questions are drawn from the author's participation in a variety of research projects in the domestic violence field, participation in program development efforts across the country, and consulting with national and state policy groups in the field. They also appear to reflect those questions facing other treatment or intervention areas, such as treatment for alcohol abuse (Longabaugh & Lewis, 1988).

After a brief overview of the development of batterer programs, five major questions are considered: 1) Do batterer counseling programs work? 2) What program approach is the most effective and appropriate? 3) How do we reduce program dropout and non-compliance? 4) How do we increase the safety and protection of battered women? 5) How do we extend batterer programs to rural and minority communities? Throughout the discussion, considerations for research designs and methods are raised, along with major points to be investigated. Evaluation of batterer programs in general needs to be enhanced methodologically. However, descriptive case studies of model programs and demonstration innovations, and fundamental needs assessments of especially rural and minority communities, are also needed to address the major questions facing batterer programs.

An overview of program development.

The efforts at batterer intervention have been primarily in the form of counseling or education groups for men who abuse or batter their female partners (see Caesar & Hamberger, 1989). The first programs for batterers emerged in the late 1970s in response to prompting from battered women advocates and the concern of local men's groups. These largely consciousness-raising groups gradually adapted techniques and exercises from cognitive and behavioral therapies that reinforced their anti-sexist message. By the mid-1980s, batterer groups began to draw on skill-building and brief therapies developed by clinical psychologists and social workers. Court-mandated counseling, brought about by pro-arrest laws in the late 1980s, dramatically increased and diversified batterer programming (see Ganley, 1987; Gondolf, 1991). The system of court-mandate or referral ranges from pre-trial diversion, plea bargain and condition of bond, to conviction and sentence or probation. Furthermore, the organizational-basis of the batterer programs may vary, as well, from independent batterer programs, programs affiliated with battered women's shelters, to programs encompassed within mental health clinics or family services.

Some semblance of convergence currently exists in what might be termed a gender-based, cognitive-behavioral modality: men are confronted with the consequences of their behavior, held responsible for their abuse, have their rationalizations and excuses confronted, and are taught alternative behaviors and reactions (see Caesar & Hamberger, 1989). Several other competing modalities currently include healing men's trauma, redirecting emotions (particularly anger), and addressing couple communications and interactions (Adams, 1988; Caesar & Hamberger, 1989). Variations in format, duration, training, and content also persist. Some differences persist over whether batterer programs should be more counseling, educational, or therapeutic in nature; whether programs may legitimately be a "brief therapy" (3 months) or should be extended to a minimum of a year; and whether to introduce mental health concerns and treatment to batterers. Moreover, contradiction or inconsistencies are shown to exist within programs between philosophical professions and programmatic practices (Dankwort, 1994). Actual counseling procedures do not necessarily match what counselors say they intend to do or believe they are doing.

In sum, there have been both convergence and divergence within batterer programs. Battered women's advocates and batterer program staff have developed state standards and guidelines in at least 11 states nationwide in order to address this trend. The standards have been implemented through a variety of channels: state legislation or policy, coalition guidelines, referral policy, and agency funding criteria. The batterer program standards attempt to confirm the convergence and limit some of the inappropriate divergence (e.g., weekend duration or couples format for court-mandated batterers). While some therapists oppose the standards as exclusionary (e.g., Goldman, 1991), the standards reflect the precedent to improve the quality and safety of programming as in other fields, from child care to weight-reduction (Platt, 1992; Gondolf, 1992). Another effort to address the trend is training and technical assistance by model programs. Several programs have established published curriculum, training materials, and workshops that have helped to disseminate the experience and knowledge derived in the field (for examples see Gondolf, 1985; Kivel, 1992; Pence & Paymar, 1993; Sonkin et al., 1985). In the process, these model programs have also been able to observe the issues and

suggestions of others working in the field and incorporate them in further development of their approach.

Do batterer counseling programs work?

The most frequently asked question with regard to batterer programs is "do batterer programs work?" The question framed in this way tends toward categorical outcomes and success rates convenient for policy makers and the public consumer. A certain percentage of men cease their violence for a certain period which makes a program appear successful -- that is, it "works." However, this approach does not tell us exactly why or under what circumstances a program works. The question might more accurately be put in situational terms: What kinds of men are most likely to change their behavior and under what circumstances? This question implies that ending violence involves a complex process of change, rather than an event of program-determined cessation. It points to a likelihood of cessation based on a variety of factors: a man's background and personality and his program attendance and involvement, in combination with the variety of interventions, assistance, and help that he and his partner obtain.

There are at least five published reviews of the approximately 30 published single-site program evaluations (Eisikovits & Edleson, 1989; Gondolf, 1991, forthcoming; Rosenfeld, 1992; Tolman & Bennett, 1990), and several book chapters reviewing this same research. These reviews indicate cessation of violence in a substantial portion of program completers (60-80%) and a less impressive (but less well documented) reduction in threats and verbal abuse. The evidence at face value suggests that batterer programs do work. They appear to contribute to the cessation of violence in some men over a six-month follow-up period, but how and why this cessation occurs remains unclear (Edleson & Syers, 1990).

The literature reviews suggest that participants' motivation (Rosenfeld, 1992), program structure and linkages (Edleson & Tolman, 1992), or social and community context might contribute to and even explain the program outcomes (Gondolf, forthcoming). Some controversy continues, moreover, about whether program participation is substantially more effective than legal interventions alone (Harrell, 1991), and whether longer-term participation is necessarily more effective than short-term participation (Chen et al., 1989). The most basic issue rests with the difficulty in conceptualizing and implementing evaluation research in general. Several methodological shortcomings compromise the validity and reliability of the existing evaluations: low response rates (30-45%), short-term follow-up (generally 6 months), self-report measures, lack of control groups, event-oriented outcomes, neglect of intervening variables (e.g., victim services), and "completer" subjects that fail to account for "dropouts" and "non-compliant" subjects.

Several options might be considered to enhance batterer program evaluation and better address the situational nature of the outcomes. One, some fundamental methodological innovations should be introduced to improve response rates and outcome measures, regardless of the design. Two is to rely on more elaborate designs such as highly controlled quasi-experimental evaluations or naturalistic comparison studies. Three, alternative approaches to conventional evaluations, such as social impact and ethical assessments, might be used to broaden the criteria of program evaluation.

At a minimum, several methodological innovations should be introduced in order to

counter the fundamental methodological shortcomings compromising batterer evaluations in general (Gondolf, forthcoming). Elaborate tracking plans should be in place that might include telephone numbers and addresses of neighbors, relatives, and friends in order to reduce subject attrition. Periodic follow-up every two to three months can substantially increase response rates and the validity of recall. The focus of outcome measures might be broadened from discreet events to process accounts, from behavioral assaults to the secondary impacts on women (Morrison, 1988).

By "discreet events," we mean that outcomes tend to be measured in terms of an offense or no offense during a follow-up -- that is, whether a certain "event," namely a violent incident occurred or not. So-called "process accounts" refer to broader course of actions that contribute to the relationship experience (e.g., how long until an event, the build-up and aftermath of event, the association and impact of the pattern of events). The primary impacts of physical injury might consider secondary impacts such as escalating fear, emotional distress, a loss of social support, a sense of hopelessness, financial impoverishment, and distraught or over active children.

Current outcome measures can be broadened not only with alternative scales and inventories, but also through so-called "funnel" interviewing that begins with open-ended questions followed by increasingly specified probes (Mulvey & Lidz, 1993). This procedure appears to increase disclosure and accuracy in self-reports, as well as to obtain more additional information on the process of the abuse, but this observation has not been systematically tested. Verification of self-report with arrest, police, social service, and hospital records can help adjust self-report and develop extrapolations for missing data. Capture-recapture analysis (also referred to as "ascertainment corrected rates") may be adapted from epidemiological research to further account for missing cases and data (McCarthy et al., 1993). Additional data sources (e.g., medical records, police records, social service records, collateral interviews) are used in combination with reports from available subjects to project the incidence of the entire sample. Furthermore, survival or event history analysis adds the dimension of time to reoffense and accommodates so-called censored data (outcomes that we do not yet know for sure because of the limited follow-up period) (Blossfeld et al., 1989).

At least two current evaluations pose more sophisticated research designs: one funded by the National Institute of Justice (NIJ) and the other funded by the Centers for Disease Control and Prevention (CDC). The NIJ study is quasi-experimental design of a batterer court-mandated program in New York City (Davis, 1994), similar to a previous quasi-experimental evaluation in Baltimore County (Harrell, 1991). It compares the outcome of men randomly assigned by the court to different levels of intervention. While experimental designs hold the promise of controlling for the complexity of background and intervening variables, they tend to be very difficult to implement and replicate. This difficulty is apparent in the problems with maintaining randomized sample assignment in the Minneapolis Police Study (Sherman, 1992), and maintaining the experimental batterer treatment program in the evaluation of batterer programs in Baltimore County (Harrell, 1991). For instance, police in the Minneapolis study occasionally reclassified a case as "disorderly conduct" in order to avoid the protocol of the random assignment and exercise their own discretion. One of the batterer programs in the Baltimore County experienced a drop off in participants and staffing, and the treatment approach may not have been

particularly representative of the prevailing program approaches.

The CDC-funded study is a multi-site batterer program evaluation comparing programs of different court-linkages and durations in terms of a variety of outcomes (Gondolf, 1994a). It attempts not only to compare the characteristics of program participants and program outcomes across sites, but also to examine the relationship of different types of batterers and the variety of interventions they receive to outcome. The challenge in such naturalistic comparisons is to establish matching or comparable samples, and to account for the variation of intervening and contextual variables across the research sites.

The conventional evaluation designs might be expanded to include some alternative approaches borrowed from other fields. These alternative approaches offer a way to circumvent the implementation problems inherent in conventional designs and introduce broader considerations to the debate about program effectiveness. One alternative is to use social impact assessment to investigate the impact of batterer programs on the community at large (Wolf, 1983). How do batterer programs contribute to institutional reform in the criminal justice system and in other social service agencies; how do they contribute to deterrence and prevention of domestic violence; how do they contribute to changing values and attitudes in the community?

A second alternative is to develop ethical standards and procedures for evaluating batterer programs, as has been done in the medical field (Beauchamp & Childress, 1990). Conventional batterer program evaluations are not likely to produce evidence that conclusively supports their expansion or disbanding, and the pragmatics of batterer intervention in general remain complicated and uncertain. Medical ethics centers and review boards weigh treatments in a broader value-base, often overriding the negative prognosis for some intangible promise. Similarly, many of the batterer program standards are implicitly based on feminist ethics about what is most "right" for women victims (e.g. Hart, 1992). These ethics might be more explicitly developed and tested in model procedures and programming.

What program approach is the most effective and appropriate?

There is no decisive empirical evidence distinguishing one particular modality over another, such as anger management, cognitive skill-building, or trauma therapy (Tolman & Bennett, 1990). This may be in part because definitive clinical trials have not been conducted, or that the increasing convergence among many batterer programs produces similar results. It is also unclear that the degree to which program structure (e.g., weekly surveillance, role models, and accountability measures), as opposed to modality, contribute to outcome. Moreover, preliminary evidence suggests that program implementation, linkage to the courts, victim advocacy and services, and community values and norms may be significant factors in determining program outcome (Edleson, 1991; Gamache et al., 1988; Steinman, 1988).

The variations in program duration, format, and stages also have not been extensively researched. One randomized clinical trial of program format examined didactic, didactic and discussion, and mutual assistance or self-help formats within a 3-4 month duration (Edleson & Syers, 1991, 1990). The structured didactic format appeared to be as effective as the more intensive didactic and discussion format, and both of these formats

were more effective than the self-help program. A few outcome studies with couples formats suggest that couples groups are not necessarily as effective in stopping violence as men's groups, and that their participants differ substantially from the prevailing court-referred population (see Tolman & Bennett, 1990). Additionally, case studies and process critiques raise opposition to the use of couples counseling for court-referrals, or at least recommend highly restricted use (e.g., Bograd, 1984; Dobash & Dobash, 1992; Kauffman, 1992).

The trend in state standards for batterer programs is to recommend or require a program duration of one year. Three unpublished evaluations of long-term programs indicate lower levels of recidivism than previously published evaluations of short-term programs (Culter & Fueyo, 1991; Smith, 1991). It is not clear, however, how participant selection, dropout, and sentencing influence the reported outcome of the long-term programs and whether their participants are comparable to short-term programs. The existing evaluations of long-term programs also are compromised by sample attrition and insufficient verification of batterer behavior during the follow-up period.

The research ideal might be to develop randomized clinical trials to examine the relative effectiveness of various approaches (Rosenfeld, 1992). The ethical obstacles to implementing such a design might be insurmountable, especially as long as there remains strong opposition to some approaches. Laboratory studies have compared couples groups versus all-male groups (Cantos et al., 1994) and the outcome of alcohol treatment on the abuse among newlyweds (Leonard, 1995). The laboratory studies are those controlled designs that rely on specially recruited clinical samples usually in training settings or institutes. The samples for these studies tend to be highly selective and relatively small, and therefore difficult to generalize.

It may make sense, therefore, to continue to develop the "mainstream" of gender-based cognitive-behavioral men's programs, and await more substantial preliminary evidence before investing in clinical trials of various approaches. More immediate questions about program duration and program collaborations might be more readily implemented and assessed. The current CDC-funded evaluation, for instance, allows for a comparison of short-term and long-term batterer programs, and consideration of the influence of other social service and criminal justice contacts (Gondolf, 1994a). Additional comparison studies of existing programs in terms of referrals, retention, and outcomes may suffice to illustrate the utility of various modalities and durations.

How do we reduce program dropout and non-compliance?

The majority of batterer programs experience 40% to 60% dropout within 3 months (DeMaris, 1989; Gondolf, 1990; Pirog-Good & Stets, 1986). Moreover, nearly half of the men who are referred to programs, make an appointment, or attend an orientation turn out to be "no shows"--they do not continue and join the program. As few as 10% of the men referred to a program may actually complete it, as at least one published tabulation of program records indicates (Gondolf & Foster, 1991). Three different dropout studies confirm the observations that the dropouts are likely to have previous criminal offenses, alcohol and drug problems, and anti-social or narcissistic tendencies (DeMaris & Jackson, 1987; Grusznski & Carrillo, 1988; Hamberger & Hastings, 1989; Saunders & Parker, 1989). The dropouts appear to be the men most likely to have committed more severe domestic

violence and more likely to reoffend. However, the eventual abuse and violence--that is, the "dangerousness" of dropouts--has been difficult to document and is not well substantiated. One preliminary study suggests that there was not a substantial difference between men who attended at least the first three weeks and those who attended the full three-month program (Chen et al., 1989). (This suggestion does not necessarily mean that shorter term programs are effective, but may suggest that some dropouts are less problematic individuals whose behavior is modified in other ways.) Moreover, the level of program dropout may be influenced by exclusionary criteria, orientation sessions, court linkages and follow-up, and local demographics, case management, and other intervention.

The notion of dropout might be more clearly defined to distinguish what is customarily referred to as refusals, dropouts and dismissals in the psychotherapy literature. "Refusals" refer to not continuing in a program after the initial assessment, "dropouts" are those who willingly withdraw from a program after active program participation has begun, and "dismissals" are the men whose participation is terminated by staff because of a violation of policy. These distinctions might reveal variations in outcome among those that do not continue in batterers programs, and also enable a more accurate comparison of dropout rates among batterer programs and between batterer programs and other areas of counseling, such as substance abuse treatment.

Two research questions with regard to the high dropout rates in batterer programs need to be addressed further: who drops out and why? One promising research direction reflects trends in the drug and alcohol treatment research. Meta-analysis of alcohol and drug treatment programs shows that approximately 20% of program participants drop out regardless of treatment modality (Hubbard et al., 1989). A substantial portion of these dropouts are "dual-diagnosis" cases (alcohol dependence and a major psychiatric disorder) requiring more intensive and extensive intervention. Specialized dual-diagnosis programs have consequently been developed and promoted with the help of funding from the National Institute on Alcohol Abuse and Alcoholism. The exploration of "dual diagnosis" cases in batterer programs might, therefore, be a worthwhile venture. Dual diagnosis might refer in these battering cases to a co-occurrence of a psychiatric disorder and domestic violence, although domestic violence is not a diagnostic category in itself, or to cases that conform to the conventional definition of dual diagnosis in the substance abuse field (e.g., a co-occurrence of alcohol dependence and other psychiatric disorder).

Another research direction is to experiment with retention measures within existing programs. Pre-program orientation sessions, courtroom liaisons and assistance, transitional supports and mentors, stiffer and quicker penalties for dropping out, more extensive assessments and referrals, and case management and dual-track batterer programs appear to reduce program dropout, according to program accounts (Gondolf, 1990). A more systematic study of the effectiveness of such measures in reducing dropout and increasing retention appears to be warranted at this time.

Additionally, there is nothing equivalent in the domestic violence field to the "relapse prevention" work in the alcohol and drug field. Programs that offer a follow-up to their participants and specialized training on maintaining nonviolence might be encouraged and assessed. Some conceptual articles and research proposals have also argued that longitudinal studies of the process of change, similar to those of alcoholic recovery and criminal career paths (e.g., Valliant, 1982), would give a better indication of the role of

batterer programs in a larger change process (e.g., Edleson & Tolman, 1992; Gondolf, 1987). The major drawback lies in the difficulty of establishing longitudinal research that would not be contaminated by the ethical obligation to intervene when subjects become violent or threaten to be violent.

How do we increase the safety and protection of battered women?

Perhaps one of the most challenging issues facing practitioners and researchers is the issue of dangerousness and lethality (Hart, 1994). How do we assess the risk of: discharging certain men, women returning to certain men, or certain men being allowed child custody? Which men are most likely to reoffend or escalate their violence, to stalk and harass their partners, to attempt or commit murder? The extensive research on dangerousness in the mental health field suggests that these questions are very difficult to answer with actuarial and statistical models (Steadman et al., 1993). Practitioners, moreover, often confuse the findings of risk factors, predictors, and probabilities and predict that a man is "highly dangerous" or not based on list of items (Gelles et al., 1994). A risk factor merely means that a man with this factor, in a certain combination with other factors, is more likely to offend than a man without these factors.

On the other hand, there is some indication that clinicians can make short-term situational predictions that are better than chance (Lidz et al., 1993). Some of the "duty to warn" statutes are based on this capability. Even though most of the conventional indicators for lethality popular in the domestic violence field grossly over-predict lethal batterers (Gondolf, 1994b), we know that battered women and battered women's advocates routinely make judgments regarding safety, many of which prove to be beneficial and lifesaving (Hart, 1994).

One promising direction of addressing dangerousness lies in the research on different types of batterers. Several studies suggest different types of batterers in terms of behavioral (Gondolf, 1988), personality (Saunders, 1992; Hamberger & Hastings, 1988), and even physiological indicators (Gottman et al., 1995). The research using a variety of measures points to at least two and perhaps as many as four major categories: one type might be characterized as having psychopathic (little empathy or few regrets) and anti-social tendencies, and another type appears to have more impulsive and manipulative tendencies. The former type tends, as one might expect, to have committed more frequent and severe violence, and to be the least likely to respond to conventional intervention. One recent laboratory study indicated that the partners of the psychopathic and anti-social type were actually less likely to leave or get free from these batterers (Gottman et al., 1995). These types are not, however, diagnostic, explanatory, or predictive categories as yet, and warrant further verification and examination of their implications.

There are several possibilities for research in this regard. One is to examine the clinical judgments of batterer program and criminal justice staff with regard to dangerousness. How are judgments made, what explicit and implicit criteria are used, and what are the utility and accuracy of these judgments? At a minimum, we can identify criteria for discharging men from batterer programs. Currently, only program completion and compliance is the prevailing criteria. One exploratory study is currently assessing the correlation of clinical ratings on a set of criteria, developed in staff focus groups, to program outcome (Gondolf, et al, 1995). Secondly, the decision-making process of battered women

could be more systematically examined. What information and process are most useful to women in assessing their own safety and how might this be incorporated in batterer programs? Finally, the current CDC program evaluation incorporates an examination of batterer types based on personality testing, alcohol assessment, and previous criminality (Gondolf, 1994a). This will allow some estimate of the different "types" in various programs and appraisal of their program participation and outcome. Another possibility is to examine the relative effectiveness of matching different types of batterers to different types of interventions or combination of interventions—what the alcohol field refers to as "patient matching" (Mattson & Allen, 1991; Project Match, 1993). It may be that more dangerous batterers may be contained in different kinds of programs or interventions.

How do we extend batterer programs to rural and minority communities?

The availability of batterer programs in rural and smaller towns and within minority neighborhoods is very low. Program development within states and even within urban areas is, moreover, uneven (Gondolf, 1990). In a single state, for instance, a western city maintains 20 weekly groups, while an eastern city, several times larger, has approximately 5 active groups. Batterer programs have emerged largely from localized efforts around differing personalities, approaches, resources, and systems. The range of differences obviously needs to be assessed and considered to understand the uneven program development and to extend programming to new areas.

A related issue to uneven program development is the adaptation of batterer programs to racial and ethnic groupings. A disproportionate percentage of court-referred batterers in urban areas are, for instance, men of color, but very few racially-specific programs have been established and few experienced minority staff are available. One program survey found few programs with "racially sensitive" features: racially diverse staff, racially relevant materials, racial representation among administrators, training for racial and cultural differences, or specialized groups for men of color (Williams, 1994; Williams & Becker, in press). Program staff, nonetheless, report that minority participants often perceive, interpret, and justify their abuse differently, and their experiences with the criminal justice system and social services in general are often very different than those of other men in batterer groups.

As mentioned previously, several so-called "model program" structures and curricula have been established (e.g., Adams, 1989; Pence & Paymar, 1993; Sonkin et al., 1985). There is little appraisal, however, of the ingredients, factors, and procedures requisite for implementing model programs, or broader state standards in diverse communities. Implementation research in the mental health field suggests that model programs are particularly difficult to replicate, yet promotion and specialized funding for model programs are commonly viewed as an essential part of a field's development (Wilner, 1985). The question remains: how to replicate and adapt model programs to other communities.

The batterer program field risks becoming increasingly segmented with some communities having well-established batterer programs and accompanying research projects, while others lack any such programs or have difficulty maintaining them. Some fundamental needs assessment and technical assistance planning may, therefore, be appropriate at this stage. Needs assessment and technical assistance in the domestic violence field remain noticeably underdeveloped, rarely discussed, and inadequately

documented.

The CDC is supporting the development of a national directory of domestic violence programs and services that could lay a foundation for further assessment. A follow-up assessment of the variation in program structure, contexts, and implementation might prove to be a fruitful next step. Case studies of representative programs might ensue with the intent of identifying different strategies for program development and implementation.

Case studies of model program implementation and program development in general would also be useful in helping to transfer the knowledge and experience already available in the field. Some of the issues to be considered are: How program initiatives are conceived and operationalized; how facilities, funds, and staffing are procured; and how community resources, linkages, and referral systems are established. The barriers to program development also need to be exposed and assessed; furthermore, there might be some needs assessment research in communities where there are no such services in order to more effectively identify strategies for program development.

New kinds of demonstration projects need to be further documented and assessed in what is still a young endeavor. We need to examine what factors might expand and enhance batterer programs: factors such as community-based groups meeting in housing projects, daily phone counseling and regular home visits, monitoring and recruitment by local paraprofessionals. These sorts of program features have been introduced in the child abuse field with appreciable effectiveness in reducing abuse (Barth, 1994). Batterer programs for those in lesbian and gay relationships and for females violent toward their male partners are a concern among many practitioners and warrant more systematic clinical and research attention, as well (e.g., Hamberger & Potente, 1994; Island & Letellier, 1991; Renzetti, 1992). Obviously many other possibilities to expand the scope and nature of batterer intervention have yet to be explored.

Conclusion

Batterer counseling programs are a relatively new endeavor and remain the core of batterer intervention. These programs are currently experiencing some conflicting convergence and divergence in program approach, format, and objective. How effective they are and which programs are most appropriate have not been satisfactorily answered. Several methodological innovations from other evaluation research, and an expansion of research design to include social impact assessment and medical ethics assessment, may improve the recent wave of single-site evaluations. While experimental and clinical trial designs are often idealized, naturalistic comparative studies of existing programs may be sufficiently instructive at this stage to identify the most appropriate programming. Research addressing program dropout might include evaluation of specialized "dual-diagnosis" type programs, retention measures in conventional batterer programs, and possibly longitudinal studies of the change process in general.

Another area of concern is in how to assess the risks and dangers to battered women. While dangerousness and lethality research in other fields has shown limited results, typologies of batterers may at least help establish categories of "high-risk" men. This might be followed or accompanied by research on patient matching that identifies the most appropriate interventions for different types of batterers. The judgment of batterer program staff and battered women also might be investigated to identify criteria and

processes of decision making that might be applied to program discharge and court sentencing decisions.

How to extend batterer programs to rural and minority communities is another challenge facing the field. Despite several model programs, curricula, and training programs, the field remains very uneven in availability and sophistication of services. Basic needs assessments may be useful in designing technical assistance and program development strategies. Case studies of the implementation and development of existing programs and of demonstration projects would also further our nascent understanding of program development.

Some cautions should of course accompany these sorts of recommendations. Research on batterer programs and batterers in general is increasingly becoming a specialization of its own. This trend is often to the exclusion of responding to research on battered women and to experience derived from working with battered women. The perspective on batterer programs, reinforced by the claims of batterers, can easily narrow to exclude the concerns, experiences, and knowledge of the very people the programs were instituted to assist--the victims of domestic violence. A rift between researchers and practitioners, which exists in many fields, has been particularly pronounced in the domestic violence field. Researchers and practitioners admittedly have different audiences, criteria, and languages that accompany their different perspectives.

Batterer program research might, therefore, be expected to require collaboration of researchers, practitioners, and victims. While such collaborations are sometimes difficult to establish and maintain, a number of successful collaborations have been developed in recent years and might be identified and emulated (Gondolf et al., forthcoming). These collaborations tend to make the research more grounded, clinically relevant, and applicable (Jacobson, 1993; Yllo, 1988). Project development funds might be designated to convene collaborative groups that would jointly devise and design evaluations and related research. The result of these sorts of collaborations would not only further the research but help stimulate the field they are intended to address.

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