DRAFT

Addressing Domestic Violence: The Vision of the Community Partnerships

Elena is hopeful, but she is also apprehensive. Two weeks ago she was approached by a Child Protective Service (CPS) worker about reports that "daddy hurts." She admitted to the worker that there was violence and drug abuse in her home and agreed to go, along with her three children, to the domestic violence shelter in her community. There, Elena was introduced to a domestic violence advocate who helped locate a safe apartment for Elena and her children. Elena is working with both the domestic violence advocate and her CPS worker to seek treatment for substance abuse and to learn how to discipline her children in more effective ways. Elena worries that once she leaves the shelter, she could be tempted to return to her husband or start using drugs again. She knows she does not want that kind of life for herself and her children. Elena likes working with her advocate and her CPS worker. She hopes they can help her to keep her life on the right path.

Although researchers and practitioners have recognized an overlap between domestic violence and child maltreatment for the last ten years, practical responses by child welfare agencies, domestic violence programs, and the community are rarely well developed. Productive collaborations between CPS and domestic violence programs are in place in only a handful of communities.

In our work with community-based systems of child protection, we come across many families who have been touched by domestic violence. The struggles of those individuals are multiplied by other issues that often accompany domestic violence such as alcohol and drug abuse. In many CPS systems, the incident of child maltreatment is addressed, while ignoring the critical underlying conditions that contribute to abuse and/or neglect of the child. When this happens CPS workers are unable to offer helpful suggestions to families affected by domestic violence.

Some CPS professionals do not view adult-on-adult violence as a problem that must be addressed to acheive their goal of protecting children. They do not ask about it during investigations or assessments, or while providing ongoing CPS services to families. Even when CPS workers suspect domestic violence, they rarely know *how* to intervene, unless the children in the family have been injured or are clearly in danger. Moreover, where domestic violence is identified by the CPS agency, workers often look to the abused woman as the person responsible for stopping the family violence. If the violence continues, workers try to coerce the woman to leave her partner, or they identify her as the person responsible for maltreatment of the children. These limited remedies leave many workers feeling powerless, and prevent many women from achieving what they most want: protection for their children and themselves.

The new vision of the Community Partnerships addresses the problem of domestic violence, as well as other issues that accompany it. It is an approach that looks carefully at the strengths and needs of the entire family.

We know that children will not be safe as long as their mothers are beaten, harassed, and terrorized in their presence. If we are to help them, our protection and prevention strategies must include their mothers, and our preventive, rehabilitative, and criminal justice strategies must reach

their fathers. The question then becomes, "How can we identify and actively reach out to the families who are at risk of both domestic violence and child abuse?"

The Goals of Intervention

The CPS worker's interactions and interventions with family members should attempt to meet three goals of successful intervention. These are:

1) To protect the child. Always, the CPS system strives to find the best way to protect children. Ideally, this means devising safety plans that include actions to be taken by family members and helpers when the risk of child maltreatment *or* domestic violence runs high.

2) To help the abused mother protect herself and her children using non-coercive, supportive, and empowering interventions. Often, the most effective way for CPS to protect children is to protect and support the non-abusing parent.

3) To hold the person who is violent toward his partner, not the adult victim, responsible for stopping the abusive behavior. Workers, courts, and the criminal justice system must ensure that those committing violence are held accountable.

The Strategies

Once the CPS agency embraces these three goals for the families with whom they work, what are some strategies to help make success possible?

- Building relationships between the CPS agency and local domestic violence programs.
- Having domestic violence experts available to CPS staff and to parents served by the CPS system who are experiencing domestic violence. These experts or advocates can provide consultation on cases where domestic violence is suspected, or occurring, and can help link families with needed resources.
- Developing procedures that maintain confidentiality and adequate levels of privacy, while allowing information on families to be shared between the CPS agency and local domestic violence programs.
- Training for CPS staff on domestic violence — its dynamics, how to identify it, how to assess danger to the mother and children, and what plans to put in place to meet the three goals of intervention.
- Ensuring that screening to identify domestic violence occurs in all phases of child protection work — from hotline reports through periodic inquiries by CPS workers in their ongoing cases.
- Involving the court system in promoting effective responses to child maltreatment and

domestic violence. Issues that need to be addressed include: information sharing among juvenile, criminal, and civil courts, as families may be involved in more than one system; how to train dependency court judges on the impact of domestic violence on the safety and well-being of children; and developing mechanisms for courts to monitor the progress of offenders ordered into treatment programs.

- Enlisting the community to respond to family violence and child abuse by adopting and funding prevention and intervention efforts that use the resources of neighbors, friends, churches, and other non-traditional supports for families.

The Rest of the Story

Six months have passed since Elena left the domestic violence shelter. Her CPS case was closed last month, but Elena still sees her CPS worker when she goes to GED classes at her neighborhood resource center. With the help of her domestic violence advocate, Elena has found new supports, including counseling sessions to help her children cope with the violence they witnessed and new friends through a support group for women who have lived in violent relationships. Life isn't perfect for Elena, but she thinks that having the right kind of help from CPS and the domestic violence shelter has made a big difference in the progress she and her children have made.

This was adapted form work done by Janet Carter of the Family Violence Prevention Fund.

Domestic Violence:

What we need to know

We know that domestic violence is a widespread social problem with consequences reaching within and beyond the family. Violent conduct has immediate devastating effects for individual victims, their children, and their communities. Experts within the domestic violence field tell of many examples where women have been hospitalized or killed as a result of family violence. Child protective workers know that sometimes children are placed in emergency foster care when violence in their homes is out of control. Finally, police are called out on reports of family violence routinely, often returning to the same home repeatedly.

Over the long term, there is growing evidence that violence within the family can have lasting negative consequences. Children may experience nagging anxiety about the safety of their mothers, or begin to mimic the aggression of their fathers. Both behaviors can lead to difficulties in learning and socializing with others. Teen girls are sometimes victimized in dating relationships, and teen boys from violent households may behave aggressively toward their girlfriends. Delinquent teens often come from households where domestic violence occurs. As these children grow up, they may be at greater risk for abusing alcohol or other drugs and for committing violent crimes of all types, eventually getting mired within the criminal justice system. Child advocates are beginning to better understand the risks for children who live within households where domestic violence is occurring — even when the children are not physically harmed themselves.

A Definition of Domestic Violence:

A pattern of assaultive and coercive behaviors— including physical, sexual, and psychological attacks, as well as economic coercion— that adults or adolescents use against their intimate partners.

Facts from the Health Field about Domestic Violence

- Every year close to 3.9 million women are abused in this county. Many of these women seek care in health care settings, often repeatedly.
- One study conducted in an urban emergency department found that 24% of women seen for any reason had a history of domestic violence.
- One study of injured women seen at an inner city emergency department found that 30% of female trauma victims were injured due to battering.
- 28% of women surveyed in three, university-affiliated, ambulatory care internal medicine clinics had experienced domestic violence at some time in their lives, and 14% were currently experiencing abuse.
- A Midwestern family practice clinic reported that 23% of women clients had been physically assaulted by their partners within the last year and 39% had experienced physical abuse at some time in their lives.
- 4% to 8% of women are battered while pregnant.
- 64% of female psychiatric inpatients experienced physical assaults, and 38% experienced sexual assaults as adults.

From "Improving the Health Care System's Response to Domestic Violence: A Resource for Health Care Providers," Written by Carole Warshaw, M.D. and Anne L. Ganley, Ph.D., with contribution by Patricia R. Salber, M.D., and produced by the Family Violence Prevention Fund in collaboration with the Pennsylvania Coalition Against Domestic Violence.

The overlap between child abuse and domestic violence is well documented. In a national survey of over 6,000 American families, researchers found that 50 percent of the men who frequently assaulted their wives also frequently abused their children (Straus & Gelles, 1996). Reviewing 200 substantiated child abuse reports, the Massachusetts Department of Social Services found that 30 percent of the case records mentioned adult domestic violence (Hangen, 1994). Domestic violence is linked to severe and fatal cases of child abuse. The Oregon Department of Human Resources reported that domestic violence was present in 41percentof the families experiencing critical injuries or deaths due to child abuse or neglect (Oregon Children's Services Division, 1993).

Domestic violence endangers children as well as their mothers in several ways, including:

- Abuse — a person who injures his adult partner is more likely to resort to physical violence against the children within the household. Moreover, a violent adult may intentionally hurt his partner's children in an effort to intimidate and control their mother. These assaults can include physical, emotional, and sexual abuse of the children.

- Physical injury — sometimes children are injured— either intentionally or accidentally — during attacks on their mothers. An object thrown or a weapon used against the mother may harm her child. Assaults on younger children may occur while the mother is holding the child. Injury to older children can occur when an adolescent attempts to intervene to stop a violent episode.

- Neglect — a mother who is injured or has been kept up all night by fear and intimidation can be overwhelmed by the demands of parenting and providing for her children's physical needs.

- Emotional harm — witnessing domestic violence, even if children are not physically harmed, can result in serious, long-lasting emotional problems. A violent adult is teaching children that aggression is a suitable response to frustration; an abused woman with damaged self-confidence and other emotional scars cannot always mobilize the time, energy, and skills needed for effectively raising her children.

Children whose mothers are abused are sometimes hurt by their mothers as well. One study found that women were eight times more likely to hurt their children while they themselves were being battered. This trend decreased, however, after they left the abusive relationship.

Sometimes mothers abuse their children in an effort to protect them from even more serious harm. For example, a mother might slap her children when her partner threatens to set the house on fire if the kids aren't quiet. Other seemingly neglectful behaviors on the part of the mother may be a direct result of her violent relationship. A mother may be prevented from seeking needed medical attention for her children because her partner fears that the abuse would be detected. Or, in an effort to protect her children, a mother may hastily send them outside during a violent episode, even though outdoor temperatures are frigid.

When violence in the home escalates, children are sometimes placed in emergency foster care.

While this may be necessary to protect the children in the short term, separation can result in severe emotional trauma. These children, worried about their mothers, feel powerless and abandoned. Care must be taken to ensure that safeguarding children includes attending to their emotional, as well as physical, safety.

In the face of overwhelming odds, many victims of domestic violence take action to protect their children. Shelters all over the country house women who have risked great personal harm by intervening when violence was directed at their children. News accounts remind us almost daily about women and children who moved to safety, only to be murdered or horribly injured by former partners. Sometimes women send their children to the safety of friends and relatives when the risk of violence is high. Women try to reassure their children that things will be alright, even when doubting the outcome themselves. Most mothers who are victims of domestic violence have loving relationships with their children.

In communities where child protection and domestic violence agencies are working together on behalf of the entire family, workers are better able to devise plans that promote safety for both mother and child while avoiding the trauma of separation.

In Cedar Rapids, domestic violence specialist Susan O'Tool says that abused mothers often need guidance in parenting. "When I am out in the home, I try to model good parenting. For example, many mothers have been physically abused as well as suffering tremendous verbal abuse. When I work with the mothers, I praise their good efforts. I try to contrast the praise with the abuse they undergo by asking how it feels to be praised rather than berated. I try to show them that

encouragement and support is a better way of parenting their children than using the insults and threats they themselves are subjected to."

One of the goals of intervention is to help the abused mother protect herself and her children. For example, in Cedar Rapids, a CPS worker and a domestic violence specialist worked together to help one mother keep her children safe by enrolling them in a new day care center. This prevented the woman's former partner from locating her through the children's day care arrangement.

In Cedar Rapids and other Community Partnership neighborhoods, children are made safer by using the experience and skills of staff from *both* the CPS and domestic violence service systems.

This material was adapted from the publication "Domestic Violence: A National Curriculum for Children's Protective Services," by Anne L. Ganley , Ph.D. and Susan Schechter and from Child Abuse and Domestic Violence: Creating Community Partnerships for Safe Families by Janet Carter and Susan Schechter.

Want to know more?
Contact the Family Violence Prevention Fund
383 Rhode Island St., Suite 304
San Francisco, CA 94103-5133
phone: (415) 252-8900
fax: (415) 252-8991

Collaborative CPS and domestic violence efforts to involve community members in the intervention and prevention of family violence

Experience has shown the importance of enlisting neighborhood residents in responding to families suffering from child abuse and/or domestic violence. Innovative ways to help neighbors and friends reach out to these families are being tested in several communities. These include:

- Defining a role for neighbors, friends, and/or coworkers in identifying and reaching out to families suffering from child abuse and/or domestic violence. In Jacksonville, one resident has volunteered her apartment as a neighborhood "safe house" where women and children can come if they are threatened by any form of family violence.

- Designing neighborhood-based public education efforts that challenge the beliefs that domestic violence and/or child abuse are "private" family affairs and/or a "normal" part of life and that neighbors and friends have no right to interfere.

- Fostering a community-wide commitment to reduce violence by mobilizing neighborhood residents to reach out to members of violent families. Community canvassing activities were completed by most Partnership sites in an effort to learn more about each neighborhood's assets, as well as the problems facing families who live there. Not surprisingly, domestic violence was noted as a serious problem for residents.

Much work remains to be done to identify effective ways that community members can be educated and empowered to respond to domestic violence and child abuse. Moreover, such efforts must also address how community members can be active in *preventing* such violence by fostering and celebrating healthy, nonviolent intimate and family relationships and by strengthening social norms supporting these relationships. The development of these needed approaches can be greatly facilitated by collaborative efforts between child welfare and domestic violence experts.

This is an excerpt from a paper entitled "Child Abuse and Domestic Violence; Creating Community Partnerships for Safe Families" by Janet Carter and Susan Schechter of the Family Violence Prevention Fund.

Domestic Violence:
Work from two sites

The Cedar Rapids and Jacksonville Community Partnerships for Protecting Children sites are highlighted here for their work toward integrating effective responses to domestic violence into child protection efforts.

Cedar Rapids

In 1997, the Partnership for Safe Families introduced a domestic violence advocate to the Brownstone Family Resource Center. The Center provides a range of services to families living in one of Cedar Rapid's poorest communities. Child protection assessment and service workers from the Department of Human Services (DHS), income maintenance and family support workers, and other community agency staff are housed at the Center and form a team (the "Patch" team) to coordinate services to local families.

The domestic violence advocate, Susan O'Tool, accepts referrals from other workers stationed at the Brownstone with the goal of assisting battered woman whose children have been reported as abused or neglected. Her work includes accompanying women to court, intervening in a crisis, and simply listening. She, too, is a member of the Patch team, providing ongoing case consultations to DHS staff, family support workers, and other team members.

Susan believes her position is making a difference. " I am part of the (DHS) team. They appreciate having someone specifically for domestic violence help. The collaboration has really opened the doors of communication and makes services more comprehensive for families." Susan also feels her assignment to a neighborhood-based Family Resource Center has helped to establish her as someone residents can recognize, access easily , and to whom they can really talk.

"There are eight different agencies in the Family Resource Center. I see people from all of those agencies everyday. They know what I do and what my role is, so I can help if they have concerns about domestic violence for the families with whom they work. At one point I had a worker come to me and say that she was concerned about one family who had a child in Headstart. She believed that the mother was being abused. She asked if I would be willing to speak with the mother. The Headstart worker felt that since the staff and parents already knew me, my talking to her might seem more casual, and the mother would feel less threatened."

Case consultations have also enhanced Cedar Rapids' efforts to identify and address domestic violence. In September of 1997, child protection staff at the site began monthly sessions with Susan O'Tool and a consultant from the Family Violence Prevention Fund to present concerns about families. The consultants offer concrete suggestions for assessing domestic violence and keeping adult victims and children safe as well as intervening with perpetrators.

Domestic violence training in Cedar Rapids is provided to family support workers by the YWCA.

Those who have received the training regularly assist families affected by domestic violence with safety planning and refer them to the YWCA when more intensive help is needed. At the Jane Boyd Community House, another family resource center in the Cedar Rapids site, a trained family support worker assists battered woman and children who are leaving the local domestic violence shelter and relocating to the neighborhood.

Jacksonville:

Instead of hiring a domestic violence specialist, Jacksonville trained existing CPS staff to ensure domestic violence expertise would be available on each of its child protection teams. Teams are comprised of workers from the Department of Children and Families who are responsible for investigations, assessments, ongoing services, and foster care. Each team identified one worker to serve as a "domestic violence consultant" for the team. Each consultant is paired with one staff member from the local domestic violence shelter program, Hubbard House.

The partnership with Hubbard House required some challenging work on the part of everyone involved. Pauline Grant, a family service counselor supervisor and liaison with Hubbard House, explains. "There is always an issue of confidentiality when you have two different agencies working together. The problem for CPS workers is that they *have* to see all children involved in a report and, by law, make an attempt within 24 hours. In a domestic violence case, a mother might bring her children to the shelter with her. The report could be called in by a concerned friend or relative, but sometimes it is the batterer who makes the report in an attempt to get the mother to return home. Hubbard House, a domestic violence shelter, didn't feel comfortable with CPS workers they didn't know showing up and expecting to interview children. We have worked out a system now where our workers have identifying codes that can be checked easily to ensure that they are really CPS staff. Instead of arriving unannounced at the Hubbard House shelter, workers call and make appointments. Hubbard House has time to prepare the mother, who might be very frightened, and help her to meet with us. Hubbard House helps CPS meet with the children and their mothers within legally mandated time frames."

For their training, domestic violence consultants are paired with a Hubbard House staff person for two weeks of "shadowing." During this time, the DCF consultant and the Hubbard House staff member work with Hubbard House clients together. The DCF consultant attends support groups for battered women, groups for children who have witnessed domestic violence, and the Hubbard House treatment program for batterers. To ensure continued training and support, the domestic violence consultants meet with Hubbard House staff on a monthly basis for case consultation.

The Jacksonville site established a subcommittee to develop and oversee the implementation of a domestic violence protocol for DCF and Hubbard House to use when working with families where both child abuse and domestic violence exist. The subcommittee includes DCF staff, key directors from Hubbard House, substance abuse treatment providers, law enforcement, Legal Aid, the school board , and representatives from the juvenile justice system. They meet monthly to identify and solve practice and policy issues collaboratively.

Progress in Other Sites:

In St. Louis, the Partnership is preparing to start domestic violence training using the curriculum written by Susan Schechter and Anne Ganley Ph.D of the Family Violence Prevention Fund. A task force in the site is working to adapt the curriculum to fit the needs of its community. "It is important to know our community and the needs it presents," says Joan Garrison, co-chair of a work group on domestic violence. "We are looking at a lot of things right now. There are so many different issues. We have a whole task force for this and it is looking at a wide range."

The Louisville site has just hired Teri Knight as its domestic violence specialist. Teri has already begun working to identify partners in the community."I can see so much overlap in what I do and what others do. I share an office with a substance abuse specialist, and I know that we are going to be great resources for each other. And everyone I have met at meetings seems really happy that I am on board. So many people have taken me aside and said that they would be calling me with questions or suggestions. We may just be starting out, but I can tell we will be moving fast."

Adapted from work done by Susan Schechter and Janet Carter.

In Depth

Protecting Children by Protecting Their Mothers

The AWAKE Project at Children's Hospital, Boston, Massachusetts

Advocacy for Women and Kids in Emergencies (AWAKE) began at Children's Hospital in Boston, Massachusetts in 1986. The focus of AWAKE is to expand the view of child abuse services to include intervention on behalf of battered mothers. AWAKE believes that by providing help to battered women in conjunction with clinical services to children, both groups are better served.

Battered women with abused children are paired with an advocate in the hospital who has been a victim of family violence. The advocate collaborates with hospital/health center staff and those offering community resources to create a safety plan that will help keep the mother and her children together and free from violence.

The services that AWAKE provides are free and not subject to time limits. They include:

- initial and ongoing risk assessment and safety planning;
- individual counseling, both in-person and by telephone;
- assistance in seeking and securing emergency shelter;
- criminal justice advocacy, including escorting women to police departments and probate and district court hearings;

- referrals for medical care;
- legal counseling; and
- weekly group meetings for battered women, including those in substance abuse treatment programs and battered women whose native language is Spanish.

During 1997, 247 mothers with 298 children were referred to AWAKE at Children's Hospital or the Martha Eliot Health Center Site. Of the women referred, 33 were pregnant. AWAKE staff attended 1080 in-person sessions with clients, 80 group sessions, 63 court sessions, and had 4,313 phone calls with battered women.

In July 1998, Children's Hospital instituted a mandatory, yearly training review for all hospital and health center staff. The review includes a 45-minute session on family violence focused on defining domestic violence and child abuse, identifying abuse, and giving the patient accurate, sensitive attention. It provides workers with ways to contact AWAKE staff and the child protection team, who work together on issues of family abuse, and also gives them information on other community resources.

AWAKE staff members have heard many stories of abuse and have seen many women transform their lives. The hospital advocates give battered women the message that they and their children deserve better. The support that AWAKE provides helps them to achieve just that.

This material was adapted from work done by Susan Schechter, of the Family Violence Prevention Fund, and the AWAKE project at Children's Hospital, Boston, Massachusetts.

Want to know More?
Contact Jennifer Robertson
AWAKE Project
Children's Hospital
300 Longwood Ave.
Boston, MA 02115
phone: 617-355-4760
fax: 617-730-0461

Program Highlight

Dependency Court Intervention Program For Family Violence

The Dependency Court Intervention Program for Family Violence (DCIPFV) is a national demonstration project funded by a grant to the Eleventh Judicial Circuit from the U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office. The project represents a collaborative effort of the judiciary, domestic violence victim advocates, staff of the child protection system, and mental health professionals to develop a comprehensive intervention program for women and children in homes with where both domestic violence and child abuse are present. The project is located in Miami-Dade County, Florida, which includes a diverse population of approximately two million people. The project was conceived by Miami-Dade County Circuit Court Judge Cindy S. Lederman and Susan Schechter, from the University of Iowa.

The DCIPFV is a community-based intervention program designed to identify and meet the needs of battered women and their children in the child protection system and is guided by two overarching principles. The first is that a strong need exists for collaboration between advocates for battered women and the child protection system because when domestic violence and child abuse co-occur, there is a greater risk for increasingly dangerous levels of violence in families. The second is that advocacy and intervention services are necessary to assist women and children, particularly poor, ethnic minority women and children, as they are afforded the fewest opportunities to use the limited resources that exist to assist victims of family violence.

The mission of the project is to develop, implement, and evaluate a coordinated response to battered mothers and their children in the context of child abuse proceedings, with an emphasis on identifying battered women and helping to meet their needs durning pre-court child abuse investigations and through judicial responses to child abuse. The central premise of this effort is that when child abuse and domestic violence overlap, the safety and well-being of abused children can be better assured by increasing the safety and self-efficacy of their mothers.

The goals of the project are:

- To develop collaborative relationships between the child protective service system, battered women's advocates, the judiciary, and mental health and victim service providers;
- To develop a coordinated system of domestic violence screening within the context of child maltreatment investigations and legal proceedings;
- To provide voluntary advocacy services to battered woman in the context of child protection and to improve the scope and effectiveness of advocacy;
- To improve understanding of the co-occurrence of child abuse and domestic violence and the effects of these two forms of violence on children, through child evaluation and intervention; and

- To document the program outcomes and the processes involved in program development and implementation.

For more information, please contact:
Neena Malik, Ph.D., Sherry Aaron, M.S.W.
Dependency Court Intervention Program for Family Violence
2700 N.W. 36 Street, Suite 114
Miami, Florida 33142
Phone: (305) 638-5619; Fax: (305) 638-5604

FOCUS: THE ROLE OF RELIGION

The Center for the Prevention of Sexual and Domestic Violence is an international, private, nonprofit organization headquartered in Seattle, Washington. Founded in 1977 by the Reverend Marie M. Fortune, the Center is an interreligious resource addressing issues of sexual and domestic violence through the development of educational programs aimed at churches, synagogues, and seminaries. The Center's programs promote institutional and social change and advance healing and justice, helping ministers, priests, rabbis, and other members of religious communities respond effectively and compassionately to victims, offenders, and their families. The expertise of Center staff combines a foundation of theological knowledge with solid understanding of the dynamics of abuse, strong management skills, outstanding training abilities, and 20 years of experience in developing educational and prevention programs.

Want to know more?

Contact:
Center for the Prevention of Sexual and Domestic Violence
936 North 34th Street
Suite 200
Seattle, WA 98103
Phone: (206) 634-1903
Fax: (206) 634-0115
E-mail: cpsdv@cpsdv.org
Web site: http://www.cpsdv.org

Severe and Fatal Cases of Child Abuse Overlap with Domestic Violence

- In a 1993 study, the Oregon Department of Human Resources (Task Force Report on Child Fatalities and Critical Injuries Due to Abuse and Neglect, 1993) reported that domestic violence was present in 41% of families experiencing critical injuries or deaths due to child abuse and neglect.

- Of the 67 child fatalities in Massachusetts in 1992, 29 (43%) were in families where the mother identified herself as a victim of domestic violence (Felix and McCarthy). The Massachusetts Department of Social Services notes that, "in 20 of these cases, the report of domestic violence was noted in the case record with no further explanation or intervention."

- Although neither the Oregon nor the Massachusetts report explains the relationship between domestic violence and the child fatality or severe injury, both studies indicate a strong need for closer attention to the connection.

Source: Susan Schechter and Jeffrey L. Edleson. 1994. "In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies." Briefing paper prepared for the conference "Domestic Violence and Child Welfare: Integrating Policy and Practice for Families". Wingspread, Racine, Wisconsin.

Recommended Reading

Much of the material for this issue of SafeKeeping was adapted, with the help of Janet Carter and Susan Schechter and from the following works produced by the Family Violence Prevention Fund:

Domestic Violence: A Curriculum for Children's Protective Services
By Anne L. Ganley, Ph.D. and Susan Schechter
Managing editor: Janet Carter

Domestic Violence: A National Curriculum for Family Preservation Practitioners
By Susan Schechter and Anne L. Ganley, Ph.D.
Editor: Janet Carter

For Further Reading and Resources

Berenson, A., Stiglich, N.J., Wilkinson, G. S., & Anderson, G.D. (1991). Drug abuse and other risk factors for physical abuse in pregnancy among white non-Hispanic, black and Hispanic women. *American Journal of Obstetrics and Gynecology.*

Berrios, D.C., & Grady, D. (1991). Domestic violence: Risk factors and outcomes. *Western Journal of Medicine.*

Hamberger, K., Saunders, D.G., & Hovey, M. (1992). Prevalence of domestic violence in community practice and rate of physician inquiry. *Family Medicine.*

Rodriguez, R. (1989). Perception of health needs by battered women. *Response to the Victimization of Women and Children*

This material was adapted from the publication entitled, "Improving the Health Care Systems's Response to Domestic Violence: A Resource for Health Care Providers," written by Carole Warshaw, M.D. and Anne L. Ganley, Ph.D., with contributions by Patricia R. Salber, M.D. and produced by the Family Violence Prevention Fund in collaboration with the Pennsylvania Coalition Against Domestic Violence.

For more information contact:

Family Violence Prevention Fund
383 Rhode Island St., Suite 304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
Fax: (415) 252-8991

National Resource Center on Domestic Violence: Child Protection and Custody
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, Nevada 89509
1-800-527-3223
(Professional Policy Resources. Not a public hotline)

(In a box)

Visit us on the Web!

The Center for the Study of Social Policy has a **WEB SITE !(http//: www.cssp.org)** Visit us and find out about the wonderful resource: **The Clearinghouse on Community Based Approaches to Child Protection.** The Clearinghouse can help you access over 500 documents covering a variety of issues concerning community based approaches to child protection. There are over 30 documents that can be downloaded right from the site! Be sure to explore, and let us know what you think.

http//:www.cssp.org

Outlook

Great strides have been made in the prevention of domestic violence and child abuse over the last several years. What was once considered a private, family matter is now becoming an issue of community concern and community responsibility. Efforts like those of the Edna McConnell Clark Foundation's Community Partnerships for Protecting Children initiative have begun to address the link between domestic violence and child abuse and have brought neighborhood residents together to speak out against abuse and challenge the social norms that allow it to continue.

One of the most important lessons to come out of these community partnerships is the vital role that men can play in stopping the cycle of abuse. Men are already an integral part of the community that supports and interacts with families dealing with violence. They are the majority of the judges, police officers, and doctors who work with families in crisis. They are among the leaders who set policies that help ensure the safety of America's families. They are the neighbors, friends, and family members who support victims by reaching out and lending a hand.

And yet, it is sometimes hard for men to join in the fight against family violence. They may believe it is a women's issue, and that they are not welcome at the table. Community partnerships, with their message that protecting children from family violence is everyone's concern, have demonstrated that there are ripe opportunities for involving men in making communities safer.

Here are just a few ways men can make a difference:

· Be role models to other men. Young men, especially young fathers, are uniquely positioned to reach out to other young fathers who are violent at home, to let them know, "You need help, and I want to help you. Your behavior is not acceptable."

· Take a vocal stand against domestic violence and child abuse. Men speaking out can have a powerful effect in helping to change social norms that support and perpetuate abuse.

· Reach out to a family where domestic violence and/or child abuse is present. Just offering to listen and acknowledging what is going on helps chip away at the walls that surround and isolate families living with abuse.

· Act as a role model to a child who lacks a positive male figure in his life. A male mentor and friend can provide consistent support, and even help the child make a safety plan.

· Take leadership roles in civic organizations, such as sports clubs, churches and neighborhood associations, and speak out against violence in the home.

As the success of the community partnerships has shown us, collaborations between child abuse and domestic violence advocates and members of the community can make families safer. More collaborative efforts that bring in fathers' programs and welcome men from the community will go a long way in letting the community know that family violence is everybody's business.

Janet Carter, Associate Managing Director, FAMILY VIOLENCE PREVENTION FUND