Attorney General Mike Fisher’s Family Violence Task Force

Final Action Plan

A Coordinated, Community-Based Response to Family Violence
“Just because violence occurs within the privacy of the home, does not mean that it’s not a crime or that the community has no role to play in trying to stop it from happening again.”

Attorney General Mike Fisher
May 1998
To the People of Pennsylvania:

Each year more than 1,000 women — almost three per day — die as a result of violence at the hands of a husband, boyfriend or other partner. Half of the men who abuse their female partners also abuse their children. More than three million children in the United States are at risk of witnessing one or both parents physically abuse the other.

Violence within the home is a problem that has afflicted families for ages. It is perpetrated by men and women, husbands and wives, rich and poor and members of every race and religion. When parents or other intimate partners physically or mentally abuse one another it has disastrous effects on the family. Family violence shatters the sacred bond of trust and love that ties two people, and their family, together. Once that trust is breached, the whole family suffers and the victim and their children are often emotionally scarred for life.

Historically, the only intervention into a family experiencing violence occurred when law enforcement was called in. Once the abuse rose to that level it was frequently too late. However, most severe domestic assaults or homicides do not come as a surprise to the friends, neighbors, co-workers and others who know the victim or the abuser. In most cases, there are signs that something is wrong. But the warning signs are often ignored because people believe the situation to be hopeless, that there is nothing they can do or that what happens behind closed doors should stay there.

That is why a more comprehensive approach to family violence is necessary. Law enforcement must continue to vigorously arrest and prosecute the abuser. But law enforcement and the government cannot fight this problem alone. The “community” — individuals who live, work, associate with the victim, the abuser and their children — can and must play an important part. That is why I formed the Attorney General’s Family Violence Task Force — to develop a coordinated, community-based response to family violence.

In May, 1998, I named Dr. Sandra Bloom, an author and noted expert on the traumatic effects of violence, to serve as the Chairperson of this Task Force. We called together leaders from each major institution within the community: Employers, Health Care, Law Enforcement and the Judiciary, Neighborhood Groups and Associations, Religious Institutions and Schools and Early Childhood Development Programs. We divided into six separate working groups, one for each institution, and went to work. Over the next sixteen months, members of each working group researched, surveyed and analyzed their respective institution.
Each group wrote a comprehensive report detailing how its institution is currently addressing family violence, and then drafted recommendations on how it could do so more effectively. Each working group then held a public hearing in which we took testimony from lay persons and experts alike on how to perfect our draft recommendations. After the public hearings, we finalized our recommendations, which include, among others: Amending the Protection From Abuse Act to allow for a protection order to be entered for a period of up to three years; Including education on family violence as a requirement for accreditation of health care facilities and the licensing and review of behavioral health and substance abuse programs; Adopting the National Incident-Based Reporting System (NIBRS) and include the reporting of the relationship between the victim and the perpetrator; Including family violence as part of pre-marital counseling; Adding education on family violence to all in-service training for educators; Modifying employer leave and attendance policies to accommodate the needs of victims of family violence.

We also heard from victims, during those hearings, who told their own personal stories and shared with us their perspectives on how we can respond to family violence more effectively. A tragedy occurred just days before one of our public hearings. It was an event that shocked and saddened the members of this Task Force, and indeed, much of Central Pennsylvania. One of the witnesses who was preparing to testify had to cancel at the last minute. On the same day she was to testify at our public hearing, the court scheduled a hearing on her abuser’s alleged violation of the protection order. Kim La Rosa never made it to court that day. On Monday, August 2nd, 1999, her estranged husband tracked her down and shot her dead.

Kim La Rosa’s parents appeared at our public hearing in her place. Presenting testimony on her behalf was her victim advocate, Lois Fasnacht. Ms. Fasnacht stated, “I wish Kim were here instead of me, I know her parents wish she were here and wish that they would have outlived their daughter. I can feel Kim’s presence and hear her voice. Her voice is saying please let something positive come from my death and not to have this happen to another victim of domestic violence.” Needless to say, it was a very sad day for Kim La Rosa’s family and for the members of this Task Force.

Let us try to live up to those words and take inspiration from them as we work to eliminate the scourge of family violence in Pennsylvania. I believe that victims of family violence would be proud of what we have accomplished. I am pleased and excited to present this Final Action Plan, which is our plan for how Pennsylvania communities can develop a coordinated, community-based response to family violence. I want to thank and congratulate the distinguished men and women of this Family Violence Task Force for their diligent work on behalf of the people of Pennsylvania.

Sincerely,

Mike Fisher
Attorney General
“The abuse of one’s spouse or child inflicts serious and lasting damage on the victim and the family.”

Mike Fisher
May 1998
Attorney General Mike Fisher’s
Family Violence Task Force

Sandra L. Bloom, M.D.
Chairperson and Editor

Dr. Bloom is a native Pennsylvanian. She received her medical and psychiatric training at Temple University School of Medicine and Temple University Hospital.

Dr. Bloom is a board certified psychiatrist, founder and Executive Director of The Sanctuary, an inpatient program at Horsham Clinic, Amber, PA and Hampton Hospital, Rancocas, New Jersey specializing in the treatment of adults traumatized as children. She has authored two books, Creating Sanctuary: Toward the Evolution of Sane Societies and Bearing Witness: Violence and Collective Responsibility. Dr. Bloom also serves a President of Philadelphia Physicians for Social Responsibility.

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The Appendices of the individual group reports are located in the Attorney General’s Harrisburg Office. If you would like any information sent to you, please e-mail us at: duzelac@attorneygeneral.gov or fax us at 717-783-1107.
Why are women and children being maimed and killed every day at the hands of people who claim to love them? And what can a community, a state, even a nation do to end the epidemic of family violence that has swept across our land? These are the fundamental areas of concern addressed by the six working groups that compose Attorney General Mike Fisher’s Family Violence Task Force: Employers, Health Care, Law Enforcement and Judiciary, Neighborhood Groups and Associations, Religious Institutions and Schools and Early Childhood Development Programs. Each Working Group wrote a report which included the facts about family violence as they refer to each particular institution, the results of surveys performed by several of the Working Groups, best practices that serve as illustrations of existing model programs, a list of resources available to each institution and recommendations that each Working Group developed as part of the Final Action Plan.

As this report documents, neglect and violence against children continue to plague family life. From the earliest ages, children become mesmerized by the glorification and the trivializing of violence in cartoons, television shows, comic books, movies and video games. It is given further validation on the nightly news and in dysfunctional relationships between parents. For children today, violence becomes a norm, an accepted and even honored form of interaction.

Most critically, children learn that violence is a way of dealing with problems, of managing overwhelming emotions, by watching the adults around them. As referenced in the reports, one in three Americans have witnessed an incident of domestic violence. One out of every eight American women will be raped, most by an intimate partner. Children raised in violent homes are 1500 times more likely to be abused themselves, carrying with them into adulthood the physical, psychological, social and moral scars associated with this exposure, scars that often lead them to perpetuate the cycle of violence. Violence is the single most common cause of injury to women, costing the health care system two and half times the cost of women who have never been abused. Domestic violence costs U.S. employers $3-$5 billion per year. The criminal justice system devotes enormous resources on investigating, prosecuting, and punishing crimes of family violence. Our most persistent and resistant social problems such as poverty and unemployment, homelessness, teenage pregnancy, substance abuse, criminality, school drop-outs, adolescent and adult suicidal and homicidal behavior, health risk behaviors, and of course, the perpetration of violence, are directly related to witnessing, being victimized by and perpetrating violence at home.

As each schoolyard massacre across the country unfolds across television screens, incredulous parents and commentators profess shock and bewilderment. “There were no indications, no warning signs,” the TV soundbites drone. “I didn’t know him well, but he seemed like a nice enough boy, shy, he largely kept to himself, never bothered anyone I know of. And his family seems totally normal.” Whether in Peducah, Kentucky, Littleton, Colorado or Edinboro, Pennsylvania, the comments all carry a similar ring. How could this possibly happen in My Own Backyard?"
The unfortunate yet predictable reality is that our own backyard is a dangerous place indeed. Just as we have come to accept the all-too-common occurrence of the family breadwinner returning home from a stressful workday to unleash a torrent of anger within the sanctity of his own home, we should not be surprised when his children assimilate that very behavior and display it among friends, at school and then as adult in their own families. Without major shifts in social, political, educational and judicial priorities, the outlook for Pennsylvania’s families is bleak. At every turn society fails to build and sustain safe nurturing environments for the growth of healthy children into healthy adults.

The following comprehensive task force study, commissioned by Pennsylvania State Attorney General Mike Fisher, details the heavy price our state and society as a whole pay for failing to have intervened in an effective systemic way to halt the cycles of violence now exacting heavy tolls in the state’s workplaces, health care system, the criminal justice system, religious communities, education system, and in communities as a whole.

The report from the Employers Working Group documents the enormous toll that family violence is taking on workplace productivity and safety. Husbands and boyfriends commit approximately 13,000 acts of violence against women in the workplace every year and between 150 and 180 women in the United States are murdered at work each year. Billions of dollars are lost to the economy as a result of lost days at work, reduced productivity, increased employee turnover and increased health costs. According to the survey performed by the Employers Working Group, 29% of medium and 30% of large businesses in Pennsylvania were aware of incidents of family violence that had affected the workplace in the last year alone. Nonetheless, only 13-38% of employers surveyed had developed workplace violence policies and of these only 26-42% had any kind of workplace violence policy that specifically included family violence. In contrast, 93% of medium and large employers reported substance abuse policies in effect. These results clearly indicate that there is a need for employers to educate and train managers, supervisors, and employees on identifying and responding to family violence, to develop specific policies focused on addressing the safety needs of victims of family violence, and to provide resources to their employees to help them address the issue of family violence. The report documents examples of employers who have taken on the issue as a workplace priority, creating innovative programs and policies to prevent family violence, build community and increase productivity.

The Health Care Working Group Report recognizes the vital role that the health care segment of every community can play in recognizing, screening for, and addressing the issue of family violence in health care settings. In a survey of six Pennsylvania hospitals, 12% of patients reported suffering from physical or sexual abuse within the previous year and 31% reported histories of lifetime abuse. Research indicates that health care providers routinely avoid asking questions about family violence. In a survey of Pennsylvania hospitals cited by the Health Care Working Group, only 24% of physician directors surveyed reported that the emergency departments conducted educational sessions on family violence. The Health Care Working Group has provided a list of recommendations to the Pennsylvania health care system that emphasizes the need to educate all present and future health care providers about family violence and urges all Pennsylvania health care institutions to develop policies and procedures to address the issue of family violence. The Report also supplies examples of existing Best Practices in
the State and around the country; these are programs already in place that serve as models for the health care sector of the Commonwealth.

The Law Enforcement and Judiciary Working Group Report provides an overview of the legal and legislative response to domestic violence that dates back to 1976 when Pennsylvania became the first state to enact a Protection From Abuse Act. Since then all levels of the criminal justice system have been involved in creating and enforcing a series of laws and rulings aimed at responding to both victims and perpetrators of family violence. The report looks at the Protection From Abuse Act, the uniform protocols for police response, prosecution, the legal representation of victims, probation, batterer intervention programs, and judicial training and reform. A targeted survey was completed by law enforcement officials from around the state, that revealed issues that need to be addressed including changes in the Protection From Abuse Act implementation, the extension of uniform police protocols including police training, the expansion of batterer intervention programs, the inclusion of family violence education in all law school curricula, and an ongoing need for judicial training. Examples of model programs are cited under Best Practices as well as Resources from the Commonwealth and around the country.

The report of the Neighborhood Groups and Associations Working Group focuses on the vital task of bringing about effective collaboration among all institutions within the community. To serve this purpose, their report looked at the relationships between family violence and child abuse, child welfare, homelessness, and welfare reform policies. The report describes the key components for establishing community collaborative efforts, emphasizing the vital role of men, the arts, and the media in refocusing community interest and education on responding to the epidemic of family violence in a positive and preventative way. The Working Group surveyed 66 Domestic Violence Programs, all part of the Pennsylvania Coalition Against Domestic Violence and found that the next vital goal to be achieved is involving schools in the effort to prevent family violence and that the biggest obstacles facing the programs is a severe lack of funding. Among many other recommendations, the Working Group strongly recommended that the Commonwealth of Pennsylvania adopt the National Incident-Based Reporting System (NIBRS) in order to obtain accurate information about family violence incidents for law enforcement and involved agencies. Best Practices from around the state and throughout the nation are offered as a way of providing working models to interested communities.

The Religious Institutions Working Group represented various denominations from around the state. It became apparent that little has been written about the history of religious institutions and their response to family violence. Some research indicates that the more frequently persons attend religious services, the less likely they are to engage in intimate violence. In various surveys, 50-70% of clergy indicated that they had received no specific training about family violence, although on the average they see over eight cases of domestic violence a year and that less than 4% of the cases of child maltreatment they see are reported. A survey completed by the Working Group of an ecumenical group of clergy from around the Commonwealth of Pennsylvania indicated a need for training and referral information for clergy. The Report urges that religious institutions require premarital counseling that include sessions on family violence as well as marital counseling programs to help families deal with problems of violence. The Working Group encourages clergy to use their status and position to directly call attention to the sinfulness of family violence, providing educational information and direct instruction from the
pulpit about nonviolence in the family. The Working Group Report illustrates some Best Practices that various religious institutions are using to address this vital interest and some resources available for clergy.

The educational system has a large role to play in addressing the issue of family violence. The report of the Schools and Early Childhood Development Working Group provides detailed information on the effects of family violence on children, addresses some of the known causes of family violence and reviews the current response of the educational system to family violence. The report looks at what we know so far about early childhood development and schools as far as intervention and prevention of family violence are concerned. It reviews the current research on home visitation, anti-bullying, after-school, peer mediation, conflict resolution, and homelessness programs and provides a catalogue of Best Practices from around the Commonwealth and the nation. Among many recommendations, the Schools and Early Childhood Development Working Group Report emphasizes the need to incorporate family violence training into every level of teacher training and curricula as well as continuing education. It strongly supports a campaign to institute universal early childhood home visitation programs as a proven efficient and cost-effective violence prevention strategy. The Report urges every school to develop a school safety plan that includes policies for addressing the needs of children who are abuse, neglected, or are witnessing family violence, and supports the development of programs like the anti-bullying programs that lead to a school climate promoting nonviolence and conflict resolution, instead of violent acting-out.

Together, these reports portray a society in crisis, a society that has yet to come to grips with the urgent and sometimes drastic actions needed to rebuild safe and sane communities in which children, young and old, can flourish and reach their potential. Taken together, all of the reports emphasize the need for a coordinated community response to family violence. Such an approach makes it necessary that our various social institutions be willing to come together, share our common concerns, pool our intelligence and information, and work together to solve the problem of violence in the family. All of the working groups have recommended that a central authority in every community, and at the state level, the Attorney General’s office, provide basic information to the various institutions and to the general public about family violence, create joint media campaigns to educate the public, and serve as a central coordinator for interdisciplinary and inter-institutional communication and planning.

Taken together, the six working group reports offer a comprehensive road map toward the recovery of healthy communities. It is a plan that demands significant changes in the role of state and local government. It is a plan that makes clear why the achievement of safety is the first rung on the ladder of social recovery and why investing in safety now is an investment in our future. But it is a plan that acknowledges that government alone cannot cure these societal ills. The Family Violence Task Force takes the view that all the forces of society must actively intervene. It details a role for religious, health care, community, corporate and nonprofit organizations, for school systems at all levels, for law enforcement and the judiciary. Perhaps most importantly, the report details the active and healing role each individual must play to build a safe and sane community that honors and nurtures children rather than shuns, neglects and abuses them. The Final Action Plan incorporates the recommendations from all of the Working Groups in service of creating a coordinated community response to family violence.
A critical component in healing our communities from the traumatic legacy of violence involves the role of men. For too long, the issues of sexual abuse and violence within the family have been identified as “women’s issues”. Today men must raise their voices in active condemnation of gender violence and child abuse, and begin actively redefining and creating new norms and cultural standards to govern how men see themselves as nurturers and caring contributors to family and community.

Without such changes, the new millennium threatens more of the same: violence begetting violence with ever increasing self-destruction, alienation and loss. A society cannot kill off its women and children without crippling and even ending its future. We know enough now – from experience, from research, from the wisdom of our ancestors – to create and share a different vision. We can actively CHOOSE to evolve in a healthier direction – towards a truly nonviolent society. But to do so we will have to lay aside our political, racial, gender, economic and social differences, join hands and build that society together. That is the challenge this report places before the citizens of Pennsylvania, the challenge of the year 2000 and beyond.

Dr. Sandra Bloom is Chair of Attorney General Mike Fisher’s Family Violence Task Force. Dr. Bloom is a Board-Certified psychiatrist and the Associate Medical Director of Horsham Clinic. She is the founder and Executive Director of The Sanctuary Programs at Horsham Clinic in Ambler, PA and at Hampton Hospital in Rancocas, New Jersey, inpatient programs that specialize in treating adult victims of childhood trauma. She is the Past-President of the International Society for Traumatic Stress Studies, the current President of Philadelphia Physicians for Social Responsibility, author of Creating Sanctuary: Toward the Evolution of Sane Societies, and co-author of Bearing Witness: Violence and Collective Responsibility.
II. “WHAT SHOULD A STATE DO IF IT REALLY WANTED TO END ABUSE AND VIOLENCE IN PENNSYLVANIA FAMILIES?”

Comments on the Theory Behind the Report

Sandra L. Bloom, M.D.

In 1998, Attorney General Mike Fisher asked me to Chair his Task Force on Family Violence. I am a psychiatrist, and for the last fifteen years I have specialized in the treatment of adult victims of violence. In our inpatient and outpatient programs, my colleagues and I have treated thousands of men and women who have been victims of family violence and are haunted by the long-term effects of child abuse, neglect and exposure to violence. We have come to recognize that an individual approach to understanding violence and victimization is futile – only if we address violence as a shared social problem of enormous importance can we hope to improve our individual, family, and social mental, physical, social, and economic health.

As I learned more about the magnitude of the problem, particularly about the long-term and complex biological, psychological, social, and spiritual effects of traumatic experience, I came to realize that as a physician I was treating a host of illnesses that originally were totally preventable. If that person had not been physically abused, sexually abused, neglected or emotionally terrorized by violence in their family, they would not be psychiatrically, physically, socially, and morally sick. This propelled me to make a study of the public health consequences of having a large proportion of the population victimized by violence.

So, how many people are we talking about? To the date of this writing there have been four studies investigating the overall prevalence of traumatic events in the general population (Solomon and Davidson, 1997). The results are grim. In the most recent study by Kessler and colleagues (1995), 60% of men and 51% of women in the general population reported at least one traumatic event at some time in their lives. Almost 17% of men and 13% of women had actually experienced more than three such events. In Norris’ study (1992), the prevalence was even higher – 73.6% lifetime prevalence for men, 64.8% for women. In this study, 21% of the sample population had experienced a traumatic event in the year prior to the study. In another survey of women by Resnick and her colleagues (1993), the rate of lifetime exposure to any traumatic event was 68.9% and exposure to crime including sexual or aggravated assault or homicide of a close friend or relative was 35.6%. The only study that showed a relatively low rate was that of Breslau and colleagues (1991), thought to be different because the population sample was biased in favor of those adults who were of a higher socioeconomic status than the general population. Even so, their study showed a trauma prevalence of 39.1%. Statistics from the United States Department of Justice are even worse indicating that 83% of Americans will be victims of violent crime at some point in their lives and about 25% will be victims of three or more violent crimes (Walinsky, 1995).
The cost of this epidemic of violence is enormous and impacts on every level of our social structure. The reports from the various Working Groups detail some of the known costs to institutions like health care and corporate America. The estimate for the total cost of violence to American society is $450 billion dollars a year. Violence is happening everywhere – in our homes, our schools, our workplaces and on our streets. We have a public health emergency more serious than we have ever faced because every American - and every Pennsylvanian - is affected.

This means that we must adopt a coordinated public health approach to violence, an approach that embraces every sector of the community and looks at all three levels of prevention that must be addressed. Tertiary prevention means reducing the negative consequences of a problem – the dragon is already out of his lair – how do we get him back, prevent him from killing someone else, or trampling on the fields? Secondary prevention targets at-risk populations – the door to the dragon’s lair is open but the dragon hasn’t left yet, although he’s eyeing the open door. Primary prevention means stopping the problem before it starts – the dragon is safely in his lair, the door is latched and we are safe. The dragon is the violence, the desire for revenge, and the need for power that lies deep within the human heart. We will probably never be able to slay the dragon – he is too much a part of our basic evolutionary, psychological and physiological make-up. But we can learn to contain and even tame him. In the process of growth and development, individuals learn to do this every day – it is time for us to learn how to contain violence as a whole society.

In his opening challenge to the Task Force, Attorney General Mike Fisher asked the fundamental question of us: What would a state do if it really wanted to end abuse and violence in Pennsylvania families? How do we design a total community intervention that will bring safety to American homes? The task set before us may appear to be an overwhelming one, but it’s not, as long as we realize that this has been a long-term problem and we are going to have to think of long-term solutions. I have emphasized the enormity of the problem so that we are all clear that there is no quick fix and that effective solutions will be complex, multifaceted, interdisciplinary and integrated approaches. Effective solutions will impact the entire system and will ultimately change the social normative expectations about violence.

Part of the difficulty in managing this task is that we all come from different disciplines, have different viewpoints about the problems that face us, share different knowledge bases, and have had varying experiences. It is vital that we find some common ground. I have proposed that the widening field of knowledge we call “traumatic stress studies” or “trauma theory” offers a new and comprehensive biopsychosocial and philosophical model for understanding the effects of violence and how violence perpetuates itself. Only with a shared knowledge, based on empirical data, can we hope to find solutions that make the problem better not worse. In order to move this process ahead we need a a shared language, some basic shared assumptions, goals and practices.

At its most basic, trauma theory shifts our understanding of “bad” and “sick” behavior from a model that places the burden of guilt and blame on the individual to a model that is based on injury, connecting individual responsibility to social responsibility. I have included an abbreviated version of trauma theory with some references for further study, in this report. The basic premise is that “hurt people hurt people” in a cycle of abuse, neglect, and violence that can be understood if we understand basic scientific facts about human evolution, human development, and human physiology. There is a
universal human response to overwhelming stress that is powerful, mind-altering, and life-changing. The more stress children experience and the less buffered they are from the effects of this stress, the more their development will be impacted by the long-term physical and psychological effects of this stress. Trauma theory helps us understand why people behave as they do, how normal adaptive coping skills turn into maladaptive symptoms, and this leads to an entirely different way of understanding and responding to behavior that is individually harmful and socially destructive. Importantly, it helps us develop strategies that integrate both sides of what I think of as the political spectrum – a liberal agenda that emphasizes understanding, compassion, and a social willingness to help the less fortunate and a conservative agenda that emphasizes personal responsibility, accountability, and a firm work ethic. Healing from individual victimization requires that both agendas be functional and integrated. I believe that social healing requires the same.

As each of our six Working Groups was formed, we asked them to address the three levels of prevention. We asked them to come up with suggestions for change that either have been or could be empirically supported. We cannot afford to waste time proposing changes that have already been tried and failed, or which sound like good ideas but have not been studied - unless there are no supportive studies out there and we need to break some new ground. As we discovered, there is still much work ahead and relative to the magnitude of the problem there are relatively few interventions for which we have sound empirical data.

We also urged the Working Groups to look for leverage points – points of intervention where can we get the best “bang for the buck”. We asked them to look for interventions that are most likely to bring about the greatest change for the least amount of resources in the shortest amount of time WITHOUT causing increased risk or morbidity? For instance, solving the criminal problem through building more prisons and getting more prisoners off the street may provide a short-term solution – but may also lead to even greater long-term problems. Research indicates that reducing mental health intervention and prevention programs now may lead to enormously increased mental, physical and social costs in the future.

Based on a lifetime of working in social settings, I have a belief, backed up by my own experience and the experience of thousands of other professionals, that violence is best understood as a group phenomenon. The violent person is the weak link in a complex web of interaction that culminates in violence after a cascade of previous, apparently nonviolent, events (Bloom and Reichert, 1998). This means that when violence occurs the entire group has failed to prevent it, not just the individuals involved. The recent episodes of school violence illustrate this concept as we learn about the family, school, and community milieus that set the stage for the outbreak of violence.

An important question therefore becomes “Where and how can we more effectively arrest that cascade of events before it erupts in terminal violence?” Such an approach will often lead to unusual and creative opportunities. One example is a program mentioned in the report to provide voice mailboxes to homeless and abused women so that they have an increased likelihood of securing jobs thus helping to guarantee that they can stay removed from the violence at home. In the beginning of our Task Force, we urged the participants not to be ashamed to be passionately engaged in their efforts. We recognized that none of us would be here involved if we didn’t care about people and about our community. We also recognized how easy it is to become cynical, pessimistic,
jaded and alienated when we really confront the magnitude of the problems facing us.

We ARE, after all, in a war. It is another civil war being fought out in every home in America. The enemy isn’t out there – the enemy is inside and he or she is also the person we need and love. Some families have the luck or strength or courage or resilience to stop fighting and start loving. Others do not. And those of us that are more fortunate have the responsibility, as a member of the extended family we call our community, to help those who fail with whatever works.

Ultimately, it is the cycle of violence we are trying to stop. In 1992, the U.S. Advisory Board on Child Abuse and Neglect made a profound observation in their annual report. “Adult violence against children leads to childhood terror, childhood terror leads to teenage anger, and teenage anger too often leads to adult rage, both destructive towards others and self-destructive. Terror, anger, rage - these are not the ingredients of safe streets, strong families, and caring communities.” This Family Violence Task Force Report is a result of and a tribute to the many Task Force members who gave their time, energy, experience, and heart to the work that lies before us.

References


(To place the problem of family violence in focus, we have included a hypothetical account of a “typical” family dealing with spouse abuse. This story will discuss the effect of that abuse on the victim, their children and the family. It will also attempt to answer some of the common questions asked about family violence and how the “community” is responding).

It is Friday night, and Lisa, 32, has just been beaten by her husband. The attack was like all the others. Her husband, Pete, had arrived home from work to find that dinner wasn’t ready—again. Lisa was running late because she had to stop at the grocery store and the dry cleaners after work and then run to soccer practice to pick up their children, Tommy, 12, and Jenny, 9. Pete yelled, threw dishes, and dumped the pot of spaghetti on the floor. Lisa ran toward the back door but could not escape; fists flew and she collapsed with bloody abrasions on her face, neck, upper arms and chest. Pete sped out of the driveway to “cool off,” but Lisa knows he’ll be back.

During the verbal abuse before the attack, Tommy had tried to distract his Dad with a video baseball game, but it did not work. When Pete started hitting Lisa, Tommy jumped on his Dad’s back and was thrown furiously to the floor, bruising his back and elbow. Jenny remains where she was throughout the two-hour ordeal—huddled up behind an overstuffed chair. She is pale, glassy-eyed and unresponsive. Lisa feels numb and has nowhere to turn. At least this time her injuries won’t require stitches. She has been to the emergency room before, for a “slip on the driveway.” She does not want to embarrass her children by calling the police and having a patrol car in front of the house. The neighbors don’t want to get involved. Pete controls the money and the car. She doesn’t know what to do. Tommy is now yelling at her for not having dinner ready—”she knows that makes Dad mad.” The boy slams his fist into a cupboard, rage pouring out.

Lisa, Tommy, and Jenny feel alone, frightened, angry, ashamed, and most of all, hopeless. They fear they are the only ones who live in a home with this terrible secret. Dad will be home in a few hours and Lisa is worried about how she will pull things back together over the weekend: the children have homework to do, they are in a program at church on Sunday, and she has to drop them off at school early Monday morning. As a secretary at a marketing firm, she has to be in the office at 8:00 a.m. and is worried about having to explain that she has “fallen down” again. She is already in trouble for absences, tardiness and low productivity; her boss has warned her not to bring her “family problems” to work.

Most of all, Lisa doesn’t want to break up her family. She loves Pete and knows that tomorrow he will apologize and try to do better. That is what she holds on to. Her children need their dad, and he is a good provider. Lisa feels terrible that she is not a better mother . . . her children seem to blame her for causing these episodes. The trap she is in feels overwhelming. Tommy feels powerless to protect his mother and his rage is growing. Lisa is worried—she sees signs he may be seeking refuge in a gang. He hates school and feels like a failure there; his teachers and others know “there is something wrong at home,” but feel it is none of their concern. The school counselor has called Lisa because Jenny seems withdrawn in class. Ashamed, Jenny doesn’t want anyone to find out about her “secret.”

Pete is seen as a well-adjusted, solid employee in his tech support job for a computer systems company. His co-workers like him, but he struggles with feeling like a failure; home is the only place where he has control. He doesn’t like to hurt his family and
often feels shame and guilt about it, but his frustration level and need to control always prevail. Pete grew up in a home with an abusive stepfather who assaulted his mother and frightened the children. He has his own story of rage, powerlessness and hurt. Pete, Lisa, Tommy and Jenny are caught in a trap, a nightmare called family violence. It has stolen most of the happiness and security from their home. The powerful forces of secrecy and denial will ensure the nightmare continues.

Pennsylvania: The Family State

There are roughly 100,000 women like Lisa in the Commonwealth of Pennsylvania—women who are subjected to some form of domestic violence at home. Women are victimized through physical and emotional abuse, isolation, intimidation, economic threats or threats to children. Degrading and humiliating language is part of emotional abuse; dehumanizing the victim is a psychological technique used to justify the abuser’s conduct. If Lisa is seen as a “fat pig” or a “worthless slob,” it is easier to hurt her. These forms of abuse are intended to control the victim and are often precursors to physical abuse that occurs after other abuse is tolerated as “normal” by the victim. Physical abuse is far more likely to occur in relationships where other non-physical types of abuse have occurred. Families like Lisa’s live in every city in Pennsylvania. They live in your neighborhood. They attend your place of worship. Their children go to school with your children.

Why Doesn’t Lisa Leave?

It’s dangerous to leave.

Lisa has good reason to fear leaving. Pete has threatened her, and women who leave are at a 75 percent greater risk of being killed by the batterer than those who stay. Usually, half of the women murdered in Pennsylvania every year are killed by their male partners. In 1996, 125 adults were killed in Pennsylvania as a result of domestic violence-related homicide, which was—again—one of the leading causes of homicide. In roughly 80 percent of domestic violence assaults, children are present. Often, the children are present at the time of the homicide. Tragically, thousands of the 911 domestic violence calls in Pennsylvania are placed by children every year. A recent poll shows that 22 percent of women have called 911 to report an ongoing domestic assault (10 percent for themselves; 12 percent for someone else).

Leaving everything behind.

Like thousands of victims, Lisa has considered leaving Pete, but he has complete financial control. Leaving him would mean leaving the home, the car and most of the family belongings behind. Many women have made that break to escape the abuse and have found themselves on the streets. It is estimated that 50 percent of all homeless women and children are fleeing domestic violence. In Pennsylvania, approximately 11,000 women and children sought emergency shelter in domestic violence shelters in 1996.

Keep the family together —He will change.

The most often expressed reason for staying is a desire to keep the family to-
together. Lisa worries about taking Tommy and Jenny’s father away from them. Ripping the family apart can seem more terrible than having to endure a beating once or twice a month. Lisa desperately hangs on to her hope that Pete will change. He always promises that “it will never happen again.” Lisa wants so badly to believe him.

What Happens to Tommy and Jenny?

**Tommy and Jenny just want the hurting to stop.**

Tommy’s anger toward his mom for not “stopping” Pete is common. Watching a parent be called terrible names and mocked for stupidity, incompetence or other failures leaves children with a frightening view of marriage and family. Children often express their anger or rage at mom who is “too weak or too stupid” to stand up for herself. Many victims report that after an assault the children further berate the victim for “causing” the incident. In their terror, children blame the one who is safe to blame. Like Lisa, mothers often internalize the sense of responsibility for the abuse and believe that they may deserve it or may have at least caused it.

**Traumatized children don’t make good students.**

Unfortunately, we do not know the total number of Pennsylvania children who live in violent or abusive families. It is estimated that in an average public school classroom of 35 students, at least one child comes from an abusive home. Most times, we know which children they are. The markers of trauma, such as low self-esteem, conflict issues and anxiety, have been noted by many teachers. Sadly, 50 percent of these children are also being physically abused by the batterer. In homes where domestic violence occurs, children are abused at a rate 1,500 percent higher than the national average.

**We will see them in court.**

Our juvenile detention facilities and juvenile courts are full of children like Tommy. Their rage and desire to be away from a hostile home environment translates easily into problems at school, juvenile delinquency and gang involvement. A United States Department of Justice study suggests the highest predictor of juvenile crime activity for a child is the existence of family violence in the home of that child before his/her fifth birthday.

It is estimated that as many as 80 percent of the children seen in Pennsylvania juvenile courts as delinquents live in homes with family violence. We don’t know for sure because we don’t ask or check the police or court records to see what a child may be dealing with at home that resulted in the truancy, shoplifting or vandalism.

Children of violent homes also have a high incidence of substance abuse and teen pregnancy.

**Tommy and Jenny’s future relationships.**

Without intervention, the chances that Jenny will continue to be a victim are great: 65 percent of children who witness violence in the home enter into abusive teen and adult relationships. Ten percent of high school students have experienced physical violence in a
dating relationship — among college students, that figure rises to 22 percent. Although Tommy despises his father’s behavior now, his exposure to family violence makes him three times more likely to abuse his future partner than a child of nonviolent parents.

### Who in Pete and Lisa’s Community Can Help Them?

**Is their doctor helping?**

Experts estimate that more than 37 percent of Pennsylvania women who visit emergency rooms do so for injuries inflicted intentionally by a current or former intimate partner. We don’t know the exact number since usually no one asks about the broken bones and the bruises, even after the fourth or fifth visit. Most disturbing is the fact that 40 percent of assaults on women begin during their first pregnancy; a pregnant woman is at twice the risk of being battered, yet most ob/gyn physicians do not inquire about abuse.

Battering from a partner is the major cause of injury to women, resulting in more injuries to women than auto accidents, muggings and rapes combined. In fact, the total cost of family violence in Pennsylvania, according to a 1992 estimate by the Pennsylvania Blue Shield Institute, is approximately $326.6 million — more than the combined medical cost of elder abuse, child abuse and street violence.

**Is Lisa’s employer helping?**

Lisa’s problems at work are not uncommon; 25 percent of workplace problems such as absenteeism, low productivity, and excessive use of medical benefits are due to family violence. Abusive partners harass 74 percent of battered women at work, either in person or over the telephone, and eventually, more than 20 percent lose their jobs. In many cases, coworkers and managers have guessed what’s going on, but there is a code of silence about it; no one asks and no help is offered.

**Is the family’s place of worship helping?**

Many families dealing with abuse and violence have active affiliations with their religious community. According to a recent poll, 21 percent of women would turn to clergy first for help, but many clergy, lay and professional, are at a loss as to what to do, and advice can sometimes be devastating: “Go home and try harder.” Telling a victim that “the most important thing is to keep the family together” means a victim and her children are condemned to bear the brunt of abusive conduct. Clergy often feel uncomfortable discussing it and some may want to “brush it aside.” Religious leadership is moral leadership, but what could be more immoral than abuse and violence toward a family member or a child? Silence from religious leaders may suggest that abuse and violence at home may not be immoral, or that it may be a “private family matter,” which means that it should remain a family secret.

**Are Pete and Lisa’s neighbors, friends and relatives helping?**

Lisa feels totally alone. Her neighbors and relatives suspect that there are problems at home, but no one dares to ask because it seems like invading her privacy. Too many Pennsylvanians know of a family member or friend who is emotionally abused. A national study conducted in 1992 revealed that while 87 percent of Americans said that
battering is a serious problem, and 34 percent of those surveyed had witnessed an incident of domestic violence directly, the vast majority of people lacked information about what to do to help.

**Conclusion.**

The story of Pete and Lisa is likely being acted out in a real life family within every community throughout Pennsylvania. But, what can we as a community do to help stop Pete, help Lisa and protect their children? It is a question that we have been dealing with, in different ways and with various degrees of success, for ages. Let’s take a look at how employers have dealt with family violence historically.
IV. Employers’ Response to Family Violence

A Report on How Pennsylvania’s Employers are Addressing Family Violence
EXECUTIVE SUMMARY

Pennsylvania has a rich and diverse employer base ranging from small “mom and pop” businesses to large multinational employers. With over 250,000 employers and over 5,980,000 employees, Pennsylvania’s workforce ranks as the seventh largest among all states. Pennsylvania employers, both large and small, share common interests such as profitability and concern for the well-being of their employees and their families. An increasing number of employers now recognize that social and behavioral problems like substance abuse, untreated mental health concerns or lack of quality education take a toll on the profitability of a business by impacting the productivity of its workers. Recognition of the impact of these problems is an essential and important first step. When employers take the next step in helping to solve problems there is a double benefit: the employer’s interest in employee welfare, productivity and the bottom line are served, and the social needs of employees, their families and the community are addressed.

One such problem that employers have an opportunity to impact in a positive and beneficial way is family violence. Many employers do not understand how serious the effects of family violence are on the health, safety, productivity and morale of their employees. Family violence adversely affects the profitability of Pennsylvania employers, while it plays havoc with the well being of workers and their families. Although not as easily discernable as other liabilities to a company’s bottom line, some studies estimate that family violence accounts for an average annual cost to employers across the nation of between three to five billion dollars. Perhaps in recognition of these huge and burdensome costs, employers have come a long way in recent years in developing a comprehensive and effective response to an employee who becomes the victim or the perpetrator of family violence. However, there are still many employers which, due to the lack of awareness or education on this issue, continue to view family violence as a private problem, a woman’s issue or someone else’s concern.

Family violence remains a rampant problem that increasingly affects the workplace in at least two significant ways. First, workplace violence creates a “zone of danger” around battered women, threatening their safety and the safety of workers around them. Seventy-five percent of battered women who responded to one survey stated they are regularly harassed at work by their abusers either in person or by telephone. Second, a company employing the perpetrator of family violence must worry that he or she will turn their aggression onto their co-workers. For instance, during a three-year study, 50 percent of employees who committed acts of workplace violence at Polariod also battered their spouse or partner at home. Clearly, there is a strong and dangerous correlation between violence at home and violence in the workplace and thus, Pennsylvania’s employers have a real interest in preventing and stopping family violence.

In May of 1998, the Attorney General called together a Family Violence Task Force and charged it with developing a coordinated, community-based response to family violence. The Attorney General asked that representatives of each of the major institutions that compose the “community” join in this effort. What follows is the Report of the Family Violence Task Force Employers Working Group on how Pennsylvania employers are currently addressing the problem of family violence. To place this issue in perspective, we begin this Report with a typical account of a hypothetical family experiencing violence. Then, we present a brief overview on the historical response of employers to family violence. In the next section, we present some of the important facts associated with violence in workplace. For instance, we have learned that husbands and boyfriends commit approximately 13,000 acts of violence against women in the workplace every year. Furthermore, between 150 and 180 women in the United States are murdered at work each year and domestic violence is the reason cited for many of these murders.

In the next section, we report the results from an informal survey the working group conducted last year which was targeted at a random sampling of Pennsylvania employers. The results reveal some of the gaps that employers still need to fill in order to present a more compre-
hensive approach to family violence. For instance, only 14% of small, 32% of medium and 34% of large businesses have workplace violence policies or guidelines in place. Furthermore, of those employers that have workplace violence policies only 4% of small, 14% of medium and 14% of large businesses have policies that specifically address an employee who becomes involved in a family violence situation.

Another interesting survey result revealed the significant difference between the number of employers that have policies on substance abuse compared to policies on family violence. Compared to the relatively low number of workplace violence policies already instituted, 56% of small, 95% of medium and 96% of large employers have substance abuse policies. This difference shows the outstanding work Pennsylvania employers have done in recognizing and addressing substance abuse among its employees and also shows how much more work employers need to do in the area of family violence. Other results indicate at least two additional areas for improvement. For instance, only a small number of employers have a safety plan or security services in place and only 6% of small, 23% of medium and 20% of large employers offer community resource information related to family violence.

In our section on Best Practices, we list those Pennsylvania employers that are doing an excellent job in addressing family violence. For instance, the Medical College of Pennsylvania (MCP), which is located in Philadelphia, educates its entire staff on family violence, provides employees at risk with escorts to cars and safer parking arrangements, keeps photos of batterers at entryways and offers flexibility in hours of work and leaves-of-absences to accommodate the needs of victims of abuse. The Defense Supply Center of Philadelphia (DSCP) has a comprehensive Family Advocacy Program to address all aspects of domestic violence, which includes a zero-tolerance policy on domestic violence, confidential assistance to employees, referrals to a broad network of community resources and family friendly flexible leave policies and relocation assistance are available. Harley-Davidson, which is located in York, Pennsylvania, has a Workplace Violence Awareness Team, which is comprised of union and management employees, and trains the workforce in the recognition and reporting of risk factors associated with potentially violent individuals. These are just some of the Pennsylvania companies listed and just some of their outstanding programs or policies on preventing family violence.

In conclusion, employers generally are beginning to recognize the significant and damaging effects family violence has not only on their bottom line, but on the emotional and physical health of their employees. Some Pennsylvania employers are doing an outstanding job in developing comprehensive and effective policies and programs dealing with family violence. We want to thank the members of this working group for volunteering so much of their time and hard work in putting together this Report. On behalf of the Employers Working Group we are very pleased to offer this Report to the people of Pennsylvania.

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&

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Violence at home has an effect on the workplace. Often, an abused woman is a working woman. Women who have been abused take the violence with them to work and it shows — in lost productivity, stress, increased health care costs, employee absenteeism and turnover, and sometimes, workplace violence. Some estimates place the price tag companies in America pay for violence in the home as high as $5 billion. Whether or not employers know it or acknowledge it, family violence is a problem that does not disappear when women leave home and enter the workplace.

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 is a “high” security problem at their companies. Another recent study, conducted by the United States Department of Labor, found that homicide was the most common cause of death at work for women.

Despite statistics pointing to its alarming prevalence, domestic violence is not an issue that has been high on the corporate community’s agenda until relatively recently. Even though almost half of the workforce in this country is made up of women, only a handful of corporations have taken leadership roles on this issue in the last decade. But, that is changing as a growing number of corporate leaders recognize the serious impact of domestic violence on both their employer’s lives and their bottom lines.

Not long ago, most employee assistance programs (EAPs) in this country did not address the issue of family violence. Today, according to the United Health Care Corporation, which provides EAPs to some 5,000 businesses across the country, more and more companies are inquiring about the issue of domestic violence. Already, several corporations have made noble efforts to educate their employees about the issue and to provide in-house assistance programs which include counseling and referrals to community domestic violence programs. Both Polaroid Corporation and Liz Claiborne, Inc., have EAPs that offer treatment and support to employees facing violence in their homes, and Marshalls, Inc., and Whirlpool Foundation have each made the Family Prevention Fund’s Community Action Kit — including referrals to coalitions against domestic violence in every state — available to its thousands of employees.

Many corporations have also made domestic violence a priority in their corporate giving plans, and have helped fund both national and local efforts to prevent domestic violence and agencies that provide critical services to victims and their children. But, that is not all they’re doing. Several leaders in the corporate sector have been seeking new ways to have a positive impact on the problem and have developed some innovative programs and policies. Polaroid Corporation holds seminars, using a model with makeup to simulate a battered woman, to illustrate how to photograph injuries resulting from domestic violence for court records.
THE FACTS

Although family violence is typically thought of as occurring in the home, the outside world crashes into the workplace through holdups, conflicts with customers and the spillover of family violence into the workplace. Crime, harassment and internal violence have created a strikingly visible safety and health problem for the workplace. Statistics show that people at work are increasingly exposed to lethal violence. The steady migration of family violence to the workplace has transformed family violence into a top security issue for companies nationwide. Between 1992 and 1994, seventeen percent of all women and twenty-eight percent of African-American women killed at work were murdered by a current or former husband or boyfriend. Battered women not killed are often harassed or stalked. A 1993 Northwest National Life Insurance study reported that harassment is equally or even more psychologically and occupationally disruptive than actual violence.

During our research, we came across all kinds of facts and statistics. Listed below are those that we believe best capture the problem of family violence and its effects on those companies that employ the victim or the abuser.

Family violence occurs in the workplace:

- Sixty-eight (68) out of 827 Pennsylvania employers responding to the Attorney General’s 1998 Family Violence Survey reported 178 occurrences of domestic violence in the workplace in the last two years.

- Husbands and boyfriends commit 13,000 acts of violence against women in the workplace every year. (US Department of Justice, 1994). In the US, between 150 and 180 women are murdered at work every year. Domestic violence is the reason cited for many of these murders. (National Institute for Occupational Safety and Health (NIOSH) November, 1993).

Family violence affects employee health and well-being and results in lost days of work, reduced productivity, employee turnover and increased health costs:

- One Hundred Eighty-Six (186) out of 827 Pennsylvania employers responding to the Attorney General’s 1998 Family Violence Survey reported 329 domestic violence occurrences affecting the workplace.

- The Bureau of National Affairs estimates that domestic violence costs US employers $3 to $5 billion annually in lost work time, increased health care costs, higher turnover rates and lower productivity. (Bureau of National Affairs, Violence and Stress: The Work/Family Connection, Aug. 1990).

- In response to a 1997 national poll, 37% of the women who reported experiencing domestic violence also reported an impact on their work performance: 24% reported that abuse caused them to be late or to miss work; 20% reported an impact on career advancement; 15% reported job loss. (EDK Associates for The Body Shop, The Many Faces of Domestic Violence and Its Impact on the Workplace, 1997).
In a 1994 survey of senior executives of Fortune 1,000 companies, 66% of the respondents believed that a company’s financial performance would benefit from addressing the issue of domestic violence among its employees (Women’s Work Program, Liz Claiborne, Inc. *Survey Conducted by Roper Starch Worldwide*, New York, Liz Claiborne, Inc., July 18-August 5, 1994).

In Tulsa, Oklahoma, 69.5% of the residents of a battered women’s shelter reported that they were employed at the time their abuse occurred. Of that number, 96% reported problems at work due to their abusive situations, harassing telephone calls from the abuser, missed time from work, negative performance ratings, reprimands, and lost opportunities for salary and career advancement (Connie Stanley, *Domestic Violence: An Occupational Impact Study*, Tulsa, OK 1992).

A New York study found that abusive husbands and partners harassed 74% of employed battered women at work, causing 64% of them to be late for work at least five times a month, 28% to leave early at least five days a month and 54% to miss at least three full days of work, a month (New York Victim Service Agency, *Report on the Costs of Domestic Violence*, 1987).

Some studies estimate that family violence accounts for an average annual cost to employers across the nation of between three to five billion dollars.
SURVEY RESULTS

Once we had gathered the facts on the impact of family violence on business in general, we wanted to find out exactly how Pennsylvania businesses are addressing the problem. Specifically, we were looking for programs and policies designed to educate and prevent violence, while assisting victims and dealing effectively with the unique problems associated with the effects of family violence on the workplace. It should be kept in mind that this information was gathered through a survey and the results are assumed to be accurate as presented by the companies who responded.

Family violence is a problem that is impacting Pennsylvania employers and their employees. Depending on the size of the business, between 10-30% of the employers surveyed, reported that family violence situations had affected their workplace in the last two years. Furthermore, between 4-17% of employers surveyed reported an act of family violence that had taken place on their work site in that time period. These results indicate that Pennsylvania employers are aware that family violence is a concern that needs to be addressed.

Some Pennsylvania employers have attempted to address the issue of family violence through policy writing, however, the survey results indicate that few employers have taken this step. Only 13-38% of employers surveyed reported the development of policies that address workplace violence in any of its forms. Out of this number, 26-42% of the employers who had any kind of workplace violence policy included family violence issues in these policies.

By contrast, the issue of substance abuse has been addressed by the majority of employers who responded to our survey. Fifty four percent of small employers and 93% of medium and large employers reported that they have developed policies to address substance abuse issues on the job. Family violence should receive similar efforts by employers in the development of appropriate policies.

These results clearly indicate that there is a need for employers to develop policies that are more comprehensive and directly focused on addressing the safety needs of the victims of family violence. One area where policy writing could take place is in the development of policies and procedures that urge employees to inform employers when they have filed a protection from abuse order. This information is a practical way to allow employers to try and create a safe environment for its employees. Only 15-23% of respondents indicated that they have a policy that urges this reporting.

Some of the Pennsylvania employers that were surveyed have provided resources to their employees to help address the issue of family violence. Awareness of these resources needs to be expanded in order for employers to play a role in decreasing family violence. These include community resources (6-25%), employee assistance programs (12-70%), supervisor training (3-15%), educational materials (5-25%), formal on site counseling (1-15%), informal counseling using company staff (8-21%) and partnerships with community family violence agencies (1-9%).
Methods

A 14-item questionnaire was sent to 3,000 businesses in Pennsylvania with even distribution to small employers (less than 250 employees), medium sized employers (250-499 employees) and large employers (500 or more employees). There was a 28% response rate totaling 827 surveys (283 from small employers, and 260 from medium sized employers and 284 from large employers). Responses were received from each geographic region of Pennsylvania.

Results

Incidents of Domestic/Family Violence on the Job

An attempt was made to assess employer awareness of instances of domestic/family violence that had affected their work force in the last 2 years, and then more specifically, if there had been instances of domestic/family violence that had taken place at their work site. The results were as follows:

- **29 small employers (10% of the survey)** reported a total of 45 instances of domestic/family violence affecting the workplace in the last 2 years.

- **72 medium-sized employers (28% of the survey)** reported a total of 160 instances of domestic/family violence affecting the workplace in the last 2 years.

- **85 large employers (30% of the survey)** reported a total of 124 instances of domestic/family violence affecting the workplace in the last 2 years.

- **10 small employers (4% of the survey)** reported a total of 14 instances of domestic/family violence at the workplace in the last 2 years. As a result of these situations lost time was reported by 5 employers, an injury was reported by 1 employer and a fatality was reported by 1 employer.

- **11 medium-sized employers (4% of the survey)** reported a total of 25 instances of domestic/family violence at the workplace in the last 2 years. As a result of these situations lost time was reported by 9 employers and an injury was reported by 4 employers.

- **47 large employers (17% of the survey)** reported a total of 139 instances of domestic family violence at the workplace in the last 2 years. As a result of these situations lost time was reported by 26 employers, an injury was reported by 5 employers and a fatality was reported by 1 employer.

- **4% of small, 17% of medium and 21% of large businesses are aware of at least one employee who has been arrested or convicted of a crime related to domestic/family violence.**

Health Insurance Coverage and Claim Analysis

There was a desire to know if health coverage is being purchased by employers in
Pennsylvania providing coverage for physical and psychological injuries associated with domestic/family violence and whether any cost analysis has been completed to assess the financial impact of these issues in the workplace.

Our survey indicated that 67% of small, 74% of medium and 80% of large businesses reported that they have health insurance that covers physical injuries, and 55% of small, 62% of medium and 73% of large businesses report having insurance that covers psychological injuries related to domestic/family violence situations. Three of the respondents reported that they had performed a cost analysis of medical claims associated with domestic/family violence. Three companies have conducted an analysis of time lost as a result of domestic/family situations.

**Current Employer Responses to Domestic/Family Violence**

**Employer Policies**

Inquiry was made to see if the employers in Pennsylvania have workplace, leave and attendance policies that specifically address domestic and family violence issues.

**Workplace Violence Policies**

- 13% of small, 31% of medium and 38% of large businesses have workplace violence policies or guidelines.

- Of those that have workplace violence policies specifically addressing domestic/family violence, 30% of small, 42% of medium and large businesses address the impact on the employee. 36% of small, 40% of medium and 39% of large businesses address the impact on the employee’s job performance. 28% of small employers, 32% of medium and 26% of large businesses address how this issue affects co-worker job performance.

**Leave /Attendance Policies**

- 5% of small, 26% of medium and 55% of large businesses have a leave policy that accommodates victims of domestic/family violence. 2% of small, 13% of medium and 15% of large businesses have an attendance policy that will accommodate victims of family violence.

- 2% of small, 11% of medium and 13% of large businesses have a leave policy that accommodates the treatment of perpetrators of domestic/family violence and 1% of small, 8% of medium and 9% of large businesses have an attendance policy that accommodates perpetrators of domestic violence.

**Other Related Policies**

- 6% of small, 21% of medium and 27% of large employers have policies related to the confidentiality of domestic/family violence situations.

- 15% of small, 21% of medium and 23% of large businesses either require or
encourage employees to notify management when they have a protection from abuse order against a partner.

- 54% of small and 93% of medium and large employers have a substance abuse policy.

**Information, Services and Resources**

Inquiry was made to assess the resources currently used by employers in an attempt to address domestic/family violence issues. The results are as follows:

- 6% of small, 23% of medium and 25% of large employers offer **community resource information** related to domestic/family violence issues, while 10% of small, 42% of medium and 46% of large employers offer actual **referrals to community resources** related to domestic/family violence concerns.

- 12% of small, 50% of medium and 70% of large businesses have an employee assistance program that **specifically** addresses domestic/family violence issues.

- 3% of small, 11% of medium and 15% of large businesses offer supervisor training **specific** to domestic/family violence.

- 5% of small, 21% of medium and 25% of large businesses offer **educational materials** related to domestic/family violence.

- 1% of small, 4% of medium and 15% of large employers provide **formal counseling on site** related to domestic/family violence situations, while 8% of small and 17% of medium and 21% of large employers provide **informal counseling** through supervisors, peers or co-workers related to domestic/family violence issues.

- 1% of small and 7% of medium and 9% of large employers **partner** with a community family violence agency to address domestic/family violence.

**Related Information Services and Resources**

- 6% of small, 18% of medium and 17% of large businesses offer legal services to their employees.

- 10% of small, 14% of medium and 21% of large employers offer flexible hour scheduling to their employees.

- 6% of small, 23% of medium and 36% of large businesses have a safety plan or security services.

- 9% of small, 42% of medium and 57% of large employers have substance abuse counseling and referrals for their employees.
Our working group researched hundreds of different business programs and practices looking for the best. Listed below are some of the common themes that were found in the most effective programs. We determined that by taking the following actions, employers could create a supportive and nonjudgmental working environment where employees feel safe talking about family violence:

- **Leadership** determines how seriously an organization deals with the issue of family violence. It is therefore vitally important that corporate leaders speak out on the issue and overtly lend support and leadership to corporate programs that address the issue.

- Educating employees about family violence, how it affects the workplace and how to plan for safety.

- Displaying posters, safety cards and other materials condemning family violence and identifying resources for assistance.

- Putting pamphlets and signs with the name and telephone number of local services for abused women in places such as the inside of bathroom stalls.

- Educating managerial and supervisory employees about family violence including training on how to recognize its signs, how to intervene without blaming the victims and how to apply work policies in a way that will assist victims while safeguarding their privacy.

- Educating security personnel about family violence and about procedures to follow to assist in protecting victims of family violence.

- Instituting and communicating a policy that protects the confidentiality of both the identity of the victim and information disclosed about family violence.

- Adopting Employee Assistance Programs (EAPs) or other counseling programs that include counseling for family violence victims and perpetrators, and publicizing such programs and their ability to address family violence concerns.

- Instituting common-sense security procedures which include the following: effective threat assessment and monitoring of the victim’s safety; consultation with the victim to develop a safety plan that addresses the victim’s safety inside the workplace and when entering or leaving the workplace; and how to handle telephone or mail harassment. Safety plan components may include:
  - Providing escorts to parked cars.
  - Providing priority parking near the building for women fearing an attack.
- Providing a photograph of the batterer to be kept at the entrance of the victim’s place of work so that security personnel can prevent access to the batterer.

- Offering silent alarms at desks or cellular telephones to women at risk.

- Providing adequate lighting inside and outside buildings.

- Recognizing that an employee who is a victim of family violence may need to be absent from work to address a number of matters related to the violence (e.g. court appearances, health care, family issues, etc.) and applying attendance and leave policies to accommodate the reasonable needs of employees.

- Accommodating reasonable requests for changes in shift or confidential relocation to other work sites to prevent further incidents of abuse whenever possible.

- Addressing family violence on the job fairly and evenly.

  - Instituting a clear policy that family violence will not be tolerated on the job and subjecting perpetrators to corrective or disciplinary action.

  - Recognizing that the victim is not at fault.

  - Taking into account the impact of family violence on an employee’s performance and ensuring that employees are not penalized because of family violence.

- Reviewing and upgrading benefits to best serve victims of family violence.

  - Ensuring that insurance benefits for treatment of physical and psychological injuries do not deny coverage to victims of family violence for both physical and psychological injuries.

  - If the company offers health services, instituting protocols for screening, intervention documentation and referral to in-house and community resources.

- Consider adopting a local shelter in the same way that businesses adopt a school – by making monetary or in-kind contributions to the shelter, having company human resources staff offer shelter residents seminars on career opportunities, job skills, resume preparation, etc.

- Liaison with local shelters and domestic violence service providers to facilitate the availability of victim services to employees.
What unions can do:

- Negotiate provisions in collective bargaining agreements for employee assistance services, paid legal assistance and paid time off for family emergencies.
- Sponsor workshops about family violence.
- Produce and/or distribute publications and/or articles on family violence in union newsletters.
- Work with shelters by donating to fund raising efforts or by encouraging employees to volunteer their time at the shelter.
- Train stewards and union members about family violence in the workplace.
- Addressing the potential effects of acts of violence on workplace culture.

Best Practices by Pennsylvania Corporations:

Pennsylvania employers have begun to address family violence in the workplace. Some employers have instituted written policies and systems to address family violence. Others, while lacking formal policies, offer assistance in a number of ways, including referrals to community resources, flexible leave policies and security measures. The Pennsylvania businesses listed below should be commended for having developed carefully thought out policies and procedures that have been both effective and well-received in the workplace.

The Medical College of Pennsylvania
Philadelphia

The Medical College of Pennsylvania (MCP) adopted a domestic violence policy in October, 1996 that outlines protocols for both patients and employees. In recognition that domestic violence affects more than their own patients, MCP’s policy states, “MCP recognizes that domestic violence affects the lives of many health care employees. For fear of their safety, risk of losing their jobs or embarrassment, many abused health care workers keep the abuse hidden from peers and supervisors. However the emotional and physical violence that health care workers may experience can also be evident in the workplace via harassing telephone calls, unauthorized visits to the workplace by the batterer and direct threats of harm to the employee while she is performing her duties at MCP.”

To address domestic violence, MCP makes available to its employees a hospital-based domestic violence expert, encourages employees to utilize employee assistance program counseling and provides medical treatment and social service consults. MCP educates its entire staff at all levels. This includes security which provides employees at risk with escorts to cars and safer parking arrangements and keeps photos of batterers at
entryways. MCP offers flexibility in hours of work and leaves-of-absences to accommodate the needs of victims of abuse. Posters, fliers and safety cards inform employees of the availability of assistance.

(See appendix 1)

**The Defense Supply Center of Philadelphia**

The Defense Supply Center of Philadelphia (DSCP) instituted a comprehensive Family Advocacy Program to address domestic violence in January 1997. The arm of the Defense Department which provides America’s military personnel and dependents worldwide with food, clothing, medical, and some general supply items, the DSCP employs over 3,000 in Philadelphia. Developed pursuant to the order of the Secretary of Defense, the Family Advocacy Program has the goals of:

- Promoting the prevention, early identification, reporting and treatment of child and spouse abuse.
- Strengthening family functioning in a manner which increases the competency and self-sufficiency of military and civilian families.
- Preserving families in which abuse has occurred without compromising the health welfare and safety of the victims.
- Collaborating with state and local civilian social services agencies.
- Ensuring the provision of effective treatment for all family members when appropriate.

All DSCP personnel, civilian and military, are personally informed by written communication from the Commander, currently Army Brigadier General Daniel G. Mongeon, of the Department’s zero-tolerance policy on domestic violence and the availability of confidential assistance. Assistance includes a wide variety of resources and programs. The Family Advocacy Program Manager is available to employees on the work site during work time and can be seen without supervisory permission or the taking of leave time. Through the Family Advocacy Program Manager, referrals are available to a broad network of community resources and to the Employee Assistance Program for personal and specialized counseling. Information is widely disseminated through workshops, a library of reading materials, videos and workplace displays on domestic violence. Family friendly flexible leave policies and relocation assistance are available. Trained security personnel are prepared to take whatever action is necessary to address safety concerns. Domestic violence training is incorporated in all supervisor training, but is also available to all employees. In addition to employees, the benefits of the Family Advocacy Program are available to retirees and military reserve personnel. The number of employees requesting assistance signals the effectiveness of the DSCP’s efforts to address domestic violence.

(See appendix 2)
Abington Memorial Hospital
Abington

Abington Memorial Hospital has developed a system to assist employees who experience domestic violence that is coordinated through a Domestic Violence Social Worker-Medical Advocate. Abington has trained its department heads, supervisors, nurses, doctors and support staff through a team which includes the trainer from the local women’s center, the Director of Employee Relations, the Security Investigations Officer and the Domestic Violence Social Worker.

The training is also offered to the physicians in Abington’s provider network. The goals of the training include increasing staff understanding of domestic violence, how it affects the workplace, how to recognize it, and how to respond to employees in a supportive manner, including the identity of workplace and community resources and supports. The Domestic Violence Social Worker also runs a support group for employees who are victims of domestic violence and works with supervisors, security and employee health services to coordinate their response to domestic violence. Potential responses may include modification of work schedules, security enforcement of Protection from Abuse Orders, flexible leave policies to allow employees to obtain protection orders or take care of other business related to the abuse, referrals to Abington’s confidential employee assistance program, and health care.

(See appendix 3)

The University of Pennsylvania
Philadelphia

The University of Pennsylvania, Philadelphia, recognizes the negative impact of domestic violence on the workplace and therefore makes assistance available to employees internally through its Department of Public Safety, Human Resources, Employee Assistance Program and the Penn Women’s Center and provides information on community-based resources.

(See appendix 4)

Harley-Davidson Motor Co., Inc.
York

Harley-Davidson’s 2,700-employee final assembly plant, which is located in York, Pennsylvania, has taken several actions to ensure a workplace free of violence. The Company conducts a criminal history, educational and personal background verification for each applicant for employment. Pre-employment screening is also conducted for temporary workers and contract workers entering the company’s facility. Each prospective employee or contingency worker must submit to a pre-employment drug/alcohol screen. Harley-Davidson has created a Workplace Violence Awareness Team, which is comprised of union and management employees. The Workplace Violence Awareness Team has been instrumental in developing and providing training to the workforce in the recognition and reporting of risk factors associated with potentially violent individuals. The Team has stocked each female restroom with referral materials to community agencies and to Harley-Davidson’s
Employee Assistance Program for individuals requiring confidential information on necessary support services. The Violence Awareness Team has sent mailings to the home of all employees and their families making them aware of the availability of victim support services available internally and within the York community.

(See appendix 5)

**Best practices by corporations based outside of Pennsylvania:**

**Polaroid Corporation**

Polaroid Corporation is recognized nationally as a leader in domestic violence workplace policies. Corporate level concern about domestic violence in the early 1990’s culminated in 1995 with the institution of a comprehensive company approach which includes the following personnel policies and guidelines:

- Flexible leave options that address an employee’s need to be absent from work due to family violence. Leave options are based on the individual’s situation, including:
  - Flexible hours to handle legal matters, court appearances, housing and child care.
  - Time off with pay for up to three weeks.
  - Unpaid time off for a designated time period.

- Recommended procedures for safety and protection in family violence situations for employees, supervisors/managers, human resources personnel, and EAP counselors that address domestic violence training, attendance policies, safety planning, confidentiality, security, the honoring of protection orders, referrals, and coordinated and sensitive support.

(See appendix 6)

**The Body Shop**

The Body Shop has been sponsoring a major campaign titled “Blow the Whistle on Violence Against Women.” This is an ongoing national initiative to shatter the silence surrounding the issue. Now in its third year, the campaign has raised more than $150,000 for victim support and violence prevention programs nationwide. In collaboration with the YWCA, the Family Violence Prevention Fund, Self Magazine, the Women’s Bureau of the U.S. Department of Labor, the Centers for Disease Control and Prevention, and the National Coalition Against Sexual Assault, the Body Shop sponsored a national telephone poll as well as a written survey of over 7,000 women who visited Body Shop locations and YWCAs nationwide. This survey has provided a substantial amount of important information about the experience with violence of America’s women.

(See appendix 7)
Bell Atlantic Mobile

Since 1995, Bell Atlantic Mobile has focused its philanthropic efforts, under the “Wireless at Work...” community service program, on assisting victims of domestic violence by utilizing the company’s resources and technology in a variety of ways. These include its HopeLine® program, which provides free voice mail boxes to victims residing in shelters, and donations of pre-programmed wireless 9-1-1 phones to police departments and district attorneys’ offices to distribute to women at risk. This year the company earmarked $100,000 to help victims by providing wireless technology solutions. Bell Atlantic Mobile was the first wireless carrier to introduce a toll-and air time-free link to the National Domestic Violence Hotline, allowing users to simply dial *HOPE from their wireless phones to reach the hotline. As part of its ongoing relationship with the Family Violence Prevention Fund, Bell Atlantic Mobile has provided customers at its 200 Communications Stores, as well as its 7,000 employees, awareness cards featuring tips on how women can protect themselves from an abuser.

(See appendix 8)

Others:

RESOURCES

Listed below are those resources we recommend to any employer interested in creating or expanding current programs or practices addressing family violence.

Publications:

The National Workplace Resource Center on Domestic Violence. The Workplace Responds to Domestic Violence: A Resource Guide for Employers, Unions and Advocates. San Francisco, CA. An excellent, comprehensive guide that includes information on relating the management of domestic violence in the workplace to existing human resource policies; the role of EAPs; union involvement; legal issues for employers and more.


NOW Legal Defense and Education Fund. The Impact of Violence in the Lives of Working Women. New York: NOW Legal Defense and Education Fund, 1996. Designed to aid employers, managers, supervisors and human resources personnel in addressing violence against women as it effects the workplace. This resource guide provides background information, explains pertinent legal issues and suggests ways employers may develop solutions.


Durborow, Nancy and Terry Fromson, Esq. *Insurance Discrimination Against Victims of Domestic Violence*. Pennsylvania: Women’s Law Project and the Pennsylvania Coalition Against Domestic Violence, 1997. Illustrates the nature and scope of discrimination against victims of domestic violence by insurance carriers; it includes case studies and discussions of state and federal legislative activity geared to prohibit this type of insurance discrimination.


**Articles:**


Bryant, et al. “Adapting the Traditional EAP Model to Effectively Serve Battered Women in the Workplace.” *Employee Assistance Quarterly*, 6(1990). Discusses ways in which EAP professionals can recognize domestic violence both in the workplace and in the EAP assessment interview and introduces a new model of clinical EAP practice for this population.

domestic violence and its effect on the workplace. Discusses methods for identifying a domestic violence situation, evaluating the risk of lethality and potential responses.


Reports and Surveys:


Isaac, Nancy, Sc.D. Corporate Sector Response to Domestic Violence. Cambridge, MA: Harvard Injury Control Center, Harvard School of Public Health, 1997. This report examines the role of the corporate sector in responding to domestic violence as an issue affecting the health and safety of employees, including interviews with corporate professionals, a survey of EAP professionals, and a case study of the Polaroid Corporation’s proactive response to domestic violence.


Center for Women in Government. Hidden Violence Against Women at Work. A special report of the Center for Women in Government in conjunction with the American Federation of State, County and Municipal Employees, AFL-CIO, it presents analysis of the high rates of assault experienced by women working for state and local governments.


Disease Control and Prevention: 1996.


### Agency and Organizational Contacts:

Pennsylvania Coalition Against Domestic Violence/National Resource Center on Domestic Violence. 6400 Flank Drive, Suite 1300. Harrisburg, PA 17112-2778. Phone: (800) 932-4632 and (717) 545-6400.


Health Resource Center on Domestic Violence. A Project of the Family Violence Prevention Fund. Phone: 1-888-RX-ABUSE.

NOW Legal Defense and Education Fund. 99 Hudson St. New York, NY 10013. Phone: (212) 925-6635.

Coalition of Labor Union Women, Center for Education and Research. 1126 16th St, NW. Washington, DC 20036. Phone: (202) 466-4615.

American Bar Association, Commission on Domestic Violence, 740 15th St., NW. Washington, DC 20005-1022.

National Coalition Against Domestic Violence (NCADV). P.O. Box 18749, Denver, CO 80218-0749. Phone: 303-839-1852.

### Training Programs:


ployee responsibilities, procedures and guidelines.


**Web Sites:**


http://www.ojp.usdoj.gov/ U.S. Department of Justice, Office of Justice Programs.


http://www.cavnet.org/ Communities Against Violence Network (CAVNET)

**Videos:**


V. Health Care’s Response to Family Violence

A Report on How Pennsylvania’s Health Care Community is Addressing Family Violence

Domestic violence screening pushed

Panel urges universal screening for family violence

Exposing family violence

Attorney general’s task force intends to recommend steps that agencies can take to offset pervasive evil

On Tuesday a panel organized by state Attorney General Mike Fisher heard testimony that was as raw as it was shocking. A former victim of domestic violence described how battering she suffered at the hands of a domestic abuser.

Central to this tragedy is the widespread misunderstanding of victims to seek help or even to acknowledge the problem. Whatever out of fear or humiliation, they often choose to stay quiet.

It is this horror that today’s policy conversations need to address.

The members recommended expanding training for health-care workers.

Panel pushes domestic violence attacked

Pennsylvania Attorney General Mike Fisher checks some of his papers as chairman of a special committee taking testimony at a Capitol hearing in Harrisburg on family violence.
EXECUTIVE SUMMARY

In May of last year, the Attorney General called together the Attorney General’s Family Violence Task Force. The Attorney General asked each working group to report on how its particular institution is currently addressing family violence and to offer recommendations on how each institution can improve its response. The Task Force goal is to develop a coordinated, community-based response to family violence. As representatives of Pennsylvania’s health care institutions, we accepted the Attorney General’s challenge and quickly went to work.

We have compiled this report after extensive research and discussion and offer it to members of the health care community for their thoughts and input. This report is divided into six sections. First, to help focus on the problem at hand, we begin with the story of a hypothetical Pennsylvania family experiencing violence within the home. Second, we present an historical perspective on how the health care institution has responded to family violence in the past. Third, we present the most poignant facts that highlight the health care community’s current response. Fourth, we present those health care providers in Pennsylvania and across the nation that are doing the best job in addressing family violence. Last, we present a list of resources that can be used by any health care practitioner who desires to learn how they can more effectively respond to family violence.

Family violence is a major public health problem and not a new phenomenon to health care providers. For over twenty years, medical and nursing research have demonstrated significant and often devastating physical, economic and social consequences. Many hospitals and community and advocacy organizations within the Commonwealth have initiated highly commendable and effective multi-disciplinary, collaborative family violence programs and/or professional and community education/preventative programs. However, many communities within the Commonwealth, due to geographic, financial or service referral fragmentation, are struggling to meet the needs of victims. If a chain is only as strong as its weakest link, then it is incumbent upon health care providers within the Commonwealth to seek avenues to provide the linkage among education, services and resources to address this significant health care problem.

Some of the first documented studies on battered women came from Flitcraft and Stark who conducted studies on 3,600 women between 1978 and 1986. They identified one of the leading causes of injury to women as domestic violence. Another study by Campbell in 1981 showed that a major risk factor for homicide among women was domestic violence. In 1998, eleven community hospitals in Pennsylvania and California conducted a study that subsequently identified four major risk factors for abuse within the past year as being: 1) age 18 to 39 years; 2) monthly income less than $1,000; 3) children under 18 living at home; and, 4) ending a relationship within the past year (Dearwater, et. al, 1998). A very compelling finding comes from the 1993 Commonwealth Fund survey, “The Health of American Women,” which found that 90% of women who described themselves as physically abused never told a physician or health care provider.

In the “Facts” section of our report, we include additional information that highlights the seriousness of this problem. We found that victims of family violence need and receive significantly more treatment in general health care and behavioral health care than those individuals who are not victims. Furthermore, family violence has a devastating
effect on the health and well being of children who come from abusive homes. In fact, we have seen that children who are abused are more likely to grow up and become abusers themselves. For instance, the most consistent factor for adult men being abusive to their own partner is growing up in a home where their own mother was beaten by their father. Conversely, for women, being abused as a child makes subsequent victimization far more likely. Our research also revealed the overwhelming interrelationship between family violence and substance abuse. For example, between one fourth and one half of men who commit acts of family violence have substance abuse problems. Also, women who abuse drugs and alcohol are more likely to be victims. In short, family violence presents health care practitioners with considerable challenges.

Despite the frequency with which victims present to health care providers, the abuse itself often goes unrecognized. Many providers are uncomfortable asking about family violence because they view it as a private matter. Others lack the training required to recognize and respond. One report indicates that only 27% of surveyed medical schools and residency programs had curriculum material related to battered woman (Hendricks-Matthews, 1997). A study done in 1984 and again in 1995 found that family violence was documented in only 5% of the emergency room cases in which it was later detected.

The problem of a lack in recognition, detection and screening of victims of family violence is compounded by the fact that victims who are identified and do get referrals for appropriate treatment are confronted with rising health care costs, and in some cases, a decline in the availability of certain health care benefits. For instance, although mental health care providers are treating patients with disorders caused by a variety of victimizations, mental health care benefits have declined. Between 1988 and 1997, while general health care benefits declined 7%, mental health care benefits declined 54%. Clearly, we need to ensure that adequate and appropriate health care treatment is provided to all victims of violence. There are many health care providers, however, that are leading the way toward full collaboration with community-based groups to educate, identify and treat victims of family violence.

Our section on “Best Practices” presents some of the best programs currently in existence in Pennsylvania and throughout the nation. These programs are focused on developing community collaborations and are aimed at professional and community education, prevention strategies and intervention. In fiscal year 1993/94, the Commonwealth of Pennsylvania funded the Pennsylvania Coalition Against Domestic Violence (PCADV) to develop five hospital-based medical advocacy demonstration projects. Essential elements of the project include ongoing family violence training for health care providers, the formation and adoption of family violence training protocols and policies and the identification of battered women through routine screening and on-site advocacy services. Similar training projects aimed at increasing health care providers awareness about interpersonal violence and institutionalizing routine screening tools include the Philadelphia Family Violence Working Group (RADAR) Project. The University of Pennsylvania and Pinnacle Health Hospitals in Harrisburg currently provide a Sexual Assault Nurse Examiner (SANE) Program that educates nurses to utilize consistent and uniform tools for the collection of evidence and to collaborate with crisis counselors and police departments. Utilization of SANE nurses has significantly contributed to the successful prosecution of sexual offenders. These are but a few of the many programs cited by our working group as best practices in the Commonwealth. Many more exist in Pennsylvania and across the nation.
The health care system has a vital role to play in bringing about social and institutional changes to end family violence. Many Pennsylvania health care providers have recognized the problem and have begun initiatives and programs to address it. The reasons why health care providers, in some cases, fail to appropriately respond to, intervene or assist victims of family violence are multifaceted. Reasons may include lack of adequate education on the topic, inadequate screening tools, a lack of coordinated, community resources or lack of institutional commitment. In addition, some communities experience problems with program accessibility for victims, under staffing and lack of funding for program initiatives. Health care providers are uniquely situated to be effective in identifying and reducing the tragedy of family violence. Health care providers are usually the first and sometimes the last contact a victim of violence encounters. If we are truly to recognize victims of family violence and reduce the number of family violence incidents, it is imperative that health care providers become key participants in public education, zero tolerance of violence and victim advocacy.

The recommendations which appear at the end of this report come forth after extensive research, compilation of data, and verbal and written input from professionals and consumers at the public hearing held by the Attorney General.

The Task Force recognizes that the importance of routine screening, education and implementation of other preventive measures must not overshadow the need for accessible and affordable treatment services. Of what value is recognition of a problem if treatment is unavailable? Treatment must also be inclusive of both victims and perpetrators if the cycle of violence is to be altered. Treatment resources include drug and alcohol treatment centers and residential recovery centers where women and children can recover and reorganize their lives.

The Task Force also recognizes that implementation of the recommendations will require funding initiatives (both public and private), the inclusion of screening and treatment services by third party payers and a collaborative analysis and possible reallocation of resources by health care systems and the communities they serve.

Non-mandatory compliance with the Task Force’s recommendations will be promoted and achieved by healthcare systems that pursue Best Practices’ models; promote zero tolerance for family violence and have the human, financial and community resources to support their commitment.

It is our hope that the work of this Task Force will point the way for the health care institution to play a significant role in developing a coordinated, community-based response to ending family violence in Pennsylvania. I would like to thank each member of this working group for dedicating so much of their time and expertise to this worthy effort.

Toni McAndrew
MPA, RN, President,
Pennsylvania State Nurses Association

and

Chair, Health Care Working Group
Family Violence Task Force
AN HISTORICAL PERSPECTIVE

Research and organizational or community responses regarding family violence within the health care environment are approximately only twenty years old. Family violence is not new, but until recently society has failed to acknowledge its physical, economic and social consequences.

Flitcraft and Stark conducted some of the first documented studies on battered women between 1978 and 1986. In a sampling of 3600 women they identified family violence as the single most common cause of injury to women. In 1990, due to their collaborative efforts with the New York State Department of Health, New York became the first state to require that all licensed hospitals establish protocols and training programs on domestic violence.

In 1981, Jacqueline Campbell, then a faculty member of Wayne State University School of Nursing, published a study showing that a major risk factor for homicide among women was domestic violence. Her research led to the development of a Danger Assessment Screen that identifies the risk factors for homicide in a battering relationship and an Abuse Assessment Screen consisting of four questions that have been found to reliably identify the presence of domestic violence (Family Violence Prevention Fund).

But despite the fact that much information has been available to health care providers, research indicates that health care providers routinely avoid asking questions about domestic violence (Ruskin and Warshaw, 1990). A 1988 study of emergency room physicians found that physicians identified only one in eight women who were battered (Kurz and Stark, 1988). Nearly ten years later a study was designed to assess primary care physicians recognition of and attitudes toward domestic violence. The response rate from 63% of 148 physicians indicated that 96% of the physicians believed that more should be done to educate physicians about domestic violence, yet less than half agreed that domestic violence was a significant problem in their own patient population (Reid and Glasser, 1997). This illustrates the profound need for better education of physicians about the importance of routine screening for domestic violence.

In 1993, one of the largest studies of domestic violence in a primary care adult patient population was conducted on 1,952 female patients of varied age, marital, educational and economic status during a six-month period. This study was the first to develop a model that could assist in the identification of women at high risk for current abuse (McCauley, Kern, et al., 1995). A similar study completed in 1998 was conducted on all women who came to the emergency departments of eleven community hospitals in Pennsylvania and California (See Appendix 1). Of the six Pennsylvania hospitals surveyed, 1,917 patients responded: 12% reported suffering from physical or sexual abuse within the past year and 31% reported histories of lifetime abuse. Logistics regression modeling identified four risk factors for reported abuse within that past year: 1) age 18 to 39 years; 2) monthly income less than $1,000.00; 3) children under 18 living at home; and 4) ending a relationship within the past year (Dearwater, Coben, et al, 1998).
In 1992, the Family Violence Prevention Fund and the Pennsylvania Coalition Against Domestic Violence (PCADV) conducted an in-depth statewide Pennsylvania survey of hospital emergency departments to assess how they were responding to cases of battered women (See Appendix 1). In Pennsylvania, of the 211 hospitals receiving the survey, 89% or 187 responded. Only 24% of 126 physician directors reported that the emergency departments conducted educational sessions on domestic violence. One hundred and fifty-one nurse managers responded with 49% reporting that educational sessions had been held. Fifty-eight percent of the respondents cited the fact that patients do not mention domestic abuse during history taking as a major problem in identification. Yet research indicates that battered women are likely to respond to health care providers who utilize assessment tools designed to inquire about possible abuse (Family Violence Prevention Fund Study, 1992).

A 1993 Commonwealth Fund survey, “The Health of American Women” found that 90% of women who described themselves as physically abused by a partner or spouse never told a physician (Commonwealth Fund, 1993) (See Appendix 1). Again, it has been found that if women are directly and routinely asked about violence, in a way that is not threatening, they will discuss their abuse. If the health care provider offers a physically and emotionally safe context, then women are willing to talk about the dangers they are encountering at home. If women are not routinely asked about psychological or physical abuse in the home, then health care providers have lost the opportunity to make referrals to appropriate agencies or professional counselors – and may have lost the opportunity to save a life.

Health care providers are uniquely situated to be effective in identifying and reducing the tragedy of family violence. We must become key participants in public education, zero tolerance of violence in the home and victim advocacy. We are often the first contact person that victims seek out for help. We need to accept and acknowledge our accountability to these patients experiencing violence at home.

In 1998, 127 adults and nine children were killed in Pennsylvania as a result of domestic violence-related homicide.
THE FACTS

Listed below are those facts that we believe best capture the problem of family violence and the current response of Pennsylvania and the nation’s health care institutions.

The health care system has a vital role to play in bringing about social changes necessary to end family violence. Despite the frequency with which victims present to health, mental health and substance abuse specialists, the abuse itself often goes unrecognized. Even in hospitals with established domestic violence protocols, this issue has often been ignored except when recognition of battering becomes inescapable (McLeer, 1989; Warshaw 1993). Some providers are uncomfortable asking about family violence because they view it as a private matter. Many providers lack education on the topic or have their own misconception about who is affected. Assessment, consulting and accessing referral sources can be viewed as time consuming for the already short staffed or hectic emergency departments and private practice physicians, as well.

In one survey of three medical schools and their affiliated residencies, only 42% had any curriculum material related to battered women (Hendricks-Matthews, 1997). In another survey of medical students and faculty, using conservative numbers, a minimum of 17% of the female students and faculty and 3% of the male students and faculty admitted to experiencing physical or sexual abuse by a partner in their lifetime (deLahunta and Tulsky, 1996). It is important to note that part of the resistance to asking questions about family violence may spring from one’s own personal experience with the subject. A 1984 study found that family violence was documented in only 5% of the emergency department cases in which it was later detected and eleven years later the rates of detection and documentation were still quite low (Commonwealth Fund) (See Appendix 1).

Mental health providers and substance abuse specialists who have not been trained or educated about family violence may be reluctant to adequately screen for a past history of exposure to violence, as well. Additionally, they may have had no training in the recently evolved knowledge base about the effects of repetitive interpersonal trauma or on how the effects of such trauma can appear as comorbid conditions with other psychiatric and substance abuse disorders. In a 1996 survey of psychiatric residents at four U.S. medical schools, only 28% of those responding reported receiving training in the area of family violence. Almost half reported that they asked about family violence in less than a quarter of their cases involving female patients, and then “only when a problem was suspected.” Sixty-five percent of all psychiatric residents surveyed were unable to list a local agency for referral (Currier et al, 1996) (See Appendix 2).

Some cross-training has occurred between domestic violence advocacy organizations and the substance abuse treatment community. However, there has been little change in substance abuse treatment at the policy level that would require screening for domestic violence victims and perpetrators or that would guarantee that battered women in substance abuse treatment programs are having their needs, particular to victimization, adequately met. (See Appendix 3).
Family Violence & Behavioral Health

The larger economic forces that have been influencing health care over the last decade have impacted on the mental health care coverage offered to victims of family violence. In 1998, the National Association of Psychiatric Hospitals commissioned the Hay Group to do a study of cost trends in behavioral health from 1988 to 1997. During this period, behavioral health care benefit costs, which include treatment for substance abuse and mental health disorders, were reduced 670% more than general health care benefit costs. General health care benefits declined 7% while mental health care benefits declined 54%, thus decreasing the behavioral health percentage of the total health care benefit costs by 50%.

In general health care, there has been a significant shift from hospital utilization to outpatient care, while on the behavioral health side, services are being limited on both the inpatient and the outpatient sides. Limits on the numbers of visits have increased as well. In 1988, 46% of plans allowed a fifty visit limit. Today, only 17% allow fifty visits, while the most prevalent limit is twenty visits. Mutual of Omaha found office psychiatric encounters actually dropped 8.9%, contrasting dramatically with an increase in general medical office visits of all types, which rose 27.4% from 1,638 encounters per 1,000 in 1991 to 2,087 encounters per 1,000 in 1996. Psychiatric office encounters as a percent of all outpatient office visits dropped 28.3%.

This change has not been compensated for by other forms of outpatient care including partial hospitalization. Even though average partial hospitalization admissions per facility increased in 1996, an average patient in a partial hospital program in 1996 had 23.5% fewer visits (13 on average) than a partial hospital patient in 1995 (17 visits on average). Similarly, a typical outpatient in 1996 had 43.5% fewer visits (8.7 outpatient visits) than an outpatient in 1995 (15.4 visits).

Hardest hit of all, however, has been inpatient treatment. Inpatient days per 1,000 people dropped 68.8% for behavioral health disorders. In contrast, for all general health diagnoses excluding mental and behavioral disorders, inpatient days per 1,000 dropped only 18%. Inpatient admissions per 1,000 for mental and behavioral diagnoses dropped 36.4%. In contrast, for general health diagnoses excluding mental and behavioral disorders, inpatient admissions per 1,000 dropped only 11.2%. At the same time, average length of stay for behavioral health disorders dropped 50% from 17 days in 1991 to 8.5 days in 1996. Average length of stay for all diagnoses, in contrast, dropped only 18.3% from 6 days in 1991 to 4.9 days in 1996.

Family Violence & General Health Care

Meanwhile, the statistics on the relationship between family violence and health care, mental health care and substance abuse problems are staggering:

- Violence is the second leading cause of injuries to women between the ages of 15 and 44 (Velsor-Friedrich, 1994).
As compared with women who are not the victims of domestic violence, female victims receive more inpatient and outpatient health care for trauma and non-trauma related surgical conditions, medical and nonspecific conditions, suicide attempts, psychiatric treatment, non-trauma related medical emergencies, elective abortions and miscarriages, resulting in increased use of resources that continues for years after the violence ends (Ambuel, Hamberger, & Lahti, 1996).

One study found that victimized females were 2.5 times more costly to the health care system than women who have never been the victims of abuse (Koss, Woodruff, and Koss, 1990; Koss, Koss, and Woodruff, 1991).

Based on an estimate from the National Crime Survey, domestic violence results in 100,000 days of hospitalization, almost 30,000 emergency room visits and nearly 40,000 visits to physicians every year (Bowers, 1994).

23% of pregnant women seeking prenatal care are battered (American Medical Association, 1992).

In a survey of pregnant low-income women, 65% of the women experienced either verbal abuse or physical violence during their pregnancies. 20% of the women in the sample experienced moderate or severe violence (O’Campo et al, 1994).

22% to 35% of women who go to emergency rooms with medical complaints have symptoms that stem from domestic violence. In addition to the more obvious injuries directly related to the abuse, many other forms of physical illness have been associated with exposure to chronic trauma including irritable bowel syndrome, fibromyalgia, chronic pain, peptic ulcer, chronic pelvic pain, asthma, other gastrointestinal illnesses (Bloom and Reichert, 1998).

Among a hospitalized population in an urban teaching hospital, 26% of women admitted for a variety of problems reported being in an abusive relationship at some time in their life (McKenzie et al, 1998).

**Family Violence & Its Effects on Children**

At least 3.3 million children between the ages of 3 and 17 years of age witness parental abuse annually (Campbell and Lewandowski, 1997). Multi-disciplinary findings reveal that the effects of witnessing violence, without being abused oneself, are serious and varied, and generally framed in emotional and behavioral manifestations (Attala et al, 1995). For instance, between 40 to 70% of children entering battered women’s shelters are themselves abused. Usually the abuser is the batterer of the mother, but the mother may abuse the children as well. (Campbell and Lewandowski, 1997). One effect of this violence is that children of battered women use health care services six to eight times more often than children of women who are not battered (Rath et al, 1989).
Children exposed to family violence show many different responses that negatively impact their physical and mental health including the following: cognitive and emotional responses such as anxiety, social withdrawal, depression, clinging behavior and suicidal ideation; behavioral problems such as aggressiveness, hyperactivity, conduct problems, school problems, bullying, clinging, speech disorders; and physical symptoms including headache, bed wetting, disturbed sleep, failure to thrive, vomiting, diarrhea and cardiovascular and hormonal changes (Campbell and Lewandowski, 1997; Putnam, 1997) (See Appendix 4).

For children, the more severe the violence, the more severe their problems. In one study, verbal conflict alone was associated with a moderate level of conduct problems; verbal plus physical conflict was associated with clinical levels of conduct problems and moderate levels of emotional problems; verbal plus physical conflict plus shelter residence was associated with clinical levels of conduct problems, higher levels of emotional problems and lower levels of social functioning and perceived maternal acceptance (Fantuzzo et al., 1988). Childhood exposure to violence can have serious consequences for adult physical health, as well as mental health and social adjustment.

In a recent study of almost 14,000 adults in an HMO, researchers surveyed for seven categories of adverse childhood experiences including: psychological, physical abuse or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill, suicidal or ever imprisoned. These adverse childhood experiences were then compared to measures of adult risk behavior, health status and disease. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had a four to twelve-fold increase in health risks for alcoholism, drug abuse, depression and suicide attempts, a two to four-fold increase in smoking, poor self-rated health and sexually transmitted disease and a one and a half-fold increase in physical inactivity and severe obesity.

The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life (Felitti, et al, 1998). The most consistent risk factor for men being abusive to their own female partners is growing up in a home where their mother was beaten by their father (Straus and Gelles, 1990). That same study revealed that women who are physically abused as a child, or physically and sexually abused as a child, are far more likely to become a victim of that type of abuse as an adult.

**Family Violence & Post-Traumatic Stress**

In various studies, the rate of post-traumatic stress disorder (PTSD) is very high in populations of battered women, with the rate ranging from 33%-84%. People suffering from chronic post-traumatic stress disorder, which is a serious and debilitating condition, are two to four times more likely than those without PTSD to have virtually any other psychiatric disorder and are almost eight times as likely to have three or more disorders (Solomon and Davidson, 1997). For instance, 88% of men and 79% of women with PTSD have a history of at least one other disorder (Kessler et al., 1995). A disorder that medical
practitioners frequently encounter – somatization disorder - was found to be 90 times more likely in those with PTSD than in those without PTSD (Davidson et al., 1991). Women with PTSD are four to five times more likely to also suffer from an affective disorder than those without PTSD and are two to four times more likely to have another anxiety disorder (Kessler et al., 1995).

In another study, half of those involved in partner violence had a psychiatric disorder; one-third of those with a psychiatric disorder were involved in partner violence. Individuals involved in severe partner violence had elevated rates of a wide spectrum of disorders (Danielson et al, 1998). It is also important to note that victims of domestic violence infrequently present to health or mental health practitioners with domestic assault as their presenting complaint. Instead, the violence will be concealed behind other physical, emotional and behavioral complaints (Brookoff, et al., 1997).

**Child Abuse, Post-Traumatic Stress Disorder and Attention Deficit and Hyperactivity Disorder**

A 1997 study from the Arkansas Children’s Hospital found that post-traumatic stress disorder (PTSD) was diagnosed in 50% of 109 abused children. The statistic is important because PTSD can be associated with many other psychiatric comorbidities (Dykman RA, et al., 1997). A 1996 study found that the PTSD diagnosis was significantly correlated with Attention Deficit Hyperactivity Disorder (ADHD), as well as with anxiety and mood disorders (Famularo R., et al., 1996).

**Family Violence & Substance Abuse**

One fourth to one half of men who commit acts of domestic violence also have substance abuse problems. As many as 80% of child abuse cases are associated with the use of alcohol and other drugs (Fazzone, Holton and Reed, 1997). A Department of Justice study of murder in families found that more than half the defendants accused of murdering their spouses – as well as almost half of the victims – had been drinking alcohol at the time of the incident (Fazzone, Holton and Reed, 1997). According to a national panel, failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse (Fazzone, Holton and Reed, 1997).

Women who abuse alcohol and/or drugs are more likely to be victims of domestic violence and victims of domestic violence are more likely to receive prescriptions for and become dependent upon tranquilizers, sedatives, stimulants and painkillers and are more likely to abuse alcohol (Fazzone, Holton and Reed, 1997). Substance abuse, both of alcohol and illicit drugs, has been found as a substantiated correlate of abuse during pregnancy in several studies. Substance abuse is a frequent manifestation of PTSD in pregnant and nonpregnant battered women (Campbell and Lewandowski, 1997). In fact, people with PTSD are two to three times more likely to have a substance abuse disorder (Kessler et al., 1995), and likewise, between 25% and 58% of those seeking substance abuse treatment also were comorbid for PTSD (Grady, 1997).
Family Violence & Insurance

Nationally, family violence incurs medical costs of almost $2 billion per year (Commonwealth Fund, p. 9) (See Appendix 1). A 1994 survey by the staff of the United States House of Representatives Judiciary Subcommittee on Crime and Criminal Justice found that half of the nation’s 16 largest insurance companies use domestic violence in making underwriting decisions, including whether to issue or renew insurance and what to charge for it (Commonwealth Fund, p. 9) (See Appendix 1).

In May 1995, the Insurance Commissioner of Pennsylvania reported the results of a formal survey of accident, health and life insurers regarding their underwriting practices relating to domestic violence. Overall, 24% of the responding insurers reported that they took domestic violence into account in determining whether to issue and renew insurance policies. Domestic violence was reported to be a criterion in deciding whether to accept new applications by 65% of the responding health insurers. Health insurers involved in the underwriting practices were primarily indemnity Health insurance providers. Well over a year after these practices received unfavorable public attention, the Pennsylvania surveys found that few insurers had changed their practice. Even now, although Pennsylvania law has defined the practice as illegal, some insurers continue to discriminate against victims of domestic violence (Fromson and Durborow, 1998) (See Appendix 5).

Violence Between Same Sex Partners

It is important to note that intimate partner violence can occur in any relationship. In 1997, the National Coalition of Anti-Violence Programs (NCAVP) surveyed 12 NCAVP member organizations and documented 3,327 cases of violence between lesbian, gay, bisexual and transgender partners. Of those incidents, 52% were reported by men, 48% by women and 3% by persons identified as transgender (NCVAP, 1998).
BEST PRACTICES

Listed below are those health care practices and programs we believe are effectively addressing family violence. Many excellent programs currently exist throughout the nation and in Pennsylvania aimed at professional and community education, prevention and intervention of family violence.

HEALTH CARE PROGRAMS — PENNSYLVANIA:

National Health Initiative on Domestic Violence

In 1992, the Pennsylvania Coalition Against Domestic Violence (PCADV) and the Family Violence Prevention Fund collaborated on the National Health Initiative on Domestic Violence, a three-year project designed to develop a model program to strengthen the health care response to domestic violence. This was in direct response to the Joint Commission on the Accreditation of Health Care Organizations’ (JCAHO) mandate to develop protocols for the identification and treatment of abused women.

The initiative consisted of three phases. Emergency department surveys were conducted in every hospital in Pennsylvania and California to collect information on the current response to domestic violence and the use/existence of clinical protocols and training programs. The information gathered indicated a great need to move forward with the production of a comprehensive resource manual on domestic violence for health care providers. The manual was developed with noted experts on domestic violence and health care and the oversight of national and state advisory committees representing most of the major medical professional organizations and domestic violence experts.

The usability of the manual was tested over a six-month period in twelve hospitals in California and Pennsylvania. Intensive two-day training sessions, based on information contained in the manual, were provided to multi-disciplinary teams from each hospital, including a representative from the local domestic violence program, followed by six months of technical assistance as the hospital institutionalized a comprehensive response to domestic violence. The test phase was extremely successful. Nationally more than fifty additional hospitals and clinics have implemented the model during the past few years. This same model is currently being implemented in ten target states throughout the country with funding provided by the U.S. Department of Health and Human Services.

This model can be applied to an HMO, hospital, clinic or group practice and enables the staff of a health care institution to respond in a comprehensive manner to domestic violence by:

- Creating an environment that enhances rather than discourages the identification of abuse.
- Educating health care staff about how to intervene with patients.
- Developing a collaborative and supportive relationship with local domestic violence programs.
Establishing an integrated and institutionalized response to domestic violence.

Ensuring that the confidentiality and safety of patients experiencing domestic violence is protected.

**Developing** education, referral and resource materials.

**Evaluating** the effectiveness of the program on an on-going basis.

Becoming part of a *coordinated response* within the larger community through collaborative partnerships.

(See Appendix 5-B)

**PCADV Medical Advocacy Projects**

In fiscal year 1993/94, the Commonwealth of Pennsylvania funded the PCADV to develop three medical advocacy demonstration projects, again in response to the accreditation requirement of the JCAHO. A fourth project was added in fiscal year 1995/96 and a fifth developed in fiscal year 1996/97 through grants provided by the Pennsylvania Department of Health.

The PCADV Medical Advocacy Projects are collaborative partnerships of community-based domestic violence programs and local health care systems. Essential elements of the projects include the following: ongoing training for all health care providers and allied health care staff; institutionalizing a comprehensive response to patients experiencing domestic violence through the formal adoption of domestic violence protocols and policies; the identification of battered women through routine screening; and the provision of domestic violence services within the health care setting.

The five hospital-based medical advocacy sites represent urban, suburban and rural communities and include the following hospitals:

1. Mercy Hospital and Women’s Center and Shelter of Greater Pittsburgh.
2. Abington Memorial Hospital and Women’s Center of Montgomery County (represented on the working group).
3. Wyoming Valley Health Care System & Domestic Violence Service Center of Luzerne County (represented on the working group).
4. Penn State Geisinger Medical Center at Danville and the Women’s Center of Bloomsburg.
5. Hamot Medical Center, St. Vincent Health Center, Tri-State Trauma Systems Multi-Cultural Health Evaluation Delivery System and Safenet of Erie. (See Appendix 6)
RADAR Domestic Violence Training Project

The Philadelphia Family Violence Working Group, a city-wide alliance of nurses, physicians, health policy professionals, medical students, mental health professionals, domestic violence program staff and survivors, has been the key to the success of a city-wide health center training program. In 1994, this multi-disciplinary Working Group, under the auspices of Philadelphia Physicians for Social Responsibility, was awarded a three-year grant to train 14 federally qualified community health centers that serve approximately 40,000 women.

RADAR, an acronym created by the Massachusetts Medical Society, was adapted by the Working Group into a comprehensive training program for health care providers on the identification, treatment and referral of victims of domestic violence. RADAR stands for Routine screening, Ask direct questions, Document your findings, Assess patient safety and Review patient options and referrals. Several tools have been developed for this treatment program:

- A RADAR Laminated Pocket Card, which fits easily into a lab coat pocket, offers a step-by-step guide on what to say and do in screening for family violence.
- A Domestic Violence Assessment Form outlines information to be documented and included in the medical record.
- A plain RADAR Stamp indicates whether a patient has been screened for domestic violence: Screening performed? Abuse confirmed? Abuse suspected?
- A “Where to Turn for Help” card lists major local resources for interpersonal violence and safety tips. The card can fit into a patient’s shoe.

Unique to the Working Group’s program is its focus on Trauma Theory, which was derived from studies on the effects of violence on victims of many different traumatic events (Bloom, 1997, 1998). Trauma Theory provides a comprehensive and integrated context for understanding how, for example, child abuse and domestic violence actually impact on the body, mind, soul and social group of those involved. This approach enables providers to see how long-lasting and biologically-based many of the effects of interpersonal violence are, while providing a comprehensive theoretical framework for understanding behavior that has previously been labeled “crazy.” As Holocaust survivor and psychologist Dr. Victor Frankl said, “An abnormal reaction to abnormal situations is normal behavior.” The Working Group developed a one-hour video to explain the link between trauma theory and interpersonal violence.

The goals of the Working Group are to increase health care providers’ awareness about interpersonal violence, to institutionalize routine screening for domestic violence and to help providers feel comfortable with their ability to screen. To accomplish these goals, the project has two special aspects. First, all health center staff are trained in the belief that everyone can play a role in detecting and treating domestic violence. Second, follow-up training is offered for two and a half years after initial training.
The initial training, which is 3 to 6 hours long, is provided by a multi-disciplinary team consisting of a physician, health care advocate, domestic violence survivor, police officer, domestic violence response team member and a representative from each of the four Philadelphia domestic violence agencies. In addition to learning about Trauma Theory and viewing a video that opens participants to the emotional impact of family violence, trainees learn how to use the RADAR approach, listen to a survivor’s story and hear about how the police and domestic violence providers can work with them to assist victims. The follow-up training is customized to meet the needs of the particular center and staff. Such training includes information on batterers and the needs of abused Latinos, the intersection of child abuse and domestic violence and case presentations. In 1998, this program received the “Models That Work” award from the Health Resources and Services Administration of the U.S. Department of Health and Human Services. In 1998-1999, it received the Smith-Kline Beecham Community Health Impact Award.

(See Appendix 7)

**Institute for Healthy Communities Community Partnership Initiative**

The Institute for Healthy Communities is a leader in the community health care movement. The Institute believes that local communities need to address local issues. Under its Community Partnership Initiative, the Institute develops and implements partnerships among health care providers, domestic violence service providers and community-based groups. Twelve (12) partnerships have made it a priority to focus on community-based, collaborative efforts to combat family violence. The Institute believes that violent homes do not make healthy communities.

- **Adams County Partnership for Community Health (Gettysburg):** This is a collaborative partnership of diverse community leaders. The Domestic Violence Task Force, a committee of the Adams County Partnership for Community Health, hosts interactive workshops for human service providers, medical professionals, school counselors, church officials and law enforcement personnel to provide practical knowledge on how to recognize domestic violence, how to intervene to help victims and how to work together to address domestic violence.

- **Allegheny Health Education and Research Foundation. Domestic Violence Initiatives:** Allegheny University Hospital, Bucks County, Elkins Park and MCP work collaboratively with numerous social service and domestic abuse agencies to train health care providers and increase the awareness of communities on domestic violence. Collaborators in this partnership include Lutheran Social Mission Society, Physician for Social Responsibility, Women Against Abuse, Congresso de Latinos Unidos, Women in Transition, the Philadelphia Police Department, A Woman’s Place and others.

- **Blair County Partnership for a Healthy Community.** The Partnership is presently a voluntary organization that is seeking funding for its three task force activities that include Adolescent Issues and Domestic Violence.
Bradford County Family Services System Reform Program. Major initiative: reduce family violence.

Bucks County Health Improvement Project, Inc. A newly adopted priority area is domestic violence. The hospitals have agreed to participate in uniform training of health care personnel on how to identify and help victims of domestic violence.

Community Health Council of Lebanon County. Task Force is focusing on child/adolescent family issues, violence and child welfare placement rates.

Community Health Improvement Partnership, Fayette County. Adolescent Health: to reduce the number of teenage pregnancies, rates of violence, smoking, drugs and alcohol use among teens.


Delaware Valley Healthcare Council of HAP. A region wide domestic violence initiative that includes 28 hospitals, 2 health departments and 8 domestic violence service providers throughout the Delaware Valley.

Healthy York County Coalition. Violence among top 5 initiatives.

Parenting Resources Centers, Inc. Lower Bucks County. In response to concerns of violence within the family, St. Mary Medical Center, the school districts of Neshaminy and Bristol Township and the Latino Leadership Alliance of Bucks County are working together to develop an integrated network of parenting centers that offer safe havens for parents to learn the skills of emotionally healthy parenting.

Partnership for Healthy Communities. Mifflin and Juniata Counties: initiative includes domestic violence.

Tri-County Health Partnership. Greater Pottstown Area: includes Western Montgomery County, Eastern Berks County, Northern Chester County. Active task forces include one on domestic violence (DVTF). The DVTF adopted a zero tolerance policy and has a plan to increase awareness of this issue. Its media plan includes utilizing billboards, buses and community poster boards with posters designed by school students. The plan also includes placing stickers in public bathrooms with contact numbers on them and composing a directory for all public service agencies in the tri-county area listing all contact numbers and what they do as well as what they offer.

(See Appendix 8)

SAFE /SANE Programs
( Sexual Assault Forensic Examiner /Sexual Assault Nurse Examiner)

SAFE/SANE programs differ from community to community but share many features. The key to the programs are specially trained nurses, available on call in hospitals
and clinics, who assess victims utilizing consistent and uniform tools for the collection of evidence while maintaining discretion in an area or room separate from the crowded emergency room.

SAFE/SANE nurses collaborate with crisis counselors and police departments and District Attorney offices. Their collection and presentation of evidence has contributed to the successful prosecution of sexual offenders. In addition to collecting evidence, some SAFE/SANE Programs test and care for victims with sexually transmitted diseases, test for pregnancies and provide crisis intervention counseling. Currently, the University of Pennsylvania in Philadelphia and Pinnacle Health Hospitals in Harrisburg provide the additional required training and continuing education programs required by health care providers who wish to become Sexual Assault Forensic Nurse Examiners.

(See Appendix 8-B)

**Pennsylvania Medical Society Initiatives**

The American Medical Association (AMA) and its Alliance have been involved in violence prevention activities since 1995 when they launched their national anti-violence campaign called SAVE (*Stop America’s Violence Everywhere*). The Pennsylvania Medical Society Alliance has been involved in the national project since that year and has launched “Save Today For Tomorrow Day” in Pennsylvania through a proclamation by Governor Tom Ridge. They have also worked with First Lady Michelle Ridge and the Governor’s Partnership for Safe Children and promoted several community forums and campaigns directed towards children and communities to recognize and address the issue of violence.

The Educational and Scientific Trust, now the Foundation of the Pennsylvania Medical Society, has been involved in family violence prevention activities through its public health coalition, Keystones of Public Health, since 1994. An initial family violence symposium in 1995 led to significant efforts in physician education on screening and prevention across the state, development of a media campaign and program development to reach elementary school aged children. In January 1998, a forum was held to bring together leaders in medicine, government, public health, business and communities to share the vision of Zero Tolerance of Family Violence. This is a statewide campaign composed of media efforts, educational components and community involvement to reduce the acceptability of family violence beginning in the year 2000. A major emphasis of the campaign is to change attitudes and behaviors about violence. The Foundation is also working with physicians and family violence experts to develop pilot training modules for residents and graduate medical students in cooperation with the various residency programs in Pennsylvania.

(See Appendix 9)

**HEALTH CARE PROGRAMS – NATIONAL: (SEE APPENDIX 10)**

**Conference of Boston Teaching Hospitals Domestic Violence Task Force**

Although individual institutions around the country have developed protocols and programs in conjunction with community providers, there has been no unified health care effort. In May 1995, the Conference of Boston Teaching Hospitals (COBTH) — a collaborative body of the 14 academic hospitals and medical centers in the Boston area— formed
the COBTH Domestic Violence Task Force. This task force, chaired by the president of Children’s Hospital, represents the first time that hospital administrators and clinical staff have joined forces to deal with this issue. Critical to this effort were the following factors: (1) the recognition that the hospitals have a responsibility to respond to patients as well as employees who are battered; (2) that in order for this work to move forward and become integrated into hospital systems, the involvement of senior medical staff and management is necessary; (3) that training and education must be ongoing and penetrate all levels of staff; and, (4) that this work must be collaborative, with hospital staff working across disciplines and with community service providers (Domestic Violence Task Force, 1997).

**Domestic Violence Project, Kenosha, WI**

Domestic violence advocacy services are provided to two hospitals in Kenosha by a private nonprofit organization set up out of a collaboration between a cardiologist, a nurse and the local shelter director. The Project offers 24-hour on-site advocacy, support groups and follow up contact and ongoing support; it also trains the general public and health care providers including the hospital staffs and holds a support group for teens at a local high school.

**Hospital Crisis Intervention Project (HCIP), Chicago, IL**

HCIP is one of the nation’s first domestic violence programs established in a public hospital. It is an on-site domestic violence advocacy and training program at Cook County Hospital, formed as a collaborative effort of the Chicago Abused Women Coalition and the Cook County Bureau of Health Services. The program provides immediate assistance to abused women at the hospital and trains hospital staff on identification, assessment and referral of patients who are victims of domestic violence.

**Rainbow House, Chicago, IL**

Rainbow House is one of only two organizations in the country providing critical intervention services to abused, pregnant teenagers and their children. Rainbow House is a shelter-based therapeutic program that provides a nurturing setting in which child witnesses to violence receive care and education. Each woman, adolescent and child is provided with a health assessment conducted by a health advocate within 72 hours of arrival at the Rainbow House shelter. The advocate provides services and referrals to make sure each individual gets prompt medical attention and follow-up care as needed.

**WomanKind, Minneapolis, MN**

A program serving three hospitals, WomanKind provides a program that integrates domestic violence services into the total health care of each patient with referrals coming from perinatal departments, medical/surgical/intensive care units, the chemical dependency and mental health units, employee health services and the community. The first phase of intervention encompasses intervention, assessment, and evaluation, identifying immediate safety and mental health needs. In Phase II, victims are provided with education, information, support and short-term counseling. In Phase III, WomanKind staff work with the woman to explore options, identify resources, develop goals, create plans and take small steps over a 4-6 month period, although contacts often continue over a much longer time.
Every patient who comes to one of the involved hospitals is automatically screened for domestic violence and abuse.

MENTAL HEALTH PROGRAMS: (SEE APPENDIX 11)

Group and Post-traumatic Stress Disorder Therapy for Children

Three treatment options are noted in Appendix 11 for children who have been raised in violent and abusive families.

RADAR: A Domestic Violence Training Program for Mental Health Providers, Philadelphia, PA

This is another training program of the Philadelphia Family Violence Working Group, under the auspices of Philadelphia Physicians for Social Responsibility, specially tailored to train mental health professionals about domestic violence.

Post-traumatic Therapy with Domestic Violence Survivors

Describes the treatment of battered women in a mental health context using a trauma-based approach.

The Sanctuary, Horsham Clinic, Ambler, PA

The Sanctuary® is a short-term acute inpatient psychiatric program for adults who have been traumatized, usually beginning in childhood, with experiences of adult re-victimization. The program provides a trauma-based approach to victims of sexual and physical violence in treating a variety of psychiatric conditions including post-traumatic stress disorder and a staged model of recovery emphasizing safety, stability, reintegration and healing.

UCLA Domestic Violence Consult Team, Los Angeles, CA

Based in the Emergency Medicine Center, this is a low-cost, multi-disciplinary crisis intervention and training program that involves a partnership between hospital staff, the University, and law enforcement, providing 24-hour crisis counseling and referral for domestic violence victims and conducting training for all clinical staff on the identification, treatment and referral of abused women.

MOTHERS AND CHILDREN: (SEE APPENDIX 12)

AWAKE, Children’s Hospital, Boston, MA

Advocacy for Women and Kids in Emergencies in Boston is the first program within a pediatric setting to link advocacy for battered women with clinical services for their children. A basic premise of the program is that protecting battered mothers is important to Children’s Hospital’s mission to protect abused children. AWAKE provides advocacy services to battered mothers and their children as well as case consultation and training for Children’s Hospital staff. AWAKE advocates work closely with health care professionals
and social workers both on individual cases and on training and policy development.

**Child Development-Community Policing (CD-CP), New Haven, CT**

The police department in New Haven, Connecticut, in collaboration with the Yale Child Study Center, created a program in 1991 called the Child Development Community Policing Program. This program became the first program to apply basic child development principles to police work and train police officers to intervene and respond effectively to the needs of children exposed to violence. The program represents a large community collaboration between law enforcement, mental health providers, child welfare agencies, schools and juvenile justice. This program is presently being replicated in Framingham, MA, Newark, NJ, Buffalo, NY, Portland, OR, Charlotte, NC, Nashville, TN and Baltimore, MD. Preliminary research findings indicate a positive impact on children and law enforcement personnel, as well as a lowering of violence within the community.

**Child Witness to Violence Project, Boston, MA**

One of only a few projects in the country designed to reduce the harm done to children who witness domestic violence. The program is operated under the auspices of the Developmental Pediatrics Division at Boston Medical Center. CWVP is a counseling, advocacy and outreach project that targets young children who witness violence. Through a public education campaign, CWVP promotes understanding among health care providers that violence is a public health issue and helps educate professionals to work more effectively with children and their families (Groves and Zuckerman, 1997).

**Family Violence Program at San Diego Children’s Hospital**

FVP is part of the larger Center for Child Protection at San Diego Children’s Hospital. The goals of the program are to assist battered mothers in efforts to establish and maintain a safe, secure, nurturing environment for their children and themselves. In the FVP model, an advocate and a therapist are paired together on a team to provide services and support to battered mothers and their children and is therefore effective in preventing further victimization by the system. The team provides an array of services and support for as long as necessary. Emphasis is placed on keeping women and children safe both during and after their involvement with the program. Clients are usually involved simultaneously with the courts and other public agencies.

**SUBSTANCE ABUSE PROGRAMS: (SEE APPENDIX 12-B)**

**Women in Transition’s Safe and Sober Program, Philadelphia, PA**

Women In Transition (WIT) works to influence true social change to reduce domestic violence and substance abuse in the Greater Philadelphia Region. WIT provides comprehensive services that involve women in empowerment programs and advocacy efforts. These programs empower women to take control over their lives, actualize their potential, and live free of violence, addictions to alcohol or drugs and poverty. WIT’s mission is also to provide community education, advocacy and training efforts that identify the interconnections of domestic violence, substance abuse, child abuse and community violence. These efforts empower and encourage public and private institutions to develop comprehensive prevention and intervention strategies.
RESOURCES

Listed below are resources that we recommend to any member of the health care community interested in creating or expanding current programs or practices addressing family violence.

Literature:


Final Action Plan


Schaaf, K.K., McCane, T.R. (1998). Relationship of childhood sexual, physical, and com-


**Treatment Manuals for Children Victims:**


**Resources for Managed Care Plans:**

American Association of Health Plans and The Commonwealth Fund, *Advancing Women’s Health: Health Plans’ Innovative Programs in Domestic Violence*, 1998. Managed care plans that are effectively addressing family violence and are a good resource include Blue Shield of California, Harvard Pilgrim Health Care, HealthPartners and United HealthCare of New England.

**Organizations:**

Family Violence Prevention Fund (FUND) National Health Resource Center on Domestic Violence. By calling the hotline at 1-888-Rx-ABUSE (toll free call), nurses, doctors, researchers and other interested parties can get advice from trained domestic violence specialists, materials and articles for various medical specialties, and training materials and protocols on domestic violence.
For more information, call 770-488-4410 or write: Family and Intimate Violence Prevention Team, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Mailstop K60, 4770 Buford Highway NE, Atlanta, GA 30341-3724.

Web Sites:

Web Site for Family Violence Prevention Fund: http://www.igc.org/fund/
Web Site for Minnesota Center Against Violence and Abuse: http://www.mincava.umn.edu/
Web Site for Awakening the Public to the Issues of Family Violence, for Jewish Women International: http://www.jewishwomen.org/awaken.htm

Attorney General Mike Fisher’s Family Violence Task Force Web Page: www.atorneygeneral.gov/family
VI. Law Enforcement and the Judiciary’s Response to Family Violence

A Report on How Pennsylvania’s Law Enforcement and Judicial System is Addressing Family Violence
EXECUTIVE SUMMARY

The criminal and civil justice response to family violence has made a dramatic shift in the last twenty years thanks to the combined efforts of victims, victim advocates and dedicated professionals within law enforcement and the judiciary. In general, the criminal justice response has moved towards a more proactive approach to addressing family violence by providing adequate protection and justice for victims while holding the batterer accountable for criminal acts. The most effective and advanced criminal justice systems are those that coordinate closely within the system itself and with community stakeholders outside of the criminal justice system.

Since the first Attorney General’s Family Violence Task Force, which was formed in 1989, many advancements have been made in Pennsylvania with regard to the response to family violence. The Pennsylvania Coalition Against Domestic Violence (PCADV) has been instrumental in providing training and education as well as collaborating with services to various aspects of the criminal justice system at the local, county and state levels. Both the Commonwealth of Pennsylvania and the Federal government have enacted a series of laws that have progressively righted many of the previous wrongs in managing cases of domestic violence.

Pennsylvania, in fact, has stood as a leader in the development of creative and effective interventions in family violence. Our legislative advancements, from the Protection From Abuse Act in 1976, the first of its kind in the nation, to Act 24 of 1996, which prohibits insurers from canceling or refusing to issue or reissue an insurance policy because the insured is a domestic violence victim, are an excellent example of that leadership. Though significant progress has been made, we still have a way to go before we have solved the problems attendant upon family violence. Between July 1997 and June 1998, 108,863 people received domestic violence services in the state.

Through Pennsylvania’s participation in the Federal STOP Violence Against Women program in March 1995, we have seen 47 counties develop coordinating teams to establish local collaborative efforts to strengthen interventions for family violence. The forging of these new partnerships between law enforcement, prosecution and victim services has strengthened interventions at the local level. The results of this Working Group’s statewide survey reveal that the existence of protocols and collaborative practices are a common theme we found in many Pennsylvania counties. More than half of the counties surveyed indicated that they either had or were in the process of developing a countywide protocol for police response. York County provides a clear model of a coordinated system response which includes the courts, prosecution, probation, victim services and batterer intervention and treatment services.

In May of 1998, the Attorney General of Pennsylvania, Mike Fisher, asked what it would take for our state to solve the problem of family violence. Criminal justice has a vital role to play in answering that question. In addition to the court’s role in the sentencing, disposition and probation supervision, the great numbers of Protection From Abuse Orders filed each year in Pennsylvania place the judiciary as a key actor in any interventions in family violence. In this report we have provided some background and an overview to explain what progress has been achieved up to this point. We then look at relevant facts, some sample practices and available resources.
On August 4th, 1999, our working group held a public hearing in Allentown, Pennsylvania. We heard testimony from experts in law enforcement, judiciary, human services, and legislative offices in support of 11 recommendations drafted by our working group. Particularly moving was the testimony of Kim LaRosa, read by her advocate, Lois Fasnacht, with support from Kim’s father and stepmother. Kim LaRosa was shot and killed by her estranged husband just two days before she was to appear in person to tell her story of domestic violence. We appreciate all those who gave testimony on this important issue and especially those who came to ensure that something positive would come from Kim LaRosa’s death. After careful consideration, we produced a final draft of recommendations to be published with the Final Action Plan of the Attorney General’s Family Violence Task Force.

We want to thank the members of the working group for volunteering their time and expertise. We had several meetings and a good deal of work went into the writing of this report. The working group is pleased to present our report on how law enforcement and the judiciary is currently addressing the problem of violence. It is our hope that law enforcement agencies and courts will replicate some of the themes and practices incorporated in our Best Practice section. Our goal is to establish a coordinated, community-based response to family violence. We are already well on the way to reaching that goal.

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&  
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The judicial response to family violence, under both criminal and civil law, has a rather long and complicated history. Historically, women and children were considered to be the property of the husband/father. English Common Law gave the father absolute authority over his children. The “Rule of Thumb,” which permitted a husband to beat his wife with a rod no thicker than his thumb, was considered a liberal reform enacted in the 19th century to provide a small measure of protection to women. It was not until the 1870’s that wives and children began to possess any legal status or rights, as women and as children, in the United States. Gradually, over the next century, divorce laws were liberalized allowing husbands or wives to divorce on the grounds of “extreme” cruelty. New laws were also enacted to protect children from physical abuse.

Even so, until the 1970’s, family violence was considered to be largely a private family matter. When police were called to the scene, the traditional response was to separate the parties, but not to make an arrest. Throughout the 1960’s, many police departments developed mediation and conflict-resolution programs for use in responding to domestic calls and the rate of arrests for battering went down even further than the previously low level. Research demonstrated, however, that teaching police mediation skills did not reduce violence in these incidents. One study revealed that police had been called to at least one previous incident of domestic violence homicide and, in half, had been called at least five previous times.

There has been a change in consciousness about domestic violence over the course of the last twenty years. Throughout the 1970’s, a network of grassroots domestic violence shelters and programs opened for operation around the Commonwealth of Pennsylvania. The first shelter in Pennsylvania was established in Pittsburgh in 1974. In 1976, The Pennsylvania Coalition Against Domestic Violence (PCADV) was established, formed by nine community-based domestic violence groups, and as such it became the first statewide coalition in the nation. Since that time, PCADV has been instrumental in developing a statewide network of direct services providing for the safety and welfare of family violence victims. They have provided advocacy efforts to improve institutional and systems responses to family violence. They have instituted local, regional, and statewide community education and prevention programs and have provided training within the statewide network and in specific systems and institutions dealing with victims.

As the women’s movement grew in the 1970’s, women’s groups began to point out that little attention was being paid to the actual criminality behind domestic assaults. Lawsuits were brought against some police departments in order to challenge non-arrest policies and gradually, police departments around the country began treating domestic violence as criminal conduct. Women lobbied state legislatures to give police greater authority to make arrests for misdemeanor domestic assaults when there was probable cause to believe that an assault had taken place.

In 1984, a court decision, Thurman v. Torrington, 595 F.Supp. 1521 (D. Conn. 1984), allowed the maintenance of civil rights suits for alleged equal protection violations resulting from the failure of the police to arrest a batterer. This was the first of many civil rights cases in which a battered woman was permitted to sue the police for their failure to
protect her from domestic violence. This decision made it clear that police policy or practice could violate constitutional equal protection guarantees if it fails to give victims the same protection it gives to persons assaulted in a non-domestic relationship.

In **Dudosh v. City of Allentown**, 722 F. Supp. 1233 (E.D. Pa.1989), the estate of Kathleen Dudosh sued the municipality and police officers in a civil rights action. Ms. Dudosh was killed by her former boyfriend in the presence of two police officers who had instructed her to open the door to her residence, despite the existence of a protection order and the knowledge that the abuser was present in her house. The court held that liability might attach if the police department had failed to train the officers and this failure led to Ms. Dudosh’s death in violation of her civil rights. Since then, police have been held liable under both federal civil rights laws and state tort law.

There have been many milestones in efforts to end domestic violence in Pennsylvania and in federal legislation. These include:

**1976:** **Protection from Abuse Act** (amended six times through 1998), one of the nation’s first statutes to provide civil legal relief for victims of domestic violence.

**1982:** **Domestic Violence and Rape Crisis Services Funding Act** (reauthorized as Act 44 in 1988), directing defendants who are convicted or plead guilty to a crime to pay a $10 surcharge which is used to support funding of statewide domestic violence and rape crisis services. The Act also directs the Pennsylvania Department of Public Welfare (DPW) to award grants to domestic violence and rape crisis centers to provide these services.

**1984:** **Spousal Sexual Assault Act**, making it a felony for an individual to forcibly have sex with his/her spouse and amending the Rape Statute to acknowledge that spouses are not property in marriage and that a marriage license does not give irrevocable permission to sexual access, repealed in 1995 when the Rape Statute was amended to delete references to marital status, making rape a felony of the first degree without regard to marital status.


**1986:** **Probable Cause Arrest Statute** (amended in 1990), authorizing probable cause arrest in certain cases of domestic violence; permitting seizure of weapons; setting forth special bail conditions; and directing police to notify victims of their rights and provide them with information on local domestic violence services.

**1989:** the **Attorney General’s Family Violence Task Force** issued a report on a model protocol for police response to domestic violence, urging the Pennsylvania State Police and each police department in the Commonwealth to adopt a written protocol establishing guidelines and procedures to be followed by police officers and other personnel involved in the police response to domestic calls.

**1990:** **Child Custody Statute amendments**, directing judges to consider acts of domestic violence when awarding custody, partial custody, or visitation.

**1993:** **Stalking Law**, defining “stalking” as any threatening behavior which occurs more than once, with the intent of placing the victim in fear of being physically hurt or
causing substantial emotional distress; and creating strong penalties for conduct which may not be prosecuted under other criminal statutes.

1994: **U.S. Violence Against Women Act (VAWA)** This legislation was designed to take a comprehensive approach to domestic violence and sexual assault combining a broad array of legal and practical reforms. VAWA is intended to improve the responses of police, prosecutors, and judges to these crimes, force sex offenders to pay restitution to their victims, and increase funding for battered women’s shelters. VAWA provides, in part, for authorization of funds for a variety of prevention, intervention and crime control programs at the federal, state and local levels and new federal remedies for victims of domestic violence. The law establishes a federal cause of action for gender-motivated violence. Victims of a violent crime motivated at least in part by gender may now bring a civil suit for damages or equitable relief in a federal or state court. The Act also enhances and protects the rights of crime victims by strengthening restitution orders and extends the “rape shield law” to protect victims from abusive inquiries regarding their private sexual conduct. The law creates new federal crimes related to domestic violence including interstate domestic violence, interstate violation of a protection order and full faith and credit for protection orders (so that states honor and enforce protection orders issued by other states). Under the Act, the authority of a protection order obtained against an abuser will no longer stop at the state line, providing for the nationwide enforcement of protection orders and penalties for crossing state lines to abuse a partner or violate a protection order. Now federal, state and local authorities can work together to protect the victim. The Act also creates a prohibition against the acquisition and possession of firearms and ammunition by persons who are subject to protection orders. Under the Act, a National Domestic Violence Hotline was established to provide local referral information to victims in need (See Appendix 5).

1994: **Federal Stalking Law** makes stalking a federal offense when the defendant crosses state lines in the course of the criminal conduct.

1994: **Amendments to U.S. Family Violence Prevention and Services Act**, increasing funding for domestic violence services throughout the country.

1994: **Amendments to the Federal Gun Control Act** of 1968 were passed, adding individuals who are the subjects of final protection orders to the list of persons who are prohibited from purchasing, receiving and possessing firearms and ammunition.

1995: Establishment of the Commonwealth’s **Office of the Victim Advocate**.

1995: Establishment of the **Bureau of Victim Services** within the Pennsylvania Commission on Crime and Delinquency (PCCD).

1995: **STOP Violence Against Women** grants funded by the U.S. D.O.J. directly to the states and Indian tribes as a first step in helping to restructure the criminal justice system response to crimes of violence against women. These grants are designed to promote an integrated approach among police, prosecutors, and victims services at the local level in order to “develop and strengthen effective law
enforcement and prosecution strategies to combat violent crimes against women and to develop and strengthen victim services.” The STOP Grants are currently authorized through the year 2000. Under the program, 25% of funding is to go to prosecutors, 25% to the police, 25% to victims services, and 25% is discretionary. In Pennsylvania, this discretionary fund has been assigned to victims services. The STOP Grant Program is administered in the Commonwealth by the Pennsylvania Commission on Crime and Delinquency (PCCD) and has so far awarded grants to 42 counties. The Pennsylvania Coalition Against Domestic Violence (PCADV) was instrumental in the enactment of VAWA and has developed comprehensive domestic violence training curricula and materials for advocates and law enforcement officials in Pennsylvania’s 42 STOP Grant pilot sites (See Appendix 6).


1996: Lautenberg Amendment, Congress further amended the Federal Gun Control Act and the Brady Act to prohibit those convicted of misdemeanor crimes of domestic violence from obtaining and possessing a gun. This prohibition applies to all government employees including law enforcement officers and military personnel.

1996: Jen & Dave’s Law, increasing legal protections for children involved in custody cases.

1998: Domestic Violence Health Care Response Act, supporting the further development of domestic violence medical advocacy projects in the Commonwealth.


1998: National PFA Registry, a national registry of all participating states’ active PFA Orders.


Recognizing the potential for the criminal justice system to safeguard those terrorized and jeopardized by family violence, guidelines were adopted for law enforcement and prosecution to expedite appropriate, firm responses to domestic violence crimes. Police training on domestic violence is now mandatory within the Commonwealth. Landmark appellate case law has further strengthened the rights and protections available to battered women in the Pennsylvania.

As a result of these changes, the responses of prosecutors and judges has been changing, particularly in jurisdictions that have developed a coordinated criminal justice and victim assistance program for responding to family violence. Included in this coordinated response is the development of coordination of services between the criminal justice system, child welfare and family violence workers.
Utilizing local and/or grant funding, some counties have instituted special units and staff at each level of the criminal justice system who are then able to develop expertise in family violence issues and serve as a resource to their own and other community systems. Model police protocols have been established to structure appropriate law enforcement responses. Police trainees and officers routinely receive on-going in-service training about family violence issues including proper evidence collection and case reporting. In some larger jurisdictions, special police units have been set up to manage all family violence cases. Prosecutor’s offices have developed “vertical prosecution” policies so that the same prosecutor follows each case throughout its journey through the criminal justice system. These units include victim advocates as key members of their team.

Special units and/or policies have also been established in some probation systems so that family violence perpetrators can be monitored pre-trial, post-sentencing and during batterer treatment and close relationships are built between the probation officers and the batterer treatment programs. In some regions, criteria for batterers’ programs are being established along with closer surveillance of compliance and treatment outcome. Some judicial systems are recognizing the importance of specialized judges for family violence issues and are instituting consolidated dockets, often incorporating civil, criminal and juvenile courts. Protection orders are being broadened to take into account broader issues of custody and child support. Judges are issuing orders to batterer intervention programs which must be monitored by the courts and by probation, and are increasing lengths of mandated treatment and probation periods.

In the most progressive areas, members of the judiciary are taking the lead in bringing about substantial reform of the court systems to reflect this expanded understanding of family violence. The Pennsylvania Coalition Against Domestic Violence is involved with other governmental agencies in a pilot project in several counties to develop a database of case histories on protection orders that can give judges and law enforcement access to case information on current and past Protection From Abuse filings.
THE FACTS

Protection From Abuse Act

The Protection from Abuse Act provides for protection orders which expire no later than one year after entry.

According to Women Against Abuse Legal Center in Philadelphia, about 2,000 people from Philadelphia County filed for Protection from Abuse Act petitions in 1989; the figure was nearly 9,000 (after legislative amendments) in 1991. As of July of 1992, the tally was running at 25% higher rate. (“North Philadelphia Taking Aim at Domestic Violence,” Philadelphia Inquirer, July 21, 1992).

On April 1, 1998, the Pennsylvania State Police Registry for active Protection from Abuse Orders (PFA’s) was established to track the existence of active Protection from Abuse Orders.

In partnership with the Pennsylvania State Police and the Administrative Office of Pennsylvania Courts, the Pennsylvania Coalition Against Domestic Violence created a database to track the case histories of Pennsylvania PFA’s.

The 1991 National Center for State Courts study of 285 women in three cities revealed that, after obtaining a protection order 80% of the women felt safer and 72% of the women reported no repeat incidents of violence during an initial interview and 65% of the women reported no problems 6 months later.

1991 research indicates that relatively large numbers of offenders recidivate between the 7th and 12th month follow-up periods. (“Continuities in Marital Violence,” Journal of Family Violence, June 1992).

Uniform Protocol for Police Response

In 1989, the Attorney General’s Family Violence Task Force released a model protocol for police response to domestic violence and urged the Pennsylvania State Police and each police department in the Commonwealth to adopt a written protocol establishing guidelines and procedures to be followed by police officers and other personnel involved in the police response to domestic calls.

In August, 1998, the Attorney General’s Family Violence Task Force surveyed Pennsylvania’s counties. Of the twenty-seven counties that responded to the survey, only 13 have domestic violence protocols and 4 counties are in the process of developing such a protocol.

Only a small number of Pennsylvania counties currently have a county-wide protocol for police response to Domestic Violence that has been adopted by all police departments within the county (See Appendix 10).

Model police programs around the country demonstrate the importance of specialized police units or staff with centralized investigation for those cases that involve
family violence. Specialization helps to build stronger cases, collect proper evidence, work more effectively with victims and develop closer relationships between specialized police officers and prosecutors.

Model police programs include the routine training of all police officers and policies to inform victims of their rights and the availability of services.

In some model programs, community policing programs have been instrumental in creating innovative and collaborative programs to address the needs of children exposed to family violence as part of both intervention and prevention efforts (See Appendix 11).

Collaborative programs between child protection/welfare services, domestic violence service providers and police departments have been shown to improve the safety of children and families (See Appendix 11).

**Prosecution**

Model programs for prosecution of domestic violence cases indicate the need for vertical prosecution so that the same prosecutor follows the entire case (Clark et al., 1996).

Special training of prosecutors with specialized prosecutorial units are found in larger population areas (See Appendix 15.1).

Model programs include collaborative practices between victim-witness coordinators, domestic violence service providers, child welfare practitioners and child advocates and prosecutorial staff.

**Legal Representation**

Many battered women are unable to pay for expensive legal services, particularly in civil cases.

As social awareness of the problem of family violence has grown, the request for services has increased commensurately within every system.

Legal aid services in Pennsylvania are stretched beyond their capacity to cope, resorting now to phone interviews in order to try to keep up with the flow of cases.

Legal aid has been primarily funded by federal moneys that have been systematically cut back every year. This is a particular problem in rural areas where resources are even further stretched.

Even if the victim can afford a private attorney, there are very few pro bono attorneys to handle domestic violence cases.

Because many private attorneys have not been trained in the area of family violence, they often find it difficult to provide what family violence victims may require.
Probation

The Pennsylvania Coalition of Domestic Violence, the PA Board of Probation and Parole and the Office of Victim Advocate have developed a model protocol for the supervision of domestic violence offenders.

The Pennsylvania Coalition of Domestic Violence and the Pennsylvania County Chief Probation Officers Association are currently collaborating on the development of a model protocol for the supervision of domestic violence offenders on county probation.

Several counties utilize pre-trial release services that provide close supervision to domestic violence offenders.

Probation and batterers programs which have close relationships are better equipped to monitor compliance with mandated attendance and reporting responsibilities to the judge.

Batterer Intervention Programs

Standards for batterer intervention services are not found in legislation or regulation in Pennsylvania.

Pennsylvania Coalition Against Domestic Violence (PCADV) has developed a set of standards for Batterer Intervention Services (See Appendix 23).

According to a recent study funded by the Pennsylvania Commission on Crime and Delinquency, of the Pittsburgh Municipal Courts and Domestic Abuse Counseling Center, a mandatory court review 30-days after referral to a batterers program produced a significant improvement in program compliance (See Appendix 8).

A seamless web of supervision and monitoring between a designated judge, probation, domestic violence service providers and batterer intervention programs increases program compliance dramatically.

Although much research has yet to be completed, at this point longer periods of mandated treatment are better than short. One carefully considered recommendation is for 52 weeks (Clark et al, 1996).

Judicial Training and Reform

One in four women are abused in their lifetime. These cases present themselves to the court through criminal charges, tort law, child custody, protection from abuse (PFA) petitions, bankruptcy court, etc.

District Justices in Pennsylvania are mandated to attend 32 hours of training annually. Domestic Violence training provided by the Pennsylvania Coalition Against Domestic Violence will appear as part of the training agenda for District Justices starting in 1999.
There is no mandatory training on domestic violence for judges in the Commonwealth of Pennsylvania.

The last known accounting of the number of PFA’s filed in Pennsylvania comes from a 1994 survey, conducted by the Prothonotaries and Clerks of Court in Pennsylvania which indicated that there were 32,795 PFA petitions filed in 1993.

A needs assessment of the civil legal needs of victims conducted by the Partnership Project of the Pennsylvania Coalition Against Domestic Violence indicated that victims of domestic violence are frequently not afforded the full panoply of relief in protective orders that will best provide for protection and restoration.

Research, cited within the *Family Violence: Model State Code*, National Council of Juvenile and Family Court Judges, suggests that the most effective protection orders are those that are comprehensive and crafted to meet the specific safety and autonomy requirements of the individual petitioner. Research also indicates that protection orders are most effective when a single judge, trained in family violence issues, hears all the petitions and takes into account custody and child support as part of the order.

Compliance with batterer intervention programs appears to be dependent on continued monitoring by the courts and probation, particularly when a single judge deals with the entirety of the case regardless of whether it is a criminal or civil domestic violence case (Clark, et al, 1996).

Although still relatively rare, courts that have consolidated dockets for family issues with a specialized judiciary, trained in family violence issues, appear to provide more consistent treatment of cases. However, concerns about victim safety and adequate justice vis-à-vis batterers have been raised by domestic violence advocates in reference to unified family courts (Dunford-Jackson et al, 1998) (See Appendix 14).

Statewide database systems are useful in providing judges with access to information on current and past civil and criminal involvement. However, domestic violence advocates have raised concerns about how such information will be used (Dunford-Jackson et al., 1998) (See Appendix 14).
SURVEY RESULTS

Cognizant of the efforts of other state agencies in the area of family violence, specifically the Pennsylvania Commission on Crime and Delinquency, the Law Enforcement and Judiciary Working Group developed a very targeted survey to compile additional information not readily available (See Appendix 12). The survey focused on four primary points: (1) the perception of the need for judicial training; (2) the existence and need for batterer intervention services; (3) the existence of uniform protocols for police response; and (4) issues surrounding the implementation of the relief afforded under the Protection From Abuse Act.

Several questions were posed to all respondents which included president judges, district attorneys and the Stop Violence Against Women Grant Coordinators. Other questions were posed only to specific actors within the justice system depending on the relevance of the issue to the group being surveyed. Sixty-seven counties were sent the survey and 27 responded. The committee felt that this was a reasonable response considering the workload of those being surveyed and other state-wide initiatives underway simultaneous to the undertaking of the survey. No questions about community policing or collaborative initiatives were included in the survey.

Protection from Abuse Act

District attorneys and STOP grant coordinators were surveyed on the Protection From Abuse Act. Forty-eight percent of the responding counties felt there is a need for a state-wide PFA implementation protocol, while only twenty-two percent of the responding counties indicated there is consistency in the enforcement of PFA’s from county to county.

Uniform Protocol for Police Response

District attorneys and STOP grant coordinators were surveyed on the uniform protocol for police response. Fifty-seven percent of the responding counties said they have a domestic violence protocol in place, while seventeen percent of the counties indicated a protocol is in the process of being formulated. Of the 13 counties that have domestic violence protocols, sixty-nine percent address victimless prosecution, eighty-five address evidence collection at the scene of the domestic violence and ninety-three percent address the dispatch procedures for police in response to domestic violence complaints. Of the four protocols in progress, two will address victimless prosecution and all four will encompass the collection of evidence at the scene and the dispatch procedures for police.

Batterer Intervention Programs

District attorneys, STOP grant coordinators and president judges were surveyed on batterer intervention. Fifty-nine percent of the responding president judges indicated that their counties have batterer intervention programs, while forty-four percent of the district attorneys and STOP grant coordinators acknowledged programs within their counties. Forty-one percent of the judges responding believed that the program in their county followed the Batterers Intervention Services Standards developed by the Pennsylvania Coalition Against Domestic Violence and thirty percent of the district attorneys and STOP grant coordinators reported the same. Forty-seven percent of the judges reported that the programs were paid
for by batterers while twenty-six percent of the district attorneys and STOP grant coordinators reported that batterers are the predominant program funding source. Seventy-one percent of the judges and seventy-eight percent of the district attorneys and STOP grant coordinators believe there is a need for more batterer intervention programs.

**Judicial Training**

District attorneys, STOP grant coordinators and president judges were surveyed on judicial training. Seventy-six percent of the common pleas court judges who responded believe district justices would benefit from additional training, while 65% of the judges also believed that judges would benefit from more training. Eighty-three percent of the district attorneys and STOP grant coordinators felt district justices should have more training, and sixty-one percent believed judges should have more training. Forty-one percent of judges responding thought that there were problems on the district justice level, and forty-one percent of the judges responding thought there were problems at the common pleas level. Seventy percent of the district attorneys and STOP grant coordinators felt that there were problems at the district justice level, and fifty-two percent of the district attorneys and STOP grant coordinators responding saw problems at the common pleas level.
BEST PRACTICES

Many courts and law enforcement agencies have put into place effective programs and policies dealing with family violence. Listed below are some of the best of those practices our working group found in Pennsylvania and across the country.

*Best Access and Relief under the Protection from Abuse Act*

Development of a model county protocol for the implementation of Protection From Abuse Act relief which includes but is not limited to the following: a collaborative approach, access to information and support services for victims twenty four hours a day, accompaniment through the process from a domestic violence advocate, uniform procedure to inform police dispatch and domestic violence advocates of court designee during non-business hours, access to transportation for victims, standard procedure for quick, safe and effective service of orders to offenders (See appendix 19).

**SAFENET**

Erie County

SAFENET, a domestic violence program in Erie County, has established a legal unit called Protection From Abuse Coordinated Services, Inc., (PFACS). PFACS advocates provide accompaniment, assist petitioners in obtaining ex parte temporary orders, arrange for sheriff service on the defendant and distribute copies of the orders to local law enforcement. The PFA Coordinator, who is a court employee, assists pro se petitioners in completing paperwork, shows a video explaining the process and accompanies them to a hearing to obtain the ex parte order.

(See appendix 27)

**Cumberland County**

Cumberland County provides full services to the petitioners in PFA actions through the advocates from domestic violence services who provide counseling and referrals and assist in preparing preliminary information, and legal services attorneys then prepare and represent petitioners at hearings.

(See appendix 27)

**ACCESS-York**

York County

York County’s ACCESS-York has advocates available in the courthouse to provide counseling referrals and assistance in preparation of PFA petitions. A PFA coordinator then prepares the petitions for presentation to the family court. The advocates and PFA coordinator work together to make referrals and to ensure that battered women have information about services and the civil and criminal justice system. A county detective is also in the courthouse to interview victims, make referrals to other law enforcement agencies and to file criminal charges upon request of the victims. The District Attorney’s STOP
grant prosecutor also works closely with the advocates to ensure that the victims have access to the criminal justice system, and is responsible for all PFA enforcement in York County.

(See appendix 27)

**Uniform Protocol for Police Response in Pennsylvania:**

Police training programs in Delaware and York Counties utilize effective and efficient methods for training which include videotaping and brief and regular presentations at officer roll call. Content of protocols in these counties includes methods of evidence collection and the use of evidence based prosecution.

**York County Protocol for Police Response**
**York County, Pennsylvania**

York County has designed a Police Response to Domestic Violence Protocol through a collaborative effort between York County District Attorney’s Office, all of the law enforcement agencies throughout York County, and with the help of ACCESS-York, Inc., the local woman’s shelter. The protocol establishes guidelines and procedures to be followed by all police officers and other personnel involved in the police response to domestic violence calls in York County.

The protocol establishes a uniform response to domestic violence situations in York County. It affords the maximum protection and support to victims of domestic violence through a coordinated program of law enforcement and victim assistance. It ensures that all possible evidence is obtained in the event that the victim later becomes unwilling to testify. It promotes officer safety by ensuring that the officers are as fully prepared as possible to respond to domestic calls and it ensures the integrity of the judicial system by vigorously enforcing protection from abuse orders issued by the courts of law.

(See appendix 28)

**Prosecution Practices in Pennsylvania:**

**The Family Violence and Sexual Assault Unit**
**Philadelphia, Pennsylvania**

This unit is a result of the merger, in 1992, of separate prosecution units dealing with child abuse, domestic violence and sexual assault. This specialized unit was designed to address the interrelated problems within these systems. The key objectives are to provide a staff of specially trained and emotionally-suited prosecutors who can understand the legal, social, and psychological issues involved in family violence and sexual assault; establish a centralized coordinated response from law enforcement and prosecution with vertical prosecution whenever possible; provide social service referrals for adult and child victims; and prioritize early intervention by emphasizing misdemeanor offenses.

(See Appendix 29)
Central Pennsylvania Legal Services (CPLS) is only one of the many programs in Lancaster County that came together after the federal Violence Against Women Act was signed in 1994. CPLS provides legal representation in civil Protection From Abuse hearings in Lancaster County. Since nearly 1000 petitions are filed each year, this is a difficult bill to fill for the litigant, the police and the court system. The unique approach to solving this dilemma is to meet every six weeks and work on problems that impede the process for the courts and also for the litigants. The court personnel in regular attendance include the prothonotary, court administrator, sheriff’s office, district attorney’s office, domestic violence shelter advocates and CPLS. They discuss and somewhat resolve issues like the following: What is the best way to get a gun to the sheriff’s office after the court orders it? How can litigants stay separate from each other, but be close in the courtroom? What order should cases be heard when there are prisoners and police officers waiting to be dismissed? How can hearings be scheduled in the most efficient manner? How can a list of the case schedules for upcoming hearings be available in an expedient manner?

(See appendix 30)

A Woman’s Place and Bucks County legal Aid Society have a joint project which offers assistance to victims of abuse in filing pro se (on their own) petitions to seek relief through the civil courts. The Legal Aid Domestic Abuse Office (LADA) is located in Doylestown. Victims of domestic violence can get crisis and options counseling, technical assistance and legal advocacy in the pro se filing process. They can also receive legal information, legal advice and individual representation in court with follow-up assistance as needed.

(See appendix 30)

Using a portion of its victim service STOP grant award, the Women’s Resource Center of Lackawanna County subcontracts with Lackawanna Pro-Bono Legal Services for an attorney and paralegal to provide legal representation to petitioners in Protection From Abuse actions.

(See appendix 30)
Probation Programs in Pennsylvania:

York County Office of Probation
York County, Pennsylvania

The York County Probation Department has a specialized unit that provides batterer intervention services to probationers. The program is a collaborative effort between probation, the court, the district attorney’s office, the local domestic violence program and local batterer intervention programs. This collaborative effort provides enhanced supervision and compliance enforcement of batterers involved in the program.

(See appendix 31)

Board of Probation and Parole
Commonwealth of Pennsylvania
Domestic Violence Protocol

The Pennsylvania Board of Probation and Parole has taken a strong stance against domestic violence through the adoption of a domestic violence protocol. The goals include protecting victims and the community and training Board of Probation and Parole staff on awareness of domestic violence and offender accountability and rehabilitation. The protocol was developed through a partnership between the Board of Probation and Parole and the Pennsylvania Coalition Against Domestic Violence. The protocol provides parole agents with information and assistance in identifying domestic violence offenders, tools to assist in holding the offender accountable and assistance and information to domestic violence victims and the community.

(See appendix 31)

Batterer Intervention Programs:

ADVANCE
A program developed by Lutheran Social Services

ADVANCE is a Batterers Intervention Program founded in the recognition that men who batter do so to achieve and maintain power over their partners. It also maintains that the abuser is solely responsible for his actions. The program affirms that the behavior is by choice and that individuals can also choose to stop the violence and eliminate coercive and controlling tactics in their relationships with intimate partners. It is a window of opportunity in which participants can learn alternatives of mutuality, shared decision making, interdependence and egalitarian distribution of power in intimate partnership. The program’s foremost commitment is to the safety of the victims. ADVANCE is a part of the network of Batterers Intervention Programs in Pennsylvania and complies with the standards applicable to those programs.

ADVANCE was initiated by Lutheran Social Services in 1988, following a pilot project jointly offered with another agency in York County in 1986. To date, 1,215 individuals have been registered with the program. In addition, hundreds more have made inquiries or have been served by the program in ways other than becoming direct clients.
Lutheran Social Services strongly supports this program as one of its community-based services. Although the agency itself covers four counties (York, Adams, Franklin, and Fulton) the program itself is offered only in York County.

ADVANCE staff members have accomplished extensive training in Batterers Intervention and are continuously involved in further research and continuing education.

Components of the program:

- **Referral.** Individuals are referred from other agencies, counselors, clergy, family members, friends, and victims. A referral can also be by court order.

- **Intake.** The program reserves the right to accept or reject all referrals, based upon an extensive individual assessment.

- **Assessment.** Referrals undergo four to eight hours of individual and group interviews.

- **Contract.** Once accepted, the client is expected to sign a program contract that stipulates all items regarding program operation and participation required.

- **Partner Contact.** The program is responsible for notifying the battered partner regarding the applicant’s acceptance and encourage her participation in services.

- **Suspension.** The program employs a suspension procedure within the program to respond to minor problems that may occur while an individual is in the program. It is temporary and does not dismiss the person from the responsibility to complete the program.

- **Discharges.** There are two types of discharges from the program for those who have been accepted into the program. *Administrative discharge* is granted for unsatisfactory participation in the program. Such circumstances would include continued abuse, particularly physical violence; failure to maintain regular attendance; failure to pay fees; failure to make appropriate use of the program; violation of group rules; or violation of any court order. *Contractual discharge* is granted to those who have satisfactorily completed the program.

- Clients of ADVANCE are asked to pay a flat fee of $50.00 for the assessment. This is urged to be paid in a timely fashion, but may be deferred if it is impossible for the client to pay at the time of the assessment. The initial assessment is to evaluate the client’s ability to pay a group fee. This is established on a sliding scale and incorporates consideration of the client’s financial obligations to the victim and other family members, along with any responsibilities to the court, etc.

(See appendix 32)
A Woman’s Place
Bucks County

A Woman’s Place coordinates and provides training for police officers on how to respond to domestic violence and sexual assault. Working with several key police agencies and a dedicated member of the district attorney’s staff, A Woman’s Place had developed a training videotape which incorporates local representative agencies. As a result of a joint effort by A Woman’s Place, NOVA, the Bucks County Legal Aid, various key police agencies and the Buck’s County District Attorney’s Office, a model Domestic Violence Protocol was developed and distributed to all police agencies in Bucks County.

(See appendix 32)

Judicial Training and Reform in Pennsylvania:

PCADV Program for District Justices

District Justices Continuing Education training led by PCADV staff addressed domestic violence issues that impact on district justice practice and procedure, including the Protection From Abuse Act, risk assessment, bail, full faith and impact and credit as it pertains to enforcement of out-of-state PFA orders and the Protection From Abuse Database project.

(See appendix 33)
RESOURCES

Listed below are those resources which we recommend to any law enforcement agency interesting in creating or expanding current programs or practices on family violence.

Background


The Violence Against Women Act Fact Sheet, http://www.usdoj.gov/vawo/vawafct.htm (See Appendix 5).


Protection from Abuse Act Reform

Pennsylvania Coalition Against Domestic Violence Fact Sheet on Protection from Abuse Orders (See Appendix 19).


Uniform Protocol for Police Response

York County protocol for police response to domestic violence (See Appendix 10).


**Prosecution and Legal Representation**


**Probation**


Batterer Intervention Programs


A Review of Standards for Batterer Intervention Programs, VAWnet, National Resource Center on Domestic Violence 9/97 (See Appendix 22).


National Training Project, Duluth Domestic Abuse Training Project 206 West Fourth Street, Duluth MN 55806. 218-722-2781, ext. 111.

EMERGE, Counseling and Education to stop Domestic Violence. 2380 Massachusetts Avenue, Suite 101, Cambridge MA 02140. 617-547-9879 (See Appendix 9).

AMEND, Colorado Domestic Violence Coalition. P.O. Box 18902, Denver, CO 80218, 303-831-9632 (See Appendix 9).

National Training Institute, Batterers Intervention Project. South Main Street, New City, New York 10956. 914-634-5729.

The Empowerment Project. 2722 Bancroft Street, Charlotte, NC 28206. 702-372-8878.

Judicial Training and Reform


Family Violence: Emerging Programs for Battered Mothers and Their Children. (1998). Family Violence Department of the National Council of Juvenile and Family Court Judges, P. O. Box 8970 Reno, Nevada 89507. 702-784-6012 (See Appendix 16.1).


VII. Neighborhood Groups and Associations’ Response to Family Violence

A Report on How Pennsylvania’s Neighborhood Groups & Associations are Addressing Family Violence
EXECUTIVE SUMMARY

A community’s responsibility to foster the well-being of its members is particularly compelling with respect to the issue of family violence. The public and private attitudes of neighbors and community groups determine a community’s response and can mean the difference between life and death for victims of family violence. One example is found in the story of Kitty Genovese, stabbed to death in her neighborhood in New York City in 1970. When a New York Times reporter asked neighbors why they didn’t intervene, the most frequent response was that they thought it was “a domestic dispute.” This example sadly reflects past attitudes about family violence characterized by leaving alone whatever happens within the family or behind closed doors. Unfortunately this attitude encouraged tolerance of violence in the home, rendering victims unsafe and perpetrators unaccountable.

When our working group examined current attitudes and actions of neighborhood groups and associations, we found that enormous changes have occurred. During the past 25 years, a wide range of responses to family violence has developed at the local community, state and national levels. In particular, grassroots community groups have organized programs providing safety and advocacy for victims of family violence. Community-based organizations have opened shelters and established hotlines available to victims in every county of the Commonwealth.

Today in Pennsylvania, 65 domestic violence programs are operating 24 hours a day, 365 days a year, providing assistance to over 100,000 victims in 1998 alone. These domestic violence programs are private, non-profit organizations that continue to develop unique approaches to respond to domestic violence based upon the needs and resources of their particular community. Best practices are emerging from these creative approaches such as Safety Planning, Outreach to Under-served Communities and Community Audits. Such practices are encouraged by the working group as advocates seek to create programs that are helpful to a growing number of victims who face unique circumstances or find themselves in unique situations.

The working group’s main focus was on how to bring about effective collaborations among all institutions within the community. We tried to examine the issue of family violence through different perspectives. For instance, we looked at the relationships and special circumstances involved in the issues of child abuse, child welfare and family violence, of homelessness and family violence and of welfare reform policies and family violence. We wanted to identify those community programs that are taking the lead in addressing some of these challenging issue areas. The working group encourages these innovative programs, which are helpful to a growing number of victims who face the unique challenges associated with children who witness parental violence, children involved with the child welfare system, victims who suddenly find themselves homeless and victims who are involved in making the transition from welfare to work.

Our working group looked closely at community education and collaboration efforts occurring in Pennsylvania today. There was a strongly held belief among working group members that these efforts are absolutely vital to create the shifts in attitudes and actions necessary to stop family violence. The working group distributed surveys to programs in all 67 counties with a return of 56%, representing 41 counties. Our results
indicated that there are a number of local domestic violence service providers in Pennsylvania doing an outstanding job in creating a coordinated, community-based response to family violence. The working group identified the Zero Tolerance of Violence Against Women Program in Schuylkill County, the Bucks County Violence Prevention Task Force, the Luzerne County Domestic Violence Task Force, the Philadelphia-based Coalition for the Right to Live in Peace, the Domestic Abuse Project of Delaware County and the York County Task Force on Domestic Violence as exemplary.

Domestic violence advocates have spent considerable efforts in obtaining legal and other tools victims need to protect themselves. However, the problem of family violence continues. Although most Americans, indeed most Pennsylvanians, now acknowledge the severity of the problem, approximately one fourth do not know what they can do to help. Accordingly, the working group spent considerable time researching those programs that are educating community members about the problem and teaching them how they can work to prevent and stop family violence. Our survey results demonstrated that community education programs are in high gear, even though they are under-funded. In assessing the level and quality of education efforts, we looked at family violence and the arts, family violence and the media and family violence in public education campaigns. The more innovative and successful community education programs are detailed in the report.

As the one resource in the community dedicated exclusively to helping victims of family violence, the first priority of domestic violence service providers will always be the safety and support of victims. However, to truly effect real and lasting social change, providers are playing an increasing role in educating community members and advocating for heightened awareness of this issue. To that effect, the next steps include the creation and organizing of the activities and resources that are necessary to develop a coordinated, community-based response to family violence. More individuals and agencies are now aware of family violence and are interested in helping — we just need to show them how. While past efforts have been highly successful in bringing the issue of family violence to the attention of the public, now is the time to mobilize communities into action. The groundwork has been set in most communities in the Commonwealth. We are asking domestic violence service providers to take the lead in their own neighborhoods in developing a coordinated, community-based response to family violence.

On July 27th, 1999, our working group held a public hearing in Pittsburgh, Pennsylvania. We heard testimony from a wide range of experts in media relations, law enforcement and human services, as well as two survivors of family violence who were kind enough to share their personal stories with us. The witnesses were very supportive of all 10 recommendations drafted by our working group. After meeting one last time to consider all the testimony, we produced a final draft of recommendations to be published with the Final Action Plan of the Attorney General’s Family Violence Task Force.

Susan Kelly-Dreiss
Executive Director,
Pennsylvania Coalition Against Domestic Violence
&
Chair, Neighborhood Groups & Associations Working Group
Attorney General’s Family Violence Task Force
Family violence is an age-old problem with roots buried deep into the very structure of our society that shatters lives, destroys families and devastates communities. Yet, until the 1970’s, victims of domestic violence in this Commonwealth had no where to turn for help in escaping the abuse and, for the most part, lived in fear and isolation. For them options were limited, shelters and hotlines were non-existent, resources were scarce, laws were unheard of and much of society was indifferent.

The movement to end family violence in Pennsylvania began in the early 1970’s as a grassroots effort to offer support and safety to victims, provide legal protections, pursue justice and restore to victims the fundamental right to live free from fear and violence in their own homes. Local community groups first recognized the needs of domestic violence victims and began to set up community-based programs to address those needs. As programs became overwhelmed with calls for help and requests for safety from battered women, they expanded their activities to include support groups, empowerment counseling and shelter for women in crisis.

By 1975, nine domestic violence programs were established in Pennsylvania, operated by volunteers who possessed few resources. Many had experienced violence in their own lives; their commitment was very personal. These early advocates met for the first time when they came together to testify at the state Capitol in Harrisburg about legislation that would offer the Commonwealth’s first legal protections for battered women. Pennsylvania’s Protection From Abuse (PFA) Act was enacted into law in 1976. Pennsylvania’s PFA Act, one of the first of its kind in the country and the most comprehensive to date, later served as a model for other states enacting their own protective legislation.

Advocates working to end domestic violence recognized the PFA Act as a significant victory for battered women and quickly realized that continuing their partnership could help build a network of services for victims that would extend to all corners of the Commonwealth. These domestic violence programs joined together to establish the Pennsylvania Coalition Against Domestic Violence (PCADV), the first state domestic violence coalition in the country. Because of the growing number of calls for help from women in crisis, additional community groups formed hotlines and shelters throughout Pennsylvania during the late 1970’s. The need for financial and other resources to operate programs 24 hours a day, 365 days a year continued to grow. Although local community groups relied heavily upon local fund raising and volunteers, it was apparent that governmental support was greatly needed.

In 1982, the Pennsylvania General Assembly passed the Domestic Violence and Rape Crisis Services Funding Act. This Act required that defendants who are convicted, or plead guilty or no contest to a crime (excluding traffic violations), pay a $10 fine. This fine is transferred from the local jurisdiction to the state (Department of Public Welfare) to be used for funding domestic violence and rape crisis services. The Act also expanded the definition of services eligible for funding to include advocacy, public education and training. This meant that local programs could now provide more comprehensive services, specifically tailored to address the varied needs of individual victims of domestic violence. These services include:
Legal Advocacy — determining legal options, preparing forms, assisting with “pro se” filings.

Medical Advocacy — providing health care-based domestic violence services.

Children’s Advocacy — offering counseling and therapeutic art, music, play for children in shelters.

System’s Advocacy — changing the response of law enforcement, courts, medical personnel, educators and social service providers.

Accompaniment — attending court proceedings and related appointments with battered women to provide personal support and to offer transportation.

In an effort to ensure the availability of effective and appropriate services for battered women and their children, comprehensive program standards were developed to address:

√ a program philosophy of empowerment;
√ confidentiality and safety issues;
√ provision of services;
√ data collection and record-keeping;
√ operating requirements;
√ fiscal and personnel management;
√ volunteering training;
√ outreach to under-served communities.

In 1987, a milestone was achieved when domestic violence services became available in all of the state’s 67 counties. Local programs provided services to 58,560 victims of domestic violence during that year. Over the past two decades, the statewide network has grown from nine to 65 community-based domestic violence programs that provide services to victims, their children and significant others without regard to ages, sex, race, religion, physical ability, sexual orientation/identity or economic status. These services are free of charge, confidential, victim-initiated, advocacy-based, safety-focused and culturally-sensitive (including multi-lingual). In 1998, over 100,000 victims of family violence received assistance from Pennsylvania’s network of domestic violence programs.
Following the establishment of safety and advocacy programs for victims of family violence, there has been a growing focus upon educating the community about the issue. Research studies and survivor’s stories have provided a greater understanding of family violence that shows that it impacts every community: Family violence occurs regardless of age, race, ethnicity, mental or physical ability, sexual orientation, socioeconomic status or religious background. Victims come from all walks of life but most often are women. Battering constitutes a pattern of behavior that includes the use or threat of violence and intimidation for the purpose of gaining power and control over another person. Family violence is characterized by physical violence, emotional abuse, sexual abuse and economic abuse. Family violence is repetitive in nature.

According to a 1994 U.S. Department of Justice report, about one in five women victimized by a spouse or ex-spouse reported that she had been a victim of a series of at least three assaults in the last six months. Since more and more people are recognizing family violence, there has been a significant shift in public attitudes. A nationwide survey in 1992 found that 87% of Americans said battering is a serious problem. Also, more than one in three (34%) had witnessed an incident of domestic violence directly - more that had witnessed a mugging or a robbery combined (19%). However, the research also showed that most Americans feel helpless to do anything about the abuse. For instance, while 81% said something can be done to reduce the domestic violence, more than one in four (26%) said they don’t know what specific action to take. Studies such as this demonstrate a continued need for community education. Individuals and communities still need information and facts about domestic violence. Training for individuals and agencies is needed in order to refer victims and to help them while protecting their safety and confidentiality.

Since the early 1970’s, it has become increasingly clear through anecdotal information and empirical data, that to be able to reduce the incidence of family violence, communities and social institutions must be educated to shift from passive tolerance of family violence to proactive responsibility for intervention and prevention. This shift requires a high degree of collaboration and coordination among the public and private sectors of the community. It means that community representatives, groups, and agencies must develop and implement a community-wide approach to helping victims and holding perpetrators accountable. At the very least, communities need to:

- inform victims about available help;
- commit resources to link victims to help;
- deliver public messages that violence against family members is wrong and unacceptable;
- involve agencies in evaluating their response to family violence.

Currently, some communities within Pennsylvania are building community collaborations and coordination efforts to respond to family violence. However, the challenge remains to spread successful community coordination throughout the Commonwealth.
THE FACTS

Domestic violence is a crime of epidemic proportions that plagues our society and causes permanent emotional scars, life-threatening injuries and death. The abuse occurs within an intimate relationship (adult or adolescent) and is characterized by blatant disregard for an individual’s rights, body and health. Without appropriate intervention, domestic violence increases in frequency and severity over time. By systematically shattering lives, destroying families, and devastating communities, domestic violence compromises the quality of all our lives.

General Statistics

Based on findings of a major new survey, the National Institute of Justice (NIJ) and Centers for Disease Control and Prevention (CDC) estimate that approximately 1.9 million women are physically assaulted annually.

These findings also support previous research that shows "women are significantly more likely than men to be assaulted by an intimate partner" and is consistent with data from the National Crime Victimization Surveys. This most recent NIJ/CDC study revealed that 76% of the women who were raped and/or physically assaulted since age 18 were victimized by an intimate partner. (Tjaden, P. and Thoennes, N. Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey, U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, November 1998.)

In 1992-93, 29% of female victims of violence reported that the offender was an intimate partner (includes spouse or ex-spouse, boyfriend or girlfriend, and ex-boyfriend or ex-girlfriend). (Craven, D. Female Victims of Violent Crime. Bureau of Justice Statistics Selected Findings, U.S. Department of Justice Office of Justice Programs, Dec. 1996.)

A 1993 national survey found that almost 4 million American women who were married or living with intimate partners were physically abused by their partners. (First Comprehensive National Health Survey of American Women. The Commonwealth Fund. New York, July 1993.)

The Death Toll

In cases where the victim-offender relationship is known, husbands or boyfriends killed 26% of female murder victims, whereas wives or girlfriends killed 3% of male victims. (Craven, D. Female Victims of Violent Crime. Bureau of Justice Statistics Selected Findings, U.S. Department of Justice Office of Justice Programs, Dec. 1996.)

According to newspaper reports, about 136 people died in 1998 in PA as the result of a domestic violence-related homicide. Analysis of news reports from the past nine years reveals that, on an average, an adult or child dies every three days in PA as the result of domestic violence. (Pennsylvania Coalition Against Domestic Violence)
A review of emergency room records in one urban hospital revealed that 50% of all injuries to women and 21% of the injuries that required emergency surgery could be attributed to battering. (Crowell, Nancy A. and Burgess, Ann W., Understanding Violence Against Women. Washington, D.C.: National Academy of Press. eds. 1996.)

**The Cost of Domestic Violence**


Domestic violence accounts for about $1.7 billion annually for intra-familial homicide and between $5-10 billion per year on medical costs and lost work (Crowell, Nancy A. and Burgess, Ann W., Understanding Violence Against Women. Washington, D.C.: National Academy of Press. eds. 1996.)

The estimated total annual medical cost of domestic violence in PA was $326.6 million in 1992 - more than the total costs for elder abuse, child abuse, and street violence combined. (Social Problems and Rising Health Care Costs in Pennsylvania. Pennsylvania Blue Shield Institute, 1992.)

**Violence in the Workplace**

Studies of women who are being battered have found:

- 50-55% missed work due to abuse; and

**Stalking**

Approximately 80% of stalking cases involve women stalked by former male partners. (Privacy Rights Clearinghouse, University of San Diego Center for Public Interest Law. San Diego, CA, 1996.)

As many as 90% of women murdered by current or former male partners were stalked prior to their deaths (Bernstein, S.E. Living Under Siege: Do Stalking Laws Protect Domestic Violence Victims? (Bernstein, S.E. Living Under Siege: Do Stalking Laws Protect Domestic Violence Victims? Cardozo Law Review, Vol. 15, 1993.)

**The Need for Shelter and Services**

Each year, the statewide network of 65 community-based domestic violence programs provides services to more than 100,000 victims of domestic violence. (Pennsylvania Coalition Against Domestic Violence, 1999)
Family Violence and Welfare Reform

While domestic violence cuts across social groups defined by race, ethnicity, and economic circumstances, it is clear that the combined experience of poverty and violence raises particularly difficult issues for women. Women who head poor families experience extreme levels of physical and sexual abuse throughout their lives at the hands of parents, caretakers, and adult partners, according to a 1997 study. An astounding 83% of very low-income mothers have been victims of severe physical violence and/or sexual abuse during their lives. (Brown, Angela and Bassuk, Shari S. Intimate Violence in the Lives of Homeless and Poor Women: Prevalence and Patterns in an Ethnically Diverse Sample. American Journal of Orthopsychiatry, 1997.)

Homelessness and Family Violence

An estimated 27% to 41% of homeless women lack housing and are impoverished because of domestic violence (Crowell and Burgess, 1996.)

“One of the main purposes of this task force is to develop policies and programs that help our neighborhood groups serve the victim better.”

Mike Fisher
May 1998
THE CURRENT RESPONSE

Based upon the experiences of Working Group members and the results of a statewide survey, it is evident that there are numerous, well-organized activities occurring within local communities to respond to family violence. Most notable are the activities organized and led by the local, community-based domestic violence programs.

While local domestic violence programs originated as hotlines or volunteer-based organizations, all 65 programs now offer comprehensive, staffed services that provide safety and support to victims of family violence, as well as advocacy, educational, and prevention activities aimed at ending domestic violence. The mission of the locally based domestic violence program is - first and foremost - to help victims of domestic violence find safety and to become informed about available options for themselves and their children. In addition, each program is committed to the long-term goals of improving systemic and institutional responses to family violence, training professionals and raising community awareness.

Since state and federal funding for domestic violence services has grown gradually during the past 20 years, programs must raise financial contributions from the local community for a significant portion of their total program budgets. (Currently, 25 - 50% of income for domestic violence programs is raised from the local community.)

In order to involve the entire community in ending and preventing violence in the home, domestic violence programs have engaged in both long-term and short-term community organizing strategies, such as improving the criminal justice system’s response to family violence and promoting a coordinated response among different agencies, institutions, and groups. For example, the Luzerne County Domestic Violence Task Force, established in 1991, has been extremely successful in developing and then implementing a county-wide protocol for police response to family violence.

In Philadelphia, the Congresso de Latinos Unidos organized The Coalition for the Right to Live in Peace, which includes over 40 city, health and family organizations. As a result, the Latina Domestic Violence Program offers domestic violence services to Hispanic victims of family violence in a culturally and linguistically competent setting, and serving as a model outreach program for an underserved community.

Particularly noteworthy, also, are the numerous county wide coordinating efforts occurring as a result of a new federal initiative, STOP (Services, Training, Officers and Prosecutors ) authorized under the Violence Against Women Act of 1994. Through
grants administered by the Pennsylvania Commission on Crime and Delinquency, coordinating task forces have been established in 41 counties in Pennsylvania to respond to domestic violence and sexual assault. The STOP Projects require a coordinating team to provide leadership and direction to the overall program and to coordinate the development of the county’s response to violence against women. The main goals of the STOP program are to:

♦ Develop more effective police and prosecution policies and protocols specifically devoted to cases of violence against women.

♦ Develop, enlarge and strengthen victim service programs, including services to minority populations.

♦ Train law enforcement officers and prosecutors to more effectively identify and respond to violence against women.

♦ Develop units of law enforcement officers and prosecutors, specifically targeting violent crimes against women.

The STOP projects have supported a coordinated approach to improvements in the criminal justice system and have provided new resources to implement those improvements. So far, feedback from participating counties indicates that there are significant strides occurring in project implementation and that task forces are expanding to include adult probation officers, legal services and district justices.

Two recent reports have identified the need for transitional housing in order to provide longer term housing while victims seek more permanent alternatives.
A COMMUNITY COLLABORATION TO PREVENT FAMILY VIOLENCE

Family violence is a community issue. The goal of all neighborhood groups and associations should be to bring about effective collaborations among all community-based institutions. What is a Community Collaboration?

Community Collaboration

Because no one social institution can end the epidemic of family violence, many experts are calling for a collaboration between child welfare agencies, domestic violence programs, batterers intervention programs, law enforcement, human service organizations, civil and criminal courts and other community networks (See Appendix 2).

Regions and states are working on a variety of collaborative efforts to address family violence. Regardless of the approach an individual community pursues, the effectiveness of the intervention depends on the implementation of the following activities:

- development of a common philosophical framework;
- establishment of consistent policies for intervening agencies;
- monitoring and tracking individual cases to ensure practitioner accountability;
- coordination of the exchange of information and inter-agency communications;
- provision of resources and services to victims;
- sanctions, restrictions and services for offenders;
- protection of any children involved (in family violence cases);
- evaluation of the coordinated justice system response from the victims.

What are the factors involved in making a successful collaboration?

1. Factors related to the environment.

   History of collaboration or cooperation in the community. A history of collaboration or cooperation exists in the community and offers the potential collaborative partners an understanding of the roles and expectations required in collaboration and enables them to trust the process.

   Collaborative group seen as a leader in the community. The collaborative group (and by implication, the agencies in the group) is perceived within the community as a leader, at least related to the goals and activities it intends to accomplish.
Political/social climate favorable. Political leaders, opinion-makers, persons who control resources and the general public support (or at least do not oppose) the mission of the collaborative groups.

2. Factors Related to Membership Characteristics.

Mutual respect, understanding and trust. Members of the collaborative group share an understanding and respect for each other and their respective organizations: how they operate, their cultural norms and values, limitations and expectations.

Appropriate cross-section of members. The collaborative group includes representatives from each segment of the community who will be affected by its activities. Members see collaboration as in their self-interest. Collaborating partners believe the benefits of collaboration will offset costs such as loss of autonomy and “turf.”

Ability to compromise. Collaborating partners are able to compromise, since the many decisions within a collaborative effort cannot possibly fit the preferences of every member perfectly.


Members share a stake in both process and outcome. Members of a collaborative group feel “ownership” of both the way the group works and the results or product of its work.

Multiple layers of decision-making. Every level (upper management, middle management, operations) within each organization in the collaborative group participates in decision-making.

Flexibility. The collaborative group remains open to varied ways of organizing itself and accomplishing its work.

Development of clear roles and policy guidelines. The collaborating partners clearly understand their roles, rights, and responsibilities and how to carry out those responsibilities.

Adaptability. The collaborative group has the ability to sustain itself in the midst of major changes, even if it needs to change some major goals, members, etc., in order to deal with changing conditions.


Open and frequent communication. Collaborative group members interact often, update one another, discuss issues openly, convey all necessary information to one another and to people outside.
Establish informal and formal communication links. Channels of communication exist on paper, so that information flow occurs. In addition, members establish personal connections — producing a better, more informed and cohesive group working on a common project.

5. Factors Related to Purpose.

Concrete, attainable goals and objectives. Goals and objectives of the collaborative group are clear to all partners and can realistically be attained.

Shared vision. Collaborating partners have the same vision, with clearly agreed upon mission, objectives and strategy. The shared vision may exist at the outset of collaboration. Or, the partners may develop a vision as they work together.

Unique purpose. The mission and goals or approach of the collaborative group differ, at least in part, from the mission and goals or approach of the member organizations.

6. Factors Related to Resources.

Sufficient funds. The collaborative group has an adequate consistent financial base to support its operations.

Skilled convener. The individual who convenes the collaborative group has organizing and interpersonal skills and carries out the role with fairness. Because of these characteristics (and others) the convener is granted respect or “legitimacy” from the collaborative partners.


In addition to noting that significant progress has been made through Neighborhood Groups and Associations, the Working Group also concluded that definite gaps remain in our communities’ response to family violence. Our concern is shaped by the realization that victims of family violence are typically faced with multiple obstacles as they attempt to live violence-free lives. For example, temporary shelter may be available for the short tem, but permanent housing and economic security may be quite difficult to attain for many victims.

Also, this Working Group identified institutional challenges that must be addressed in order to change society’s response to family violence. In order to focus on closing the gaps and meeting these challenges, this report addresses the following topics: (1) child abuse/child welfare; (2) homelessness; (3) welfare reform; (4) men; (5) arts; (6) media; and (7) public education.
CHALLENGES THAT NEED TO BE ADDRESSED

Child Abuse and Child Welfare

A growing body of clinical experience and research evidence tells us that there is a significant overlap between domestic violence and child abuse in families where one form of family violence exists, there is an increased likelihood that the other does as well (Appendix 3).

Child protection services, domestic violence services and state and county judicial systems originated separately with different and often conflicting theoretical bases and assumptions. These conflicts have interfered with the kinds of collaborative efforts required in these complex family situations. In half of the homes where mothers are being battered, the child is a known victim of physical abuse and in half the families in which a child is identified as a physical abuse victim, the mothers are being battered as well.

Overall, children exposed to multiple forms of family violence reported twice the rate of youth violence as those from nonviolent families (Marans, Berkowitz and Cohen, 1998). In a survey of New York City’s juvenile detention facilities, 79% of juveniles had seen someone stabbed or shot, 58% had a family member who had been shot or stabbed and 38% had been shot or stabbed themselves (Marans, Berkowitz and Cohen, 1998). Adolescents who were not themselves victimized but who had grown up in families in which partner violence occurred were 21% more likely to report violent delinquency than those not so exposed (Marans, Berkowitz and Cohen, 1998).

Homelessness and Family Violence

Many studies demonstrate the contribution of domestic violence to homelessness, particularly among families with children. A 1990 Ford Foundation study found that 50% of homeless women and children were fleeing abuse (Zorza, 1991). More recently, 44% of cities surveyed by the U.S. Conference of Mayors identified family violence as a primary cause of homelessness (Waxman and Trupin, 1997) (Appendix 4). In a study looking at the length of time women spent on welfare, the study found that women who had experienced physical violence by a partner were more likely to have remained on welfare for a combined total of five years or longer. This relationship was strongest among homeless women. Nearly 82% of the homeless longer-term recipients had experienced domestic violence, compared to just over 56% of those who had received welfare less than five years. Most of the services for victims of family violence focus on responding to the immediate crisis of violence in the home. Services such as hotline, crisis counseling and shelter offer life-saving assistance and support but do not provide for longer-term housing problems.

Two recent reports have identified the need for transitional housing in order to provide longer term housing while victims seek more permanent alternatives. 1). The Needs Assessment of Crime Victims, Melior Group and 2). The Summary Report of the 1994 Needs Assessment Survey, prepared by the Pennsylvania Coalition Against Domestic Violence. As of January 1999, only twenty (20) of the sixty-five (65) domestic violence programs in Pennsylvania operate transitional or bridge housing units.
There is an intimate relationship between family violence and impoverished women. There have now been several large-scale studies looking at the connection between welfare and violence. In nearly all of the studies that have addressed the issue, 50-80% of the women receiving Aid to Families with Dependant Children (AFDC) now known as TNAF reported that they had experienced physical abuse (defined as a continuum from fear of being hurt to slapping or hitting through more physically injurious acts) by an intimate male partner at some point during their adult lives; most also reported physical and/or sexual abuse in childhood (Appendix 5). When women were asked about more recent violence from their male partners, the rates remained high—from 19.5% to 32%. The studies agree, however, that current or recent family violence is prevalent among poor women and especially among those receiving AFDC.

In looking at the interaction between violence and women’s employment, The Effects of Violence on Women’s Employment, a random survey of 824 women (one-third currently receiving AFDC, two-thirds not) in one of Chicago’s low-income neighborhoods, found that women who were receiving AFDC were more likely than the others to experience family violence: 33.8% of the AFDC recipients and 25.5% of the non-recipients had experienced “severe aggression” (kicking, hitting, biting, beating, injuring, raping and threatening with or using a weapon) by a partner in adulthood. Further, of those currently in a relationship, 19.5% of the recipients and 8.1% of the non-recipients had experienced severe aggression (the same acts, excluding biting and raping) in the last 12 months (Lloyd 1996). In one study, less than a third of the women had remained on welfare for a cumulative total of five years or more. However, the study found that women who had experienced physical violence by a partner were more likely to have remained on welfare for a combined total of five years or longer. This relationship was strongest among homeless women. Nearly 82% of the homeless longer-term recipients had experienced domestic violence, compared to just over 56% of those who had received welfare less than five years.

In Harm’s Way? Domestic Violence, AFDC Receipt and Welfare Reform in Massachusetts, a probability sample of 734 women receiving AFDC in 40 of 42 welfare offices in the state, found that 64.9% had experienced physical abuse (using the state’s legal definition of “hit, slapped, kicked, thrown, shoved, hurt badly enough to go to a doctor, used weapon in a frightening way, forced sexual activity or ‘made you think you might be hurt’”) by an adult male partner during their lives, and 19.5% reported such abuse during the past year (Allard et al. 1997). The Passaic County Study of AFDC Recipients in a Welfare-to-Work Program: A Preliminary Analysis, a sample of 846 women in an AFDC Job Readiness program in Passaic County, New Jersey, found that 57.3% reported they had experienced physical abuse by an intimate male partner as adults, and 19.7% of those currently in a relationship stated they were being abused physically (just over 65% reported they were currently involved in a relationship with a man). In this study, the term “physical abuse” had been discussed during the program, but was not defined on the survey (Curcio 1997).

The Worcester Family Research Project, a study of 436 homeless and housed women, of whom 409 received AFDC, found that over 60% of the entire sample reported severe physical violence (slapped at least 6 times, kicked, bit, hit with a fist, hit with an
object, beaten up or more injurious acts) by an intimate male partner in adulthood. Nearly a third (32.4%) reported such violence by their “current or most recent partner” within the past two years (Browne and Bassuk 1997). The Effects of Violence on Women’s Employment, a random survey of 824 women (one-third currently receiving AFDC, two-thirds not) in one of Chicago’s low-income neighborhoods, found that women who were receiving AFDC were more likely than the others to experience domestic violence: 33.8% of the AFDC recipients and 25.5% of the non-recipients had experienced “severe aggression” (kicking, hitting, biting, beating, injuring, raping, and threatening with or using a weapon) by a partner in adulthood. Further, of those currently in a relationship, 19.5% of the recipients and 8.1% of the non-recipients had experienced severe aggression (the same acts, excluding biting and raping) in the last 12 months (Lloyd 1996).

Other studies of AFDC recipients have reported similar findings (see Raphael and Tolman 1997). For example, 60% of a representative sample of the Washington state caseload reported some type of physical or sexual abuse as adults; 55% stated they had been physically abused by an intimate partner. In 50% of Oregon AFDC cases reviewed because of apparent lack of progress toward work, women reported they had been physically or sexually abused at some point during their lives. Finally, 58% of women who entered a Chicago welfare-to-work program over a one-year period reported current domestic violence (Raphael 1995).

**Men and Family Violence**

In public opinion surveys, neither men nor women want to see men as the cause of the problem of family violence, despite the fact that men are responsible for over 95% of family violence. Although the public wants to see perpetrators held accountable for their acts, they want to see men as responsible for solving the problem as well. Strategies that encourage non-violent men to be responsible, to intervene and to confront other men who are violent are seen as helpful strategies that should be pursued (Ghez, 1995) (Appendix 7).
MODELS THAT SHOULD BE REPLICATED

Fatality Review

The purpose of a fatality review is to perform a systematic review of why and how a person has died as a result of a domestic homicide. This model is based on the original Los Angeles County Child Death Review Team initiated in 1978 by Dr. Michael Durfee and the Los Angeles County Inter-Agency Council on Child Abuse and Neglect. The child abuse model has been duplicated throughout the United States and in other countries, including Australia and New Zealand. One aspect of the child death review team is to function as a case investigating agency, providing a multiple-agency analysis on the possible causes of infant and child deaths in specific cases. In addition to this investigatory function, the team also scrutinizes the role each agency plays in investigating and preventing child abuse in order to recognize areas needing improvement. The concept of a multi-disciplinary death review team for domestic homicide is a natural outgrowth of the collaborative efforts between legal, health, advocacy and judicial groups which have been developing across the nation for several years. By creating overlapping circles of inquiry, opportunities for system improvement can be more clearly identified.

NIBRS

In order to combat family violence, each community-based institution must know exactly how prevalent the problem is. Currently under the Uniform Crimes Report, family violence is not categorized as a statutory crime. Family violence is categorized as an assault, battery or homicide. Under the NIBRS, or National Incident-Based Reporting System, family violence is categorized as an individual crime which would provide a clear statistical overview of the problem in Pennsylvania.

NIBRS originated from a 1982 study, undertaken by the Federal Bureau of Investigation and the Bureau of Justice Statistics, on the FBI’s Uniform Crime Reporting (UCR) program. The UCR program, begun in 1919, collects information about crimes reported to the police. The study found that the UCR would need to be revised in order to meet the needs of law enforcement in the 21st century. After a five year redesign effort, NIBRS was created as the successor to the UCR. While the UCR’s data collection is limited to particular crimes and offenses, NIBRS can record much broader information on the offense, victim and defendant, based on each criminal incident.

In 1996-1997, further study was conducted to identify impediments to NIBRS participation in large law enforcement agencies. Currently, the federal NIBRS Project is incorporating recommendations from the study, and providing assistance to state and local agencies in planning and implementation. Attorney General Janet Reno has encouraged law enforcement agencies receiving federal funds to implement information systems compatible with NIBRS. Information from a 1998 BJS National Conference shows that five states are using statewide databases on domestic violence and sexual violence which are NIBRS-certified. Six states are in the planning or development phase of such NIBRS-certified databases.

Pennsylvania law anticipates that Pennsylvania will implement NIBRS. The Protection from Abuse Act includes under the responsibilities of law enforcement agen-
cies, that “each [ agency ] shall make an incident report . . . consistent with the report required by the Federal National Incident-Based Reporting System (NIBRS).” This provision is designed to take effect after the Pennsylvania State Police has implemented NIBRS.

**Home Visitation**

A program of home visitation by nurses has previously been shown to affect the rates of maternal welfare dependence, criminality, problems due to use of substances and child abuse and neglect (Appendix 3). In a recent study, researchers examined the long-term effects of a program of prenatal and early childhood home visitation by nurses on children’s anti-social behavior through a fifteen-year follow-up of a randomized trial. Interviews were conducted with the adolescents and their biological mothers or custodial parents from a semi-rural community in New York. The children had all been born between April, 1978 and September 1980 and a total of 315 adolescent offspring participated in the follow-up study when they were fifteen years of age. 89% of the children were born to white mothers, 62% to unmarried mothers, 48% to mothers younger than 19 years of age and 59% to mothers from households of low socioeconomic status during pregnancy. Families had received an average of nine home visits during pregnancy and 23 home visits from birth through the child’s second birthday. The control groups received standard prenatal care and well-childcare in a clinic.

The outcome measures studied included the following: children’s self-reports of running away, arrests, convictions, being sentenced to youth corrections, initiation of sexual intercourse, number of sex partners, and use of illegal substances; school records of suspensions; teachers’ reports of children’s disruptive behavior in school; and parents’ reports of the children’s arrests and behavioral problems related to the children’s use of alcohol and other drugs. Adolescents born to women who received nurse visits during pregnancy and post-natally and who were unmarried and from households of low socioeconomic status (risk factors for antisocial behavior), in contrast with those in the comparison groups, reported fewer instances of running away, fewer arrests, fewer convictions and violations of probation, fewer lifetime sex partners, fewer cigarettes smoked per day and fewer days having consumed alcohol in the last 6 month. Parents of nurse-visited children reported that their children had fewer behavioral problems related to use of alcohol and other drugs.

Conclusions. This program of prenatal and early childhood home visitation by nurses can reduce reported serious anti-social behavior and emergent use of substances on the part of adolescents born into high-risk families (Olds et al., 1998).
Family Violence and the Arts

The well-known critic, Eric Bentley said that “art challenges despair? Art, trauma and suffering are inextricably bound together in our evolutionary history, in the development of culture, and even in our lives today. Art is the companion tool to our intellect through which we join with “the other” to manage overwhelming and dangerous feelings, to build joint protection and to make meaning out of apparent meaninglessness. The role of the arts in individual and social healing is currently being addressed. A recent article in JAMA, (Ridenour, 1998) discussed how major health care institutions across the country have recognized the power of the arts, in all their modalities, to provide messages promoting healing and a sense of community. The author points out that several associations, such as the Society for the Arts in Healthcare and the Center for Health Design, support research investigating the link between art and well-being. She points out that everywhere we are delivering medicine in communities entrenched in belief systems that intertwine spirituality and healing. If we can honor those communities’ beliefs and cultures through art that shares these stories and brings delight, perhaps this art will, at the least, alleviate some fearfulness, and that is surely therapeutic.

In a Keynote Address, “The Artist and Society”, at the Art-21 Conference in Chicago in 1994, Thulani Davis pointed out that the artist is the person who is asked to express the inexpressible, what cannot be expressed. “I say the artist is asked to do this because it was my first experience of artists that he or she was often the person in my community who was called upon at the awkward moment before an important ritual to find the words for a union, a birth or separation from life. The artist is the person who is asked in all traditional societies to make a commemoration of our struggle, to make the acknowledgment.” Elie Wiesel said that the prisoner of society who suffers wants to know that it will not go unnoticed, wants to know that if there is to be no relief at least that the story is told. Artistic expression captures the trauma and suffering of family violence in a way nothing else can. In doing so, art forms a bridge between the victims and the observer, inspiring in the witness a desire to help while providing for the victim a means and method of trauma transformation (See appendix 6).

Family Violence and the Media

In our society, the media plays a large role in informing the public about major social issues and in structuring the ways in which people understand and respond to these issues (Appendix 8). One example of these effects can be seen in the coverage of the Simpson marriage and the murder of Nicole Brown Simpson. 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. For example, there was a 51% increase in calls to domestic violence crisis lines in the three months after Nicole Brown Simpson was murdered and 39% more people sought help in San Francisco during that time period when media coverage of domestic violence was also very high. During the same period, there was an increase in the numbers of Americans who said they would do something to help reduce domestic violence — almost 50% said the media stories had made them more likely to act to reduce domestic violence and only 6% reported that the stories had made them less likely to act.
Family Violence and Public Education Campaigns

Evidence suggests that public education campaigns can be successful in changing social opinion and altering subsequent behavior. The environmental protection movement, the anti-smoking movement, the campaigns against drunk driving, those related to AIDS prevention and others, all have data to support their effectiveness. For example, one public service advertising campaign urged people, particularly men, to speak to their doctors about colon cancer and 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. 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 (Ghez, 1995) (Appendix 9).

Experts have noted some consistent ingredients for successful public education campaigns:

- **Simple, powerful messages which are action-oriented, emotive, empowering and short:** for example, “save the planet,” “friends don’t let friends drive drunk,” etc.

- **Strong press support.** All successful campaigns have utilized the media to convey their public health and public policy messages, and none of them would have succeeded without strong press support.

- **Understand the audience.** These initiatives have relied on a clear understanding of their audience. They have utilized focus groups, polling data and tracking surveys to measure attitudes, reported behavior and response to campaign messages.

- **Message that is easy to relate to.** All successful campaigns address issues that are within the public’s understanding and personal experience — like choking on cigarette smoke or fearing drunk drivers. This personal appeal allows people to become emotionally moved by the message.

- **Communicate benefits of change.** In AIDS and anti-smoking campaigns there are clear messages about the consequences of not changing behavior.

- **Support from opinion leaders.** Celebrities and other highly visible leaders generate attention from the press, have the ability to influence policy and can assist campaigns in concrete financial ways.

- **Sustained leadership.** Successful campaigns are more than a flash-in-the-pan event. The ideas and messages are sustained over time and leaders provide steady progress towards the objectives of the campaigns.

Although as many as 95% of family violence perpetrators are men, many focus groups have demonstrated that both men and women strongly resist framing the issue of domestic violence as a “man-as-enemy” issue. These groups indicate that the public wants to see men as part of the solution and therefore, blaming men will not be an effective campaign strategy. Holding men accountable and encouraging men to be leaders in this endeavor is more likely to meet with success (Ghez, 1995).
There are other important factors to take into account when developing a message. Different target audiences respond to different messages. Emphasizing the devastating nature of family violence on people’s lives and families may be very effective in mobilizing members of the public who have personal experience with the problem. Whereas, another message may be better tailored for those whose primary motivation is the excessive financial burden family violence places on the criminal justice system, health care system, etc. Additionally, messages may need to be targeted differently for men and for women and for people from different racial groups, classes and ethnic backgrounds. Messages that overcome intrinsic barriers to intervention also must be formulated. For instance, a significant barrier in American social life is the long-held belief that what goes on in the family is nobody else’s business.

Some specifically targeted campaigns have been very successful. Research in AIDS prevention showed that African-American women were more likely to change their behavior—like getting tested for AIDS and requesting condoms—when the messages about AIDS were culturally sensitive. A carefully focused, targeted campaign directed at risky needle-sharing by addicts dropped from 100% to 14% after street workers provided access to clean syringes and in Switzerland, a highly explicit program directed at teenagers and young adults increased condom use from 19% to 73%.
SURVEY RESULTS

The working group sent surveys to the 66 Domestic Violence Programs that are subcontractors of the Pennsylvania Coalition Against Domestic Violence (PCADV). The goal and focus of this survey was to assess how domestic violence service providers are currently addressing family violence. We were specifically looking for information on whether and how providers were engaged in efforts to increase collaboration among all members of the community and to enhance public awareness of family violence.

We received responses from 37 programs (56%) serving the following 41 counties: Allegheny, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clinton, Columbia, Delaware, Elk, Erie, Franklin, Fulton, Greene, Huntingdon, Indiana, Lancaster, Lawrence, Lehigh, Luzerne, McKean, Montgomery, Northampton, Northumberland, Philadelphia, Pike, Schuylkill, Snyder, Somerset, Sullivan, Tioga, Union, Washington, Wyoming and York.

The first question on the survey dealt with the kinds of services offered to victims of domestic violence. Since the survey was incomplete, and we had access to data directly from PCADV concerning this issue, attached is a complete list of all 66 DV programs and the services they provide (Appendix A). We asked the programs to identify any collaborations that their organization participates in (such as a STOP coordinating team, county wide task force, etc). They did not have to deal only with domestic violence (community partnerships, weed and seed programs etc.) Our results show there was an average of 8 collaborations per program. They ranged from one to 55. (See Best Practices for more on collaboration)

We also asked the programs about the kind of Domestic Violence Community Education/Prevention programs they sponsor. A full 100% of those surveyed said they gave presentations in schools and churches while 97 % also gave presentations at health fairs or expos and to neighborhood or community groups. When asked what is the most effective means of getting information out to the public, only 26 programs responded to this question. Of those, 88% said that the use of media (such as TV, radio, newspaper and billboard ads) was the best means for getting information out to the public. 85% mentioned television specifically.

Finally, we asked “what barriers exist that prevent your organization from achieving all its goals?” and “what tools does your organization need to keep the victims of domestic violence and the general public better informed?” After reading the responses, it is clear that these programs know what they want to do and how to do it. There were really only two barriers mentioned: a severe lack of funding and an unwillingness of some school administrators to cooperate.
BEST PRACTICES

A. A Coordinated Community Based-Response to Family Violence
B. Challenges that Need to be Addressed
C. Models that Should be Replicated
D. Creative Community Education

From our survey results and research into the various programs and policies of local domestic violence service providers, we were able to identify the practices this working group has deemed to be the best. Our goal is to draw attention to those domestic violence service providers that are taking the initiative to bring about effective and comprehensive collaborations with other institutions within the community. These are the domestic violence service providers who are helping to bring about a coordinated, community-based response to end family violence. This working group believes that these programs and these practices should be emulated by providers and other community groups throughout Pennsylvania.

This section is divided into four parts. The first part is our list of those domestic violence service programs that have exhibited the best coordinated, community-based response to family violence. The second part is our list of innovative models of collaboration that we believe should be replicated by all domestic violence service providers. The third part is our list of those programs and policies that are addressing challenging issues such as the linkage between child abuse and partner abuse, homelessness and family violence, the impact of welfare reform policies on family violence and the troublesome issue of men and family violence. We have identified these four areas as the challenge areas that need to be addressed. The fourth part is our list of domestic violence service providers that have established the most creative community education programs through the arts, the media and public education campaigns.

A. A Coordinated, Community-Based Response to Family Violence in Pennsylvania

Zero Tolerance of Violence Against Women and Children
Schuylkill County, Pennsylvania

This program is a joint project of Schuylkill Women in Crisis and the Rape and Victim Assistance Center of Schuylkill County. Schuylkill County has made great strides toward developing a coordinated, community-based response to family violence over the past three years with a comprehensive Zero Tolerance of Violence Against Women and Children campaign — Project Z. A cooperative effort by Schuylkill Women in Crisis and the Rape and Victim Assistance Center of Schuylkill County, Project Z aims to effect awareness and prevention on four levels:

- Schools: A violence prevention/education curriculum has been designed to teach fourth, fifth and sixth grade students, their families and educators about domestic violence and sexual assault/abuse.
Business Community: Local businesses promote non-violence by developing measures to support employees who are abused and to provide an atmosphere of safety in the workplace.

Local government: Municipalities participate by taking action steps such as holding town meetings on violence, displaying Project Z materials and developing other measures that promote non-violence in their communities.

Communities: Prevention efforts are geared toward both the general and the professional community and include public service announcements about sexual assault/abuse and domestic violence featuring community leaders as well as a number of special events and professional training.

Project Z focuses on increasing awareness about violence against women and children, changing attitudes that allow abuse to continue and galvanizing the public to help stop the violence in Schuylkill County. It works to motivate every community of the Commonwealth to become intolerant of abuse and intent on restoring the fundamental right to life free from fear in our own homes.

The Zero Tolerance of Violence Against Women and Children Campaign offers messages and tools that not only prompt individuals to examine their own attitudes but also to help change how they react to those around them who are experiencing or perpetrating abuse. This approach is modeled after several other successful campaigns, which have changed such complex and ingrained behaviors as smoking, resistance to wearing seatbelts and drinking and driving. Schuylkill County’s four dimensional public education project has been endorsed by Congressmen Tim Holden, the Schuylkill County Chamber of Commerce, the City of Pottsville and various boroughs. Additionally, Project Z has received the support and participation of every school district, every major employer and every municipality in Schuylkill County.

(See appendix 10)

Luzerne County Domestic Violence Task Force
Luzerne County, Pennsylvania

The Luzerne County Domestic Violence Task Force was established in August, 1991 by the county Board of Commissioners through the Office of Human Services (OHS) in response to the murders of two children by the boyfriend of the children’s mother. Initially planned for a probationary period of four to six months, the Task Force continues to work to end family violence, especially violence that is perpetrated against women and children. The Task Force is co-sponsored by OHS, Domestic Violence Service Center and Victims Resource Centers, Children and Youth Services and the Bureau of Aging.

Since the first full Task Force meeting in December, 1991, the composition of this community-based group has expanded to include dedicated representatives of nearly all sectors including health care, private practice professionals, law enforcement, courts legal services, mental health services, drug and alcohol programs, other private agencies, physicians, clergy, district attorneys and several survivors of abuse. Many of these representatives are members of the business community who serve on boards of directors and advisory committees of the Task Force agencies. The Task Force was created to find ways to
identify victims in all age groups to train other systems and to offer appropriate services and referrals to those victims and to coordinate the response of law enforcement and social services.

The Task Force is divided into three committees:

♦ Legal Issues Committee — This committee has developed, coordinated and implemented a county-wide protocol for police response to family violence. In addition, it trains police officers, coordinates with law enforcement, social services and the courts and compiles legislative information regarding victims. A subgroup, the Pro Se Sub-Committee was developed to deal with specific problem-solving issues regarding the Protection From Abuse system including court procedures for victims who file “pro se” without the help of an attorney.

♦ The Service Coordination Committee — This committee is responsible for the coordination of social services to train professional staff to identify victims, make appropriate referrals and to close service gaps. A subgroup, the Medical Protocol Subcommittee was formed to plan, write and implement a county-wide hospital protocol for the identification, treatment and referral of victims of family violence. In November, 1995, the Luzerne County Family Violence Medical Protocol was launched and includes sections on spouse/partner, child and elder abuse.

♦ The Education and Prevention Committee developed the media and public information campaign, “Violence Shatters. There is no excuse!”

Members of this Task Force successfully collaborated to bring about the following significant changes to the Luzerne County system:

√ law enforcement policies that are more supportive of victims and geared to increase formal punishment for abusers;

√ streamlined PFA filing forms and procedures to facilitate the “pro se” filing process which has provided victims with a less stressful avenue of relief than through costly private attorneys;

√ forms and procedures for police and/or victims to file indirect criminal contempt charges against those who violate PFA orders;

√ the assignment of all PFA-related hearings to Orphan’s Court;

√ the previously unheard of attendance of hundreds of police officers at locally sponsored training programs;

√ brought together representatives from all hospitals in the county to develop a consistent and cooperative policy for hospital-based services to victims.

In April, 1998, the Task Force was awarded funding through the Pennsylvania Commission on Crime and Delinquency to develop a Critical Incident Review Team (CIRT) to
provide feedback in the aftermath of serious family violence situations which may include spouse/partner, child and/or elder abuse. So far, the collaborative efforts of the Task Force have resulted in significant systems change. The Task Force is convinced that a community-based, community-wide, multi-faceted approach to the prevention and treatment of violence against women and children is the slightest most efficient and effective strategy.

(See appendix 10)

**Bucks County Violence Prevention Task Force**
**Bucks County, Pennsylvania**

The Bucks County Violence Prevention Task Force came together on May, 10, 1995 by order of the Bucks County Commissioners. Its mission is to reduce violence in Bucks County’s homes, schools and communities by identifying model public and private efforts and by developing a county-wide action plan to design and implement the most effective anti-family violence programs.

The action plan is the culmination of efforts that grew to involve 300 people from 150 organizations throughout Bucks County including community groups, civic associations, schools, police departments, churches and synagogues, hospitals and health agencies, cultural organizations, criminal justice agencies, corporations, small businesses and the media. The plan consists of a six part strategy including the following objectives:

- √ building a strong violence prevention relationship among community members;
- √ identifying and implementing additional prevention and intervention programs;
- √ building community programs that provide social, economic and recreational opportunities with special focus on youth;
- √ implementing violence prevention education;
- √ improving the justice system response;
- √ and creating a sense of community and fostering leadership development in Bucks County neighborhoods.

The Task Force has developed an implementation plan for each of the six strategies. The strategies and objectives in the plan are, more often than not, ongoing efforts that will need serious attention and consideration for the years to come. The Action Plan can, and should continue as a blueprint for continued work. Some of the Task Force achievements include the planning and implementation of a successful Conference on Collaboration in October 1998, which linked together different Bucks County social service agencies.

(See appendix 10)
The Coalition for the Right to Live in Peace
Philadelphia, Pennsylvania

The Congresso de Latinos Unidos is a health and social service organization serving Philadelphia’s Spanish-speaking population as well as low-income people of other ethnic groups. The Congresso de Latinos Unidos has organized the Coalition for the Right to Live in Peace. The Coalition includes over forty city, health, women and family organizations that provide counseling, shelter, healthcare and support services to help address the issue of family violence in Philadelphia. The primary focus is on the Latino Community. The mission is to educate the Philadelphia community about the impact of family violence and to explore ways to involve the entire community in education, prevention and awareness.

The Coalition founded its Latina Domestic Violence Program in May, 1994. This program offers community-based, comprehensive services to Latina victims of domestic violence and their children in a culturally and linguistically competent approach. A first in Pennsylvania, the program provides crisis intervention, crisis management, individual and group counseling, translation and accompaniment and legal education and advocacy. The program also sponsors support groups for survivors of domestic abuse and for women who are currently living in abusive situations.

The Coalition also runs the Puerto Rican/Latino Family Services Center, which offers the following services: comprehensive social services, crisis intervention and case management, family and individual short term counseling and referrals, housing counseling rental and utility assistance, access to emergency food, clothing and financial assistance employment counseling and job bank, parenting skills training, child abuse prevention and child health education programs and linkage to other Congresso and community resources in all areas of health and social service needs. The Center encompasses two programs providing intensive, home-based support to families at high risk of abuse and neglect: Family Preservation and Services to Children in their Own Home. In addition, the Family Center at Julia de Burgos Bilingual Middle Magnet School offers parenting workshops and programs, support groups for parents and adolescents, an after school program with tutoring for the students and home visits and case management for families facing serious problems. The Family Center offers a unique opportunity for parents to connect with their children’s school and to help to shape the programs that will assist children and families to succeed.

(See appendix 10)

Domestic Abuse Project of Delaware County, Inc.
Delaware County, Pennsylvania

The mission of the Domestic Abuse Project of Delaware County (DAP) is to eliminate domestic violence by providing services that meet the needs of victims of domestic violence and becoming an integral part of community-based programming for family health and wellness. DAP’s approach is to effect a true collaboration among all relevant community-based agencies and institutions. Currently, DAP is participating in more than 52 collaborative programs which were an outgrowth from a countywide forum held in 1993. DAP has pursued its efforts with the slogan “together we are dramatically stronger.” As a result,
efforts have been made to create additional collaborations throughout the City of Chester and to Delaware County by expanding the Communities that Care (CTC) program.

DAP was one of the original members of Communities that Care (CTC), which is a collaborative effort among many community-based institutions within Delaware County. CTC has increased the number of youth impacted by structured programming from fewer than 300 in 1995 to more than 4,000 in the 1997-1998 school year. CTC administers elementary school enrichment programs throughout the Chester-Upland school district. These programs include after-school activities, substance abuse magic programs, the Eagles Eyemobile, the Reading is Fundamental program, new girl scout and boy scout programs, urban gardening, 4 H, Chess Club, et cetera. Through this community collaboration, DAP has also been involved in improving services to residents of low-income housing by offering life skills programs to individuals with special needs, establishing a warehouse for material donations, creating a winter shelter plan and working with the Homeless Services Coalition.

The Homeless Services Coalition consists of about 80 representatives from the non-profit arena, government agencies and consumers. DAP sits on the Steering Committee. The goal is to bring homeless individuals into the housing system as early as possible, to maximize individual potential for self sufficiency, to increase transitional housing and permanent housing. In the period from 1993 to 1997, over $10 million from the McKinney grant projects have been brought to the county. Delaware County has added over 101 units for transitional housing programs with three subsidized units from the Housing Assistance Program and seven subsidized apartments under McKinney funding. Through the Homeless Services Coalition, DAP provides case management services to women and children suffering from family violence and it supervises five more units set aside from the Mother’s Home project.

DAP has also been integrally involved in youth employment training and counseling, providing services to pregnant and parenting youths, providing life skills training to individuals trying to get off welfare, increasing the amount and quality of family support and family health and wellness programs, establishing “one stop shopping” for community health care needs and creating the Delaware County Domestic Violence and Medical Advocacy Countywide Initiative, which is designed to improve public awareness within the health care system of the size of the domestic violence problem in Delaware County and the need for prevention activities.

(See appendix 10)

ACCESS-York, Inc.
York County Task Force on Domestic Violence
York, Pennsylvania

The York County Task Force on Domestic Violence is a coalition of 75 individuals representing many organizations working together to develop and coordinate a unified community response to domestic violence. With this mission in mind, the following goals have been established: (1) work toward the prevention and elimination of domestic violence; (2) increase public awareness of domestic violence issues through education in order to change behavior and attitudes; (3) provide leadership and guidance in the development and imple
mentation of domestic violence policy, including, but not limited to the following: human service providers, legal services, clergy, criminal/justice system, education/media, employment and health care providers.

Task Force Committees:

♦ **Clergy**
  The committee is open to clergy, individuals or organizations who wish to increase the religious communities’ awareness of domestic violence. The committee has helped to develop a Clergy workbook and has provided domestic violence educational programs for clergy and their congregations.

♦ **Education/Media**
  The committee is comprised of individuals and organizations who are interested in increasing public awareness of domestic violence issues in order to change behavior and attitudes. It promotes the goals and special programs of the Task Force through media/public relations support. The committee has developed a domestic violence awareness media campaign and has had articles regarding domestic violence printed in the local newspapers.

♦ **Human Service Providers**
  The committee is comprised of individuals and organizations who are interested in increasing public awareness of domestic violence in the human service field. The committee has surveyed agencies and family counselors to determine the needs of York County human service providers, published a workbook on domestic violence for human service providers, and conducted an educational program regarding legal issues for human service providers.

♦ **Law Enforcement/Judicial**
  The committee is comprised of police officers, law clerks, legal advocates for battered women, representatives from the District Attorney’s office, probation, Legal Services, programs for batterers, District Justices, and interested individuals. The committee has surveyed York County Police Departments regarding their domestic violence protocol, met with judges regarding PFAs, conducted police training and has made an effort to improve the referral system to program services for men who batter.

(See appendix 10)

**A. A Coordinated, Community-Based Response to Family Violence Outside Pennsylvania**

**Duluth Domestic Abuse Intervention Project (DAIP), Duluth, MN**

The Duluth Domestic Abuse Intervention Project (DAIP), a program component of Minnesota Development, Inc., is a not-for-profit corporation dedicated to fostering a coordinated, community response to domestic violence. Founded in 1981, the primary goals of
the program are victim safety, offender accountability, and changing the climate of tolerance toward violence in the community. The DAIP offers a variety of services, including the following:

- coordination among criminal justice system personnel and other service providers to make sure the needs and safety concerns of victims of domestic violence are met;

- a men’s nonviolence education program, providing classes to domestic violence offenders in the community at no cost;

- advocacy to the partners of the men in the nonviolence education program, including a support group that meets twice a month;

- a class for women who have used violence;

- victim advocacy for Native Americans through the Mending the Sacred Hoop project (Little, Malefyt and Walker, 1998).

(See appendix 10)

**B. Challenges That Need to be Addressed**

**Child Abuse and Child Welfare**

**Intimate Partner Abuse/Child Abuse Prevention for Child Welfare**

**Women’s Shelter of Greater Pittsburgh**

The Intimate Partner Abuse/Child Abuse Prevention for Child Welfare Practice is designed to identify families in the caseload of Children, Youth and Family Services (CYF) where the mother is a victim of family violence. A collaboration between CYF and the Women’s Center and Shelter of Greater Pittsburgh, this program offers these families prevention services needed to ensure safety for both the mother and her children. Through this joint effort, the Women’s Center and Shelter is able to reach a vulnerable population with intervention and prevention services aimed at stopping the abuse and breaking the pattern of family violence. Services to both caseworkers and clients are provided at all six CYF regional offices by a Women’s Center and Shelter advocate who spends at least three hours every other week at each site. Consultation with CYF administration is also provided on procedure development and needs assessment. Additional services provided on an as needed basis include information and referral, court accompaniment, in-home counseling (outreach), assistance and advocacy on cases with outside agencies including mental health and drug and alcohol services.

(See appendix 11)

**Active Parenting**

**Women’s Help Center, Cambria County**

The Women’s Help Center of Cambria County, a community-based domestic violence program, is collaborating with the local Children & Youth Services (CYS) to provide parenting courses to parents receiving services from either agency. The Women’s Help Center utilizes age-appropriate curricula, involving small group discussion and videos. The six-week course is facilitated by a training team from the Women’s Help Center.
The collaboration evolved from an understanding that battered women are often denied the opportunity to develop or exercise effective parenting as they struggle to keep themselves and their children safe and re-establish lives free of violence. This Active Parenting project has resulted in increased referrals of battered women and/or their children to the Women’s Help Center by CYS, as well as an improved working relationship in terms of cross-training and problem-solving for those women interfacing with both systems. It has also provided a funding source for the programs as CYS pays a fee for each parent refereed to the Women’s Help Center. Concurrent children’s groups are offered at the same time as the parenting groups.

The Women’s Help Center’s children’s advocacy program has also reached other segments of the community who work with children, such as the Foster Grandparent Program, which provides craft activities and child care to the domestic violence program; Headstart parents and teachers; Juvenile Probation and Parole adolescents and staff; and Mom’s House, a pregnant teen program. All of these community collaborations help children cope with the violence in their lives.

(See appendix 11)

AWAKE — Advocacy for Women and Kids in Emergencies
Children’s Hospital, Boston, Massachusetts

Advocacy for Women and Kids in Emergencies (AWAKE), a program of the Child Protection Team at Children’s Hospital, and the Human Services Department of The Martha Eliot Health Center, advocates for battered women and their children in conjunction with the other hospital/health center staff and community agencies. Members of the AWAKE staff work in a collaborative manner with hospital/health center and community resources in order to develop a plan that helps mothers and children remain together and safe.

Services provided:

- initial and ongoing risk assessment and safety planning;
- individual counseling in-person and by telephone;
- assistance in seeking and securing emergency shelter;
- criminal justice advocacy, including escorting women to police departments, probate and district court hearings;
- public agency advocacy, including child protection workers; housing, welfare, immigration, and others, as needed;
- domestic violence services, and others as needed;
- walk-in group for battered women which meets weekly for 90 minutes;
- group for battered women in substance abuse treatment which meets weekly for 90 minutes;
- weekly group for women whose native language is Spanish;
- time limited education/intervention group for women seeking prenatal care at the Martha Eliot Health Center;
- time limited education/prevention groups for adolescent girls; and
- supportive child care during group sessions.

Services are offered in English and Spanish by AWAKE staff. Interpreters are uti
lized to accommodate other languages and those with ASL needs. All services are free and are not time limited. AWAKE staff members also provide consultation and training to hospital/health center staff and to providers in the community and nationwide.

(See appendix 11)

**Family Violence Project at the Center for Child Protection**
**Children’s Hospital, San Diego, CA**

The Family Violence Project in San Diego provides advocacy and counseling services for battered mothers and their children. Advocates work with women for up to two years helping them to understand and respond to court proceedings regarding their cases. The Project’s advocates work with women across court systems and sometimes supply Juvenile Court judges with information on proceedings in Criminal Court and vice versa.

(See appendix 11)

**Homelessness and Family Violence**

**The Relocation Fund**

Established by the Battered/Formerly Battered Women’s Caucus of the Pennsylvania Coalition Against Domestic Violence (PCADV) in 1988, the Emergency Relocation Fund offers assistance to battered women and their children who must flee their homes and communities to escape continued abuse. The Emergency Relocation Fund provides financial assistance for travel expenses and is the only source of funding specifically designated for this purpose in Pennsylvania. The resources of the Relocation Fund are available to all adult victims of domestic violence and their dependent children receiving services through PCADV’s statewide network of community-based programs. The single requirement for assistance is that recipients have exhausted all other resources available to them for emergency travel expenses. Management of the Relocation Fund, including disbursements approved by the Caucus, is provided by the PCADV and no administrative expenses are deducted from the program’s income.

(See appendix 11)

**Bell Atlantic Mobile’s HopeLine Program**

Homelessness is a trap difficult to escape. If you are a person fleeing a violent home, leaving your home also leaves you without a mailbox, without a telephone, without any way for family members, job prospects, or social service helpers to contact you. Bell Atlantic responded to this dilemma by starting their HopeLine Program. The Program issues participating social service organizations several local exchange phone numbers which correspond to voice mail boxes. The organization then issues the numbers to users who can disseminate it to people with whom they need to communicate. A designated case manager at the organization checks the voice mail box regularly. HopeLine voice mail boxes do not require installation of special equipment and can be accessed by any land-line or wireless phone.

(See appendix 11)
Dorothy Place - Transitional Housing for Survivors of Domestic Violence Background

In 1994, the Bellingham/Whatcom County, Washington State community began to plan a Continuum of Care for the area’s homeless. Transitional housing for women and children who are survivors of domestic violence repeatedly emerged as a critical gap in the community’s ability to meet housing needs of the homeless. Over the course of three years, representatives from the community, the City of Bellingham, the Opportunity Council and the YWCA of Bellingham served on a Building Committee to design the project. The YWCA pledged the building site for these transitional housing units. The Opportunity Council came forward to manage the program and building. The City of Bellingham provided technical assistance. The building has been designed to provide for the special security needs of families who are survivors of domestic violence. The facility will offer private apartments, laundry facilities and a central, secure play yard that is visible from every unit. The Opportunity Council will operate comprehensive on-and off-site support programs and provide links to services of numerous local agencies.

(See appendix 11)

Family Violence and Welfare Reform

TANF (Temporary Assistance to Needy Families) Training Project

Under the leadership of Governor Tom Ridge, the Pennsylvania Department of Public Welfare (DPW) and the Pennsylvania Coalition Against Domestic Violence have worked together in the development of one of the most comprehensive initiatives in the country, Pennsylvania’s Domestic Violence/TANF Training Project will train more than 7,000 County Assistance Office (CAO) personnel on implementation of the Family Violence Option, a key element of the state’s welfare reform efforts. This intensive 7.5-hour core training comprises a taped module as well as facilitated small and large group interactive sessions. The training is designed to prepare CAO personnel working in a variety of settings to respond to family violence victims in ways that both enhance safety and support their efforts to be self-sufficient.

Beginning in June 1999, training is occurring on a monthly basis at six sites throughout the Commonwealth. Small group sessions are facilitated by teams of domestic violence program advocates and DPW staff. Earlier, a two-day, comprehensive Training-of-Trainers program provided 20 teams of DPW personnel and domestic violence program advocates with the training skills and resources necessary to conduct the small group sessions. Pennsylvania’s Domestic Violence/TANF Training Project is serving as a model for the rest of the country.

(See appendix 11)
C. Models That Should Be Replicated

Fatality Review

Philadelphia Women’s Death Review Team

The Philadelphia Women’s Death Review Team (WDRT) is an interdisciplinary team convened to reduce the number of violence-related deaths of Philadelphia women. Too many women in Philadelphia are dying from circumstances which are preventable. While it is known that many of the deaths of women in Philadelphia are related to domestic violence, currently, there is no way to track its precise impact. Therefore, the Philadelphia WDRT was formed as a public-private collaboration with the goal of reducing the number of deaths among women where interpersonal violence is linked to the cause of death, and to also better understand and respond to children who witness such violence in their own homes and communities.

The primary purpose of the Philadelphia WDRT is to: provide a confidential forum for the systematic review of deaths among women ages 15-60 residing in Philadelphia county; to create and maintain a database of deaths of Philadelphia women ages 15-60; to identify system gaps within and between agencies associated with preventable deaths of women in Philadelphia; to use the findings of the WDRT to develop and recommend coordinated prevention strategies for all violence-related deaths of women in Philadelphia County; and to create risk assessment guidelines for understanding the lethality threshold of batterers for use by any organization that may have contact with victims and perpetrators of domestic violence.

The Philadelphia WDRT has identified eight steps necessary to successfully implement the project: 1) build a multi-agency, multi-disciplinary team with regular meetings; 2) develop a confidentiality statement which is signed by all participants; 3) develop a case definition of deaths which will be reviewed; 4) develop a list of questions to be asked about all cases; 5) begin a routine and systematic review of all deaths which meet the definition; 6) reconcile lists of deaths from multiple sources to verify that all are counted; 7) build a database for analysis of aggregate population of deceased women; 8) develop prevention strategies which are designed for policy, regulatory and legislative changes.

(See appendix 12)

Home Visitation Programs in Pennsylvania

Domestic Abuse Project of Delaware County, Inc.
Delaware County, Pennsylvania

The Domestic Abuse Project of Delaware County has also been involved in improving services to residents of low-income housing by offering life skills programs to individuals with special needs, establishing a warehouse for material donations, creating a winter shelter plan and working with the Homeless Services Coalition.

The Homeless Services Coalition consists of about 80 representatives from the nonprofit arena, government agencies and consumers. DAP sits on the Steering Committee. The goal is to bring homeless individuals into the housing system as early as possible, to maximize individual potential for self sufficiency, to increase transitional housing and
permanent housing. In the period from 1993 to 1997, over $10 million from the McKinney grant projects have been brought to the county. Delaware County has added over 101 units for transitional housing programs with three subsidized units from the Housing Assistance Program and seven subsidized apartments under McKinney funding. Through the Homeless Services Coalition, DAP provides case management services to women and children suffering from family violence and it supervises five more units set aside from the Mother’s Home project.

(See appendix 12)

Home Visitation Programs Outside Pennsylvania

Hawaii Healthy Start Home Visitation Program

Hawaii Healthy Start program, which uses home visitors from the community to provide services to at-risk families. Its goals are to reduce family stress and improve family functioning, improve parenting skills, enhance child health and development and prevent abuse and neglect. Unlike other similar programs, Hawaii Healthy Start follows the child from birth (or before) to age 5 with a range of services, and it assists and supports other family members. To ensure systematic enrollment, Healthy Start signs up most families right after delivery of the child, although approximately 10 percent of families are enrolled prenatally. Healthy Start has formal agreements with all hospitals in Hawaii to enable it to perform postpartum screening through a review of the mother’s medical record or a brief in person interview. Fewer than 1 percent of mothers refuse to be interviewed, 4 to 8 percent later refuse offers of services and about 7 percent cannot be located after release from the hospital. Paraprofessional home visitors call on families weekly for the first 6 to 12 months. Early in the relationship, the home visitor helps parents develop an Individual Support Plan, specifying the kinds of services they want and need and the means by which to receive them. As part of its oversight, the Maternal Child Health Branch requires completion of a series of Infant/Child Monitoring Questionnaires to identify problems in child development at 4, 12, 20 and 30 months. If these show developmental delays, further assessments are performed and appropriate services are offered. In 1994, a confirmed child care abuse and neglect case can cost the Hawaii family welfare system $25,000 for investigation, related services and foster care. In contrast, Hawaii Healthy Start officials estimate an annual average cost of $2,800 per home visitor case. Preliminary evaluation findings indicate that Healthy Start families have lower abuse/neglect rates and their children are developing appropriately for their ages (Earle, 1995).

(See appendix 12)

Other Innovative Models That Should Be Replicated

PCADV Legal Advocacy Project

The Legal Advocacy Project of the Pennsylvania Coalition Against Domestic Violence (PCADV) is one of just 18 programs across the country to be featured by the National Council of Juvenile and Family Court Judges in its publication, “Family Violence: State of the Art Court Programs.” These programs were selected to serve as both a model and catalyst for the implementation of effective family violence initiatives in every
state court. PCADV was recognized for the rich mixture of honest appraisal, clarity of purpose and relentless advocacy that makes the Coalition a social leader and partner that the justice system needs.

The Legal Advocacy Project, which extends throughout the statewide network of 65 programs, attempts to reduce recidivism and increase safety and improve victims’ participation in court proceedings. Victims receive an awareness of the legal system and their rights. Courts within the Commonwealth have found that plaintiffs who receive legal advocacy are better prepared for the court experience because they are educated about court proceedings and have realistic expectations for outcomes. Supporting the day-to-day work of the court, legal advocates offer victims a consistent set of valuable services:

- orientation to the justice system process;
- understanding of the role of victim/witness;
- information on the range of options available in the justice system and other social systems;
- safety planning;
- explanation of possible legal outcomes;
- written resource materials;
- support through all stages of the process.

(See appendix 12)

**Safety Planning Tools**

**Pennsylvania’s Community-based Domestic Violence Programs**

Many people believe that a battered woman is always safer if she leaves an abusive relationship. Evidence suggests otherwise. Leaving an abusive relationship should be undertaken strategically, taking into consideration the risks for both the woman and any children involved. A woman considering leaving an abusive relationship needs sensitive and ongoing support. Women who choose to stay in the relationship also need the support. Domestic violence programs throughout Pennsylvania work with battered women to create personalized plans, which can be used to increase their safety and prepare in advance for the possibility of further violence. Safety plans address such issues as safety:

- during a violent incident;
- when preparing to leave;
- in the victim’s residence;
- with a protection order;
- on the job and in public.
Safety plans also can help a battered woman identify what she may need if forced to flee or later to relocate and what information, including telephone numbers, will be important to have on hand.

(See appendix 12)

Community Audit
Centre County, Pennsylvania

The Centre County Women’s Resource Center (WRC) conducted a county-wide Community Audit in 1995 to systematically assess overall response to the needs of domestic violence victims from the perspective of victims/survivors. Using the Community Audit approach, the WRC organized a corps of specially-trained volunteers from throughout the county to identify “key phases of need” for battered women and their children and then to evaluate “clusters of similar services,” which may be needed or used within each phase. The process employed by WRC emphasizes advocacy for battered women, a coordinated, community-based response and shared responsibility for ending family violence.

As a result of this process, WRC was able to gather data to identify the strengths and limitations of their community’s entire network of services and to develop a set of long-range planning and development recommendations for the Centre County Domestic Violence Task Force. The Community Audit approach, developed by the Pennsylvania Coalition Against Domestic Violence, is now being implemented in communities throughout the country.

(See appendix 12)

Domestic Violence Phone Loan Program

The telephone provides a critical link to safety for battered women. A unique collaboration between a national cellular phone company and Pennsylvania domestic violence service providers is strengthening this lifeline even further. PCADV and Alltel communications joined efforts in 1998 to launch an exciting new project in the 38 counties served by the cellular phone company. The Domestic Violence Phone Loan Program provides battered women with cellular phones free of charge. These phones are programmed to dial 911 or the local emergency access number. The goal is to enhance the security of battered women and their children by providing a quick connection to safety and support. Having immediate access to a telephone can mean the difference between life and death for some battered women who can be at risk of violence not only at home but also when traveling to work, taking their children to school/childcare or running errands. Through the Domestic Violence Phone Loan Program, battered women have access to emergency phone service to call the police when they are in danger. Domestic violence programs in the area are responsible for distributing the phones to battered women, based on safety and emergency needs. An Alltel Communications manager initiated the project after learning that one of his customers was being abused.

(See appendix 12)

Apartment Movers
Lincoln, Nebraska

The women at the Rape-Wife Abuse Crisis Center in Lincoln, Nebraska have an
unusual resource to help. John Andrews runs Apartment Movers, who specializes in helping women move out of domestic violence situations — whether they have money to pay him or not. But it’s not just John. The Center can call upon male locksmiths, carpenters, lawyers and mechanics all of whom offer women free help. Male volunteers on the Center board help to manage the agency. Others are trained to help women — and sometimes their children — deal with abuse directly. They volunteer on the rape crisis hotline, do face-to-face counseling with victims of domestic violence and sexual assault, or work with children scarred by violence.

(See appendix 12)

D. Creative Community Education

Family Violence and the Arts

Arts Action Against Domestic Violence

By 1990, public recognition was growing about the number of women in Minnesota who were being murdered by their partners. A group of women artists and writers joined with several women’s organizations to form the Arts Action Against Domestic Violence. They decided to create freestanding, life-sized red wooden figures of the twenty-six women whose lives had been lost in 1990 as a result of domestic violence. Each victim’s name was painted on the figure and a twenty-seventh figure was made to represent the uncounted women whose murders were unsolved or were erroneously ruled accidental. The organizers called the figures “Silent Witnesses” In the winter of 1991, over five hundred women met across the street from the State Capitol, lined up with the Witnesses and then formed a silent processing escorting the figures in single file across the street, up the steps and into the Capital Rotunda for public statements and a press conference. By 1995, a total of 800 Silent Witnesses had been created representing women who were killed as a result of domestic violence in seventeen states and by February 1996, twenty-four states were involved. As of March 1997, forty-six states had joined the initiative. Now all the states are involved as well as four other countries and the goal is 0 by 2010 — zero domestic murders by the year 2010.

(See appendix 13)

The Clothesline Project

Using T-shirts as the canvas for artistic and heartfelt expression, victims and their loved ones break the silence and strengthen their voices through The Clothesline Project - a compelling visual display that bears witness to the many forms of violence against women and children. The Clothesline Project comprises T-shirts designed by survivors of abuse and those who have lost loved ones to it. The shirts are hung on a clothesline during a public display to:

- honor the survivors and memorialize the victims;
- help with the healing process for survivors as well as family and friends of victims who were killed;
- educate, document, and raise society’s awareness about the crimes of violence against women and children.
The Clothesline Project originated with 31 shirts in Hyannis, MA in 1990 through the Cape Cod Women’s Agenda. A small group of women, many who had experienced violence in their own lives, designed the visual monument to help transform staggering statistics about violence against women and children into a powerful educational and healing tool. The Clothesline Project breaks the silence about violence against women and children by giving a voice to survivors and victims.

Since 1990, hundreds of Clothesline Projects have emerged nationwide and abroad, resulting in hundreds of thousands of shirt designs. Local programs in the Pennsylvania Coalition Against Domestic Violence (PCADV) network have worked with battered women and their children to create shirts for community-based Clothesline Projects throughout the Commonwealth. PCADV has also displayed The Clothesline Project twice at the State Capitol in Harrisburg.

The Clothesline Project attempts to document the toll in lives and the extent of violence against women and children. Creating and hanging a shirt on The Clothesline offers survivors an opportunity to leave behind some of their pain and move to the next phase of their lives. For families and friends of women and children who have died, designing a shirt offers a way to express their loss and demonstrate how their lives have been changed by a senseless act of violence. They find comfort in knowing The Clothesline Project honors the memory of victims while teaching others about the devastating impact of violence against women and children.

(See appendix 13)

Living with the Enemy

While photographing couples “in love” about 15 years ago, award-winning photojournalist Donna Ferrato witnessed domestic violence for the first time. She then made it her mission to document the crime of domestic violence - its effects on victims and on society. For the past 17 years, Donna has photographed the violent side of American family life by reaching out to women imprisoned for killing their abusive spouses in self-defense, riding with police officers on call, staking out courtrooms and emergency rooms, sitting in batterers’ groups, and living in battered women’s shelters.

Donna’s nationally acclaimed book, Living With the Enemy, is a compilation of the stark photographs and reports she gathered over a 12-year period. Some of these photos have been featured in the Academy Award-winning documentary Defending Our Lives. Donna founded the Domestic Abuse Awareness Project, a New York-based nonprofit domestic violence organization, to raise public awareness and funding for battered women’s shelters through Living With the Enemy exhibitions. During its 20th anniversary in 1996, the Pennsylvania Coalition Against Domestic Violence (PCADV) displayed Living With the Enemy at the State Capitol in Harrisburg. PCADV’s exhibit featured a compelling look at the women Donna met while staying at the Women Against Abuse shelter in Philadelphia.

(See appendix 13)
Philadelphia Physicians for Social Responsibility Building

Isaiah Zagar is a Philadelphia artist whose chosen canvases are the faces of otherwise unprepossessing urban buildings. As a result of his work, a visitor to Philadelphia can walk down a street with traditional brick-faced houses only to suddenly find himself riveted in front of a building front covered in a crazy quilt collage of mirrors, shards of pottery from around the world, tiles with faces or words painted on them. Mr. Zagar’s sister works in a domestic violence shelter in New York, so when he met the staff members at Philadelphia PSR, he was moved by their commitment to training health care providers about family violence. He offered to do his magic on the front of their building as a clear statement to the community consistent with the organization’s mission. The building sits across an open parking lot from the infamous Eastern State Penitentiary, now sitting abandoned and occasionally used itself as a site for art exhibitions. The mirrors that line the building reflect the prison, making a nonverbal statement about the criminality of wife-battering and its consequences. In tiles that wind sinuously around the building face, Zagar gives family violence statistics. In order to read the tiles, the viewer has to stop and move his or her head in different directions, compelling a confrontation with the reality of the numbers. The building has become a focal point for neighborhood conversations about domestic violence. Dozens of people have stopped to look, to chat, and to share their own experiences with family violence as adults and as children.

(See appendix 13)

Men Against Domestic Violence

With increasing frequency, men are publicly taking positions against family violence and other forms of violence against women. Previously framed as a “women’s issue,” family violence is finally perceived as a problem that negatively impacts on the entire community.

The Mentors in Violence Prevention (MVP) Project, based in Boston, MA, was established in 1993 to institutionalize greater male participation in campus-based efforts to prevent rape, battering, sexual harassment, and all forms of men’s violence against women. The MVP educated both men and women about their roles and responsibilities, inspiring them to take active leadership on these critical issues.

The Oakland Men’s Project (OMP), based in Oakland, CA, is a non-profit training center dedicated to stopping violence through education and community organizing. OMP was started in 1979 in alliance with Women Against Violence in Pornography and Media, Bay Area Women Against Rape, and the growing coalition of local rape crisis centers and battered women’s shelters. With an emphasis on “Men’s Work to Stop Male Violence,” OMP’s varying teams of staff, consultants, and varied volunteers have been presenting, leading workshops, publishing, and developing curricula for 16 years.

(See appendix 13)
Liz Claiborne Foundation

The Liz Claiborne Foundation is distributing public service announcements commissioned by Liz Claiborne Inc.’s Women’s Work Program and made by leading male recording artists from Coolio to Travis Tritt to Kenny Loggins to Clint Black. In the PSAs the artists discourage men from participating in relationship violence or tolerating it from others. The PSAs urge men not to be silent bystanders “you can be the buddy, the teammate, the brother who finally stands up and says something. Get involved. Say something “anything” but whatever you do, don’t be silent!

(See appendix 13)

Family Violence and the Media in Pennsylvania

610-WIP Sportsradio
Philadelphia, Pennsylvania

A unique partnership raised thousands of dollars last year for children’s services provided by domestic violence programs in the Philadelphia area. 610-WIP Sportradio teamed with nine PCADV programs to raise money for children who witness or experience domestic violence in their homes. “610 Day,” an annual fundraiser, is a two-day benefit radiothon during which the station broadcasts from remote sites throughout the Philadelphia and southern New Jersey areas. Money is raised in several ways: talk show hosts auction off various items to its audience; listeners are encouraged to call in with donations; passerbys are encouraged to give donations or purchase donated merchandise; and corporations are asked to sponsor shows. Several well-known corporations providing support included Advanta, CoreStates, Polaroid and The Body Shop. Funds raised during the two days of the radiothon were divided among nine Philadelphia-area domestic violence programs, the New Jersey Coalition for Battered Women, and the Irving Fryar Foundation.

WGAL-TV
Lancaster, Pennsylvania

WGAL-TV, Lancaster, has demonstrated an on-going commitment not only to raising awareness about the dynamics of domestic violence and the services available to victims, but also to routinely producing news segments focused on the prevention of domestic violence. Through frequent spots on the nightly news and day-time talk shows, as well as special prime-time programs and features by its contributing physician, Dr. Wanda Filer, WGAL-TV has joined with local battered women’s advocates to promote a community-wide response to domestic violence.

Family Violence and the Media outside Pennsylvania

Victims and the Media Program
Michigan State University, School of Journalism

The Victims and the Media Program of Michigan State University’s School of Journalism is a special, continuing initiative, focusing on the media’s portrayal and treatment of victims of violence. Established in 1991, the program was developed in response to grow
ing concerns about the media’s handling of victims. The first effort of its kind in the nation, the Victims and the Media Program is designed to reach both journalism students and working professionals, with special emphasis on how to get the story without re-victimizing the victim. The program was launched in 1990 by professor William Coté, a veteran reporter and Frank Ochberg, M.D. an adjunct professor in journalism, psychiatry, and criminal justice, with specific expertise and interest in Post-Traumatic Stress Disorder (PTSD). In the fall of 1996, professor Sue Carter became the new coordinator for the program. The goals of the program include educating both journalism and journalism students about the effects of violence and helping them improve their interpersonal skills, so that they can do a better job of approaching and interviewing victims. The effort also addresses victims’ concerns about media coverage, and the role of such coverage in shaping public perceptions of both victims and violence.

The program is co-sponsored by the Michigan Victim Alliance (MVA), a statewide victims’ advocacy group. The MVA recruits victim volunteers who appear in the journalism classes and professional seminars and a representative serves on the panel that judges the Dart Award. The organization is unique among victim groups in its focus on working with the media to improve their coverage of victims and victim issues, and for the group’s emphasis on healing and recovery.

The Dart Award for excellence in reporting on victims of violence recognizes team effort in outstanding newspaper coverage of victims and their experiences. Offered in conjunction with the Victims and the Media Program at Michigan State University’s School of Journalism, the award offers a $10,000 prize for the entry that best illustrates the effects of violence on its victims and the ways that individuals cope with emotional trauma. It is funded by the Dart Foundation of Mason, Michigan.

The award honors coverage that portrays victims and their experiences with accuracy, insight and respect, while illustrating the effects of violence on victims’ lives and the process of recovery from emotional trauma. Entries should take victims as their subject matter rather than crime or violence per se; that is, the focus should be on the victim’s story rather than on the actions of police and perpetrators. The emphasis should be on providing an understanding of the effects of violence rather than on inspiring anger or revulsion toward violence and its perpetrators.

The Dart Award is a team prize. Although reporting and photography are the major elements of news stories, such aspects as headlines, cutlines, graphics, artwork and layout all shape the message a story or series delivers and sometimes leave the strongest impression. Entries therefore are judged as a total package. The winning newspaper shall receive $10,000 to divide among staff members in proportion to their individual contributions to the winning entry.

The Victims and the Media Program has also organized a Victims and the Media Response Team, comprised of a roster of concerned faculty, journalists, therapists, victims, and victim advocates, who can respond to a variety of needs. Most requests involve providing seminars at various professional meetings. These popular seminars allow audience members to participate in discussions, recognizing that there are not always right and wrong answers, but divergent points of view that should be respected. The Victims and the Media Response Team (VMRT) has also provided de-briefing and counseling for newspa
per reporters who have been traumatized by the violence that they have seen on the job. The VMRT has established a formal relationship with the Michigan Press Association (MPA), which encourages its members newspapers to avail themselves of this unique service.

(See appendix 8)

**Journalism and Trauma Program, University of Washington, School of Communications, Seattle, WA**

The Journalism and Trauma program began at the University of Washington in 1994 under the leadership of Professor Roger Simpson. It is the hope of the program to teach aspiring journalists and those already in the field how to better deal with the victims of traumatic events and how to deal with the constant reporting of the events that cause trauma. These goals are being realized through classroom presentations and discussions. The Journalism and Trauma Conference was held at the Seattle Campus March 15 and 16, 1996. The conference first focused on how to better teach aspiring journalists the importance of understanding the nature of trauma to better approach victims while reporting on traumatic events. The second day concentrated on encouraging professional journalists to be aware of victim’s stress and also, how to better handle the stress of such assignments. During the spring quarter, 1994, the University of Washington School of Communications introduced trauma instruction into all of its print and broadcast journalism courses, as well as journalism ethics and crisis public relations courses. The premise in developing the trauma program was that since there is little acknowledgment of trauma’s effects in the news industry, the optimum site for effective instruction may be the college classroom.

(See appendix 8)

**Family Violence and Public Education Campaigns**

**“Abuse: Enough Excuses”**

The York County Task Force on Domestic Violence has developed a new media campaign to heighten the community’s awareness of the problem of domestic violence. “Abuse: Enough Excuses” is the slogan that will be used countywide on billboards, posters, brochures, t-shirts, and newspaper ads. The campaign was developed by the Task Force to send a message that there have been “enough excuses” used to minimize the severity of domestic violence and that there are alternatives to living in abusive relationships. The Task Force is comprised of domestic violence program staff, religious leaders, health care and human resources providers, law enforcement, criminal justice and court staff and legislators.

(See appendix 14)

**The Purple Ribbon Campaign**

ACCESS-York, Inc., a founding member of the Pennsylvania Coalition Against Domestic Violence, launched the nation’s first Purple Ribbon Campaign in 1989 as a symbol of hope for ending domestic violence. Since that time, the community-based domestic violence program’s local campaign has become a national tradition to signify awareness of battering and a commitment to ending this deadly crime.
ACCESS distributes nearly 50,000 purple ribbons each year during Domestic Violence Awareness Month in October for people to wear and display in a variety of ways - from baby carriages, to bicycles, to private vehicles, and public buses. During the last several years, the ribbons have been displayed not only in October but throughout the year. Purple ribbons have become a national symbol of support for those who have survived the violence, commemoration for those who have died at the hands of batterers, and hope that together communities can work to end this devastating and deadly crime. Several years ago, the ACCESS’ Purple Ribbon Campaign was recognized on the Pennsylvania Senate Floor in a proclamation declaring October as Domestic Violence Awareness Month.

(See appendix 14)

**PeaceWorks**

Berks Women In Crisis, a community-based domestic violence program, offers its innovative prevention project, PeaceWorks, based on the belief that young people are eager to talk if they are respected, listened to, and not threatened. PeaceWorks empowers teens and children to explore the issues of violence - what it is, where it comes from, and how to stop it. The program helps children and teenagers develop problem-solving skills that promote violence-free relationships. PeaceWorks offers classroom presentation, educational support groups, counseling and in-service to educators. The program focuses on the connection between interpersonal violence and the growth of violence on a societal scale. PeaceWorks provides practical ideas for incorporating peace into the classroom and into a young person’s life through presentations that are age-appropriate, thought-provoking, socially responsible, and academically sound. In academic year 1998-99, Berks Women in Crisis provided PeaceWorks to every school district in the county as well as recreational, social, and teen centers. The programming has been integrated to include the highly successful Heroes Don’t Hit Campaign, which features local high school athletes speaking out against violence. Berks Women in Crisis also coordinates with the district attorney’s office to present programming in the schools on “Choices and Accountability.”

(See appendix 14)

**The Youth Program**

A Woman’s Place, the community-based domestic violence program in Bucks County, instituted an innovative Youth Program in 1997 with two local high schools. Students in grades ten through twelve are provided with the opportunity to work with child witnesses of domestic violence. After participating in an eight-hour training on domestic violence, its effect on children, and diversity issues, the youth can volunteer for two hours in the evening doing arts and crafts, playing, reading, and assisting with homework with the children in the shelter. This contact puts a face on domestic violence, making it real for the teens. A faculty advisor and a prevention educator with the domestic violence program are present during the first semester to supervise and to help. Because of the involvement of the faculty advisors, schools have been more willing to sponsor dating violence programming in the schools. In the summer months, the youth program is active at expanded times and for a variety of programming activities. Currently 30 teens are participating in the project and have already raised over $10,000 through dance marathons to support transitional housing.
for battered women and their children. These students also participate in the dating violence programs conducted in the schools by A Woman’s Place.

(See appendix 14)

**The Interactive Dating Violence Program**

Turning Point of Lehigh Valley Inc., the local community-based domestic violence program, takes a unique approach to its dating violence prevention program. Students in grades nine through 12 participate in an interactive role-play with three scenes involving an abusive dating relationship. The students are given questions to ask the characters after each scene, and can also interject their own comments or ideas while talking directly to the actors. Turning Point hires male actors to play the role of the abusive boyfriend and works with high school theater departments to enlist and train students to perform in the role-plays. Initiated in 1993, Turning Point’s prevention program has consistently received positive feedback from both students and educators. The number of program sites increases each year as a result of teacher recommendations.

(See appendix 14)

**An Empty Place at the Table**

Domestic violence is a deadly crime that creates a painful void - a permanent empty place at the table - for families whose loved ones were killed at the hands of abusers. A unique exhibit captures this reality and offers a reminder of the lethality of domestic violence.

Honoring battered women and their children who have been killed at the hands of batterers, An Empty Place at the Table was developed in 1993 by the Women’s Resource Center Inc., a domestic violence and sexual assault program in Northeastern Pennsylvania. Following a cluster of domestic violence murders in Lackawanna County, the community responded by holding a rally and march outside the courthouse. To keep the momentum for social change alive, rally organizers and the Women’s Resource Center Inc. worked together to create the memorial display An Empty Place at the Table.

Organized in collaboration with the families and friends of victims, the exhibit:

♦ recognizes the individuality of each victim;

♦ establishes a way to mourn the loss of their lives;

♦ raises awareness about domestic violence and the impact of this crime on our communities

An Empty Place at the Table comprises victims’ place settings as well as newspaper clippings about the homicides, photographs, and sometimes personal items such as a child’s favorite toy or a woman’s scarf. In a most poignant and visual manner, the display reveals how domestic violence undeniably leaves an empty place at the table. Since the project’s inception, domestic violence programs throughout Pennsylvania have worked with victims’ loved ones to create Empty Place at the Table exhibits in their communities, and the
Pennsylvania Coalition Against Domestic Violence has featured the statewide display twice at the State Capitol in Harrisburg. This year, U.S. Senator Arlen Specter (R-Pa.) sponsored An Empty Place at the Table as a two-day exhibit in the rotunda of the Russell Senate Building in Washington, D.C. As a result of the National Domestic Violence Awareness Month Project promoting the project, similar displays are also now being established throughout the nation. These exhibits demonstrate the devastating result of violence against women and children and help ensure that these deaths are not forgotten.

(See appendix 14)

The Silent Witness Project

Silent witnesses throughout the United States testify to the impact and lethality of domestic violence - without ever saying a word. Although these witnesses died before their voices could be heard, their stories are raising awareness and galvanizing communities to help end this devastating crime. The Silent Witness project is a national initiative that uses poignant visual imagery to raise awareness about domestic violence and honor women who have lost their lives at the hands of batterers. With a goal of eliminating domestic violence-related homicides over the next 12 years, The Silent Witness National Initiative theme is “Zero by 2010.”

Silent Witnesses are life-size silhouettes that memorialize domestic violence homicide victims. Plaques with brief bios of the victims adorn the front of these red wooden cut-outs, which are either carried in marches/rallies or displayed on stands during outreach activities. All 50 states have Silent Witness exhibits, which help promote community-based domestic violence awareness efforts. Project organizers focus on documenting the murders, public advocacy, and education. Pennsylvania Junior League coordinated the project within the Commonwealth in collaboration with local domestic violence programs. Attorney General Mike Fisher participated in Pennsylvania’s first Silent Witness program at the State Capitol during National Domestic Violence Awareness Month, October 1997. In addition to holding community-based marches/rallies, Silent Witness organizers from across the country participated in the March to End the Silence in 1997 in Washington, D.C.

(See appendix 14)

A Window Between Worlds

California Artist Cathy Salser started A Window Between Worlds in 1991 by offering art workshops in battered women’s shelters across the country in exchange for room and board. Through this project, Cathy creates portraits of victims who have been empowered to become survivors - women looking through A Window Between Worlds. Cathy’s portraits capture survivors’ pain as well as their hopes and determination.

The works visually weave together the hands, faces, and words of battered women expressing how they feel about the choices in their lives. The women’s words appear three-dimensionally beneath their portraits, being simultaneously invisible and indelible - like the experiences that form all our lives. A Window Between Worlds was exhibited at the State Capitol in Harrisburg for the Pennsylvania Coalition Against Domestic Violence’s 20th anniversary in 1996.

(See appendix 14)
The National Parent Teachers Association has developed an information packet with a number of tools in it to address the outbreak of violence connected to children. Resources are listed in the violence prevention kit as well as information for building effective coalitions in the community, techniques for conflict management and information on peer mediation. Information is available on the PTA Website in downloadable form (www.pta.org).

Family Violence Prevention Fund Campaign

In 1992, the Family Violence Prevention Fund (the FUND), based in San Francisco, conducted pioneering market research on public opinion about domestic violence with funding from the Ford Foundation to lay the groundwork for a public education campaign. These were the results (Ghez, 1995). 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 aware of the prevalence of the problem throughout society, they wanted it stopped. 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 — which is 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. 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.

As an outcome of their market research, the Family Violence Prevention Fund created a campaign with the slogan, “THERE’S NO EXCUSE FOR DOMESTIC VIOLENCE” with the aim of reducing and preventing domestic violence by educating the public and creating a commitment in Americans to end the epidemic. Sponsored 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 of 1995, polls indicated that the campaign was having an effect, increasing the perception of domestic violence as a serious problem from 87% to 96% of the public. 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. This data also revealed that as of the year before the poll, 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. 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).
However, this research made clear that knowledge about an issue does not necessarily lead to 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. An important consideration in creating a public education campaign is that 85 percent of people polled said that they would hesitate to help in a specific domestic violence situation because they would have fears for their own safety.

(See appendix 14)
RESOURCES

Listed below are those resources we recommend to any neighborhood group or community-based association interested in creating or expanding programs or practices addressing family violence.

**Community Collaboration**


Coordinating Councils for Family Violence: State-of-the-Arts Court Programs National Council of Juvenile and Family Court Judges, 1992


**Fatality Review Teams**


**Child Abuse and Child Welfare**


**Homelessness and Domestic Violence**


**Family Violence and Welfare Reform**


Pollack, W. Twice Victimized — Domestic Violence and Welfare “Reform”. Poverty Law Project of the National Clearinghouse for Legal Services, 205 W. Monroe St., 2d Floor, Chicago, IL 60606; (312) 263-3830 ext. 238.


**Family Violence and the Arts**


**Family Violence and the Media**

Victims and the Media Program, Michigan State University, School of Journalism, http://www.journalism.msu.edu/victmed/VICTIM.HTML

Journalism and Trauma Program, University of Washington, School of Communications, Seattle Washington. http://weber.u.washington.edu/~jtrauma/

**Family Violence and Public Education**

VIII. Religious Institution’s Response to Family Violence

A Report of How Pennsylvania’s Religious Institutions are Addressing Family Violence
EXECUTIVE SUMMARY

Religious institutions in Pennsylvania currently address family violence in a variety of manners, with varying degrees of effectiveness. The religious community affects the issue both on an individual, pastoral level and as part of the large community.

Pastorally, clergy approach family violence in different ways. Some refer to an outside community agency. Some refer to their institutional agency that counsels or refers victims and perpetrators, and others still will counsel alone. The level of knowledge, training, and community activity also varies by and within congregations.

As part of the wider community, religious communities and clergy are currently working with the Pennsylvania Coalition Against Domestic Violence as well as local and statewide battered women’s programs to help reduce family violence through local task forces, training, and other initiatives. Religious communities are responding with educational programs, community outreach, and position statements.

Still, many clergy and faith communities remain untrained or unaware of family violence, not of willful ignorance, but because they are already overburdened with other pastoral and practical duties.

There is not much written history of religious institutions and their response to family violence. The religious community has traditionally upheld the value of marriage and family while protecting its most vulnerable members, and in some cases, individuals have either misinterpreted or failed to live by the standards to which their faith calls them. In other cases, family violence is and always has been contrary to Judeo-Christian principles, it was sometimes ignored or overlooked, just as it was in society at large.

In January 1999, the Journal of Family Issues published a study called “Are There Religious Variations in Domestic Violence?” The study, using data gathered in 1987-1988, demonstrates that religious participation reduces the risk of family violence. Factual data is summarized from an Arizona State University study conducted in the 1980’s. Surveys were sent to clergy in Phoenix, Arizona area to gauge the nature of the churches’ response to the problem of domestic violence. Results showed that more than half of the clerics surveyed had received instruction or training regarding domestic violence.

The Religious Institutions Working Group surveyed an ecumenical group of clergy from around the Commonwealth of Pennsylvania. Results indicated a need for training and referral information for clergy.

In working group discussion, the respect for marriage was identified as a deeply-held tenet of all faiths that required special consideration in dealing with instances of domestic or family violence.

Three model programs affiliated with religious institutions are noted. The first is ADVANCE, a batterers’ intervention program in York County developed by Lutheran Social Services. The program, begun in 1988, has served 1,500 people. The program emphasizes that violent behavior is a choice and can be eliminated by learning alternative methods of interacting in an intimate relationship.
The second program is *Alternatives to Domestic Abuse: A Group for Men*, developed by Catholic Charities of the Diocese of Harrisburg. The program focuses on the batterer’s behavior while educating both partners and giving them the necessary support to change.

The third program is offered by Jewish Family and Children’s Service of Greater Philadelphia. The Sukkat Shalom, “A Shelter of Peace,” program addresses the victim’s emotional and material needs. A support group is provided for children in violent families.

A listing of resource materials, including books, manuals, web sites, and videos currently available to clergy is attached. Sixteen resources, which help clergy respond to congregants who may be experiencing domestic violence, are listed.

Despite the divisions that exist among different religions and even among Christians, opposition to family violence is an issue that all can agree on. The religious community has a unique perspective based on God’s laws and a unique role in the lives of families who may be suffering in violent situations.

According to a recent Newsweek poll, roughly 89 percent of Americans claim a religious preference other than atheism. Of those, not all regularly attend religious services, but nonetheless, may be open to the religious community. It is logical then to conclude generally that the religious community is in a great position to provide support to families living with domestic violence.

The clergy, regardless of which religion, are very busy people with great responsibilities to shepherd the souls under their care. Family violence is one of many important social issues that they need to deal with pastorally and in the community. The more help the community can provide to them to assist their congregation, the better.

Besides ordained clergy, there are many lay ministers and other members of the religious community that can help victims of family violence especially by volunteering time, talent and money. This should be encouraged as well.

The religious community has tremendous potential, in prayer and in action, to bring peace to families. Additional educational opportunities, training and resources could help the religious community better help others.

The Religious Institutions Working Group held its public hearing on Tuesday, August 3, 1999, at King’s College in Wilkes-Barre, Pennsylvania. The panel heard testimony from family violence survivor Pam Pillsbury, who shared here experience, asking in conclusion, “If one in four couples have some type of abuse occurring, how many are sitting in our churches or synagogues, frightened and alone?” The panel also heard testimony from clergy with pastoral experience in dealing with family violence and persons involved in religiously-based training programs and service agencies that minister to those affected by family violence.
The Working Group recommended formational and ongoing training for clergy in recognizing the signs and dynamics of family violence. The clergy should communicate to their parish/congregation that the perpetration of family violence is a sin and batterers must be held responsible for their actions. Congregations should collaborate with the women’s shelters and/or domestic violence service providers within their communities to provide materials, spiritual or financial support. The religious community would then be a supportive environment for those seeking help in overcoming family violence.

Carolyn Astfalk  
Director of Communications  
Pennsylvania Catholic Conference  
&  
Chair  
Religious Institutions Working Group  
Family Violence Task Force
AN HISTORICAL PERSPECTIVE

The natures of both religious institutions and domestic violence make it difficult to track the historical record of their intersection. In fact, searching for information on the Internet and even in libraries turns up little statistical/academic information on domestic violence, and even less regarding domestic violence and religion.

Domestic violence was not always treated as a crime. In fact, for centuries legal traditions considered women and children property. Society at large did not acknowledge family violence was wrong. Particularly in eras when the dignity of women was not upheld and family violence was not discussed by the community, families suffering from such violence were often overlooked or ignored - even by the religious community.

It is not until relatively recently that the problem of family violence has gained public recognition. At the same time, it seems to have garnered more attention from the religious community. Churches and synagogues have dealt with family violence primarily on individual, pastoral levels. Therefore, it is difficult to develop a history of any religion regarding family violence.

Violence, except in cases of self-defense, clearly is contrary to the Judeo-Christian perspective. Spouse abuse is inimical to marriage, which is held as a sacred covenant, modeled after the covenant between God and man. This relationship should be based on mutuality and love.

While scripture calls wives to submit to their husbands, immediately prior to that, Ephesians 5:25 instructs men to love their wives as Christ loved the church. In that Christ died for the church, it is impossible for a man to use this passage to justify violence toward his wife.

Unfortunately, scripture has sometimes been used out of context to justify abusive behavior. People may also have been less likely to believe that family violence would take place in a religious community, but in fact, it has and it does. The religious community has historically upheld the innate human dignity of every person and the values and traditions that offer support to family life, particularly for the protection of women and children. These communities have been a great support to many people both in the standards they uphold and in the support they offer within their community.
THE FACTS

There is a dearth of information on religion in relation to domestic violence. According to researchers from whom the following statistical data is taken “despite the burgeoning literature on social and cultural antecedents of domestic violence, the role of religious [institutions] has been virtually ignored by researchers in this area,” (Christopher G. Ellison, John P. Bartkowski, and Kristin L. Anderson, “Are There Religious Variations in Domestic Violence?” Journal of Family Issues 20, [1999]: 87-113).

Ellison, Bartkowski and Anderson analyzed data gathered by social scientists at the University of Wisconsin at Madison during 1987-1988. The primary respondents completed both an in-person interview and a self-administered questionnaire. Their partners completed only a written questionnaire. The sample included 2,420 females and 2,242 males. The researchers hypothesized that the more frequently persons attended religious services, the less likely they would be to engage in intimate violence.

This hypothesis was proven correct. Regular religious attendance by males and females reduced the risk of violence. The frequency of attending religious services clearly bore an inverse relationship to the likelihood of perpetrating abuse — by men and women. The researches attribute this result to several possible factors:

- “Religious communities promote a general commitment to family life and to the institution of marriage as well as specific models and understandings of appropriate marital roles.”

- Through counseling, classes and other means, congregations may offer information on successful marriages and conflict resolution.

- Social networks developed through the religious community may provide input and feedback on marital roles, problems, and strategies for resolving those problems.

The study also found that men and women who hold traditional views about the roles of women and men are no more likely to perpetrate acts of domestic violence than other persons. Researchers also found that when partners share identical denominational affiliations, there is a lower risk of domestic violence by men and women. These findings generally support the fact that men and women who are active in their religious community, attending religious services frequently, regardless of denomination or affiliation, are at a reduced risk of perpetrating domestic violence.

While the above study addresses laity and family violence, the study cited below more directly addresses the clergy and their response to issues of family violence.

The factual data below is taken from a questionnaire survey conducted by a research team at Arizona State University. In the early 1980’s, the research team conducted 30 interviews with church officials to understand the nature of the church response to problems of domestic violence. The interviews were followed by a questionnaire survey sent to about 1,200 officials in the Phoenix area. Nearly 300 church officials responded. The survey was conducted again in 1988/89 (Source: Violence Update, October 1992).
In 1982, 70% of the ministers indicated they had received no specific training or instructions about domestic violence in their education as counselors and spiritual advisors.

In 1988-89, less than 50% of the clerics indicated they had received no training or instruction at all in this area.

In the 1988-89 survey, respondents said they met an average of 8.5 actual cases of domestic or family violence in the prior year.

Christian denominations responding to the 1982-83 survey said that only 3.2% of the 1,200 actual cases of child maltreatment required by law to be reported to state authorities were, in fact, reported.
SURVEY RESULTS

The Religious Institutions Working Group surveyed the clergy represented by the members of the working group. Individual members sent surveys to clergy either of their own faith or of an ecumenical group. Surveys were sent throughout Pennsylvania, which the group had divided into six regions: Northwest, North Central, Northeast, Southeast, South Central and Southwest. In order to ensure consistency in results, a thorough definition of domestic violence was included in the survey that outlined the physical, emotional and sexual abuse that can be present in cases of abuse. The questions which made up the survey were designed to gauge both how clergy currently respond when confronted with domestic violence within their ministries, and what resources they feel are necessary to improve that response. The following questions were presented:

What is the size of your congregation?

In your ministry, how frequently are you confronted with incidents of family violence among your congregational members?

What resources are currently available to you in dealing with domestic violence?

What referral services are currently available to you in dealing with domestic violence?

Does your ministry have any programs in place to help children from violent homes? If so, please describe the program.

How would you minister if a victim of domestic violence approached you for help?

How would you minister if a perpetrator of domestic violence approached you for help?

Do you have formal training in counseling the victims or perpetrators of domestic violence? If yes, please describe the training.

What resources, referral services and/or training would assist you in dealing with domestic violence in your ministry?

As most of the questions required the respondent to subjective information on their background and actions, and the survey was conducted by the members of the working group rather than a professional polling firm, it was not possible to compile statistical data. For this reason, the survey yielded an overview of how religious institutions in Pennsylvania are dealing with the epidemic of domestic violence within their respective congregations.

The survey demonstrated that the results of the 1980’s Arizona State University surveys are still illustrative of the clergy’s response to domestic violence. The comments received indicate a need for training on how to deal with incidences of family violence. The comments also indicate that clergy are aware of the problem and its occurrence in the religious community. However, there seems to be a lack of certitude about how to handle those cases properly.
The religious community, including individual clergy persons and institutions, ministers to families troubled by violence in a variety of ways. Regardless of the structure of the church or religious body, most often the pastor, minister, or rabbi is the first to encounter a troubled family. For this reason, it is important that the individual be informed and educated in recognizing the problem and referring the family to the appropriate service, group, or agency. In some religious organizations, that referral is to a specific group or agency operated by the religious institution that employs qualified volunteers and professionals to serve the family. In other instances, referrals may be to outside sources. For this reason, it is important that a resource manual for referrals be made available to both individuals and organizations for their use.

In addressing the issue of family violence, the working group took into account that violence takes place in non-related domiciles as well as traditional families bound by covenant marriages. Each religious affiliation represented in the working group upholds the sanctity of marriage. Therefore, maintaining this high regard for marriage and family while condemning violent behavior, the antithesis of a loving marriage, is a delicate balancing act, particularly when there are young children involved. Among the various religions and Christian denominations represented, there are a variety of opinions as to what causal relationships, behavior, and severity constitute clearly objectionable behavior.
The working group reviewed programs and practices currently administered by religious institutions. Listed below are those the working group determined to be most effective in addressing family violence.

Pennsylvania Programs:

ADVANCE
A program developed by Lutheran Social Services

ADVANCE is a Batterers Intervention Program founded in the recognition that men who batter do so to achieve and maintain power over their partners. It also maintains that the abuser is solely responsible for his actions. The program affirms that the behavior is by choice and that individuals can also choose to stop the violence and eliminate coercive and controlling tactics in their relationships with intimate partners. It is a window of opportunity in which participants can learn alternatives of mutuality, shared decision making, interdependence and egalitarian distribution of power in intimate partnership. The program’s foremost commitment is to the safety of the victims. ADVANCE is a part of the network of Batterers Intervention Programs in Pennsylvania and complies with the standards applicable to those programs.

ADVANCE was initiated by Lutheran Social Services in 1988, following a pilot project jointly offered with another agency in York County in 1986. To date, 1,215 individuals have been registered with the program. In addition, hundreds more have made inquiries or have been served by the program in ways other than becoming direct clients. Lutheran Social Services strongly supports this program as one of its community-based services. Although the agency itself covers four counties (York, Adams, Franklin, and Fulton) the program itself is offered only in York County.

ADVANCE staff members have accomplished extensive training in Batterers Intervention and are continuously involved in further research and continuing education.

Components of the program:

♦ **Referral.** Individuals are referred from other agencies, counselors, clergy, family members, friends, and victims. A referral can also be by court order.

♦ **Intake.** The program reserves the right to accept or reject all referrals, based upon an extensive individual assessment.

♦ **Assessment.** Referrals undergo four to eight hours of individual and group interviews.

♦ **Contract.** Once accepted, the client is expected to sign a program contract that stipulates all items regarding program operation and participation required.

♦ **Partner Contact.** The program is responsible for notifying the battered partner regarding the applicant’s acceptance and encourage her participation in services.
♦ Suspension. The program employs a suspension procedure within the program to respond to minor problems that may occur while an individual is in the program. It is temporary and does not dismiss the person from the responsibility to complete the program.

♦ Discharges. There are two types of discharges from the program for those who have been accepted into the program. Administrative discharge is granted for unsatisfactory participation in the program. Such circumstances would include continued abuse, particularly physical violence; failure to maintain regular attendance; failure to pay fees; failure to make appropriate use of the program; violation of group rules; or violation of any court order. Contractual discharge is granted to those who have satisfactorily completed the program.

Clients of ADVANCE are asked to pay a flat fee of $50.00 for the assessment. This is urged to be paid in a timely fashion, but may be deferred if it is impossible for the client to pay at the time of the assessment. The initial assessment is to evaluate the client’s ability to pay a group fee. This is established on a sliding scale and incorporates consideration of the client’s financial obligations to the victim and other family members, along with any responsibilities to the court, etc.

(See appendix 5)

Alternatives to Domestic Abuse: A Group for Men
A program developed by Catholic Charities

This program, developed by Catholic Charities of the Diocese of Harrisburg, is offered as a tool for change for the man who uses violence and abusive behavior in controlling his partner and family. The program focuses on the batterer’s behavior and on lifting the veil of secrecy, which often allows the abuse to continue. The premise behind the program is that the cycle of violence can be broken when the partners are educated to the mechanisms of abusive relationships, and when both the abuser and his victim are given the necessary support to allow them to make the right decisions.

Group attendance at program meetings is designed to ensure the establishment of an environment that is conducive to behavioral change on the part of the abuser. This participation also reinforces a victim’s resolve to no longer accept any blame for her situation. The abuser learns to accept full responsibility for his actions.

The objectives of the program are as follows:

- To educate and empower each group member in order to facilitate examination of his violent behavior and how it is supported by his basic beliefs.

- To understand the socialization of the sexes and the historical roles each gender plays and how this has contributed to the abusers’ need to maintain control within their familial relationships.

- To understand the effects of violent and coercive behavior on spouses and children and how this behavior is learned and passed on to subsequent generations.
To learn methods of self-control, communication, and anger management and to practice them within the group in order to incorporate them into home life.

To accept full responsibility for the abuse of their family.

To learn how these behavioral changes will alter the power balance within the family.

Additionally, Catholic Charities of the Diocese of Pittsburgh, Beaver County, sponsors a 12-week batterers’ program. The agency is also working with a Domestic Violence Task Force that will be developing protocols for community response to domestic violence.

(See appendix 5)

**Sukkat Shalom: A program of Jewish Family and Children’s Service of Greater Philadelphia**

Jewish Family and Children’s Service of Greater Philadelphia provides a domestic violence prevention program called Sukkat Shalaom, “A Shelter of Peace.” The program has several components, each of which serve a different member of the family.

The following services are available as part of the program:

- √ Individual therapy for women, men and children
- √ Support groups for women, men and children
- √ Family and couples therapy
- √ Case management, advocacy and financial assistance for those who have been abused

Victims who call the domestic violence program first speak confidentially with a psychotherapist. For those who are in a crisis situation, someone will work with them immediately to ensure their safety and that of their children by directing them to the resources that will be most helpful. Additionally, a psychotherapist will work with a person on an ongoing basis to help stop the cycle of domestic violence. Direct assistance may also be provided to women to help them financially in the following areas:

- √ Rent and utilities
- √ Child care
- √ Legal expenses
- √ Vocational and educational training

Such material assistance is provided in the hope of preventing women from returning to abusive homes for financial reasons. Additionally, service organizations and synagogues have been enlisted to help support families in need. For example, a synagogue may sponsor and assist a family on a monthly basis. They may provide scrip for a local grocery store or partial payment of child care expenses.

The needs of children in violent homes are addressed through a support group. The 10 week program helps children acknowledge their feelings and know that they are not responsible for the trauma in their home. Individual segments address anger, fighting parents, inappropriate touching, assertiveness, and protection planning.
The conflict resolution/anger management group comprises six sessions. After an introduction, it focuses on the following topics: anger, assertiveness, negotiating, and agreeing to disagree.

Fees for the program are determined on a sliding scale. No one who has been abused will be turned away because of an inability to pay.

(See appendix 5)

**National Programs:**

**Dove, Inc. Domestic Violence Program**  
**Decatur, IL**

Dove is a non-profit social service agency organized in 1970 by Decatur-area churches as a cooperative community ministry. Its stated purpose is to coordinate diverse community efforts to address unmet community needs and social injustices, and to work for justice, equality and understanding among all people. Dove initiated its Domestic Violence Program in 1980, prompting the development of comprehensive services and support for all victims of family violence. Dove’s General Board has representatives from 50 congregations. A written religion programming policy stresses the importance of supporting clients’ spiritual concerns and emphasizes that there is no theological justification for family violence. Dove’s services include substance abuse and mental health counseling, children’s services and parenting groups, art therapy, and transitional housing assistance.

(See appendix 1)

**Safe Schools, Safe Neighborhood Collaborative Initiative,**  
**Chicago Public Schools, Chicago, IL**

In June, 1998, the Chicago Public School system under its CEO, Paul Vallas, launched a major violence prevention initiative, collaborating with every major institution and system in the city. They first hired 100 Violence Intervention Program Specialists (VIPS) who, in conjunction with community agencies, the Chicago Police Department, and the interfaith community, are working within 16 communities having significant incidents of violence. The first stated goal for the program is “with community-based secular and non-secular organizations, foster programmatic activities designed to reduce violent and disruptive behavior by and against youth in the schools and surrounding communities through such programs as: Interfaith Partnership . . .”

The Interfaith Community Partnership works with 12 community-based and religious organizations to establish community networks to improve the school atmosphere for achievement and educational excellence for all students by: addressing the issue of zero tolerance for bias and violence; increasing school attendance; creating safer school and community environments; developing effective mentor programs; and fostering a relationship of mutual trust, support and respect among educators, parents, and community residents. Each network includes a high school; at least five of the high school feeder schools; and at least eight agencies located within the community which provides necessary or beneficial services to the community. The partnership with the religious community is to in
crease attendance, improve school environments, provide positive role models and create activities for youth. The Partnership provides support to 12 religious-school-community partnership networks in each of the CPS regions. It coordinates anti-violence marches with religious communities throughout the city, provides assistance in mentor programs, off-site detention and community service program and assistance with after school homework centers, and supports the “Walking-Men School Bus” program that recruits men to escort children to and from school.

(See appendix 5)
RESOURCES

The following materials are currently available to clergy to help them respond to congregants who may be experiencing domestic violence:

1. Clergy Response to Domestic Violence. Developed by and available through ACCESS York and the Clergy Committee of the York County Task Force on Domestic Violence.


3. Broken Vows. Available through the Center for Prevention of Sexual and Domestic Violence, Seattle, WA.

4. Wings Like a Dove, Available through the Center for Prevention of Sexual and Domestic Violence, Seattle, WA.

5. Healing for the Abused Christian Woman. Available through the Center for Prevention of Sexual and Domestic Violence, Seattle, WA.

6. Victims - - A Manual for Clergy and Congregations. Available through the Spiritual Dimension, P.O. Box 163304; Sacramento, CA 95816.


IX. Schools & Early Childhood Development Programs Response to Family Violence

A Report on How Pennsylvania’s Schools & Early Childhood Development Programs are Addressing Family Violence

Family abuse can cripple a child’s academic performance and lead to violence in the classroom, according to experts who testified before a state task force at a Yeshivah school.

[Image: Newspaper clipping showing a headline and article about family violence in schools.]

Panel seeks realistic solution to violence

The attorney general’s office has announced a task force on domestic violence, which affects an estimated 10,000 Pennsylvania households per year. The task force is focused on developing programs for schools to address domestic violence.

[Image: Newspaper clipping showing a headline and article about a task force on domestic violence.]
EXECUTIVE SUMMARY

When parents or intimate partners abuse one another, it can have devastating effects on their children. The effect of partner to partner violence on the children, however, must never be overlooked by schools and early childhood development centers. Yet, studies demonstrate that children from violent homes have higher risks of alcohol/drug abuse and juvenile delinquency, are more likely to perform poorly in school, present discipline problems in school or have trouble getting along with other children. Furthermore, the impact of a violent home environment on a child’s ability to succeed in a learning environment is usually part of a broader interconnected problem of the effect on that child of living in a violent society.

Experts on schools and early childhood development involved in the working group agree on several broad principles that should be conveyed to the people of the Commonwealth:

- Domestic abuse cannot exist within the context of mutual respect. It is based on the issues of power and control whereby one partner feels justified in dominating and exerting control over the other.

- A home environment in which such power and control problems exist has a direct and dramatic impact on a child’s ability to succeed in an academic environment.

- Even children who do not come from such an abusive environment may be influenced, through peer pressure, by those who do.

- Any successful approach in dealing with children effected by partner to partner abuse must involve breaking the cycle of violence. This violence is a learned behavior.

- To address the problems of children, in an academic setting, who may be abused at home, we must establish a collaborative approach among the relevant agencies. This collaboration should include child welfare agencies, battered women’s shelters, police departments, state prosecutors, the judiciary, the Department of Education, higher institutions of learning and other boards and agencies that educate, train or work with school personnel.

- All staff in schools and early childhood development centers play an important role in recognizing the signs of a child affected by abuse in the home and in appropriately dealing with that child.

- In conjunction with the Pennsylvania Coalition Against Domestic Abuse, training should be provided to the following individuals: teaching staff, administration staff, non-teaching school personnel, contract school employees, volunteers and others. These individuals can play an important part in recognizing signs of a child affected by violence in the home and in appropriately dealing with that child.

As you will see in our recommendations, we believe the Attorney General’s Family Violence Task Force and the Department of Education should develop a Family Violence Prevention Handbook that identifies the early warning signs that a child is abused or comes from an abusive home and advises school personnel on how to prevent and respond to family violence. The handbook should be distributed to every educator and school administrator in the Commonwealth.
During our public hearings, a young woman who was a victim of teenage domestic violence made one of the most dramatic presentations. After telling of her experiences, this victim recommended that school districts should create domestic violence programs for children and parents.

We also recommended that the Office of Attorney General should convene a Task Force on School Safety in which the first task is to hold a summit meeting for leaders in education and experts on school safety develop policy, program and other solutions to school violence. We are happy to report that this recommendation has already been accomplished. Attorney General Fisher convened a successful educational summit on school safety on September 24-25, 1999.

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Association of Pennsylvania State College & University Faculties
& Chair,
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An estimated 3.3 to 10 million U.S. children are at risk for witnessing domestic violence annually. Researchers say these children are at an increased risk of being abused themselves.
AN HISTORICAL PERSPECTIVE

Family violence has traditionally been regarded as a private matter. In their historical overview of wife beating, R. Emerson Dobash and Russell Dobash note that, “Through the seventeenth, eighteenth and nineteenth centuries, there was little objection within the community to a man’s using force against his wife as long as he did not exceed certain tacit limits.” When those limits were exceeded and the local law enforcement officials were called, it was often the first time the public became aware of violence within a family.

In the early to mid 1970’s, women’s grass roots groups began to address victims’ safety issues. At that time, shelters were almost nonexistent. This presented victimized women with few if any options to leave their abusive partner. This problem was magnified by the fact that many women fleeing an abusive home are mothers and need to shelter and protect their children, as well. For instance, at least 70% of all battered women seeking shelter have children who accompany them and 17% of those women bring along three or more children to the shelter (Macleod, 1987). The grass roots movement of the early to mid 1970’s resulted in the establishment of shelters, which serve as a safe residence for battered women and their children. By 1975, there were 9 domestic violence programs in Pennsylvania.

Early studies on the children of battered women who reside within shelters reveal the negative impact that living in an abusive home had on the children and the ability of such children to function well within the school environment. In 1976, concerned Pennsylvania women met at the State Capitol to testify about pending legislation affecting battered women, and as a result, the Pennsylvania Coalition Against Domestic Violence (PCADV) was founded. PCADV was the first state anti-domestic violence coalition in the country. Since its inception, PCADV has expanded its membership network from 9 to 64 non-profit, community-based programs in all 67 counties of the Commonwealth.

In the early 1980’s, domestic violence awareness groups began to study dating abuse and violence. A survey conducted in York County in 1986 revealed that 1 out of 3 teens from 9th through 12th grades had an abusive dating relationship. What was once considered a private matter between adults was now being exhibited by teens in their dating relationships. Battered women’s shelters, in conjunction with PCADV, began networking within Pennsylvania’s school districts to educate teenage students about healthy and unhealthy dating or intimate relationships.

Although the initial focus of the grass roots movement was to ensure the safety of battered women, the focus has expanded in the past twenty-eight years since the first shelter in the country opened. The progress has been tremendous. Now, domestic violence service providers are not only providing shelter to victims, they are helping to educate and raise awareness among all members of society on how to change attitudes toward violence. These groups have determined “at risk” behaviors and addressed them in special programs throughout the educational system, as well as throughout the other institutions within the community.

In the past several years, Pennsylvania schools have begun to recognize their role in educating students about family violence. Each year the requests from schools for educa
tional programs on family violence have increased. In recent years, schools have included requests to target some of the educational programs to younger students. Intervention with children may be the best form of primary prevention of adult domestic violence and may also result in early identification of children who are being abused or are witnessing violence in their homes. Many schools now have Student Assistance Professionals, School Resource Officers and other personnel who are trained in recognizing troubled school students and preventing violence at school.

Pennsylvania’s schools have made much progress in addressing the effects on school children of family violence. However, given the alarming number of child abuse cases and the recent medical evidence revealing the serious and damaging effects of witnessing violence at home, schools need to play a more active role. This task force is comprised of a diverse group of people in the education community who have come together to help schools learn how they can play a more active role on behalf of our children’s health and safety. We hope to provide an example to every school district and community across Pennsylvania.
Who is the Education Community?

In giving instructions to each of the working groups, the Attorney General of Pennsylvania asked what it would take to solve the problem of family violence. His question recognizes that the problems of family violence can only be solved through a community-wide effort. This portion of the report represents the voice of the education community and that voice is essentially represented in every citizen. Most Pennsylvanians have some kind of connection to or relationship with the educational community. Our education system is one of our most fundamental social institutions and since we have the opportunity to influence the young, we also have the opportunity to provide a countervailing force to the impact of family violence on children, adolescents and even young adults. The list of those who participate directly in the education community is a long one. This is significant because it means that the potential of the educational community to bring about substantial community change is great. The education community consists of programs and personnel in public, private, parochial, home and other alternative school settings:

**Elementary Schools and Day Care Centers**
- Teachers
- Teachers’ Aides
- School Counselors/Psychologists/Social Workers
- Principals
- School Nurse
- PTA/PTO
- School Boards
- After-School/Day Care Programs
- Library

**Middle/Intermediate Schools**
- Teachers
- School Counselors
- Principals
- Club/Extracurricular Program Leaders
- Sports Teachers/Leaders
- PTA
- School Boards
- School Nurse
- Library
- Peer Mediation/Non-Violent Conflict Resolution Programs
- Sex Education Programs

**High Schools/Prep Schools**
- Teachers
- School Counselors
- Principals
- Club/Extracurricular Program Leaders
- Sports Teachers/Leaders
- PTA
- School Boards
- School Nurse
- Library
- Peer Mediation/Non-Violent Conflict Resolution Programs
- Sex Education Programs
- Drivers Ed Programs
- College-preparatory Course Programs
- Peer Mediation/Non-Violent Conflict Resolution Programs
- Parenting/Dating/Partnering Programs
- Administrators and others
- Superintendents
- Support Staff: (i.e., Bus Drivers/Cafeteria Workers/Custodial Staff/Librarians)
- School Resource Officers (SRO)
- Student Assistance Professionals (SAP)
- In-School Probation Officers
- Home School Visitors
- Colleges, Universities, Graduate Programs
- Professors/Lecturers/Instructors
- Teaching Assistants
- School Counseling Programs
- Libraries (for referral information)
- Dean of Students Office
- Dormitory Counselors/Residence Leaders
- Sororities/Fraternities
- Clubs/Extracurricular Programs
- Sports Programs
How Violent is American Society?

The following facts apply to the area of children and family violence. Crime statistics relevant to family violence are as follows:

- 1 MURDER occurs every 24 minutes
- 1 Women is BATTERED every 12 seconds
- 1.3 ADULT WOMEN ARE RAPED every minute
- 1 ROBBERY occurs every 54 seconds
- 1 AGGRAVATED ASSAULT occurs every 29 seconds
- 47 AMERICANS ARE KILLED IN ALCOHOL-RELATED TRAFFIC CRASHES per day in 1995
- 20 EMPLOYEES ARE MURDERED AND 18,000 ARE ASSAULTED ON THE JOB each week

In the year 1996-1997, 10% of all public schools experienced one or more serious violent crimes defined as murder, rape or other battery, suicide, physical attack or fight with a weapon, or robbery and 4% of elementary schools reported one or more serious violent crimes.

How Violent are American Families?

- In 1973 Steinmetz and Straus called the family the “cradle of violence.” Hitting children is virtually universal in this country; a quarter of infants between the ages of one to six months are hit; this rises to half of all infants between the ages of six months to a year (Straus, 1994).
-Sibling-to-sibling violence is also the norm – 80% of children report experiencing such violence (Finkelhor and Leatherman, 1994).
The number of abused and neglected children grew from 1.4 million in 1986 to over 2.8 million in 1993. During that same period, the number of seriously injured children quadrupled and the number of sexually abused children rose by 83% (U.S. Department of Health and Human Services, 1996).

More than six out of ten rape cases occur before victims reach age 18 — 29% before the age of eleven (National Victim Center, 1993).

In 1994, 62% of the almost 3 million victimizations of females were by persons whom they knew (Craven, 1997).

According to a nationwide survey released by the Family Violence Prevention Fund, more than one in three Americans have witnessed an incident of domestic violence (1993).

One out of every eight American women was forcibly raped in 1990 and 14% of all married women reported being raped by their husband or ex-husband – twice the rate for stranger assault (Kilpatrick et al., 1992).

Even after divorce, according to a Philadelphia area study, 70% of battered women were again abused by their spouses (Kurz, 1996).

In 1991, 28% of all female murder victims were slain by their husbands or boyfriends (National Victim Center, 1993).

Family violence kills as many women every five years as the total number of Americans who died in the entire Vietnam War (National Victim Center, 1993).

What Happens to Children Living in Violent Homes?

Children are often the unintended victims of battering and have been termed the “silent victims of domestic violence” (Rhea et al., 1996). Children in violent homes face dual threats: the threat of witnessing traumatic events and the threat of physical assault. In homes where abuse occurs between parents or intimate partners, children are at high risk of suffering physical abuse themselves. Regardless of whether children are physically abused, the emotional effects of witnessing domestic violence are very similar to the psychological trauma associated with being a victim of child abuse. Each year an estimated minimum of 3.3 million children witness domestic violence.

- Children in homes where domestic violence occurs are physically abused or seriously neglected at a rate 1500% higher than the national average of cases reported in the general population (National Victim Center, 1993).

- At least half of the men who abuse their wives also abuse their children. Research results suggest that battering is the single most common factor observed among mothers of abused children. A major study of more than 900 children at battered women’s shelters found that nearly 70% of the children were themselves victims of physical abuse or neglect. Nearly half of the children had been physically or sexually abused. Five percent had been hospitalized due to the abuse. However, only 20% had been
identified and served by Child Protective Services prior to coming to the shelter.

☐ Nationally, 75% of battered women say that their children are also battered. Another study found that one-third of the families reporting a violent incident between the parents also reported the presence of child abuse.

☐ Dr. Lenore Walker’s 1984 study found that mothers were 8 times more likely to hurt their children when they were in battering relationships than when they were in a non-battering relationship.

☐ Children in homes where domestic violence occurs may “indirectly” receive injuries. They may be hurt when household items are thrown or weapons are used. Infants may be injured if being held by their mother when the batterer strikes out. Older children may be hurt while trying to protect their parent.

☐ Children from violent homes have higher risks of alcohol/drug abuse and juvenile delinquency.

☐ Approximately 90% of children are aware of the violence directed at their mother.

☐ Children are present in 41-55% of homes where police intervene in domestic violence calls.

☐ Over 3 million American children are at risk of exposure to parental violence each year. Children from violent families can provide clinicians with detailed accounts of abusive incidents between their parents which their parents never realized they have witnessed. Some of the emotional effects of domestic violence on children include:

- Taking responsibility for the abuse;
- Constant anxiety (that another beating will occur);
- Being traumatized by fear for their abused parent and their own hopelessness in protecting their parent;
- Guilt for not being able to stop the abuse or for loving the abuser;
- Blaming themselves for not preventing the violence or for causing it;
- Fear of abandonment.
What is the Impact of Partner-to-Partner Family Violence on Children?

The damage inflicted by living in a home with severe parent-to-parent violence is often overlooked. The immediate impact of this exposure can be traumatic — fear for self, fear for their parent’s safety and self-blame.

- The range of problems exhibited by children who witness parental violence includes psychosomatic disorders, such as stuttering, anxiety, fear, sleep disruption and school problems.

- Children older than five or six have a tendency to identify with the aggressor and lose respect for the victim.

- Over a longer period of time, the child’s exposure to violence may lead to later violence on the part of the child as well as to other serious emotional and behavioral problems.

- Violence witnessed at home is often reported later in life. Violent parental conflict has been found in 20% to 40% of families of chronically violent adolescents. Seventy-five percent of boys who witness parental abuse have demonstrated behavioral problems.

- A comparison of delinquent or non-delinquent youth found that a history of family violence or abuse was the most significant factor between the two groups.

- Child and adult victims of abuse are more likely to commit violent acts outside the family than those not abused. Abused children are arrested by the police four times more often than non-abused children.

Adapted from A Guide to Research on Family Violence

Consequences of Violence on Children:

- Regression to infantile behaviors.

- Eating and sleeping disorders.

- Pervasive feelings of guilt, grief and fear.

- Overly compliant, passive or withdrawn.

- Aggressive acting out behavior.

- Detachment and preoccupation with fantasy life.

- Isolation, frequent changes in residence.

- Somatic complaints, i.e. headaches, ulcers, rashes.
• Depression or anxiety disorders.
• Age-inappropriate roles within the family structure.
• Suicidal ideation.
• Inability to make decisions.
• Learned victim/aggressor roles, perpetuating the cycle.
• School problems, weakened academic performance, truancy.
• Higher incidence of runaways.
• Delinquency, increased risk of chemical dependency.
• Unrealistic expectations regarding sex roles, and individuality.
• Early marriage, early pregnancy.

**When A Parent Is Battered - Why Battering is a Form of Abuse**

**Whether or Not the Child is Physically Abused?**

Family violence diverts the main caretaker’s efforts away from the child care activities. It is impossible to provide quality care to someone else when one’s own safety is not assured.

☐ Children of violent families often have difficulty expressing emotions and feeling empathy for others. Fear for their own safety and the safety of their parents creates an environment that severely limits emotional expression. It is difficult for them to experience a full range of emotions. Anger, affection, vulnerability or need are especially problematic for these children. And since their own experience of emotion is so limited, it is very difficult for them to understand how someone else feels.

☐ Children of violent families are frequently not in control of themselves, but are either excessively impulsive and hyperactive or inhibited and depressed. When an atmosphere of oppressive control by the abuser predominates, children seldom have the chance to make choices in matters of importance to them, and they are all too familiar with what it is to be vulnerable to another’s choices. They do not have the opportunity to make choices on their own and to experience the consequences of their own choices.

☐ Children who have had reason to fear in their homes, whether for their parent’s safety and/or for their own safety, tend to be fearful in most situations. This leads to generalized defensiveness. The child will avoid new and fearful tasks and persons or the child will be over-reactive in new situations and will demand special treatment by adults and other children. School, in particular, is an environment where successful interactions are rare for children exposed to violence at home.
Domestic violence tends to break down boundaries between generations and undermines the authority and legitimacy of the abused parent in the eyes of the children. The battered parent may be seen by his or her children as a sibling, as someone else who is to be told what he or she may or may not do and as someone to be punished by the abuser. The abused parent may be seen as a helpless child incapable of caring for the children or her or himself. Some children become the parent’s caretaker, a role which severely limits the child’s opportunity to receive nurturing and guidance as they develop into adults.

Children from such homes establish sex-role identities which predispose them to violence and victimization as ways of relating to others. Domestic violence presents to children a primary view of a relationship which leads them to assume that violence and control by one partner, and passive dependency and acceptance of abuse by the other, is the only way that a relationship can be maintained. Stereotypes of men as macho, controlling figures who are never afraid and never in need of tenderness, and of women as weak, dependent and easily manipulated persons who cannot direct their lives or assert their rights, become the models for both boys and girls whose parents’ lives are examples of these interlocking deficiencies. These children then lack a view of the possibilities for wholeness present within each individual. Children in these situations grow up expecting that they will need a partner to make them complete. This unrealistic expectation is central to the dynamics of domestic violence.

Spouse or Intimate Partner Abuse Hurts Children

(This article is excerpted from an article of the same title, written by Leslie Bennetts and published in the November 1994 issue of Parents magazine).

Experts agree that children who witness [domestic] abuse are profoundly vulnerable to lasting harm.

As one woman who grew up in a violent home explains, “It completely colors the way I see myself, the way I interact with other people, and the way I perceive the world at large. The thing I struggle with the most is a feeling of fundamental unsafety in the world. No one is safe; nothing is safe; I’m not safe. Because if the people you count on to raise you are the ones who are abusive, then there’s no refuge.”

Conservative estimates indicate that at least 2 million women a year are beaten by their husbands, ex-husband, and boyfriends. In 1992, the surgeon general announced that domestic abuse was the leading cause of injuries to women between the ages of 15 and 44. And the abuse isn’t necessarily limited to adult women. When men are hitting their wives, there is a good chance that the children are being physically or sexually abused, too.

[A] growing body of evidence suggests that seeing their mother get battered does even more damage to children than actually being beaten themselves. Experts aren’t entirely sure why this is the case, but apparently “they are more traumatized because of their powerlessness to intervene,” says Richard Gelles, Ph.D., director of the Family Violence Research Program at the University of Rhode Island. “Children can rationalize that they deserve it when they are the ones being hit. But they can’t do that when they see their mother being beaten.”
The consequences are terrible. Child-development specialists agree that witnessing parental violence—like other forms of physical, sexual, or emotional abuse—can result in poor school performance, discipline problems, trouble getting along with other children, and substance abuse. Such children may also manifest high levels of fear, anxiety, loneliness, and depression. They are more likely to display suicidal tendencies, have low self-esteem, and act out sexually. These children are also more likely to be abusive toward others, such as younger siblings and toward animals.

Although all children who grow up with domestic violence are more apt to become involved in violent relationships later on, the effects tend to vary according to gender. Girls who see their mother abused are far more likely to be abused as an adult. Boys tend to externalize rather than internalize the effects. “What it teaches boys is that this is the way you deal with frustration,” [David] Zinn, [M.D., a child psychiatrist at Northwestern University Medical School,] says. “If you’re upset and tense, you discharge your frustration by hitting somebody—and it’s okay to hit women.” Boys who witness their mother being abused not only exhibit more aggressiveness while growing up but also are more likely to become batterers as adults.

Elizabeth [who is 30] and her two brothers are textbook examples of risk factors associated with domestic violence. She has a history of eating disorders and severe sexual dysfunction, among other problems; her older brother is a cocaine addict whose drug and alcohol abuse began at the age of 12; and her younger brother is terrified by his own tendency toward abuse in his relationships with women.

“My life has been a holy hell since I started dealing with all this,” says Elizabeth. “Growing up with a stepfather or no father would have been minimal compared with what staying with an abusive father does to you.”

When Family Violence is Identified

Children who live in violent homes are at heightened risk for abuse during the period of criminal investigation and prosecution.

◊ A national survey reported child abuse fatalities increased in 1991 by more than 10% over the number reported in 1990. Between 1984 - 1991, child abuse deaths increased 54%. Sixty percent of these deaths resulted from physical abuse (National Center, 1992). How many of these deaths occurred in the context of domestic violence? Virtually all of them. Data reveals that serious child abuse almost always postdates the infliction of serious abuse of mothers by fathers or male partners (Stark & Flitcraft, 1988).

◊ Between 50 and 75% of the men who batter their wives or female partners also abuse their children. (Walker et al., 1982). Every hour as many as 115 children are abused by fathers, mothers or caretakers in this country (National Committee for the Prevention of Child Abuse, 1986). Where a male perpetrator is identified, as many as 70% of the injuries inflicted on children are likely to be severe (Bergman et al., 1986).
In 1998, there were 22,589 reports of suspected child abuse, which is a decrease of 0.4% from 1997. (Commonwealth of Pennsylvania, Department of Public Welfare, Child Abuse Report 1998).

What About the Victims of Child Abuse?

- 3,197 (59.3%) of substantiated reports of abuse in 1998 involved girls; 2,195 (40.7%) substantiated reports of abuse involved boys.
- In 1998, 8,580 children were removed from the setting in which the alleged or actual abuse occurred.
- Female children are at elevated risk of sexual assault in the context of domestic violence; girls whose fathers batter their mothers are 6.5 times more likely to be sexually assaulted by their fathers than are girls from non-violent homes (Bowker, Arbitel and McFerron, 1988).

Who are the Perpetrators of Child Abuse?

- There were 5,110 perpetrators in substantiated reports of child abuse; 4,418 were reported for the first time; 692 (15.6%) previously abused a child.
- In 1998, 77.8% of all perpetrators had a parental (mother, father, step-parent, paramour) relationship to the child.
- In 1998, parents were responsible for 52% of all injuries to abused children. Mothers were more frequently responsible for causing physical injuries and neglect than fathers. Fathers were responsible for sexual abuse three times more than mothers were.
- In 1997, most fatalities (21 deaths) involved the mothers as perpetrator or co-perpetrator. Fathers (17 deaths) and babysitters (8 deaths) were the next most frequent perpetrators.
- 163 substantiated reports involved children abused in a childcare setting (services or programs out of a child’s home, such as days care centers, foster homes, group homes, etc.)
- More than 40 children are abducted by a parent each hour in this country. Most of these abductions are perpetrated by fathers or people acting on their behalf including step-mothers and relatives (Finkelhor et al., 1990). More that 54% of these abductions occur in the context of domestic violence (Greif and Hegar, 1992).

What Happens to Children Who Witness Violence Between their Parents?

There are also significant risks to children in witnessing domestic violence and
virtually all children who live in these circumstances witness the abuse of their mothers by their fathers (Pagelow, 1989).

◊ Boys who witness the violence of their fathers towards their mothers are at elevated risk for perpetrating domestic violence in their adulthood.

◊ Boys who have witnessed the violence of their fathers toward their mothers are three times more likely to hit their wives than those who have not.

◊ The sons of the most violent fathers may have a rate of wife beating 1,000 times greater than the sons of non-violent fathers (Stark & Flitcraft, 1985).

◊ Data further suggest that girls who witness maternal abuse may tolerate abuse as adults more than girls who do not (Hotaling & Sugarman, 1986).

◊ There are short-term consequences as well. One-third of the children who witness the battering of mothers demonstrate significant behavioral and emotional problems, including psychosomatic disorders, stuttering, anxiety and fears, sleep disruption, excessive crying and school problems (Jaffe et al., 1990; Hilberman & Munson, 1977-78).

◊ Children who call the police for assistance to protect their mothers, children who intervene in a violent assault and children who may be witnesses in any criminal prosecution are at elevated risk for retaliation by the perpetrator. Retaliation may be directed either at punishing the child or dissuading the child or mother from cooperation in prosecution.

◊ The good news is that these negative effects may be diminished if the child benefits from intervention by the justice system and domestic violence programs (Giles-Sims, 1985).

**When Victims Turn Into Bullies**

Batterers do not just wake up one day and begin beating their intimate partner or their children. Studies indicate that the typical wife or husband batterer begins his/her violent behavior as a child bully. Bullying in and outside of schools is a serious problem that impacts negatively on the school climate and on the ability of students to learn in a safe environment. Bullies have learned that coercion and violence work to get their needs met. These patterns begin in childhood when children are victimized by bullies – including the bullies they live with – and the children learn that the best strategy is to become a bully rather than be bullied oneself. Most of the research that has been done comes from Scandinavia, Great Britain and Japan – not from the United States. What do we know so far?

◊ Bullying describes direct behaviors such as teasing, taunting, threatening, hitting and stealing that are initiated by one or more students against a victim. Racially or ethnically-based verbal abuse and gender-based insults are also found in bullying situations. In addition to direct attacks, bullying may also be more indirect by causing a student to be socially isolated through intentional exclusion. The key component is that the physical or psycho
logical intimidation occurs repeatedly over time to create an ongoing pattern of harassment and abuse (Banks, 1998; Sudermann, Jaffe and Schiek, 1996).

Approximately 15% of students are either bullied regularly or are initiators of bullying behavior (Olweus, 1993). In a large Canadian survey of grades 1 to 8, 6% of children admitted bullying others more than once or twice in the past six weeks and 15% of children reported that they had been victimized at the same rate. Only 2% of children reported being both bullies and victims (Pepler et al, 1997).

People who engage in bullying behaviors seem to have a need to feel powerful and in control and derive satisfaction from inflicting injury and suffering on others. They seem to have little empathy for their victims and defend their actions by saying that their victims provoked them in some way (Banks, 1998).

Homes where domestic violence occurs are the perfect environments for the creation of bullies. Studies indicate that bullies often come from homes where physical punishment is used, where the children are taught to strike back physically as a way to handle problems and where parental involvement and warmth are lacking (Banks, 1998). This modeling of aggressive behavior may include use of physical and verbal aggression toward the child by parents, or use of physical and verbal aggression by parents toward each other (Jaffe, Wolfe & Wilson, 1990).

“As with other interpersonal violence, such as dating violence, racial harassment, child abuse, and wife assault, the power imbalance is a main factor in understanding what is going on” (Sudermann, Jaffe and Schiek, 1996).

Students who regularly display bullying behaviors are generally defiant or oppositional towards adults, antisocial and apt to break school rules (Banks, 1998).

Bullies possess strong self-esteem and appear to have little anxiety (Olweus, 1993).

60% of girls who were bullied were bullied only by boys, while another 15-20% were bullied by boys and girls. 80% of the bullied boys were bullied by other boys (Olweus, 1993).

Observations of children on the playgrounds and in classrooms confirm that bullying is frequent – once every 7 minutes on the playground and once every 25 minutes in class (Craig and Pepler, 1997).

Studies in Scandinavia indicate that there is a strong correlation between bullying other students during the school years and experiencing legal or criminal troubles as an adult – 60% of those characterized as bullies in grades 6-9 had at least one criminal conviction by age 24 (Olweus, 1993).
As many as 7% of America’s eighth-graders stay home at least once a month because of bullies (Banks, 1993).

Most students do not tell adults they are being bullied. The reasons include feelings of shame, fear of retaliation and fear that adults cannot or will not protect them when and where the bullying takes place (Sudermann, Jaffe and Schiek, 1996).

Victims of bullying suffer from fear, anxiety and low self-esteem. Victims often avoid school and other social situations and are often socially isolated. They may have parents who are described as overprotective. They tend to be physically weaker than their peers. They frequently become depressed, loose interest in activities and may become suicidal.

**Family Violence Affects Teenagers, Too**

- Boys who are going to become batterers often begin their pattern of controlling, coercive and ultimately violent behavior as adolescents or earlier.

- In a study of mid-western high school students, 15.5% of females reported sexual violence, 15.5% reported physical violence and 9.9% reported both in their dating relationships. For males, 4.4% reported sexual violence, 7.8% physical violence and 9.9% both (Bergman, 1992).

- According to the Washington State PTA which has developed a teen violence program, 28% of young people experience dating violence – about the same rate as adult domestic violence (See Appendix 12).

- 24% of female homicide victims are between 15 and 24 years old.

- 38% of date rape victims are young women between the ages of 14 and 17.

- 70% of pregnant teenagers are abused by their partner.
Family Violence is a Learned Behavior.

There is no simple answer to such a complex question but we do know some of the factors that appear to influence families to behave violently. The first – and perhaps the most important influence – is learning. Children learn the basics about how to relate to other people within the context of their own family. They learn by what they see actually happen, more than by what family members say, particularly if the doing and the saying contradict each other. Therefore, family violence is behavior that gets passed on from one generation to the next until somebody puts a stop to it. Parents repeatedly tell their children not to hit other people, and then when confronted with a discipline problem, they resort to hitting the child. What the child hears – and remembers – is that violence solves problems, not that it is bad. Children who are exposed to violence are far more likely to become violent themselves. This is a fact that has been substantiated over and over. Exposure to violence in childhood is a serious risk factor for adolescent and adult violent and criminal behavior. In study after study, corporal punishment has been highly correlated with attacks on siblings, attacks on spouses, increased street crime, juvenile delinquency, and a generally accepted, socially learned acceptance and encouragement of violence (Straus, 1994). This cycle of violence is not inevitable but it does present a serious problem if we are to foster nonviolent family life. The most consistent risk factor for men being abusive to their own female partners is growing up in a home where their mother was beaten by their father (Straus and Gelles, 1990). For women, being physically abused as a child, or being physically and sexually abused as a child, makes subsequent adult victimization far more likely.

Substance Abuse Plays a Significant Role in Family Violence.

But there are other reasons as well. Substance abuse plays a role in exacerbating, if not actually causing, situations of family violence. One fourth to one half of men who commit acts of domestic violence also have substance abuse problems and as many as 80% of child abuse cases are associated with the use of alcohol and other drugs (Fazzone, Holton and Reed, 1997). Women who abuse alcohol and/or drugs are more likely to be victims of domestic violence and victims of domestic violence are more likely to receive prescriptions for and become dependent upon tranquilizers, sedatives, stimulants and painkillers and are more likely to abuse alcohol (Fazzone, Holton and Reed, 1997). Childhood victimization is a significant predictor of adult, but not juvenile, arrests for alcohol or other drug related offenses (Ireland and Widom, 1994).

Mental Health Issues and Family Violence.

In examining the etiology of family violence, pre-existing mental health problems may play a key role. Psychologists have recognized the need for adequate mental health services to prevent family violence, however, efforts to engage low-income, stressed or isolated families in traditional mental health services have frequently failed (McDonald, et al., 1997). A major contributing factor to the decline in family mental health is the so-called “toxic social environment” (Garbarino, 1995), which has placed many persons under escalating threats from various sources. Unless a second opinion is available to them, family members may not even recognize the aberrations that exists in their behavior.
In addition, the various stress factors as described in the other sub-topics of this section on symptoms of family violence, may have severe consequences for the mental health of all parties concerned.

**Family Violence As a Social Norm.**

It is also no coincidence that the vast preponderance of violent acts in our culture are perpetrated by males and acted out against women, children and other men. In 95% of the cases of domestic violence, the perpetrator is male (Attala, 1996). Although disordered biology can make violence more likely, this is not a matter of genetics or hormones. The dominant influence on male behavior is social expectation. Boys are expected to both give and take physical violence as part of routine male conditioning. As adults, men are expected to control their violence and the amount of control that is expected has varied over time and historical period, but nonviolence has never been the social norm (Bloom and Reichert, 1998; Miedzian, 1991).

**The Relationship Between Poverty and Family Violence.**

Families that are stressed, isolated and socially unsupported are more likely to be violent. Poverty, homelessness, racism are all stressors that in and of themselves do not cause violence, but alone and in combination they do put enormous stress upon families. Poverty affects one in ten adults and one in five children in the United States (Betson, 1997). Women are the fastest growing class of impoverished people, heading 24% of all poor households in 1960 and 48% of all poor households in 1984 (Katz, 1989). Forty percent of the people living below the poverty line are children (Freedman, 1993). African-American and Latino children and children from mother-only families are disproportionately poor, live in urban areas that are isolated and racially segregated, have few opportunities for education, jobs or advancement and are relatively cut-off from other community supports (Corcoran, 1997).

Many women and children are made homeless as a result of domestic violence when they flee the perpetrator. It is estimated that 32% of requests for shelter by homeless families were denied in 1997 due to lack of resources (Waxman and Trupin, 1997). A 1990 Ford Foundation study found that 50% of homeless women and children were fleeing abuse (Zorza, 1991). More recently, 44% of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (Waxman and Trupin, 1997). State and local studies also demonstrate the impact of domestic violence on homelessness: in Missouri, 24% of the sheltered homeless population are victims of domestic violence (De Simone et al., 1995); a 1995 survey of homeless adults in Michigan found that physical abuse/being afraid of someone was most frequently cited as the main cause of homelessness (Douglass, 1995); shelter providers in Virginia report that 35% of their clients are homeless because of family violence (Virginia Coalition for the Homeless, 1995); a 1995 study of homelessness in Nebraska found that victims of domestic violence represent 25% of the homeless population (Hanna:Keelan Associates, 1995); in Minnesota, the most common reason for women to enter a shelter is domestic violence. Of homeless women surveyed, 25% indicated their main reason for leaving housing was to flee abuse (Owen et al., 1995).
Societal Stress Factors.

And then there are the social stresses that impact every family in our society. Since 1960, there has been a four-fold increase in births outside of marriage, a four-fold increase in the divorce rate and a nearly three-fold increase in the proportion of working mothers of young children (U.S. Advisory Board, 1993). American families experience frequent separations from community supports — one in four children lives in a different home from the one the family lived in a year earlier. The rapid pace of technology has placed enormous demands on individuals and entire systems. By 1985, Americans were working 20% more hours a week than a decade before and enjoying 32% less leisure time. Working hours over the past twenty years have increased by the equivalent of one month per year (Schor, 1992). With global economic shifts, massive layoffs have affected 30 million people as of 1989. As a result, 89% of adults experience what they consider high levels of stress, 59% at least once or twice a week, 30% nearly every day. Fifty percent of Americans say that their lives have become significantly more stressful in the past ten years.

It is within this broad context that we must evaluate what the educational system can and should do about the problem of family violence. After the first couple years of life, children are a captive audience for a significant number of their waking hours. As a society, we mandate that our children are to be educated but up until recent decades, our educational emphasis has been on traditional subject matter – reading, writing and arithmetic. The schools could focus on educating children because other major social institutions – the family, religious organizations and other secular structures – provided the psychological, relational, social and moral education that children required to grow up to be healthy and productive citizens of a democratic society. But the structure of our society has undergone significant change since mid-century and in the new millennium the educational system must be prepared – and funded – to fill the holes left by the rupture of previously existing structures. In our Best Practices section of this report we will provide some examples of communities that are struggling to find solutions for these very complex problems.

Like adult victims, children who witness domestic violence experience a great deal of fear and have multiple ways of expressing it. The negative effects of the abuse can be seen in a wide range of cognitive, psychological and physical symptoms.
The Current Response

1) Through mandated reporting, based upon child abuse laws, school personnel submitted 14,012 child abuse cases to the Department of Public Welfare in 1998. Child abuse cases reported by schools accounted for 44% of the 31,669 total child abuse cases reported in 1998.

2) Extensive training of school staff on child abuse reporting by the Department of Education, Intermediate Units and the Network of Victim Assistance (NOVA).

3) Through the Safe and Drug-Free School funds, programs have been established dealing with conflict resolution and peer mediation.

4) Through the Student Assistance Program (SAP), collaborative work with school staff, students and parents, on a voluntary basis, has increased anti-violence initiatives in both schools and the community.

5) The Beginning Alcohol Basic Education Service (BABES) program in the early elementary school grades, helps children learn acceptable behavior.

6) Special attention through classroom discussion and specific lessons on topics such as bullying, harassment and physical contact are being implemented in many schools.

7) Local school staff in-service training is provided on the identification of students who are abused, harassed, bullied or are subject to other demeaning behaviors.

8) School districts continue to develop and refine policies reflecting a “zero-tolerance” position on violence.

9) Collaboration among school district, law enforcement and other child protective and social service agencies allow ready access to resolution of violence issues.

10) Grants and other funding sources require collaborative efforts between schools and other agencies, thus insuring school/community participation in resolving at risk issues.

11) Agencies such as NOVA provide student programs on abuse and violence prevention through both large group and classroom instruction.

12) Schools are holding parenting sessions during and after school hours to assist parents to be more effective in raising their children.

What Do We Know About Early Childhood Development, Schools, Intervention and Prevention?

We know that family violence is at the heart of many of the most difficult problems that schools contend with every day. From the very beginning of their entry into the educational system through early childhood programs and throughout the elementary and second-
ary school years, children who have witnessed or have been abused in situations of domestic violence will be seen at the school demonstrating every conceivable emotional, learning and behavioral problem. Some children will be victimized, some will be victimizers. Some will be destructive to themselves, some will be destructive to others. Some will be poor and homeless, while others will come from wealthy families. Weapons, fighting, sexual harassment, dating violence, poor school performance, delinquency, learning problems, conduct disorders, attention problems, promiscuity, teen pregnancy, substance abuse problems, all have been related to exposure to family violence. Schools and early childhood development programs are in the unique position of having the opportunity to do both intervention and prevention. Schools can interrupt the cycle of violence that we see in so many violent families.

**Prenatal and Infant Home Visitation**

In 1986, Olds and his colleagues published two articles in *Pediatrics* related to the use of public health nurses as home visitors that was tested as a method of preventing a wide range of problems including child abuse and neglect. Among the women at highest risk for care giving dysfunction, those who were visited by a nurse had fewer instances of verified child abuse and neglect, restricted and punished their children less frequently and provided more appropriate play materials. Their babies were seen less frequently in emergency rooms and by physicians and had fewer visits for accidents and poisonings than the comparison babies. This finding has been replicated many times in the past fifteen years and has stood up as a strategy of prevention that definitely works to decrease rates of maternal welfare dependence, criminality, problems due to the use of substances and child abuse and neglect and is relatively inexpensive given the long-term savings (Breakey and Pratt, 1991; Earle, 1995; Olds et al. 1986). In 1998, a study was released on the long-term effects of home visitation – fifteen years after 400 low-income, unmarried, pregnant and postnatal women had received home visitation. These children, now adolescents, have fewer instances of running away, fewer arrests, fewer convictions and violations of probation, fewer lifetime sex partners, fewer cigarettes smoked, fewer days consuming alcohol, fewer behavioral problems related to the use of alcohol and other drugs (Olds et al, 1998).

**Crisis Nursery Services**

Family violence can lead to chronic and ongoing family crises that leave both children and mother unsafe. Combinations of family problems, including homelessness, substance abuse, incarceration, family violence, and chronic illness of a family member, may precipitate a need for the use of a crisis nursery. Developing effective programs requires: (1) service coordination skills in linking consumers to the community services they need, (2) allowance for frequent and varied child visitation at the nursery, and (3) individual and/or group counseling for the parents. Crisis nursery care is a viable support for parents in the Child Protective Services (CPS) system if the roles of the nursery staff and the state/county agency are clear. Children placed voluntarily in the crisis nursery program by their parents and children referred by the CPS agency can be effectively integrated in the same program. Crisis nursery care for consumers who may repeatedly need to use the program’s services differs from basic prevention services since the families’ problems are more intense and complex, children have been subjected to unstable home situations for longer periods of time, and the families require more intensive program services. (Landdeck-Sisco, Jeanne. Crisis Nursery Services: Responding to Ongoing Family Crises. ARCH Factsheet Number 26. July 1993).
Characteristics of a School that is Safe and Responsive to Children

In 1998, the Center for Effective Collaboration and Practice of the American Institutes for Research in collaboration with the National Association of School Psychologists and a wide range of other national educational organizations published *Early Warning, Timely Response: A Guide to Safe Schools* (See Appendix 13). Based on experience and research it is clear that safe, responsible, and responsive schools have some characteristics in common:

- Focus on academic achievement.
- Involve families in meaningful ways.
- Develop links to the community.
- Emphasize positive relationships among students and staff.
- Discuss issues openly.
- Treat students with equal respect.
- Create ways for students to share their concerns.
- Help children feel safe expressing their feelings.
- Have in place a system for referring children who are suspected of being abused or neglected.
- Offer extended day programs for children.
- Promote good citizenship and character.
- Identify problems and assess progress towards solutions.
- Support students in making the transition to adult life and the workplace.

According to the *Guide to Safe Schools*, there is a growing consensus that certain principles have a significant impact on success when a school addresses the problem of violence, including the following:

- Share responsibility by establishing a partnership with the child, school, home and community.
- Inform parents and listen to them when early warning signs are observed.
- Maintain confidentiality and parents’ rights to privacy.
- Develop the capacity of staff, students and families to intervene.
- Support students in being responsible for their actions.
• Simplify staff requests for urgent assistance.
• Make interventions available as early as possible.
• Use sustained, multiple, coordinated interventions.
• Analyze the contexts in which violent behavior occurs.
• Build upon and coordinate internal school resources.

**Anti-bullying Programs**

According to the Norwegian researcher, Olweus (1993), who has been studying bullying for twenty years, the key to reducing bullying in schools is a clear policy regarding bullying with consistently applied consequences. Principals set the tone and bullying is reduced if the principal is committed to addressing the problem. Strategies include: consistent and formative consequences for bullies; an open-door policy for victims with empathetic responses; working with teachers on classroom management strategies for troubled children; reporting slips for playground problems with follow-through. Bullying is less prevalent in schools where the staff relationships with students and other staff are warm and supportive and where adults do not model bullying behavior for the students. Schools that emphasize academic success without respecting children’s individual strengths and weaknesses tend to have more bullying. Playground behavior needs to be far more closely monitored than it is and bullying incidents must be consistently addressed. The entire school staff needs to be trained to recognize and deal with bullying. Parents must be informed about the problem and given guidance and direction as to how to manage the problem. Peers must be encouraged not to be silent bystanders but to intervene when someone else is being victimized. (National Crime Prevention Council, 1997, See Appendix 10).

These are the measures that are necessary for a successful anti-bullying program (Olweus, 1993; Suderman, Jaffe and Schiek, 1996):

◊ Awareness and involvement on the part of adults, with regard to bully-victim problem.

◊ A survey of bully/victim problems at the start of implementation.

◊ Formation of a council of teachers and administrators to take the lead implementation.

◊ Development of a curriculum which promotes communication, friendship and assertive skills, and deals directly with issues of sex-role stereotyping, competition, blaming the victim.

◊ Implementation of co-operative learning activities in the school, teaching of social skills.

◊ A school conference day devoted to bully/victim problems.

◊ Better supervision during recess and lunch hour by adults.
consistent and immediate consequences for aggressive behavior.

◊ Generous praise for pro-social and helpful behavior by students.

◊ Specific class rules against bullying.

◊ Class meetings about bullying.

◊ Serious individual talks with bullies and with victims.

◊ Serious talks with parents of bullies and victims.

◊ A meeting of the school parent-teacher organization on the topic of bullying.

What About the Particular Needs of Homeless Children?

Fifty percent of homeless women and children are fleeing abuse. As a result of the Stewart B. McKinney Homeless Assistance Act and Amendments of 1987 which mandated removal of barriers to homeless children’s access to education and provided funding, schools have revised their policies to develop a range of opportunities for homeless children. Some schools have even developed classroom curricula to teach about homelessness in part as an effort to help develop a general sense of understanding and empathy for the homeless children in the class who are frequently isolated and teased (See Appendix 11). Some education programs are collaborative efforts with local school districts and domestic violence shelters to provide classrooms in the shelters. In other settings, the children are mainstreamed into regular classrooms with special extended hours and other services geared to meet their needs. Some schools have installed libraries in the shelters for the children. Other communities have developed transitional schools for homeless children that provide them with intensive and individualized care for a short time prior to the children being mainstreamed into regular schools.

What About After School Programs?

In Pennsylvania, 65% of school-age children have both or their only parent working. This leaves children with far too much unsupervised and unstructured times:

☐ About 29 percent of all juvenile offenses occur on school days between the hours of 2:00 p.m.— when young people begin to get out of school— and 8:00 p.m.

☐ In fact, the hour immediately following the typical time of release from school— from 3:00 p.m. to 4:00 p.m.— yielded more than twice as much violent crime as the preceding hour, from 2:00 p.m. to 3:00 p.m.

One viable solution is after-school programming. The U.S. Department of Education, through their 21st Century Community Learning Centers (CLC) grant program, in a partnership with the Mott Foundation and more than 50 other founders, is developing after-school programs for thousands of schools around the country. The Mott Foundation has pledged $55 million over the next five years to provide training, technical assistance and evaluation support for the programs. There are already established benefits for after-school programming:
Preventing crime, juvenile delinquency and violent victimization: Studies show that quality after-school programming can have a positive impact on children and youth at risk for delinquent behaviors.

Preventing negative influences that lead to risky behaviors, such as drug, alcohol and tobacco use: After-school programs can provide young people with positive and healthy alternatives to drug, alcohol, and tobacco use, criminal activity and other high-risk behaviors during the peak crime hours after school.

Decrease in aggressive behavior associated with watching television: The most frequent activity for children during non-school hours is television watching, which has been associated with increased aggressive behavior and other negative consequences. For about one-half of the hours children spend watching television, they are watching by themselves or with other children. And roughly 90 percent of the time is spent watching programs that are not specifically designed for them.

Better grades and higher academic achievement: Students in after-school programs show better achievement in math, reading and other subjects. Preliminary research indicates an increase in student achievement when compared to past performance and to control groups made up of similar students not involved in the programs.

Increased interest and ability in reading: After-school programs that include tutoring in reading and writing as well as reading for pleasure can increase reading achievement for students. Research indicates that reading aloud to children is the single most important activity for their future success in reading. Opportunities for students to practice reading and writing to achieve fluency increases their level of reading achievement.

Development of new skills and interests: After-school programs often offer activities in which children would not otherwise be involved during the school day or at home. They give children the opportunity both to develop new skills and to pursue existing interests in greater depth (Safe and Smart: Making After-School Hours Work for Kids - June 1998; See Appendix 8).

What About Peer Mediation and Conflict Resolution Programs?

Less Physical Violence

- 83% of High School, 85% of Middle School and 86% of Elementary School respondents indicated that they have seen “a lot less or somewhat less” student violence and other hurtful behaviors since the mediation program was implemented [New Mexico Center for Dispute Resolution, 1994].

- A 1992 study of a conflict resolution program in New York reported a 50% decline in student assaults [Meek, 1992].
Less Disruptive Behavior

- 78% of High School, 69% of Middle School and 77% of Elementary School respondents indicated that they have noticed “much less or somewhat less” fighting and suspensions for fighting since the mediation program began [New Mexico Center for Dispute Resolution, 1994].

- In a 1995 state-wide survey of high schools in California, over 70% of the respondents indicated that student peer mediation programs reduce the incidence of suspension; and a majority of respondents also believe that the programs reduce violence.

- There is a widespread support and enthusiasm by teachers and principals for peer mediation programs. Teachers cite a more positive classroom climate and a reduction in energy spent resolving conflicts among students. Principals report that conflicts referred to them decreased by 80% [David Johnson and Roger Johnson, University of Minnesota, 1994].
BEST PRACTICES

Please note that this is only a partial list of available programs and include those that are currently being utilized. Several of these programs will be highlighted in the Best Practices Section. It is important that the readers of this report carefully review this section as there are scores of fine programs that are included and need to be carefully observed for selection and use.

Throughout Pennsylvania and around the nation, schools and communities are wrestling with the issue of family violence by implementing a variety of different programs and collaborations. Starting early and reaching at-risk families before they are in trouble is a powerfully effective strategy of prevention. The earlier we can reach children, the better, so communities are beginning to intervene at the elementary school level when there are still ample opportunities for prevention. Addressing the issues of future perpetration by anti-bullying programs and by directly addressing issues of male violence have not yet been evaluated but show some promise. Since we know that a high proportion of homeless children are also victims of family violence, special services directed at this population are extremely important. Helping schools to develop safe environments that encompass every level of safety – the physical, the psychological, the social and the moral is vital if we are to prevent the endless cycle of violence that occurs between family and community (Bloom, 1995; 1997).

Such efforts include everything from providing safe passage for children in high violence neighborhoods to arrive safely at school, to providing specialized in-school services for children exposed to family violence, to general education of the entire school population about how to resolve conflicts without violence. High school education about family violence has grown rapidly and there are many curricula being developed around the country. In some programs, violence-awareness campaigns are sponsored during which time the interconnected topics of family abuse, dating violence, sexual harassment, and date rape are the focus of campus-wide events using speakers, films, plays and small group discussion. Other programs have added these topics into their regular curriculum on health, English literature, family studies, sociology and other relevant subjects. These are only a few of the best practices available. Schools of higher education also must contend with the results of family violence and have developed programs that address interpersonal violence as well as sexual harassment.

The problems that face schools today are so complex that finding solutions requires developing wide-based community collaboration. School systems are having to dramatically change their focus and develop innovative and creative solutions for the 21st century to solve the on-going problems presented by the 20th century.

Early Childhood Development in Pennsylvania.

The Safe Havens Training Project
Allegheny Intermediate Unit Head Start and Family Communications, Inc.
Pittsburgh, PA

The Safe Havens Training Project is a three-part, video-based training series that examines the issue of community violence by looking at the kinds of violence children are
witnessing, its effects on their development and what teachers, parents and community members can do to respond to children’s needs for safety. The training series was designed to be used with Head Start staff, Chapter 1 teachers, operators and staff of child care centers and family child care providers – anyone who works with preschool-age children in a child care setting. An Outreach Supplement is designed to reach parents and can also be used with law enforcement officers, religious leaders, healthcare professionals, civic leaders, and other community members (See Appendix 5).

The Children’s Trust Fund
Pennsylvania Department of Public Welfare

The Pennsylvania Children’s Trust Fund has a history of uniting with local, community-based organizations to make a difference in the lives of Pennsylvania’s children and families. From its inception in 1988, the Children’s Trust Fund’s (CTFB) mission has been to prevent child maltreatment by establishing and funding partnerships with community-based associations. As the needs of families continues to outpace available resources, the CTFB has been a leader in Pennsylvania’s efforts to enhance and build upon community strengths and capabilities to prevent the incidence of child abuse and neglect. In order to fulfill its mandate, and as a part of its mission to serve the best interest of the children of Pennsylvania, the Board is committed to:

√ Work to influence public policy and to change social attitudes that promote and tolerate violence against children and sexualization of children.

√ Strive to improve the lives of children by initiating prevention programs that strengthen families, build communities and empower individuals to protect and nurture their children.

√ Encourage collaboration among public and private agencies, replication of innovative community-based programs, strong leadership, flexibility and diversity.

√ Recognize our responsibilities as stewards of a public trust, never losing sight of children’s urgent need to be free from abuse and neglect.

√ Remain passionately committed to ensuring the safety of the children in Pennsylvania.

Effective programs funded through the Fund include the following: services to children of battered women residing in domestic violence shelters; home visitation projects that focus on health education, child development, social support and assistance to parents to learn how to nurture their children; prenatal care and perinatal bonding; basic child care and care of children with special needs; coping with family stress; personal safety and sexual abuse prevention training for children; peer support groups for abusive or potentially abusive parents and their children; respite or crisis child care; early identification of families who are likely to abuse or neglect their children combined with targeted services; supportive services for fathers that improve their bonding with their children; and parent education programs that increase a parent’s knowledge of child development.
The Children’s Trust Fund Board administers the trust fund program and awards grants to public and private community-based agencies that are engaged in the prevention of child abuse. The Office of Children Youth and Families, Pennsylvania Department of Public Welfare is responsible for budgetary, accounting, procurement and support services (See Appendix 5).

Early Childhood Development Nationwide.

Parents as Teachers Program

Parents as Teachers is a voluntary early childhood parent education program that begins at the birth of the child. Parents as Teachers professionals provide timely information to all families through personal visits, group meetings, screening and a resource network. A number of evaluation studies have shown that PAT children at age 3 are significantly more advanced in language, problem solving and other cognitive abilities, and social development than comparison children; PAT parents are more involved in their child’s schooling — parental involvement is key to a child’s success in school; the positive impact on PAT children lasts into the elementary school years; PAT children score higher on kindergarten readiness tests and on standardized measures of reading, math and language in first through fourth grades; PAT families have lower rates of suspected or documented incidents of child abuse and neglect than comparison groups or state averages; PAT parents are more confident in their parenting skills and knowledge; they read more to their child — again, a key to preparing a child to enter kindergarten ready to succeed (See Appendix 5).

Community Partnerships in Pennsylvania.

Bucks County Peace Center
Langhorne, PA

The Bucks County Peace Center is a non-profit educational organization dedicated to addressing the ways in which society approaches conflict and violence at home, in schools and in communities. The stated mission of the organization is to “educate, empower and support individuals, organizations and families in their efforts to prevent violence, promote peaceful resolution of conflict and foster equitable and safe communities.” Over the past decade, the Peace Center has worked with over 100 schools to fulfill its stated mission.

Influenced by Dr. Sandra L. Bloom’s model of Creating Sanctuary, Dr. Prothrow-Stith’s Public Health Model of Violence Prevention, the Communities That Care risk-focused prevention models and others, the Peace Center’s programs address the cycle of violence by creating safety in the classroom (Bloom, 1995, 1997). At the core of Project Peace are Violence Prevention Teams, made up of administrators, teachers, support staff, students and parents. The Violence Prevention Teams are empowered to serve as leaders in creating safety and promoting non-violence in their schools and communities. The Teams are trained in Violence Awareness and Violence Prevention as well as conflict resolution, mediation, team building and community building. These Teams meet monthly to design the appropriate programs for their individual schools (See Appendix 5).
Community Partnerships Outside Pennsylvania.

**Addison County Community Response to Family Violence**  
**Middlebury, VT**

The Children Who Witness Violence Project is a collaborative interagency program that was initiated by social service and family support agencies who recognized a serious gap in services available to children living in violent homes. Operated by the private non-profit victims services organization, Addison County Women in Crisis, the project has developed a training curriculum for agencies and schools about the effects of domestic violence upon children, a 30-minute video called *The Silent Victims* on the effects of domestic violence on children and where to go for services, a widely distributed booklet titled “What Adults Should Know About Domestic Violence and Children,” and the Safe Homes, Safe Schools program that teaches children ages 3 to 8 to recognize situations which may be harmful to them and to learn basic safety skills (See Appendix 5).

**The Child Development-Community Policing Program**  
**New Haven, Connecticut**

Many of our children live in communities where violence, fear, and despair are commonplace. OJJDP’s Child Development–Community Policing Program (CD-CP) is a project in which the New Haven, Connecticut, Police Department and the Yale University Child Study Center developed a collaborative effort between law enforcement and mental health professionals in order to help these children and their families. CD-CP, initiated in 1991, is an innovative partnership between police and mental health professionals in New Haven, Connecticut, which aims to address the psychological burdens on children, families and the broader community of increasing levels of community violence. In the CD-CP program, child developmental principles are applied to the day-to-day practice of community policing and clinical practice is informed by an understanding of crime, violence and the community derived from contact with the police. The project includes a 10-week training course in child development for all new police officers and child development fellowships for community-based district commanders who direct neighborhood police teams. A three-pronged system of support services is also provided to help maintain communication among community members, police and related services personnel and Child Study Center Staff. The CD-CP program has provided a wide range of coordinated police and clinical responses including: round-the-clock availability of consultation with a clinical professional and a police supervisor to patrol officers who assist children exposed to violence; weekly case conferences with police officers, educators, and child study center staff; open police stations located in neighborhoods and accessible to residents for police and related services; community liaison and coordination of community response; crisis response; clinical referral; interagency collaboration; home-based follow-up; and officer support and neighborhood foot patrols.

Community Partnerships Nationwide.

**Big Brothers Big Sisters of America**

Big Brothers Big Sisters of America is the oldest and best known mentor program. Matches are carefully made between adult and child using special criteria and procedures.
The program serves children 6-18 years of age, with the largest portion of children being those 10-14 years of age. An 18-month study showed that the Little Brothers and Little Sisters were:

- 46 percent less likely to begin using illegal drugs
- 27 percent less likely to begin using alcohol
- 53 percent less likely to skip school, and 37 percent less likely to skip a class
- more confident of their performance in schoolwork
- less likely to hit someone, and
- getting along better with their families.

School-Based and School-Administered Family Violence Prevention Programs in Pennsylvania.

Cumberland Valley School District
Cumberland County, Pennsylvania

The Cumberland Valley School District has developed a plan for addressing the issue of family violence in the schools. The plan calls for the development of “security banks” that include safety, shelter, sustenance, clothing, transportation, medical, dental, employment and all other such needs in order for families to be sustainable. The person to coordinate all efforts is the “Counselor Coordinator” who establishes the coordination necessary to make the program work. The program is being evaluated. So far, since its inception, the drop-out rate has been reduced to approximately 1% and students losing their credit because of illegal absences has dropped by 100%. All of the security banks have been used to assist both families and students (See Appendix 5).

Neshaminy School District
Langhorne, PA

The Neshaminy School District in Bucks County, Pennsylvania is comprised of children from widely divergent socioeconomic backgrounds. A suburban school beset with the typical problems that schools face, Neshaminy decided to respond. Building on the Student Assistance Programs of the 1980’s drug prevention efforts, Neshaminy SAP teams recognized that substance abuse was just the tip of the iceberg of the problems that plagued the elementary, middle and secondary schools. Neshaminy established one of the first crisis teams to address any emergency in the school and instituted debriefing for students involved, those at-risk, and the general school community when any incident occurred. As the school administrators realized they were spending 95% of their time at the secondary level dealing with 2-4% of the students, they decided to focus on these troubled 2-4%. Security measures were increased. Programs were set up with local law enforcement and probation. A school-based probation program was created right on the school campus. A program called PASS – Planned Actions Stimulating Success – was started that provided failing children with disciplinary problems with a faculty member who mentored them in order to break the “cycle of failure.” An alternative school was created for conduct-disordered children in 9th-12th grade, combining regular educational programs with intensive therapy and indoor Outward Bound activities with very good results. The price tag for all the innovations actually came to only $33/student/year (Bloom and Reichert, 1998; See Appendix 5).
In-School Violence Prevention Program
Women’s Center and Shelter
Pittsburgh, PA

The WC&S in Pittsburgh closely coordinates services for both adult and child victims of domestic violence. They have developed the In-School Violence Prevention Program that provides individual, age-appropriate curricula for kindergarten through elementary and secondary grade levels. The program was an outgrowth of the 1987 center efforts to obtain grant funding to support an extensive education and training program. Working closely with local school officials and creatively using federal funding for substance abuse and suicide prevention to support the effort, the center developed and now offers the following violence prevention programs in the public school system:

SAFE CHOICES: A program for grades K through 3 that teaches children to identify their feelings and problems, create non-violent solutions to problems; create effective safety plans; learn the difference between aggressive, assertive and passive behaviors and the difference between thinking, feeling and acting; develop an appreciation for such human variables as race, sex, looks and ability; and empathize with those who are different or who have different opinions without resorting to violent or abusive behavior.

HEALTHY CHOICES: A series of ten lessons for grades 4 and 5 that teaches children to identify different forms of abuse; understand the dynamics of power and control in families and other interpersonal relationships; become aware of how stereotypical expectations of male and female behavior contribute to violence and abuse; identify options and resources for problems or dangerous situations; learn assertiveness skills that help solve problems in a safe, non-violent environment; recognize the importance of self-esteem as related to positive decision-making; understand the connection between feelings and behavior; realize the impact language has in assisting or hindering communication and set boundaries for fair fighting.

CHOICES AND CHANGES: Teaches students in grades 6 through 8 to respect differences, cope with change, think about choices, make smart decisions, identify pressure they face, explore options to cope with these pressures, recognize the importance of respecting differences, identify how various “isms” affect all people, define stereotypes, learn how stereotypes prevent friendships and recognize the ability to make smart decisions.

DANGEROUS CHOICES, the DANGEROUS CHOICES DISCUSSION GROUP, and the CHOICES AND CONSEQUENCES GROUP: Programs for students in grades 9 through 12 that are designed to increase their awareness of dating violence; explore the options and legal rights of adolescents caught in violent relationships; learn to build safe, healthy relationships and provide separate discussion formats for victims and for abusers.

The WC&S trains all school personnel, acquaints parents with the curricula and the need for parental sensitivity to these issues, and offers therapy for self-identifying groups of students. More than 8,000 students have received these services and the center now markets its curricula to other school systems (See Appendix 5).
The Peaceful Posse is a violence prevention program for 8-14 year old boys that was an outgrowth of the RADAR Domestic Violence Training Program for Health Care Providers developed by the Philadelphia Family Violence Working Group under the auspices of Philadelphia Physicians for Social Responsibility. The Peaceful Posse, led by Brother Rob Carter, offers boys the opportunity to meet weekly in after-school groups led by a mature male who models nonviolent solutions to life’s problems. The boys come from Philadelphia public housing communities and have usually been exposed to family and community violence. According to a preliminary evaluation of Peaceful Posse conducted by the City University of New York, the boys attitudes towards violence and women have shifted towards nonviolence and gender justice (Bloom and Reichert, 1998; See Appendix 5).

School-Based Family Violence Prevention Programs Nationwide.

The Conflict Resolution Education Network

The Conflict Resolution Education Network (CREnet), formerly NAME, is the primary national and international clearinghouse for information, resources, and technical assistance in the field of conflict resolution and education. It continues to promote the development, implementation and institutionalizing of school and university-based conflict resolution programs and curricula. In 1997, NIDR estimated that there are over 8,500 school-based conflict resolution programs in the United States located in the nation’s 86,000 public schools.

Domestic Violence Prevention Project
Chicago, IL

In Chicago the Domestic Violence Prevention Project is housed at Pablo Casals Elementary School and run by the West Humboldt Park Family and Community Development Council. Located in a predominantly African-American and Latino community comprised of low-income and working-class residents, the Council initiated the Domestic Violence Prevention Project to explore how community organizing can help make domestic violence unacceptable among the children and parents in two elementary schools. The project’s goal is to initiate a school-wide conversation and educational process about domestic violence. The project works on several levels. A parent support team helps identify victims of domestic violence who attend support groups at the school and receive individual attention from project staff. Classroom presentations about domestic violence help prevent young people from entering into abusive relationships. After-school rap groups provide the tools to prevent and avoid domestic violence. Both youth and parent support groups organize pot-luck luncheons, marches, vigils and training sessions to continue the dialogue about domestic violence. The school-based project provides a convenient “cover” for domestic violence victims who can pretend that they are going to volunteer at the school. The school is now seen as a “safe place” in which students, parents and staff can receive and give each other information, support and encouragement for change.

Dove, Inc. Domestic Violence Program
Decatur, IL.

Dove, Inc. provides a wide range of comprehensive services and considers children primary clients with their own advocates and case files. Dove’s Domestic Violence Program has actively built relationships with the religious community as well as the schools and other community institutions. A Teen Dating Violence Counselor provides individual support and counseling to teenage victims of dating violence. The counselor maintains frequent contact with area schools and facilitates groups for teenage victims on area school campuses (See Appendix 5).

Heart to Heart
Charlotte, NC

Heart to Heart is a teen theater troupe sponsored by the Shelter for Battered Women in Charlotte, NC and funded through grants, performance fees and contributions. The program uses theater to capture the attention of teens and to prompt them to reflect on abusive relationships. Response from schools has been so positive that Heart to Heart has been incorporated into the country-wide ninth grade health curriculum (See Appendix 5).

Inglewood Unified School District Trauma/Grief Focused Group Psychotherapy Module
Inglewood, CA.

In collaboration with the Los Angeles County DA’s office, the Drew University School of Medicine Center for the Study of Violence and Social Change, the Trauma Psychiatry Program at UCLA School of Medicine, the City of Inglewood Police Department, and the County of Los Angeles Probation Department, the Inglewood Unified School District is providing a school-based prevention/intervention program for elementary school children exposed to intra- and extra familial violence and loss (Murphy, Pynoos and James, 1997; See Appendix 5).

Jacksonville Community Partnership for the Protection of Children
Jacksonville, FL.

In addition to a wide range of domestic violence services for women and their children, the Jacksonville program has established partnerships with the schools in their targeted neighborhoods. The Department of Children and Families has located staff at the schools who work with 400-500 students and their families every semester. They help make referrals, find funds for utilities, housing and stabilization and make sure the environment is safe for kids. PATH – Prevention, Advocacy and Therapeutic Help — is another partnership program offered by child advocates to students in elementary schools for six-week periods. HARK – Helping At-Risk Kids offers support groups for child witnesses, support for kids in group homes, juvenile detention and foster care. RAP – Relationship Abuse Prevention - programs are offered in middle and high schools. In addition, the shelter, Hubbard House, runs a school with three classrooms for 54 students (See Appendix 5).
In June, 1998, the Chicago Public School system under its CEO, Paul Vallas, launched a major violence prevention initiative, collaborating with every major institution and system in the city. They first hired 100 Violence Intervention Program Specialists (VIPS) who, in conjunction with community agencies, the Chicago Police Department, and the interfaith community, are working within 16 communities that have experienced significant incidents of violence. The VIPS are supported by an infrastructure that includes: a 24-hr Telephone Referral Services Hotline, a Resource Directory, Job Readiness Centers and the Interfaith Community Partnership. Components of the overall program include: after school and lighthouse programs, summer school, truancy prevention programs, crisis intervention, character education, community service learning, high school student advisories, ROTC and cadet programs, “walking” school buses, safe passage, videos and training on gang deterrence and on preventing brain and spinal cord injuries, volunteer programs, parent patrols, Saturday morning expulsion alternative for first-time substance abuse offenders, alternative schools, community forums, conflict resolution training, metal detectors, surveillance cameras, and security personnel. The Chicago Public School program has been collaborating with the city departments of public health, libraries, parks, public housing, human services, and employment. Intercity collaboration has also occurred with state and federal government agencies (See Appendix 5).

South Tama County School-Based Youth Services Project
Tama, Iowa

South Tama County has developed a community-wide collaboration in order to protect children. The stakeholders in this effort include:

- Mental Health Clinics
- Public Health Services
- Juvenile Court Office
- Department of Human Services
- Mid-Iowa Community Action
- Alternative Services, Inc.
- Domestic Violence Alternative
- Covenant Medial Center
- Catholic Charities
- Job Service of Iowa
- Jobs Training Partnership Act (JTPA)
- Job Corps
- Iowa Valley Community College
- Mesquaki Alcohol & Drug Abuse

The goal of the program is to help ensure that every South Tama student graduate is employable, healthy and drug-free. It is STCSBYSP’s premise that any student on any given day could be at risk so it strives to serve all students while targeting those most at risk. South Tama middle and high school students (grades 6-12), drop-outs to age 21 and their families. The program also offers various services to other adults in the community under
the belief that a healthier community leads to healthier families who raise healthier kids. Starting in the fall 1994, the project expanded its services to the elementary level. The project’s school has a 16.3 percent minority population consisting mainly of Native Americans (11.3 percent) and Hispanic (4 percent). In 1993-94, 962 students had at least one contact with the Center. The services provided include:

- Mental health, individual, family, group, and crisis counseling; diagnostic evaluations; emergency hotline.
- Health services including pregnancy testing, physicals, nutritional counseling, WIC, dental assessments, immunizations, and education.
- Substance abuse assessments, educational groups, support groups.
- Intense supervision and independent living.
- Family development and basic needs.
- Pre- and post-pregnancy counseling and adoption services.
- Counseling for family violence and sexual assault.
- Employment services such as work experiences, job training, apprenticeships, college/career exploration, job searches, etc.
- GED, Learning Lab for credits needed to graduate, and tutoring.
- Recreational services.
- Limited daycare.
- A mentor program.

*(School-Linked Comprehensive Services for Children and Families - April 1995)*

Templum
Cleveland, OH

Templum was the first women’s shelter in Ohio to institute specific programming to help children cope with domestic violence. Templum’s unique “one-room schoolhouse” with a full-time teacher provides six hours of instruction each weekday for child residents from kindergarten through 8th grade. Additionally, tutors are provided by the Cleveland school system and classroom materials are sent from the school district. Outreach advocates link each child to resources in their schools, while school advocates help children adjust to new schools. Advocates accompany children and their families on the first day of school and meet with their teachers. They work out bus routes for the children, provide teachers with information regarding each child’s situation and relate appropriate information about each child’s progress in the shelter schoolroom. They continue to advocate with the teachers and counselors as warranted and provide continuing information to the schools regarding domestic violence (See Appendix 5).
Women Escaping a Violent Environment
Sacramento, CA

The Women Escaping a Violent Environment (WEAVE) Children’s Program provides school-based intervention and prevention services for children aged six to eighteen who have experienced domestic violence in their homes or in dating relationships. The project began when WEAVE began working with the San Juan Unified School District in Sacramento to provide domestic violence counseling for first through sixth-graders at Dyer Kelly Elementary School. Since then, these services have been expanded to four elementary schools, one middle school and one high school in the district. Counseling is provided in small groups divided by grades to match developmental/age levels. These school based counseling services now are part of a large, collaborative project known as the Alliance for Excellence, bringing together public health professionals, Temporary Assistance to Needy Families case workers, Children’s Protective Services social workers, medical providers, law enforcement, city and county government leaders, community-based agencies and school district staff and administrators. The WEAVE Children’s Program collaborates with two school districts in Sacramento County to present a unique prevention program for fifth and sixth graders titled “Violence Free- My Family and Me.” This program includes a curriculum presented in six one-hour sessions by WEAVE staff and a community-wide children’s poster contest. WEAVE also conducts an eight-unit dating violence/sexual assault prevention curriculum, “In Touch with Teens,” designed to teach teenagers to recognize warning signs of abusive relationships, to break the cycle of abuse and to use problem-solving skills in relationship conflicts (See Appendix 5).

Parent Teachers Associations (PTAs).

Kids Need A Future, Not Funerals. Community Violence Prevention Kit
National PTA

The National Parent Teachers Association has developed an information packet with a number of tools in it to address the outbreak of violence connected to children. Resources are listed in the violence prevention kit as well as information for building effective coalitions in the community, techniques for conflict management and information on peer mediation. Information is available on the PTA Website in downloadable form (www.pta.org) (See appendix 6).

The Washington State PTA Domestic Violence Awareness Campaign

The Washington State PTA initiated a domestic violence awareness campaign. Working with two state agencies, the state PTA produced a packet of information on domestic violence, i.e., what it is and its effects on children and youth. The packet also included information on dating violence, and what PTAs and other community organizations can do to stem the tide of these growing problems. Washington State PTA printed 1,000 packets, which it distributed to its councils and local PTAs and other interested groups. It also conducted classes on domestic violence and date violence prevention at its annual convention. Washington State PTA also formed a statewide committee that would identify, educate, and mobilize PTA members around teen violence issues such as sexual harassment, date rape, depression, and suicide. As of this writing, the committee, led by McKim, has published four advocacy briefs focusing on communicating with teens about these issues.
In addition to the above efforts, the Washington State PTA also promotes and presents the National PTA programs Safeguarding Your Children and Taking Charge of Your TV.

PTAs wanting more information on the Washington State PTA violence prevention initiatives can contact Rhonda McKim at 15525 165 Place N.E., Woodinville, WA 98072; (425) 483-5781.

Corporate and University Partnerships.

Women’s Work
Liz Claiborne, Inc.

Each year the Liz Claiborne campaign, “Women’s Work,” experiments on ideas to address different groups working against domestic violence. Claiborne hopes to ultimately combine the different groups into one big coalition against domestic violence. Claiborne is targeting college students through educational workshops on campus and a national campus survey on the issue. Claiborne also is expanding its internal employee-assistance program. Its resources and marketing abilities are helping to bring domestic violence issues out into the open. Liz Claiborne has sponsored a series of programs not only on education, but also on awareness and prevention. The company feels that it is important to reach people at an age when critical decisions are being made about relationships. It hopes to provide valuable information that will be useful to students in the long term.

Claiborne commissioned a survey of college students across the country to determine their perceptions and knowledge of domestic violence and its impact on their lives. The survey revealed that most college students are aware and concerned about domestic violence. In fact, 75 percent of students consider it a major problem in society. Just over half (59 percent) report they personally know friends, relatives or someone close to them who has been affected by domestic violence. Claiborne has taken the lead in promoting domestic violence awareness and prevention among its employees. It has a strong Employee Assistance Program that is available nationwide to employees, their spouses and anyone with whom they share a household. The company also has instituted “Family Stress” seminars that are open to all employees and are held during business hours. The seminars search for ways to communicate more effectively to improve and enrich family relationships and provide the tools to recognize potentially violent situations (See appendix 6).
Listed below are those resources which we recommend to any school and early childhood development program interested in creating, expanding or simply learning more about how to address family violence.

References


DeSimone, Peter et al. *Homelessness in Missouri — Unabated, Increasing*, 1995. Available...
for $4.00 from the Missouri Association for Social Welfare, 308 E. High St., Jefferson City, MO 65101; 573/634-2901.


**Other Resources: Curricula, Videos, Agencies**

*My Family and Me: Violence Free*

This is an elementary school curricula developed by the Minnesota Coalition for Battered Women and implemented in local schools in order to education children about domestic violence. Children learn to label different kinds of family violence and effects on victims; develop personal safety plans to use in abusive emergency situations; express feelings, opinions and behaviors on a basis of respect, equality, and sharing of power; practice assertiveness and problem-solving skills; and affirm their self-worth and self-direction (Stavrou-Peterson and D. Gamache, 1988. *My Family and Me: Violence Free*. St. Paul: Minnesota Coalition for Battered Women).

*Domestic Abuse Study: The Impact On Children*

This study helped the State of Iowa develop a strategy on what they could do about domestic violence and its impact on children. Funded via the Iowa Department of Education under the McKinney Homeless Assistance Act - Administration Funds. Additional funding provided through Iowa Coalition Against Domestic Violence January 1994

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Homelessness Resource Guide for K-12 Teachers

The homelessness resource guide was developed as part of a statewide initiative to address Iowa’s homeless population. This curriculum for teachers is broken down into elementary, middle, and secondary level course work and is designed to help children understand what homelessness is about, develop empathy for the homeless, and know what they can do about the problem. Resources are identified throughout the publication (See Appendix 11).


No Safe Place – PBS Video and Teacher’s Guide

Each year in the United States two million women are beaten by their partners, and more than half a million women report being raped or sexually assaulted. For more than a year KUED-Channel 7 producer/director Colleen Casto and writer Mary Dickson went behind the headlines to explore the roots of violence against women. Their powerful documentary film tells the moving stories of women who have been battered, assaulted, and raped, as well as the stories of men who commit these crimes. Also featured are interviews with several nationally recognized experts who look at causes and solutions. The film, which has already won several prestigious awards including a Gold Award from the Houston Worldfest International Film Festival, stresses that while women may be afraid of strangers, it is the most intimate of strangers — a husband, a lover or a boyfriend — who is likely to hurt them. More than a recitation of the grim statistics, however, No Safe Place offers a thoughtful examination of the origins of violence against women, looking at the biological, sociological, cultural and historical factors involved.

Teacher’s Study Guide: A KUED Educational Video Production

Making the Most of No Safe Place: Suggestions to enhance the impact of the video in your classroom.

Video Orders and Taping Rights: Videotape information for educators.

If a Student Needs Help: How to help students who disclose abuse.
Are You in Danger?: For students at risk.

Domestic Violence: Discussion questions and answers.

Rape and Sexual Assault: Discussion questions and answers.

Origins of Violence Against Women: Discussion questions and answers.

Individual Causes: Discussion questions and answers.

Abusive Men Need to Get Help: Discussion questions and answers.

The Solutions: Discussion questions and answers.

Resource List: National safe places.


Peer Leader Training Model on Teen Dating Violence: Produced by The Dating Violence Intervention Project, a Joint Project of Transition House and Emerge. D.V.I.P., P.O. Box 530, Harvard Square Station, Cambridge, MA 02238.

Healthy Relationships: A Violence-Prevention Curriculum: Developed by Men For Change in cooperation with The Halifax County-Bedford District School Board, Nova Scotia Canada (http://fox.nstn.ca/-healthy).


National Resource Center
6400 Flank Drive
Suite 1300
Harrisburg, PA 17112
(717) 545-6400

“What about Us” video
Friday Street Productions, Kinetic Inc.
255 Delaware Avenue, Suite 340
Buffalo, NY 14202
(716) 856-7631

National Coalition Against Domestic Violence
P.O. Box 18749
Denver, CO 80218
(303) 389-1852

“Seen, But Not Heard” Video
Friday Street Productions
Kinetic Inc.
255 Delaware Avenue
Suite 340
Buffalo, NY 14202
(716) 856-7631

“In Love and Danger” video
(For teachers and parents)
MTI Film and Video
108 Wilmot Road
Deerfield, IL 60015
1-800-621-2131
“Domestic Violence: Taking a Stand”
video
ACCESS-York, Inc.
P.O. Box 743
York, PA 17405-0743
(717) 845-8226

Community Violence Prevention Kit
National PTA, 1998
Chicago, Illinois, 60611-3690. (See Appendix 6)

- Bullying Interventions


- Teen Dating Violence

*Dating Violence: True Stories of Hurt and Hope* by John Hicks


*What Parents Need to Know About Dating Violence: Learning the Facts and Helping Your Teen* by Barrie Levy and Patricia Occhiuzzo Giggans.

- Schools Safety Resources

The following list was compiled by the Center for Safe Schools as a resource on school-based strategies to prevent violence and address other school safety concerns. Highlighted are a number of resources being used by schools and communities in their efforts to promote safe and successful learning environments for youth. This list is not intended to be comprehensive, but rather a reference for additional research and information. The Center for Safe Schools maintains a lending library of over 3,000 publications, articles, videos and other resources for schools and organizations working with schools. Many of the following materials are available for loan through the Center’s library. For more information, call the Center for Safe Schools at 717-763-1661
PENNSYLVANIA

Governor’s Community Partnership for Safe Children
800-692-7292 (x-3101)
www.cp.state.pa.us/
717-783-3755
www.cas.psu.edu/pde.htm

PA Department of Education
Bureau of Community and Student Services

Center for Safe Schools
717-763-1661
www.center-School.org/css.home.htm
Services for Teens At-Risk (STAR) Center,
Western Psychiatric Institute of the University of Pittsburgh Medical Center
412-624-0725

Pennsylvania State Police,
Bureau of Training and Education
Education Mediation Services

Bucks County Peace Center
215-750-7220

Pittsburgh Peace Institute
412-361-5900

Research for Better Schools
215-574-9300
www.rbs.org

Bedford County program on “Your Safe Haven Inc.”
(See Best Practices Appendix 5).

Bensalem Township Police Dept.
2400 Byberry Road, Bensalem, PA 19020.
(Their program on Domestic Violence-See Best Practices Appendix 5).

A Powerful Peace (The Integrative Thinking Classroom)
The Bucks County Peace Center
102 West Maple Ave., Langhorne, PA 19047.
(Project Peace is the realistic project now in place).
(See Best Practices Appendix 5)

“Violence—Free—Healthy Choices for Kids”
A program for upper elementary school students
Women’s Center and Shelter of Greater Pittsburgh
(412) 687-8837

Cumberland Valley School District, Pennsylvania
Program to deal with Family Violence
(Full program description-See Best Practices Appendix 5)

CSAP Substance Abuse Resource Guide: Violence. (See Appendix 9)
http://www.health.org/pubs/resguide/violence.htm
NATIONAL

National School Safety Center  
805-373-9977  
www.nssc1.org  
www.ed.gov/offices/oese/sdfs/  
U.S. Department of Education,  
Safe and Drug Free Schools  
202-260-3954

U.S. Department of Justice,  
Office of Juvenile Justice  
and Delinquency Prevention  
800-638-8736  
www.ncjrs.org  
Partners Against Violence  
www.pavnet.org

Bureau of At-Risk Youth  
800-99-YOUTH  
www.at-risk.com/  
Crisis Prevention Institute, Inc.  
800-558-8976  
www.execpc.com/~cpi

Education Resources Information  
Center (ERIC)  
www.aspensys.com/eric/  
The National Mentoring Partnership  
202-338-3844  
www.mentoring.org

Center to Prevent Handgun Violence  
202-289-7319  
www.cphv.org/  
Center for the Prevention of  
School Violence  
800-299-6054  
www.ncsu.edu/cpsv/

Teen Dating Violence, by the Violence Intervention Project  
Cambridge, MA  02238.  
(See Best Practices Appendix 5)

Healthy Relationships.  A Violence Prevention Curriculum  
(See Best Practices Appendix 5)

“My Family and Me, Violence Free”  
Domestic Violence Prevention Curriculum for Grades K-3 and 4-6

National Dropout Prevention  
Center/Network  
864-656-2599  
www.dropoutprevention.org  
National School Safety and  
Security Services  
216-251-3067  
www.schoolsecurity.org

National Education Service  
800-733-6786  
www.nes.org  
Domestic Violence Awareness  
U.S. Department of Justice  
Washington, D.C.  20503  (See Resources and References Appendix 1)
Resources from the “Safe Havens Training Project” are available and include tapes and videos. Please contact:
Allegheny Intermediate Unit
1400 Penn Avenue, Suite 201
Pittsburgh, PA 15222-4332
(412) 394-5863
These are realistic and working currently in Pennsylvania.
(See Resources and References Appendix 5).
X. Recommendations
1. The Commonwealth of Pennsylvania should offer tax incentives to employers who establish and maintain policies and programs designed to address family violence.

**Rational:** Many small and medium sized employers cannot afford programs that may be essential to the protection of employee victims. A tax incentive to employers who establish and maintain policies and programs to address family violence would give these employers the means to protect their employees while still maintaining a profitable business.

2. Employers should provide pertinent information, education and training to supervisors and employees on identifying and responding to the warning signs, dangers and effects of family violence.

**Explanation:** “Domestic violence does not begin and end in the home. It comes to work,” as was testified by Elizabeth E. Bell, Director of Employee Relations at Abington Memorial Hospital. Educational materials and referral sources made available in the workplace should be conducted in the same manner as substance abuse, sexual harassment, stress management, and conflict resolution. Methods may be designed which will be cost effective from the smallest to the largest business. They may include training sessions, scheduled speakers, informational pamphlets and safety cards with community referral numbers.

**Justification:** Family violence occurs in the workplace, affects employee health and well-being and results in lost days of work, reduced productivity and increases employee turnover and health care costs. Co-workers and supervisors frequently would like to help, but do not know what to do. They may also, as Ms. Bell testified, “try to compensate for the reduced productivity and low morale of the victim.” The confidential availability of such educational and referral materials promotes a feeling of safety in which employees are more likely to seek assistance with family violence and co-workers and supervisors are educated about how to help.

3. Employers should promulgate a zero-tolerance policy stating that family violence will not be tolerated on the job and that employee perpetrators will be subjected to corrective or disciplinary action.

**Explanation:** Family violence is inappropriate in the workplace. Employees, victim or co-workers, must not face threats or violence on the job. Perpetrators must not be given a place to act-out. By promulgating a zero tolerance policy regarding family violence in the workplace, an employee establishes a published standard of behavior, setting the tone for all employees. Moreover, by enforcing the code of conduct by immediate responsive action, the employee protects the work environment from the threat of continued harassment. However, this policy is controversial, as some perpetrators may seek retribution from their victims if disciplined.
**Justification:** Employers cannot tolerate violence in the workplace. Both the innocent target of the violent behavior and innocent co-workers must be provided a safe work environment. A bright-line policy of zero tolerance and appropriate disciplinary response is needed so that there will be no equivocation. Ms. Bell of Abington Memorial Hospital testified that its zero tolerance policy effectively communicates the Hospital’s message and “supports a workplace environment in which employees feel safe....”

4. **Employers should modify leave and attendance policies to accommodate the needs of victims of family violence.**

**Explanation:** Victims of family violence often require time-off from work to seek and obtain help in dealing with their problems. Time-off is needed to address physical and emotional injuries of both the targeted victim and other family members, often indirect victims of emotional injury. In addition, as testified to by Ms. K***, victims of family violence may need flexible attendance policies to vary their hours so that their coming and going is not predictable and traceable by the perpetrator of the violence. Also, victims of family violence may need flexible attendance policies so that they may obtain time when the perpetrator is at work to conduct activities that must be done in secrecy, such as seeking alternative shelter, and packing and moving out.

**Justification:** Many employee victims of family violence need time-off to seek medical help, counseling and time to arrange their activities. Victims should not be forced to take leave-without-pay for these times. Valuable employees need time-off to seek help and arrange their activities so that they can resolve their situation and thereby become more productive employees. Also, a victim of family violence may fear attack by the perpetrator in the workplace. By providing alternative attendance policies, varying working hours and locations, security may be enhanced. At Independence Blue Cross, as testified to by Mr. Croner, VP of Human Resources, they provide flexible paid and unpaid time off to be used as needed by the employee. Emergency leave does not require documentation and may be taken for up to five days. By implementing this policy this employer feels it better meets its employee needs and enhances their performance.

5. **Employers should place family violence awareness materials such as posters, safety cards and other referral information, in places where employees can privately access such information.**

**Explanation:** Victims of family violence need to be informed and educated regarding resources and responses to family violence. Written information, including details on resources available to assist victims of family violence, should be made available to every employee. To be effective, such information needs to be provided at the time of need and in a manner that respects the employees dignity and privacy concerns.

**Justification:** Valuable and effective employees need to be supported in times of personal crisis. Family violence is a sensitive topic that needs to be addressed with the utmost respect and concern for the victim’s dignity and right to privacy. Employers should support their employees by providing educational materials, including resource listings, to help address instances of family violence. Furthermore, to ensure that employees will be comfortable accessing this information, it should be provided in confidence. That means, identifying a location where the material can be accessed in private, such as in the
restrooms, nurse’s station or other relatively private spot. Abington Memorial Hospital reported that its policy of placing safety cards with community referral numbers in employee-access bathrooms is effective.

6. Employers should perform risk assessments by evaluating and assessing the risk to employees of being threatened or abused by an intimate partner while the employee is at work.

Explanation: Employers should review where violence statistically takes place and then assess the risk areas of their offices. As all workplaces are different and each employer should ensure that their workplace risk areas are safe and secured for their employees.

Justification: Most employers have not been made aware of the potential risks to their employee victims while they are at the workplace. A risk assessment would make employers aware of potential over sites in security that may be able to be remedied before a violent act occurs.

7. Employers should encourage employees to notify management when they have a protection from abuse order against their partner.

Explanation: Only through communication and knowledge can employers effectively maintain a safe and secure workplace. When a domestic situation has escalated to the point that an employee has filed a protection from abuse order against their partner, that employee should provide sufficient notice and information to their employer so that precautions can be taken to protect that employee as well as his or her co-workers. With prior knowledge of the order, an employer can prevent the abuser from coming in contact at the workplace.

Justification: To encourage employees to communicate with a supervisor or other specific individual, employers can institute a domestic violence policy that includes educating all employees in workplace procedural responses which would follow notification of an abuse order. Employers can outline possible security precautions and identify an individual to whom confidential inquiries and information can be given. Employers can also educate security personnel about family violence and procedures to follow to assist in protecting their employees and the victims of family violence. Through employee communication and responsive employer action, the necessary steps can be taken in the workplace to safeguard the victimized employee and maintain a secure working environment.

8. Employers should develop adequate safety procedures to protect those employees threatened by family violence in the workplace.

Explanation: Some safety procedures should include, but is not limited to, providing escorts to parked cars, providing adequate lighting inside and outside buildings, providing priority parking near the building for women fearing attack, providing a photograph of the batterer to security personnel to be kept at the entrance to help prevent access and offering silent alarms at desks or cellular phones to women at risk.

Justification: Perpetrators of family violence know exactly where and when their victim is at work. In fact, in a 1994 study, the U.S. Department of Justice estimated that hus-
bands or intimate partners committed 13,000 acts of violence against women in the workplace every year. Also, between 150 and 180 women are murdered at work every year.

9. Employers should develop a crisis management plan.

**Explanation:** Crisis management plans should be created by employers with help from local law enforcement as a model explaining a uniform way to react to a crisis situation. This plan should include, but is not limited to, an escape for victims and co-workers, establishing alternative communication methods to be used during a crisis, having a set plan for hostage situations, as well as having a standard in dealing with the media.

**Justification:** According to the U.S. Department of Justice, through the years 1992-1996 an average of 1,023 people per year were murdered at work while another 395,000 were victims of aggravated assaults. Such violence costs employers over $4 billion a year. Despite these figures, many employers are not prepared to handle acts of violence when it strikes.

10. Employers should enter into referral agreements with area domestic violence service providers to refer its employees who have been victimized by family violence.

**Explanation:** A representative from the employer should call the Executive Director of the area domestic violence program to create the referral agreement. It will be important to work out an understanding about confidentiality issues prior to signing the agreement.

**Justification:** A clear protocol for referrals to an area domestic violence program will help to ensure the domestic violence victim’s safety. The employer will have another way to offer help to the victim; the victim will have another source of information and assistance which she/he may not have known how to access.

11. Employers should adopt Employee Assistance Programs (EAP’s) or other counseling programs that include counseling for employees who are involved in family violence situations.

**Justification:** Employee Assistance Programs have already demonstrated their usefulness to employees and employers in such areas as substance abuse, stress, anxiety and depression. Many businesses, already have systems in place to assist employees to address such issues, which may adversely affect employee adjustment and productivity. EAP systems already in place can be adapted in a cost-effective manner to include counseling and referrals for family violence.

**Explanation:** Work-place based counseling, whether formally provided by supervisors or systematized on EAP’s, provides assistance to employees struggling with family violence. It decreases their isolation and promotes improved functioning by providing confidential support and referral to appropriate community resources. Other useful interventions are: making educational materials available in the workplace, publicizing community counseling programs, and supporting a “zero tolerance for violence” workplace policy.
12. Employers should “Adopt a Shelter,” by providing financial or material support to a local women’s shelter.

Explanation: Through its “Adopt a Shelter” program, the employer can make charitable contributions to the domestic violence program to assist with the provision of domestic violence services. Employees can collect goods, e.g. new personal care items or dollars at holiday or other special times to assist domestic violence victims. There may be more custom assistance the employer could offer such as domestic violence information in their newsletter or specific service. The more specific kinds of assistance will work best if there is prior discussion and planning between a representative of the employer and the domestic violence program.

Justification: Domestic violence programs offer many kinds of concrete assistance to their clients which could not be offered without contributions from supporters in the community. The domestic violence program can serve as the appropriate conduit or clearing house for contributions.


Rational: The “Best Practices” booklet will highlight model Pennsylvania employers which will not only recognize their efforts but it will also provide models for other employers. The booklet will serve as an incentive for other employers to implement similar protocols. In subsequent editions, the booklet will include a listing of previously recognized employers with each year’s issue highlighting the newest recipients of the award.

14. Employers should ensure that employee health care policies include coverage for treating physical and psychological injuries resulting from family violence.

Explanation: Employers should review health care policies to ensure that the insurer does not exclude coverage for injuries or illnesses suffered as a result of an employee being a victim of family violence. The employer should clarify that both physical and psychological injuries are covered, as victims of family violence are at risk for developing a variety of psychological symptoms, as well as sustaining physical injuries.

Justification: Family violence affects employee health and well-being and results in lost days of work, reduced productivity, employee turnover and increased health care costs. Employees who fear denial of their health care claims because injuries or illnesses are related to experiences of family violence will be reluctant to disclose their experiences; the underlying cause of the injury or illness will go untreated and increase the risk of additional and particularly more serious health problems.
Employer’s Working Group Hearing
Lower Merion Township Building - Ardmore, PA
September 1, 1999

- Witness List -

The Honorable Connie Williams
State Representative, 149th District, Montgomery County
Welcoming Remarks

Carol Kasson
Survivor of Family Violence
Recommendations #4 and #8

The Honorable Lita Indzel Cohen
State Representative, 148th District, Montgomery County
Recommendations #7 and #8

Elizabeth Bell
Director of Employee Relations, Department of Personnel, Abington Memorial Hospital
Recommendation #2

Robert Croner
Senior Director of Human Resources, Independence Blue Cross
Recommendations #4 and 11

Bob Reutter
Senior Director of Administrative Services, Independence Blue Cross
Recommendations #7 and 8

Pete Herzog
Director of Community Service, City Avenue Special Services District, Former Commander, Investigations Unit, Lower Merion Police Department
Recommendations #6, #7, and #8

Joseph W. Mahoney, Jr.
Senior Vice-President, Greater Philadelphia Chamber of Commerce
Recommendations #5, #7, #10, and #13

Tom Moriarty
Director of University Health and Emergency Services, Shippensburg University
Recommendation #9

Tom King
Deputy Chief of Investigations, University of Pennsylvania
Recommendation #11

Barbara Jordon
Vice President, Allen Envelope Corporation
Recommendation #12
Based upon the Health Care Working Group’s compilation of educational and programmatic material and a review of pertinent data and survey results over the past fifteen years, the committee offers the following recommendations:

Healthcare Providers – And Education:

1. Medical, nursing, allied health and behavioral health schools should include on-going family violence education in their curricula.

2. Questions on family violence should be included on all applicable boards and certification exams for medical, nursing, allied health and behavioral health professions.

3. Continuing education on family violence, which includes routine screening, identification, appropriate interventions, utilization of community resources and the effects of violence on children, should be required for health care providers to renew their license.

Explanation: The incidence of family violence is staggering and must be recognized as a serious health issue for inclusion in license and certification renewal requirements of health and allied health care providers. Mandated and on-going education and training is necessary to protect, promote and improve the health and well being of individuals at risk for family violence.

Justification: Family violence can be prevented, but a pro-active position is required to reduce the incidence rate. Incorporating continuous education on family violence in license and certification renewal requirements ensures consistent standards and practices among health care and allied health care providers. These requirements serve to drive the development of formal policies and standards of care for addressing family violence among health care organizations.

Specific Recommendations for the Attorney General:

4. Production of an educational video and study guide on family violence for health care practitioners, developed by the Pennsylvania Office of Attorney General, with an introduction and closing message by Mike Fisher.

Explanation: This 20-minute video should illustrate family violence screening and patient interventions portrayed by actual physicians and nurses from various hospitals throughout the Commonwealth. The video, and its accompanying study guide can be fashioned after an existing video, “Diagnosis: Domestic Violence” (1995) developed by the Commonwealth of Massachusetts Office of Attorney General.

Justification: A message delivered by the Attorney General can establish family violence as an important medical concern and a major women’s health issue. The Attorney General’s delivery not only supports but can also identify the fact that the role of the
health care practitioner includes serving as a medical advocate for patients experiencing family violence.

A video and study guide can be duplicated for distribution and is an adaptable mechanism for delivering a message to a broad audience. A video production serves as an efficient “self teaching” tool for busy practitioners with demanding schedules that keep them from attending seminars or training sessions.

**Hospitals and Health Care Providers:**

5. **The Attorney General’s Family Violence Task Force Health Care Working Group should publish and disseminate a “Best Practices” booklet highlighting those Pennsylvania health care providers that have in place the best policies and procedures on family violence.**

**Explanation:** The publication would be similar to a publication produced by the San Francisco-based Family Violence Prevention Fund, “Best Practices: Innovative Domestic Violence Programs in Health Care Settings.” The first issue will showcase every Pennsylvania health care organization that has demonstrated to the Attorney General’s Family Violence Task Force that they have in place the best policies and procedures for family violence intervention. Each facility recognized will receive a framed commendation from the Attorney General for being an outstanding family violence program in a health care setting.

In subsequent editions, the booklet should include a listing of previously recognized facilities with each successive year’s issue highlighting the newest recipients of the award. This booklet will serve as an incentive for other organizations to implement similar practices. It will also serve as a resource guide in shaping their programs.

**Justification:** The proliferation of family violence intervention programs will increase identification of “at risk” individuals and help reduce the incidence of family violence.

6. **Hospitals and health systems should provide routine screening for family violence for all males and females 18 years of age and older.**

7. **Hospitals and health systems should develop and implement systems wide policies and procedures that provide for family violence intervention.**

**Explanation:** Research indicates that victims of family violence will readily talk about the violence they are experiencing if they are asked in a safe and supportive manner. Family violence screening and intervention should be required for the licensing of hospital/health care systems by the Department of Health.

**Justification:** Risk screening will increase identification of “at risk” individuals and allow for appropriate interventions to begin.

8. **Hospitals and health care systems should provide training and education on family violence awareness and intervention to all employees within the hospital and health care system.**
**Explanation:** Training and education on family violence should be offered to all hospital and health system employees.

**Justification:** Health care employees can identify “at risk” individuals, including health care employees who may be victims, and provide interventions that meet the needs of the victims.

**Mental Health and Family Violence:**

The need for collaboration between mental health clinicians and battered women’s advocates is critical due to the high number of battered women and children appearing in mental health settings as a result of the psychological effects of being battered. The response to battered women and children’s mental health problems must be appropriate with safety as an essential consideration in their treatment plan.

9. **Mental health treatment providers should arrange for multi-disciplinary and on-going training and education on family violence awareness and intervention to all staff who may provide services or interact with victims of family violence.**

**Explanation:** Such training and education should include the following: understanding the dynamics of family violence and its impact on victims; screening for family violence; the development of identification, assessment and intervention skills; appropriate documentation in the medical record; safety planning; knowledge of family violence resources available in the community; and making safe and appropriate referrals.

**Justification:** The barriers faced by mental health professionals in responding to battered women may be ameliorated by an increased understanding of the dynamics and impacts of abuse, which can result in changes in procedure and structures to more appropriately meet the needs of battered women and children. The mental health field, with a treatment approach based on the medical model, emphasizes the role of individual psycho-pathology or a dysfunctional family system in abusive relationships. This contrasts with the focus on social factors that typifies the approach of family violence programs. Family violence programs and mental health services, however, share an understanding of the implications of trauma and posttraumatic stress, the role of social factors in mental disorders, the use of social support in effective intervention and the need for linkages and appropriate referrals. Cross-systems training can result in increased cooperation and collaborative efforts between the respective fields, assuring attention to the complex, multiple needs of battered women and children.

10. **Mental health treatment providers should routinely screen for family violence.**

11. **Mental health treatment providers should develop and implement protocols, policies and procedures to identify the roles and responsibilities of all staff who may provide services or interact with victims of family violence.**

**Explanation:** In order to best meet the needs of battered women and children, integration of the mental health and family violence perspectives are critical. The most fundamental step that can be taken is the implementation of screening and assessment protocols that specifically address family violence by the following: utilization of screen-
ing questions to specifically ask about aspects of abuse; use of abuse history inventory that establishes the nature, duration, frequency and effect of violence; clinical records that explicitly describe the abuse and its primary importance; diagnoses that account for abuse history and diagnostic consequences, e.g., PTSD; safety planning that outlines steps to escape or prevent violence, assure protection and obtain help and support; and a lethality assessment that assists women in a realistic determination of risk and dangerousness. This type of protocol has been shown to increase the identification of violence in the family (Dutton, 1992; Gondolf, 1990; Schechter, 1987; Warshaw, 1995).

**Justification:** Although the introduction of abuse-specific protocols in medical settings does increase identification of battering in the short run, institutional barriers tend to reverse that progress over time (McLeer et al. 1989). Staff turnover and institutional constraints all take their toll. Consequently, structural and organizational changes must accompany the introduction of screening protocols, procedures and polices in order for them to be sustained.

**Substance Abuse and Family Violence:**

Although research reveals that family violence is not caused by the use of alcohol or drugs, the association with battering is strong. Social learning and deviance disavowal theories suggest that batterers drink or use drugs in order to give themselves permission to be violent and to excuse the use of violence against family members. In addition, it is important to note that the victims of family violence may face problems caused by their own addictions as well as the violence. It is critical for drug and alcohol treatment providers to implement strategies to more effectively help addicted batterers end their violent behavior and pursue recovery, and to address the safety, autonomy, and recovery needs of victims of violence who are also addicted. Failure to resolve family violence issues interferes with treatment effectiveness, contributes to relapse and compromises the safety of victims of family violence.

12. **Drug and alcohol treatment providers should require multi-disciplinary and on-going training and education on family violence awareness and intervention to all staff who provide services or interact with victims or perpetrators of family violence.**

**Explanation:** Such training and education should include the following: understanding the dynamics of family violence and its impact on victims, screening for family violence, understanding the association between family violence and substance abuse, the development of identification, assessment and intervention skills, appropriate documentation in the medical record, safety planning, knowledge of family violence resources available in the community and making safe and appropriate referrals. The barriers faced by drug and alcohol treatment professionals in responding to battered women and perpetrators may be ameliorated by an increased understanding of the dynamics and impact of abuse which can in turn result in changes in treatment procedures and structures to more appropriately hold batterers accountable for their violence and meet the needs of battered women and children.

**Justification:** The problem of substance abuse and family violence intersect in powerfully destructive ways. Differences in priorities, terminology and philosophy have hampered collaboration between service providers in the two fields. In drug and alcohol
treatment, attaining abstinence is the goal; for family violence programs, ensuring survivors’ safety is the goal. Both goals are valid but often difficult to balance. A heightened awareness of the dynamics and consequences of family violence can help forego an “either/or approach” and shift the focus to a more holistic approach that addresses both issues.

13. **Drug and alcohol treatment providers should routinely screen for family violence.**

14. **Drug and alcohol treatment providers should develop and implement protocols, policies and procedures to identify the roles and responsibilities of all staff who provide services or interact with victims of family violence and batterers.**

**Explanation:** In order to best meet the needs of battered women and hold perpetrators accountable, integration of the drug and alcohol and family violence perspective is critical. The most fundamental step that can be taken is the implementation of screening and assessment protocols that specifically address family violence by the following: the utilization of screening questions to specifically ask about aspects of abuse; the use of an abuse history inventory that establishes the nature, duration, frequency and effect of the violence; clinical records that explicitly describe the abuse and its primary importance; diagnoses that account for abuse history and diagnostic consequences; safety planning that outlines steps to escape or prevent violence, assure protection and obtain help and support and; a lethality assessment that assists victims in a realistic determination of risk and dangerousness/or addresses the lethality of batterers. This type of protocol has shown to increase the identification of violence in the family (Dutton, 1992; Gondolf, 1990; Schechter, 1987; Warshaw, 1995).

**Justification:** Because of the well-documented relationship between family violence and substance abuse (Leonard and Jacob, 1987; Kantor and Straus, 1989; Amaro et al., 1990; Pernanen, 1991; Windle et al., 1995) and because family violence affects survivors and batterers’ recovery from substance abuse, it is critical that all patients who are present for substance abuse treatment services be screened and assessed for family violence. When screening has determined that a patient is a victim or perpetrator of family violence, assessment must be made of the need for violence-related services including safety planning and accountability. Ongoing attention to the issue of family violence is also important because as the patient becomes abstinent, additional issues may arise that are integrally related to the violence (Prochaska et al., 1992, 1994; Snow et al. 1994; Velicier et al., 1990).

15. **Specific and culturally appropriate drug and alcohol and mental health treatment protocols, sensitive to the special needs of victims and perpetrators of family violence, should be implemented and made readily available through Pennsylvania’s community-based treatment provider network.**

**Explanation:** Although not identified as causal factors, there is a preponderance of evidence linking alcohol and other drug abuse and dependence and incidences of family violence. The presence of a diagnosed or unrecognized mental illness is also a factor in addressing the needs of both the victims and perpetrators. To break the cycle of violence we must appropriately treat these behavioral health disorders with best practice standards, at all levels of care, adjusted to reflect the special needs of these populations.
Of particular concern are the very vulnerable women and children impacted by domestic violence and substance dependency and/or a serious mental illness who may best be treated as a family unit in a safe residential setting. At present there are very few behavioral health treatment programs with specialized treatment protocols and insufficient treatment beds/slots designed for those individuals needing longer term residential levels of care in a safe and secure environment. There are only ten residential substance dependency treatment programs in the Commonwealth that admit women with their children.

**Justification:** We have in place a network of licensed behavioral health providers throughout the Commonwealth. All are aware that there is a relationship between domestic violence and substance abuse, dependency and/or mental health disorders. Professional education and training in issues of domestic violence, relevant screening and assessment techniques, clarified roles and responsibilities for staff and supportive community resources are important objectives. Treatment programs additionally need to look to the development of formalized treatment protocols to appropriately address the complexity of presenting problems. Licensing and staff privileging requirements can assist in achieving this objective. The Commonwealth, in partnership with the public and private sector treatment programs and allied health services, can develop a pro-active plan to address treatment capacity issues.

**Standards of Care:**

16. **The National Committee For Quality Assurance (NCQA) Standards should be amended to require managed care organizations to include family violence as part of their preventive health services.**

   **Explanation:** NCQA is an independent, non-profit institution that reviews and accredits managed care organizations. It looks at preventive health services in managed care. Guidelines challenge managed care organizations to demonstrate “an active process of preventive health guidelines appropriate to its membership and its operation.”

   **Justification:** Based on nationally recognized models that demonstrate medical practitioners’ success in identifying and intervening with patients who are victims of abuse, NCQA and managed care organizations can successfully provide an environment that enhances the prevention and identification of abuse and addresses the multiple safety and support needs of the victims. Standards that promote an integrated and institutionalized response to family violence should address a coordinated response with the larger community.

17. **Education on family violence (prevention, detection and treatment) should be a requirement for JCAHO accreditation of health care facilities and the licensing and review of behavioral health and substance abuse programs.**

   **Justification:** The success of addressing family violence in the health care setting has been attributed to; 1) ongoing training on family violence for all health care providers and allied health staff; and 2) institutionalizing a comprehensive response to patients through the formal adoption of protocols, policies, routine screening and violence services the health care setting.
Dr. Susan McLeer demonstrated that institutionalized procedures increased identification of battered women through research in the late 1980’s. The same study showed that when procedures were not institutionalized, identification decreased significantly. In 1992, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) mandated protocols for identification and treatment of abused women in hospital emergency departments. In 1994, JCAHO standards required that assessment and care of abuse victims be performed with consistency in all settings within a health care organization. As of 1995, the standards require that the entire health care organization be responsible for maintaining compliance with accreditation standard related to victims of abuse.

17. The Pennsylvania Department of Health, Pennsylvania Department of Insurance, Pennsylvania Department of Aging and the Pennsylvania Department of Public Welfare should include education on family violence as part of their license and exam criteria.

Insurance Discrimination:

Insurance discrimination against victims of family violence puts victims at risk by denying them the benefits that insurance provides and by discouraging them from seeking help if it may lead to loss of insurance. In order to obtain or maintain health and other insurance, victims may see no alternative except to stay in abusive relationships. Prior to amending Pennsylvania’s Unfair Insurance Practices Act, physicians and health care workers were reluctant to document abuse if it meant that the patient might lose their insurance benefits.

By virtue of government and private initiatives, we as a society have recognized that family violence cannot be tolerated and protections must be offered to victims. Allowing insurers to discriminate against victims of family violence undermines 20 years of public policy at both the state and national level. In addition, many state courts have recognized that public policy favors recovery for the innocent co-insured. Some state court judges have held that recovery for the innocent co-insured is mandated by state statute.

18. The Office of Attorney General, in cooperation with the Insurance Commissioner, should support amendments to Pennsylvania’s Unfair Insurance Practices Act that prohibit property and casualty insurers from discriminating against victims of family violence.

Explanation: In addition to using family violence as an underwriting criteria, some property and casualty insurers engage in other practices that harm victims of family violence including denial of coverage on the basis of prior abuse-related claims and by applying intentional act exclusions to “innocent co-insured” i.e. the batterer sets the family home on fire and the victim of the family violence is denied the claim.

Justification: Property and casualty insurers look at past claim history in determining whether to issue coverage because claims represent risk associated with the property or person. When insurers deny coverage to a victim of family violence on the basis of past abuse-related claims, they consider the underlying risk to be abuse. In essence, insurers are denying coverage in the basis of abuse. The effect of this practice is
to punish the victim for the batterer’s acts.

The denial of abuse-related claims on the basis of intentional acts insurance provisions are applied by insurance to all persons included in the policy definition of “insured” (named insured, spouse if living in the house, residents of the household who are relatives, other persons under the age of 21, or others in the care of any persons named in the policy) when any “one insured,” i.e. the batterer, intentionally causes property damage. This action discriminates against victims of family violence even though it is the batterers act that is intentional and a claim is filed by an innocent victim, i.e. the batterer sets the family home on fire to hurt his partner/family and the claim is denied. By denying the claim, the victim is left without a home or the means to replace it and the insurer guarantees the accomplishment of the batterer’s goal of harming the victim.

However, insurers are known to pay the mortgage-company in these cases, freeing the batterer of any responsibility. This practice in no way supports the intentional act exclusion - which is intended to prevent wrongdoers from benefitting from their wrongful acts - and perpetuates outdated notions that women have no identity separate or apart from their husbands.

Coordination of Resources / Community Collaboration:

19. The Attorney General’s Family Violence Task Force should establish and communicate the overarching message that family violence is unacceptable, and develop ongoing promotional campaigns so that health care providers can implement it in purpose and practice.

Employment of strategies that have been effective in changing ingrained behaviors such as smoking, drinking and driving, resistance to wearing a seat belt or safety helmets should be utilized.

20. Health care systems should continually generate articles on domestic violence in community publications, newsletter, payroll inserts, posters, etc.

Explanation: Community-based partnerships serve as broad based forums to address local issues. Hospitals and systems can partner with “existing” community initiatives to maximize the sharing of knowledge and resources.

Justification: Family violence is an epidemic requiring cooperation and willingness to collaborate at all levels of the community. Currently, in Pennsylvania, at least 12 hospitals/health systems have identified family violence as a priority by establishing collaborative partnerships with community-based domestic violence programs encompassing these essential elements: ongoing training on family violence for all health system staff; institutionalizing a comprehensive response to abused patients through the formal adoption of family violence protocols and policies; the identification of battered women through routine screening; and, the provision of domestic violence services on-site in the health care setting.
21.  **Health care systems should link with existing community-based initiatives to prevent family violence.**

**Explanation:** Consultation and linkage with existing community-based initiatives and programs will assist the health care facility to define its role within existing efforts to avoid duplication and maximize resources. Community-based initiatives exist in a majority of counties in Pennsylvania. For example, more than 40 counties who receive STOP funding through the Pennsylvania Commission on Crime and Delinquency have established coordinating teams. In addition, community-based family violence task forces exist in many locales. Health facilities can obtain information about a particular community’s initiatives by contracting their local domestic violence program.

**Justification:** Family violence has physical, economic and social consequences that require collaboration at all levels to change individual and organizational attitudes and behaviors. Hospitals and systems are currently members of 12 partnerships addressing family violence. Over 70% of Pennsylvania hospitals and health systems participate in almost 80 community based partnerships. Consistent with their mission, hospitals and systems contribute significant resources to support community and economic development efforts.
Health Care Working Group Hearing
Senate Hearing Room, 8-EB - Capitol Building
Harrisburg, PA
June 1, 1999

- Witness List -

**Survivor**
Schuylkill County

**Noel E. Ballentine, M.D.**
General Internist, Penn State Geisinger Health System and Assistant Professor of Medicine, Penn State’s College of Medicine
Recommendations #1 and #2

**Earl Greenwald, M.D.**
Medical Director - SAFE, Pinnacle Health Hospitals and Medical Director of the Children’s Resource Center
Recommendations #7 and #21

**Pat Rushin, R.N.**
Abuse and Rape Crisis Center, Bradford County
Recommendations #1, #2, and #3

**Pauline Zimmerman, M.S.N., R.N., C.S.**
Family Psychotherapist & Member of the Pennsylvania State Nurses Associations Board
Recommendation #3

**Mary Bailey, R.N., B.S.N., C.E.N.**
Trauma Education Coordinator, Albert Einstein Medical Center
Recommendation #6

**Terri Rivera, R.N.**
Administrative Director, Community Health Services - St. Mary’s Medical Center and Task Force Chair, Bucks County and Delaware Valley Health Care Council Domestic Violence Task Forces
Recommendation #8

**Betsy Burke**
Medical Advocate, The Women’s Center & Shelter of Greater Pittsburgh
Recommendations #6, #7 & #8

**Roberta L. Hacker**
Executive Director, Women in Transition
Recommendations #9, #10 & #11

**Paul Kettl, M.D.**
Director of Psychology, Hershey Medical Center
Recommendations #9, #10, #11
Deb Beck
President, Drug and Alcohol Service Providers Organization of Pennsylvania
Recommendations #12, #13 & #14

Smittie J. Brown
Executive Director of Dauphin County Department of Drug and Alcohol
Recommendations #12, #13, #14

Thomas Hobbs, Ph.D., M.D., FASAM
Medical Director for the Physicians Health Program of the Foundation of the Pennsylvania Medical Society
Recommendations #12, #13, & #14

Fran Coppadge, R.N.
Health Educator, Northcentral Pennsylvania Area Health Education Center
Recommendations #16 & #17

Judy Yupcavage
Public Policy and Information Manager, Pennsylvania Coalition Against Domestic Violence
Recommendation #18

Cay Griel, R.N., SANE
Executive Director, Centre Abuse Response Team
Recommendations #19, #20 & #21

David Duncan
Senior Vice President, Altoona Center for Medicine
Recommendation #21

Jane Moeller
Director, Abuse and Rape Crisis Center, Bradford County
Recommendation #21

Karen Smith
Manager of Social Work, Pinnacle Health System, Harrisburg Hospital

Kathy Kettleman
Medical Advocacy Coordinator, Survivors Inc., Adams County
Protection from Abuse Act Reform

*The General Assembly should enact legislation to amend the Protection From Abuse Act to allow for a protection order to be entered for a period of up to three years.*

**Explanation:** Increasing the current maximum time allowed for a protection order from one to three years will provide additional relief for victims when there is a pattern of ongoing abuse.

**Justification:** Research indicates that a relatively large number of offenders recidivate between the seventh and twelfth months of a one year protection order. Providing for a longer period of relief will enhance protection for victims at a dangerous time in the course of an abusive relationship.

*Each county should develop procedures to monitor offender compliance with the conditions of the Protection From Abuse Order.*

**Explanation:** Most counties have no system or agency which monitors offender compliance. Notification to the authorities of offender noncompliance often falls on the shoulders of the victim. Creating a system in which an outside agency is responsible for monitoring offenders allows for greater victim safety and offender compliance.

**Justification:** Monitoring helps to ensure that offenders are compliant with the Protection From Abuse Order and creates a mechanism to handle non-compliance.

*The General Assembly should review the Protection From Abuse Act, and amend the Act as needed, to ensure compliance with the full faith and credit provisions of the federal Violence Against Women Act.*

**Explanation:** In accordance with the 1994 federal Violence Against Women Act, Pennsylvania must eliminate its mandatory registration requirement for valid, out-of-state protection orders.

**Justification:** Victims and their children will be able to cross state lines with the assurance that their protection order will be enforced beyond state borders.

*Each county should develop a model county-wide protocol to implement the provisions of the Protection From Abuse Act and to serve the needs of the victim and to facilitate the victim’s access to available relief.*
**Explanation:** The model protocol would provide victims of domestic violence with the ability to obtain a Protection From Abuse order and other services 24-hours a day, seven days a week.

**Justification:** In some counties, victims have difficulty accessing the legal system in a timely fashion due to barriers created by local processes and procedures. By adopting model county-wide protocols that promote uniform, consistent police response, encourage coordinated efforts among police, victims services, district attorneys and the courts, and make access to the courts easier for victims, we are ensuring a safer society.

**Uniform Protocol for Police Response**

*Establish within the Pennsylvania District Attorneys Association (PDAA) a data base of protocols for police response to domestic violence throughout Pennsylvania.*

**Explanation:** Law enforcement agencies will have the ability to access existing protocols to use as prototypes in the development and updating of local protocols.

**Justification:** The recent emphasis on collaboration of effort and the use of protocols for uniformity of action and coordination of services is key to effective intervention. This requires the development and adoption of county-wide protocols on domestic violence. PDAA has consistently provided training on these issues, and has an established Web site which can serve as a clearinghouse for this information.


**Explanation:** Since substantial time has passed since this protocol was adopted, it is necessary to pull together representatives of these respective groups to address changes within the model protocol.

Members of this task force should include the following associations: Pennsylvania Chiefs of Police, Municipal Police, Pennsylvania Coalition Against Domestic Violence, Pennsylvania District Attorneys Association, State Police, District Justices, Pennsylvania Commission on Crime and Delinquency, victim services, Family Court, the judiciary, Child Protective Services, state and county probation and parole, Department of Public Welfare, Community Legal Services, Sheriffs Association and Municipal Dispatch operators.

**Justification:** To date, the use of one statewide model protocol has proven beneficial as individual counties have worked to develop
county-specific protocols. Updating with the participation of a coalition of statewide and local experts will ensure that the protocol contains current state-of-the-art procedures.

*The Municipal Police Officer Training and Education Commission should require regular and ongoing training for police officers on the state and local level on understanding and responding to domestic violence.*

**Explanation:** Ongoing training is currently being conducted statewide by a team consisting of the District Attorneys Association, the Pennsylvania Coalition Against Domestic Violence and the Pennsylvania Coalition Against Rape. Funding has been made available for county law enforcement to attend those training sessions and to conduct local training sessions through the Violence Against Women Act funds administered by the Pennsylvania Commission on Crime and Delinquency. Additional law enforcement officials, who are unable to attend, would benefit from the availability of videotapes of the training which can be made available for local use.

The training should be videotaped for local distribution and announced in statewide association newsletters and publications.

**Justification:** Ongoing training will ensure that law enforcement officers are kept updated on developing procedures concerning domestic violence.

**Legal Representation**

*The Pennsylvania Bar Association should sponsor a two-day symposium for law school professors, students, administrators and domestic violence experts in Pennsylvania and around the country to develop models for law school domestic violence curricula.*

**Explanation:** The legal profession has a unique role to play in developing and implementing coordinated responses to domestic violence. To realize this goal, however, law school programs must ensure that law students — who become prosecutors, defense attorneys, family law attorneys, general practitioners, business leaders, legislators, lobbyists, policy analysts, or judges — attain an adequate understanding of domestic violence issues. Continuing legal education or pro bono training programs can train lawyers to handle these cases well, but such programs often come too late in a busy professional’s career to have a real impact on legal practice. Incorporating domestic violence law into various curricula used in law schools will provide students with the substantive and lawyering skills necessary to completely represent clients and improve the system’s response to domestic violence.

**Justification:** Domestic violence has a tremendous impact on the legal profession. Whether or not lawyers realize it, domestic violence perme-
ates the practice of law in almost every field. Corporate lawyers, bankruptcy lawyers, tort lawyers, real property lawyers, criminal defense lawyers, and family lawyers, regularly represent perpetrators of domestic violence.

Criminal and civil judges preside over a range of cases involving domestic violence as an underlying or a hotly contested issue. Failure to fully understand domestic violence legal issues threatens the competency of individual lawyers and judges, as well as the legal profession as a whole.

Legal professionals who are uniformed about domestic violence issues may endanger the safety of victims or contribute to a society which has historically condoned the abuse of intimate partners. It is time for law schools to fill this desperate gap in legal education by incorporating domestic violence law into core curricula courses, upper level courses, and clinical programs. Institutional support for law school programs addressing domestic violence does more than give continued life to particular courses and clinics; it also sends a message to the community that law schools have a commitment to creating, through their educational programs, resources which can help eradicate the suffering created by abuse in the home. By incorporating much needed information about domestic violence law and practice into their curricula, law schools can truly be said to be educating to end domestic violence.

Probation

*Each county Office of Probation and Parole should develop a model protocol for county probation supervision of domestic violence offenders.*

**Explanation:** This model protocol should include careful monitoring throughout the pretrial release stage, during treatment and, while under probation supervision, contain strong linkages between the court, probation, batterer treatment, pretrial services, prosecutors offices and victim services.

**Justification:** A model protocol will help to provide direction to local jurisdictions attempting to strengthen their response to domestic violence. A model protocol will take into account the latest research and national practices that seem to work. The existence of a model county probation protocol will increase awareness at the local level of the need for a coordinated response to increase offender compliance and accommodate local variations in court systems.

Batterers Intervention Programs

*Pennsylvania should develop an approved set of standards for batterer treatment programs through legislation, regulation or funding guidelines for state*
administered grant programs.

**Explanation:** Currently, there are no mandated batterer treatment program standards. Programs are not monitored and are not accountable. There are, however, suggested standards developed by the Pennsylvania Coalition Against Domestic Violence that should serve as a focal point for the discussion. Adaptation of these or similar standards would increase the accountability of batterer intervention programs.

**Justification:** Rape crisis and domestic violence services for victims operate under strict standards and are continually monitored in this state. The development of standards for batterer treatment programs will enhance the quality of service and assist in the identification of quality programs.

**Judicial Training and Reform**

*The Pennsylvania Supreme Court should ensure that the judiciary is given the tools necessary to respond effectively to the needs of domestic violence victims by providing training and resources to common pleas judges and district justices.*

**Explanation:** Considering the availability of the comprehensive bench book, Washington State Domestic Violence Manual for Judges, this model can be adapted for the Pennsylvania judiciary so that judges can learn more about the dynamics of domestic violence and the wide range of resources available for intervention.

**Justification:** The judiciary confronts domestic violence issues at the district justice and common pleas (civil and criminal) levels. A judicial training curriculum should focus on the dynamics of domestic violence and behaviors of batterers and victims. By raising awareness of adequate bond provisions, the judiciary would better serve the needs of the public in criminal cases. Under the Protection From Abuse Act, the judiciary needs to appreciate the importance of well crafted orders not only directing no contact, but also specifics for custody and support.

The judiciary deserve to be well informed regarding the resources available for intervention on behalf of those touched by domestic violence. Nonpartisan faculty with multi-disciplinary backgrounds would address issues beyond the review of Pennsylvania statutes. While judicial training is optional for common pleas judges and is required for district justices, it is recommended the domestic violence curriculum be required for all district judges and criminal and civil common pleas judges.
-Witness List-

Lois Fasnacht  
Legal Advocate, Domestic Violence Services of Cumberland and Perry Counties  
Will be speaking in memory of Kim LaRosa - Victim of Family Violence

Sharon Harris  
Director of Development, Turning Point of Lehigh Valley, Inc.  
Survivor of Family Violence  
Recommendation #8

The Honorable James Martin  
Lehigh County District Attorney  
Recommendation #4

The Honorable Jennifer Mann  
State Representative, Lehigh County  
Recommendation #1

The Honorable Pat Browne  
State Representative, Lehigh County

Lorry Bradley  
Project Director of Northampton County, Turning Point of Lehigh Valley, Inc.  
Recommendation #1

Bill Baldwin  
Legal Services Manager, DAP, Delaware County  
Recommendation #2

Susan Emmons  
PFAD Project Senior Attorney, Pennsylvania Coalition Against Domestic Violence  
Recommendation #3

Chief John Eller  
Chief of Police, Brookhaven Borough  
Recommendation #6

Harold Funt, Esquire  
President Elect, Lehigh County Bar Association  
Recommendation #8

Marie Oversmith  
York County Adult Probation Officer  
Recommendation #9

Frederick Stubbs  
President of Board of Directors, Batterer Education Specialist, Berks Advocates Against Violence  
Recommendation #10
NEIGHBORHOOD GROUPS & ASSOCIATIONS’
FINAL RECOMMENDATIONS

1. Develop a two-pronged, statewide media campaign to promote safety for victims by providing links to local, community-based domestic violence programs and to promote a policy of zero-tolerance for family violence.

While we feel there should be one common theme and slogan, we recommend two campaigns: (1) to promote safety for victims by providing links to local, community-based domestic violence programs and (2) to promote a shift in attitudes within our communities by promoting zero tolerance of family violence.

More and more people are recognizing domestic violence for what it is, a crime, but few know what to do about it. A nation-wide survey in 1992 found:*

87% of Americans said battering is a serious problem.

More than one in three (34%) had witnessed an incident of domestic violence directly - more than had witnessed a mugging or a robbery combined (19%).

However, the research* also showed that most Americans feel helpless to do anything about the abuse:

While 81% said something can be done to reduce the domestic violence, more than one in four (26%) said they don’t know what specific action to take.

A recent study on drug and alcohol-related public service announcements (PSA’s) in New Jersey showed a significant impact on teens. In order to effectively shift attitudes within our communities, we need to offer a strong and consistent message about zero tolerance of family violence to the public (i.e., similar to the “Friends Don’t Let Friends Drive Drunk” campaign of the 1980’s.

*(conducted by the Family Violence Prevention Fund, a national public education and policy organization)

2. Develop a set of guidelines to provide communities with a “blue-print” for a successful county-level collaboration to end family violence.

Violence in the home strikes at the heart of our society. The only way to reduce and ultimately end domestic violence is through a comprehensive community-wide response that supports victims and holds offenders accountable. Crisis services and legal systems are only part of the overall solution. To maximize community resources, we must include and involve residents, institutions, organizations, and any other systems that make up the community.
Coordinated community response is a prevention and intervention-based approach, not just a crisis-oriented one. Although providing safety and emergency care are the immediate priorities, an effective coordinated, community response also identifies and creates viable options for victims in other ways, including the following: reinforcing the victim’s right to make their own choices and supporting, advocating and assisting them with issues related to their children, their efforts to become self-reliant and their efforts to obtain a safe place to live.

Based on the evidence presented to this working group, it has become obvious that all segments of a community must work together to achieve a true coordinated response to the problem of family violence. Those communities that have established protocols and torn down the barriers that exist among community-based institutions are the ones best serving the victim.

3. **The Attorney General should develop a way to recognize innovative and successful community collaborations to end family violence within Pennsylvania.**

This can be done by presenting Awards for Effective Collaboration during Domestic Violence Awareness Month held annually in October, beginning in 1999.

4. **The Commonwealth of Pennsylvania should adopt the National Incident-Based Reporting System (NIBRS).**

In order to combat the problem of family violence, each community-based institution must know exactly how prevalent is the problem. Currently, under the Uniform Crimes Report, family violence is not categorized as a statutory crime. Under NIBRS, the requirements for incident-based reporting can be expanded to include the relationship between the victim and the perpetrator. This type of incident-based reporting, which identifies family violence-related crimes, would provide a clearer statistical overview of the problem in Pennsylvania.

The enhanced data quality of NIBRS is of significant benefit for both state and local governing bodies, criminal justice agencies, and the public. The data has proven to enhance both strategic and tactical decision making in criminal justice. Because it provides a more accurate picture of a community’s crime patterns, decisions regarding law enforcement, judicial and correctional resources can be made on empirical data. Similarly, the level of detail provided by incident-based data can assist law enforcement and the community to identify crime problems in their community such as: (1) “crime hot spots”; (2) populations who are at risk; (3) drug and alcohol problems. In addition, NIBRS promotes the safety of both victims and police by providing officers with the necessary information to assess and monitor risk factors such as patterns of escalating violence.

Currently, there are approximately 18 states certified to submit NIBRS data to the FBI, which equates to approximately 11 percent of the population being represented. An additional 15 states are sending test data to the FBI. Another 6 states are developing
NIBRS. The remaining 11 states — including Pennsylvania — have no formal plans concerning NIBRS.

5. **The Attorney General should convene and chair a Statewide Domestic Violence Fatality Review Board to coordinate the development of county-level teams to review domestic violence fatalities and identify improvements to the community-based response to family violence.**

We urge the creation of a Statewide Domestic Violence Fatality Review Board to coordinate the development of local, county-based review teams to systematically examine the circumstances leading up to domestic violence-related fatalities and advocate ways to improve the community-based response to family violence. The Board would cooperate with local county-level teams to do the following: (1) review selected domestic violence fatalities by analyzing the response of the six community-based institutions identified by the Family Violence Task Force; (2) identify gaps in the community-based response to the conditions that preceded that fatality; (3) identify critical points for intervention and prevention in future situations; (4) and provide a forum for increasing communication and collaboration among all institutions within the community.

1. **Regional/County Review Panels.** These regional panels would identify and review selected domestic violence fatalities by analyzing the response of the six community-based institutions. In addition, the regional or county panels would identify gaps in the community-based response to the conditions that preceded that fatality. Regional/County Review Panels would be formed and maintained by community leaders in the county and would serve on a voluntary basis.

2. **State Domestic Violence Fatality Review Board.** This Board would develop recommendations in response to issues raised in local reviews, identify and promote new or refined laws or changes in practice or procedure, provide technical assistance, gather national and state information and materials on fatality reviews, recruit members to the Regional/County Review Panels and write an annual report. The Fatality Review Board would be composed of experts in the field of domestic violence and would serve on a voluntary basis.

**Why a Statewide Domestic Violence Fatality Review Team?**

As communities work to achieve a coordinated, community-based response to domestic violence, systematic examination of the circumstances leading up to domestic violence fatalities can be a means to learn more about how a communities’ institutions can more effectively respond to domestic violence.

Reviews may also suggest avenues for prevention, such as arenas in which education and access to information should be increased. They can help communities identify training needs, gaps in system response and areas in which practice does not conform to policy or policy could be improved.
Because participation is interdisciplinary and locally based, domestic violence fatality reviews provide a forum for individuals from the organizations involved in a coordinated, community response to come together. During the course of fatality reviews, panel members have the opportunity to educate one another, increase communication, problem solve and identify needs and opportunities for collaboration.

Some domestic violence fatality reviews are investigative. They seek to identify domestic violence related deaths, which have previously gone uncounted, such as suicides and homicides mistakenly classified as accidents. Identifying these deaths can lead to recommendations for changes in investigations, autopsy procedures, and record keeping in order to more accurately reflect the toll of domestic violence.

6. The Attorney General’s Family Violence Task Force should partner with media associations to provide training opportunities and materials to improve coverage of domestic violence cases.

The Attorney General’s Family Violence Task Force should work with media groups to provide training opportunities and materials that would improve coverage of domestic violence cases. The statewide network of domestic violence programs should collaborate with media representatives to develop a protocol on best practices for reporting violence in the home. For example, in order to respect the safety for victims of domestic violence, the media should not publish the addresses of shelters and/or safe homes. News stories that seek to educate the public rather than blame the victim and that refrain from invoking stereotypes can have a positive impact on our communities and serve as an integral part of necessary social change.

How Media Has Not Adequately Covered Domestic Violence:

The media helps to shape our comprehension of the world around us, and we act on those understandings. Media attention to domestic violence was practically non-existent in the not-too-distant past, but recent studies indicate a gradual increase in coverage of the crime over the past 20 years. Unfortunately, accuracy and quality information does not necessarily accompany the additional quantity. For example, a 1999 study published in *Sociological Quarterly* used qualitative analysis of articles in 10 popular women’s magazines as well as writers’ guidebooks to investigate content, creation and popular discourse. The research revealed an increase in the number of articles about domestic violence, but no change in how the crime is portrayed. Of the 111 magazine articles on domestic violence studied:

- 19 appeared from 1970-1979
- 36 appeared from 1980-1989
- 56 appeared from 1990-1997

The majority of these articles, however, continue to portray domestic violence as a private problem - most often the victim’s problem. Blaming the victim diverts attention from the abuser and becomes a primary barrier to social change. Batterers, on the other hand, are often portrayed as sick or pathological, which denies their responsibility for the violence and obscures the role that culture plays in reinforcing their abusive behavior.
Media coverage of this nature contributes to the social problem of domestic violence by further victimizing victims and by perpetuating myths and stereotypes that are hostile toward women.

7. **The Pennsylvania Department of Public Welfare needs to develop more local, community-based transitional housing for victims of family violence.**

Victims of domestic violence and their children are violated both by the crime of domestic violence and the frequent loss of their own homes as a result of being forced to flee the abuse. Most of the services for victims of family violence focus on responding to the immediate crisis of violence in the home. Services such as hotlines, crisis counseling, and shelter offer life-saving assistance and support. However, emergency shelter is just the first step away from a violent relationship.

Two recent reports* have identified the need for transitional housing in order to provide longer term housing while victims seek more permanent alternatives. Such transitional housing projects, administered by local domestic violence programs and funded by the Pennsylvania Department of Public Welfare, help to bridge the gap between shelter and stable, permanent, and safe housing for battered women and their children.

Transitional/bridge housing offers temporary homes for victims as they attempt to become self-reliant. Other services traditionally provided through bridge housing programs include life skills training, parenting skills training, support groups, options counseling, and referrals/linkages to community resources. As of January, 1999, only 20 of the 65 domestic violence programs in Pennsylvania operate transitional or bridge housing units.


8. **Homeless shelters should adopt policies to train management, staff and volunteers on identifying and recognizing signs of family violence, as well as making the proper referral.**

A recent report indicated 55 - 80% of the total women and children inhabiting homeless shelters, are actually fleeing from family violence. Homeless shelters should help identify and help these families.

9. **Neighborhood groups and associations should adopt policies to train management, staff and volunteers on identifying and recognizing signs of family violence.**

10. **Local domestic violence service providers should create community-based arts initiatives to work with local artists to capture the suffering of victims and to promote peaceful alternatives and solutions to family violence.**

Art, trauma and suffering are inextricably bound together in our evolutionary history, in the development of culture and even in our lives today. Artistic expression captures the trauma and suffering of family violence in a way nothing else can. In doing so, art forms a bridge between the victims and the observer, inspiring in the witness a desire to help while providing for the victim a means and method of trauma transformation.
Neighborhood Groups and Associations
Working Group Hearing
Allegheny County Courthouse - Gold Room, Pittsburgh
July 27, 1999

- Witness List -

Lisa Williams
Survivor of Family Violence, Allegheny County
Recommendation #7

Betty Lou Alcorn
Survivor of Family Violence, Counselor/Advocate, Alle-Kiske Area HOPE Center
Recommendation #2

The Honorable Jane Clare-Orie
State Representative, 28th District, Allegheny County
Recommendation #5

Paul O’Palka, Jr.
Director of Community Affairs, Highmark Blue Cross Blue Shield
Recommendation #1

Chris Enourato
Training Instructor, Federal Bureau of Investigation
Recommendation #4

Andrea Farney
Managing Attorney of the Pennsylvania Coalition Against Domestic Violence Legal Department
Recommendation #5

Brian Gottlieb
General Counsel, Pennsylvania Newspapers Association
Recommendation #6

Lynn Snead
Executive Director, Alle-Kiski Area HOPE Center
Recommendation #7

Francis Kennedy
Assistant Director of Social Service, Salvation Army, Pittsburgh
Recommendation #8

Mary Kate Coleman
Chair of the Silent Witness Traveling Exhibit of the Junior League, Pittsburgh
Recommendation #9

Sharon Perrotti
Counselor/Advocate Women’s Resource Center, Inc. of Lackawanna and Susquehanna Counties
Recommendation #10
1. **Develop educational training for clergy so that they may better recognize the signs and dynamics of family violence.**

Testimony taken during a public hearing sponsored by this working group confirmed that clergy are often not aware of the prevalence of domestic abuse, and are unprepared to recognize the signs of family violence. Reverend Vernon Baum testified that “unfortunately there are some clergy who tend to share the view of many church members whose attitude is “It doesn’t happen here, not in this place or among our kind of people.”

If clergy are to help prevent domestic abuse they must first recognize that it is occurring. Reverend Baum noted that “recognition may avert tragedy in the making.” In addition to helping to prevent or halt specific acts of violence, clergy are in a unique position to enlighten members of their congregation about family violence. Appropriate references to the subject may encourage some to come forward and discuss their own need for assistance, may discourage others from becoming an abuser or may cause some to rethink their own abusive actions.

2. **Train clergy on how and where to make referrals for further help for families confronting violence.**

**Explanation:** Clergy and family members need to know that it is all right to seek additional assistance for domestic violence outside of the church. Reverend Joseph A. Sidera, C.S.C. suggested at the task force hearing to present a program and literature to clergy in active ministry as well as to those in preparation for ministry. In making safe referrals for the victim, clergy must speak with the victim alone, suggest referrals to area agencies or persons trained in domestic violence, offer to be with the victim upon referral and assist the victim in making the call(s). Clergy need to be trained about the variety of resources already existing within the community including agencies and referral guides. In addition, recommendation #6 of this working group recommends the development of a statewide resource manual to be used for this purpose.

**Justification:** Clergy need to be trained how to make referrals in a way that will keep victims safe. Reverend Joseph Leonard, Ed.D. remarked at the religious working group’s public hearing that “addressing violence and power and control issues in a couple relationship is almost universally neglected. The pastoral role is always to ensure first the safety of the abused and refer her to appropriate help and to insist that the perpetrator seek professional assistance to deal with his violent behavior.” In addition, as Reverend Joseph A. Sidera, C.S.C. stated at the same hearing,
“While some (clergy) are aware of the problem, they are unaware of what services on the local level are available to families. Some ministers, young and old, are still preaching the message of turning the other cheek, putting families at severe risk.”

3. **Recommend that all religious denominations provide pre-marital counseling and include sessions on family violence.**

**Explanation:** Pre-marital counseling should include conflict management, power and control issues and the legal, moral, biblical and theological consequences of domestic violence. Clergy should look for signs and listen for references to violence in the dating relationship and deal with it accordingly. Joint and separate counseling may be appropriate.

**Justification:** Violence can occur within the context of the dating relationship and not just within marriage. If clergy discover this in the context of a dating relationship, early intervention can occur. The teaching component of premarital counseling can increase awareness and help couples find non-violent means of resolving conflict.

4. **Establish family violence prevention programs to help families deal with problems that if left untreated, may lead to emotional or physical violence.**

Most at-risk families are not likely to first seek services through the legal or other systems. The first point of contact may be to the clergy. Family violence prevention programs for clergy to adopt could include but are not limited to the following:

- Have separate marital and other counseling sessions for couples and at-risk family members (until such time as joint counseling is feasible).

- Provide safety planning and options counseling for primary and secondary victims of violence.

- In existing programs and counseling sessions, address power and control issues, conflict resolution, legal, moral and theological consequences of family violence.

- For children, address non-violence ways to handle anger and conflict.

- In religious school classrooms, address all of the above.

- Collaborate with battered women programs to implement support groups and other services for battered individuals, children and teens.

5. **Coordinate a broad community response to family violence by integrating various programs, including batterers’ groups.**
Coordination accomplishes the following:

A vehicle for the community to step forward and impose sanctions on assailants rather than expecting the victim to do so. In addition, it reinforces the safety of the victim because everyone continues to examine our response in light of that issue.

It provides one consistent message of the community that violence is wrong and won’t be tolerated. Consequently, policy springs from more than a single voice or entity.

It demonstrates a disciplined and comprehensive linkage of all actors within society giving rise to a united accountability to victims.

It develops uniformity in enforcement thereby reducing social supports to violence whether hidden or visible.

6. **Develop a statewide resource manual containing educational, referral and legal material on family violence.**

**Explanation:** An all inclusive handbook of information regarding where to refer victims and other resources that can help victims and perpetrators can assist in making faster and more appropriate interventions. Clergy also need information regarding the law and what should be reported to the police.

**Justification:** Clergy often express a need for this kind of information that can be “on the shelf” when needed. Clergy are not trained in the law and need to know what their responsibilities are in reporting domestic violence.

7. **Clergy should communicate to parish/congregation that the perpetration of family violence is a sin and that batterers must be held responsible for their actions. Clergy should also take the lead in developing a congregational response.**

**Explanation:** Clergy should be conscious of the issue in writing and delivering sermons, on occasion making the primary focus of their message. This is particularly timely during October, Domestic Violence Awareness Month, when special prayers and services, readings and educational programs could be offered in the congregation. In addition, bulletins and newsletters could promote 24-hour hotlines and contributing to or volunteering at local women’s shelters and/or domestic violence service providers. Religious school classes should also include age-appropriate information about family violence.
**Justification:** Religious leaders are in a unique position to speak authoritatively about the sinfulness of perpetrating family violence and the responsibility batterers have for their actions. For some people, their church or synagogue may be the only place they are comfortable seeking help. The religious community should be welcoming and supportive. Victims and batterers should feel comfortable approaching their clergy persons for help without having to fear the rejection of the religious community.

8. *The Attorney General’s Office should undertake a statewide campaign to promote awareness and prevention of family violence.*

9. *Individual congregations should collaborate with women’s shelters and/or domestic violence service providers within its community to provide material, spiritual or financial support.*
Religious Institutions Working Group Hearing
Burke Auditorium, King’s College, Wilkes Barre
Tuesday, August 3, 1999

-Witness List-

Pam Pillsbury
Survivor of Family Violence
Director of Community Education, Turning Point of Lehigh Valley, Inc.
Recommendation #1

Reverend Joseph A. Sidera, CSC, Ph.D.
Director, King’s College Counseling Center
Recommendation #2

Linda Day, Ph.D.
Clinical Psychologist, Independent Practice, Kingston

Reverend Vernon Baum
Retired, Area Conference Minister, Penn Center Conference, United Church of Christ
Recommendation #1

Reverend Joseph Leonard, Ed.D.
Director of Family Ministries, National Council of Churches
Recommendation #3

Reverend Robert Helms
Associate Pastor of Shrewsbury Assembly of God Church
Recommendation #4

Reverend Richard Hammond Price, OCC
Director, Phoenix Consultants
Recommendation #6

Reverend John Lambert
Pastor, Gate of Heaven Parish, Dallas
Former Director, Catholic Social Services, Scranton Diocese
Recommendation #7

Pastor John Mumper
Pastor, Lewisburg Assembly of God
Recommendation #9

Janet Stollman, LSW
Court Coordinator, Sukkat Shalom
Recommendation #10
In order for schools and early childhood development programs to more effectively fulfill their important role in overcoming the negative impact on children who have witnessed domestic violence, the Schools and Early Childhood Development Working Group proposes the following recommendations:

1. **The Office of Attorney General should convene a Task Force on School Safety in which the first task is to hold a summit meeting for leaders in education and experts on school safety to develop policy, program and other solutions to school violence.**

**Explanation:** State officials and legislators, school board members, school administrators, labor leaders, professional employees and support staff, parents and other community members all have a role to play in addressing school safety. To encourage cooperation and to create stronger ties among all stakeholders, the Pennsylvania Office of Attorney General will ask statewide education leaders to attend a Summit meeting in Harrisburg. This Summit will provide statewide leaders with the opportunity to learn from experts about practical legislative and program solutions to ensure that schools are safe by (1) analyzing the status of current school safety efforts, (2) discussing the applicability of new proposals and (3) planning how partnerships created at the Summit can help implement initiatives in school districts across the Commonwealth.

**Justification:** In its research, the working group found that not only does witnessing abuse between one’s parents cause serious emotional harm to the child, but suffering from abuse at home is a factor in the child becoming abusive as an adult. For instance, one-third of children who witness their mother being battered later demonstrate significant behavioral and emotional problems, including psychosomatic disorders, stuttering, anxiety and fear, sleep disruption, excessive crying and school problems. Furthermore, a comparison of delinquent and non-delinquent youth found that a history of family violence was the most significant factor differentiating the two groups. Also, violent parental conflict has been found in 20% to 40% of families of chronically violent adolescents. Clearly, there is a strong correlation between violence in the home and violence at school. This is one among many factors that will be addressed at this School Safety Summit, which is being called to analyze the phenomenon of student shootings and to propose practical solutions to the problem of violence in our schools.
2. The Attorney General’s Family Violence Task Force, the Department of Education and the Department of Public Welfare should develop and distribute a Family Violence Prevention Handbook for educators and early childhood program administrators that identifies the early warning signs of child abuse or family violence and advises on how to prevent and respond to family violence.

3. The Department of Education should develop curricula for early education for teachers of pre-school and grades K through 12 and require that undergraduate and graduate courses integrate knowledge of family violence and its prevention and response into all academic programs for educators.

Rationale: The majority of certified teachers in Pennsylvania are products of our public and private universities and colleges. If we guarantee as part of their undergraduate and graduate programs that they will be trained to recognize family violence, they will know when and if action is necessary. The curricula should consider the issue of family violence from a cross-cultural perspective. The new development of education standards plus new requirements for professional development and a new thrust to have higher education faculty work closer with basic education faculty, provides a window of opportunity.

4. The Department of Education’s Office of Safe Schools should develop and maintain a resource bank which provides a comprehensive range of training and technical assistance to help schools develop purposeful and coherent ways of integrating family violence intervention and prevention strategies.

5. All school staff (pre-school through secondary level) should receive in-service training on the topic of family violence and its effect on children. This in-service training should be required of each school district and intermediate unit employee, in coordination with local domestic violence service providers and the county children and youth program.

Rationale: Family violence is at the heart of many of the most difficult problems that schools contend with every day. From the very beginning of their entry into the educational system through early childhood, elementary and secondary school years, children who have witnessed or have been abused in situations of domestic violence will be seen at school demonstrating every conceivable emotional, learning and behavioral problem. Schools and early childhood development programs are in a unique position of having the opportunity to do both intervention and prevention. Schools can interrupt the cycle of violence experienced in so many violent families.

6. The Office of Attorney General, the Department of Public Welfare and the Department of Health should put together a campaign, in cooperation with local school districts, to institute universal neonatal and infant home visitation for at-risk mothers and their children. Those agencies should assess the current child care needs of all Pennsylvania families and develop and implement a
plan for better, more affordable child care, with special consideration given to the plight of low-income and teen families.

**Explanation:** Families that are stressed, isolated or socially unsupported are more likely to be violent. Poverty, homelessness and racism are factors that in combination put stress on families. Women are the fastest growing class of the poor. In 1998, women headed 48% of all low-income households compared to 24% in 1960. African-American and Latino children and children from mother-only families are disproportionately poor, live in urban areas that are racially segregated and have few educational or job opportunities. At the same time, there has been a four-fold increase in the proportion of working mothers of young children. These factors have placed additional stresses on the single-parent head of household in terms of balancing the demands of child rearing, work and family life. Children who grow up without being abused or victimized are less likely to have emotional, behavioral and learning problems in school. Research over a 10-year period has shown that using public health nurses as home visitors for mothers at high risk for maltreatment of their children (due to the woman’s poverty, age, addiction to drugs and alcohol an being unmarried) has been an effective method of preventing a wide range of problems including child abuse and neglect. There appears to be a correlation with home visitation and positive outcomes for children, in terms of less involvement with drugs and alcohol, a reduction in crimes committed by the children and less likelihood of running away from home.

**Rationale:** One of the most important factors influencing families to behave violently is learned behavior. Children learn the basics about how to relate to others by observing behavior in their own family. Schools and early childhood programs are in the unique position of having a chance to intervene and prevent repetition of violent behavior. Parents who repeatedly resort to hitting and yelling at family members unconsciously teach their children that violence solves problems. Research shows that children exposed to violence are more likely to become violent. To break the cycle of violence, it is critical to help parents when their children are young so they can learn non-violent ways of dealing with problems.

7. **Schools and early childhood development programs should institute peer mediation, conflict resolution, anti-bullying, homelessness and family violence awareness programs.**

**Rationale:** Studies indicate that the typical wife or husband batterer begins his/her violent behavior as a child bully where there is modeling of aggressive behavior, both physically and verbally. A 1995 survey of high schools in California reported that over 70% of respondents indicated that peer mediation programs reduce the incidence of suspension and the majority of the respondents believe that the programs reduce violence. Violence prevention programs are necessary be-
cause the students need to hear the message repeated over and over again that violence is never acceptable in a relationship.

Schools need to implement a clear policy regarding anti-bullying. They need to set an example of non-violence. Local violence prevention programs should provide programs so that teachers can dedicate their time to academic issues. The teachers need to be aware of what will be presented in the classroom so that they can be prepared to respond to issues that may arise and do that they can reinforce the messages that are presented in the presentations. Another option is to provide extensive training to teachers through local programs and they can then incorporate violence prevention in their daily lesson plans.

Prevention should be a key strategy for reducing incidences of violence for children. Teaching children how to deal with conflict through conflict resolution and peer mediation, clear and enforceable discipline policies in schools dealing with bullying, and a heightened awareness of the issues concerning family violence and homelessness, for faculty, staff and students have been proven to be beneficial in reducing violence.

8. **Parents and schools should work together in the best interest of the child by evaluating the existing parent training programs or developing and implementing parent education programs which incorporate family violence awareness and prevention.**

Rationale: It is recognized that the best opportunity for success in affecting student attitudes toward violence will occur as a result of the combined efforts of parents and school personnel. Neither can be truly effective without the cooperation of the other. As a first step toward promoting such cooperation, educators must work with parents to develop an understanding of the effects of domestic violence on children both at home and at school, to promote communication and respect between parent and child and to more fully involve parents in the overall educational process.

9. **Schools should develop close ties with community programs by adopting a local homeless shelter or women’s shelter. It is essential that school and community resources be directed toward providing services for the homeless and the victims of family violence.**

Rationale: More than 19,000 children are currently being served in 192 shelters across the Commonwealth. These include over 10,000 who are of school age. While the 13 McKinney Act sites in the largest urban areas attempt to ensure that each homeless child receives equal access to public education, there are still some 3,000 children in smaller communities whose needs must be addressed through cooperative efforts by school and community authorities. Long term needs such as counseling, remediation, tutoring, staff sensitivity, parental involve-
10. **Schools should adopt policies requiring therapeutic interventions for children with exhibited behavioral disorders such as mental health and substance abuse problems. Those children who are deemed to require special services should have non-traditional and alternative schools available as options to traditional schooling.**

**Explanation:** Through the effective utilization of the school guidance counselor, the School Resource Officer or the Student Assistance Program, schools can initiate and sustain innovative intervention programs such as crisis response teams to identify and treat children with mental health or substance problems.

**Rationale:** Children who have witnessed or have been abused in situations of domestic violence demonstrate innumerable emotional, learning and behavioral problems at school. Schools are in a unique position to interrupt the cycle of violence that many families experience, through interventions and specialized programs and, if necessary, through referral for appropriate treatment.

13. **Schools and law enforcement agencies should develop close relationships with alternative schools, truancy and school-based probation programs so that children headed towards delinquent behavior can be remediated.**

**Rationale:** It is only through a close collaboration and serious team effort that a successful remediation of delinquent behavior can be expected. This team should be focused on the individual child and should bring to the table all of the varied resources available.

This type of collaboration will present the best opportunity to discover the root causes of any unacceptable behavior, thus giving the team a real opportunity to engage in some meaningful intervention, prevention and support efforts.

It also affords those children headed toward delinquent behavior an opportunity to develop trusting and lasting relationships with those caretakers who will have the most contact with them, if delinquent behavior is exhibited.

14. **After-school programs should be implemented and supported by schools to ensure that children and youth are in safe, supervised settings to protect them from exploitation or victimization, to provide a refuge for children in abusive homes and to reduce the likelihood of juvenile delinquency or violent behavior during non-school hours.**

**Rationale:** In Pennsylvania, close to two-thirds of all school-age children have both or their only parent working, which means that thousands of children are faced with unsupervised and unstructured time before
and after school if their parents must be at work. About 29% of all juvenile offenses occur on school days between the hours of 2 and 8 p.m., i.e. in the 6-hour period following dismissal from school. Statistics show that twice as many violent crimes occur between 3 and 4 p.m., the hour after most students are released from school, compared to the preceding 2 to 3 p.m. period. Studies show that quality after-school programs have a positive impact on children and youth at risk for delinquent behavior and also prevent negative influences that lead to risky behaviors, such as drug, alcohol and tobacco use. After-school programs provide youngsters with positive influences as seen by data that indicate students in after-school programs show higher academic achievement, increased interest in reading, development of new skills and interests, and a decrease in aggressive behavior.

15. **Colleges and universities need to create violence prevention and response policies at both the graduate and undergraduate levels.** Such plans should include clearly articulated and enforced policies and procedures for dating violence, hate crimes and sexual harassment. In addition, colleges and universities need to establish in-service training for everyone in the post-secondary education community on the subject of family violence with integration of this material into the appropriate curricula.

Rationale: If basic education is to be receptive to new approaches to the subject of family violence, then higher education must help not only in the education of our teachers but it must also be prepared to assist in the development of the curricula that will make it a reality. A most important point made in this recommendation is that there needs to be in-service for everyone in the college or university community.
-Witness List-

Ellen Mooney
Lehigh County Project Director, Turning Point of Lehigh Valley, Inc.
Survivor of Domestic Violence
Recommendations #7 and #9

Members of the Peaceful Posse
Derric Curley - Eighth Grade Student at the Mifflin School
Ernest Kelly - Tenth Grade Student at Dobbins Vo-Tech High School, Philadelphia
Recommendation #8

Richard J. Gelles, Ph.D.
Co-Director, Center for the Study of Youth Policy, School of Social Work, University of Pennsylvania
Recommendation #15

Dr. John Trudeau
Assistant Director of the Center for Social Policy and Community Development, Temple University
Recommendation #3

Gwendolyn Porter
Director of Abuse Prevention Programs, School District of Philadelphia
Recommendation #5

Dr. James R. Scanlon
Assistant Superintendent, Neshaminy School District
Recommendations #5 & #13

Brenda Bergman
President, Pennsylvania School Counselors Association
Counselor, Landisville Middle School, Hempfield School District
Recommendations #2 & #12

Linda Barnes
Director of Operations, New Beginnings - Head Start
Recommendation #6

Beth Styer
Executive Director, Child, Home and Community, Inc.
Recommendation #6

Robert Cosner, MSW
Senior Supervisor, Bucks County Children and Youth Social Services Agency
Recommendations #7 & #9
Paul Pule
Assistant Director of Programming, Bucks County Peace Centers
Recommendations #8 & #14

Pam Pillsbury
Director of Community Education, Turning Point of Lehigh Valley, Inc.
Recommendations #9 & #10

Tom Norlen
Homeless Children’s Initiative Coordinator, Intermediate Unit 22 - Bucks County Schools
Recommendation #11
Psychological Trauma Defined

To understand what trauma does we have to understand what it is. Lenore Terr, a child psychiatrist who did the first longitudinal study of traumatized children writes, “psychic trauma occurs when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind” (Terr, 1990, p.8). Van der Kolk makes a similar point about the complicated nature of trauma when he says, “Traumatization occurs when both internal and external resources are inadequate to cope with external threat” (Van der Kolk, 1989, p.393). Both clinicians make the point that it is not the trauma itself that does the damage. It is how the individual’s mind and body reacts in its own unique way to the traumatic experience in combination with the unique response of the individual’s social group.

Children are traumatized whenever they fear for their lives or for the lives of someone they love. A traumatic experience impacts the entire person - the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we make sense of the world are all profoundly altered by traumatic experience.

Evolutions’s Legacy

It is impossible to fully understand human behavior and the human response to trauma without grasping key insights about the way our evolution has affected us. The fight-or-flight response described below is a part of our mammalian heritage, and continues to profoundly impact, at a physiological level, our response to all stresses, even those caused by our sophisticated social environments. We are born with a number of innate emotions that are also part of our mammalian heritage and that produce patterned and predictable responses in all of our organs, including our brain. This means that overwhelming emotions can do damage to our bodies as well as our psyches. As a species we survived largely because we developed as social animals for mutual protection and this social nature of human beings is grounded in our need to attach to other human beings from cradle to grave.

Children who suffer disrupted attachments may suffer from damage to all of their developmental systems, including their brains and we are particularly ill-suited to having the people we are attached to also be the people who are violating us. Our very complex brains and powerful memories distinguish us as the most intelligent of all animals, and yet as we will see, it is this very intelligence that leaves us vulnerable to the effects of trauma such as flashbacks, body memories, post-traumatic nightmares and behavioral reenactments. The social nature of our species is guaranteed by an innate sense of reciprocity that can be observed even among primates.
But this same sense of “fair play” leads not only to the evolution of justice systems, but also to the need for revenge. The result is that you cannot hurt anyone, most importantly children, without setting the stage for revenge that will be exacted either upon themselves, upon others, or both. Finally, we are physiologically designed to function best as an integrated whole, just like the computers that we now build. The fragmentation that accompanies traumatic experience degrades this integration and impedes maximum performance in a variety of ways. Human brains function best when they are adequately stimulated but simultaneously protected from overwhelming stress. This explains our need for order, for safety, for adequate protection. Let’s look more closely now at what trauma does to the minds and bodies of those involved.

The Fight-or-Flight Response

We are animals and like other animals, we are biologically equipped to protect ourselves from harm as best we can. The basic internal protective mechanism is called the fight-or-flight reaction. Whenever we perceive that we are in danger our bodies make a massive response that affects all of our organ systems. This change in every area of basic function is so dramatic that in many ways, we are not the same people when we are terrified as when we are calm.

Each episode of danger connects to every other episode of danger in our minds, so that the more danger we are exposed to, the more sensitive we are to danger. With each experience of fight-or-flight, our mind forms a network of connections that get triggered with every new threatening experience. If children are exposed to danger repeatedly, their bodies become unusually sensitive so that even minor threats can trigger off this sequence of physical, emotional, and cognitive responses. They can do nothing to control this reaction - it is a biological, built-in response, a protective device that only goes wrong if we are exposed to too much danger and too little protection in childhood or as adults.

The real nature of the fight-or-flight response means that if we hope to help traumatized people, then we must create safe environments to help counteract the long-term effects of chronic stress.

Learned Helplessness

If a person is able to master the situation of danger by successfully running away, winning the fight or getting help, the risk of long-term physical changes are lessened. But in many situations considered to be traumatic, the victim is helpless and it is this helplessness that is such a problem for human beings. As a species, we cannot tolerate helplessness - it goes against our instinct for survival. We know from animal experiments, that helplessness can cause changes in the animals’ ability to recognize and escape from danger so that once the animal becomes accustomed to trauma, it fails to try and escape from danger. This has been called “learned helplessness”.

Apparently, there are detrimental changes in the basic neurochemistry that allows the animal to self-motivate out of dangerous situations. Change only occurs when the experimenter actively intervenes and pulls the animal out of the cage. At first, the animal runs back in, but after sufficient trials, it finally catches on and learns how to escape from the terror once again. The animals’ behavior improves significantly, but they remain vulnerable to stress. As in human experience, animals show individual variation in their responses. Some animals are very resistant to developing “learned helplessness” and others
are very vulnerable. (Seligman, 1992).

We know that people can learn to be helpless too, that if a person is subjected to a sufficient number of experiences teaching him or her that nothing they do will effect the outcome, people give up trying. This means that interventions designed to help people overcome traumatizing experiences must focus on mastery and empowerment while avoiding further experiences of helplessness.

Loss of “Volume Control”

The experience of overwhelming terror destabilizes our internal system of arousal - the internal “volume control” dial that we normally have over all our emotions, especially fear. Usually, we respond to a stimulus based on the level of threat that the stimulus represents. People who have been traumatized lose this capacity to “modulate arousal”. They tend to stay irritable, jumpy, and on-edge. Instead of being able to adjust their “volume control”, the person is reduced to only an “on-or-off” switch, losing all control over the amount of arousal they experience to any stimulus, even one as unthreatening as a crying child.

Children are born with only an on-or-off switch. Gradually, over the course of development and with the responsive and protective care of adults, the child’s brain develops the ability to modulate the level of arousal based on the importance or relevance of the stimulus. This is part of the reason why the capacity of adults to soothe frightened children is so essential to their development. They cannot soothe themselves until they have been soothed by adults. Children who are exposed to repeated experiences of overwhelming arousal do not have the kind of safety and protection that they need for normal brain development. They may never develop normal modulation of arousal. As a result they are chronically irritable, angry, unable to manage aggression, impulsive, and anxious. Children – and the adults they become – who experience this level of anxiety will understandably do anything they can to establish some level of self-soothing and self-control.

Under such circumstances, people frequently turn to substances, like drugs or alcohol, or behaviors like sex or eating or even engagement in violence, all of which help them to calm down, at least temporarily. If you have never been able to really control your feelings, and you discover that alcohol gives you some sense of control over your internal states, it is only logical that you will turn to alcohol for comfort. The experience of control over helplessness will count for much more than anyone’s warnings about the long-term consequences of alcohol abuse.

The implication of these findings for intervention strategies is that we need to understand that many of the behaviors that are socially objectionable and even destructive are also the individual’s only method of coping with overwhelming and uncontrollable emotions. If they are to stop using these coping skills, then they must be offered better substitutes, most importantly, healthy and sustaining human relationships. Blaming and punishment is thus counterproductive to the goals that we hope to achieve – they just tend to make things worse.

Thinking Under Stress - Action Not Thought

Our capacity to think clearly is also severely impaired when we are under stress. When we perceive that we are in danger, we are physiologically geared to take action, not to
ponder and deliberate. In many situations of acute danger it is better that we respond immediately without taking the time for complicated mental processing, that we respond almost reflexively to save our lives or to protect those we love. When stressed, we cannot think clearly, we cannot consider the long-range consequences of our behavior, we cannot weigh all of the possible options before making a decision, we cannot take the time to obtain all the necessary information that goes into making good decisions. Our decisions tend to be based on impulse and are based on an experienced need to self-protect. As a consequence these decisions are inflexible, oversimplified, directed towards action, and often are very poorly constructed (Janis, 1982). In such situations people demonstrate poor judgment and poor impulse control. The mind is geared towards action and often the action taken will be violent. Many victims have long-term problems with various aspects of thinking. An intolerance of mistakes, denial of personal difficulties, anger as a problem-solving strategy, hypervigilance, and absolutistic thinking are other problematic thought patterns that have been identified (Alford, Mahone, and Fielstein, 1988).

In formulating intervention strategies, this means that every effort should be made to reduce stress whenever good decisions are sought. It also means that we need to look at the growing sources of social stress that are inflicted on individuals and families at home, in the workplace, and in the community and evaluate what kinds of buffers can be put into place that help attenuate the effects of these stressors.

Remembering Under Stress

Our way of remembering things, processing new memories, and accessing old memories is also dramatically changed when we are under stress. Still, there is a growing body of evidence indicating that there are actually two different memory systems in the brain - one for normal learning and remembering that is based on words and another that is largely nonverbal (Van der Kolk, 1996). Our verbally based memory system is vulnerable to high levels of stress. Under normal conditions, the two kinds of memory function in an integrated way. Our verbal and nonverbal memories are thus usually intertwined and complexly interrelated.

What we consider our “normal” memory is based on words. From the time we are born we develop new categories of information, and all new information gets placed into an established category, like a filing cabinet in our minds. We talk in words, of course, but we also think with words. The person we identify as “me” is the person who thinks and has language. When we need to recall something, we go into the appropriate category and retrieve the information we need. But under conditions of extreme stress, our memory works in a different way.

When we are overwhelmed with fear, we lose the capacity for speech, we lose the capacity to put words to our experience. Without words, the mind shifts to a mode of thinking that is characterized by visual, auditory, olfactory, and kinesthetic images, physical sensations, and strong feelings. This system of processing information may be adequate under conditions of serious danger. But the powerful images, feelings, and sensations do not just “go away”. They are deeply imprinted, more strongly in fact, than normal everyday memories. The neuroscientist Joseph LeDoux (1992) has called this “emotional memory” and has shown that this kind of memory can be difficult or impossible to erase, although we can learn to override some of our responses.
This “engraving” of trauma has been noted by many researchers studying various survivor groups (Van der Kolk, 1996). Problems may arise later because the memory of the events that occurred under severe stress are not put into words and are not remembered in the normal way we remember other things. Instead, the memories remain “frozen in time” in the form of images, body sensations like smells, touch, tastes, and even pain, and strong emotions.

A flashback is a sudden intrusive re-experiencing of a fragment of one of those traumatic, unverbalized memories. During a flashback, people become overwhelmed with the same emotions that they felt at the time of the trauma. Flashbacks are likely to occur when people are upset, stressed, frightened, or aroused or when triggered by any association to the traumatic event. Their minds can become flooded with the images, emotions, and physical sensations associated with the trauma and once again. But the verbal memory system may be turned off because of the arousal of fear, so they cannot articulate their experience and the nonverbal memory may be the only memory a person has of the traumatic event.

At the time of the trauma they had become trapped in “speechless terror” and their capacity for speech and memory were separated. As a result, they developed what has become known as “amnesia” for the traumatic event – the memory is there, but there are no words attached to it so it cannot be either talked about or even thought about. Instead, the memory presents itself as some form of nonverbal behavior and sometimes as a behavioral reenactment of a previous event. Even thinking of flashbacks as “memories” is inaccurate and misleading. When someone experiences a flashback, they do not remember the experience, they relive it. Often the flashback is forgotten as quickly as it is happens because the two memory systems are so disconnected from each other.

Over time, as people try to limit situations that promote hyperarousal and flashbacks, limit relationships which trigger emotions, and employ behaviors designed to control emotional responses, they may become progressively numb to all emotions, and feel depressed, alienated, empty, even dead. In this state, it takes greater and greater stimulation to feel a sense of being alive and they will often engage in all kinds of risk-taking behaviors since that is the only time they feel “inside” themselves once again.

If we cannot remember an experience we cannot learn from it. This is one of the most devastating aspects of prolonged stress. The implicit functioning of the brain, life-saving under the immediate conditions of danger, becomes life threatening when the internal fragmentation that is the normal response to overwhelming trauma, is not healed. The picture becomes even more complicated for children who are exposed to repeated experiences of unprotected stress. Their bodies, brains, and minds are still developing. We are only beginning to understand memory, traumatic memory, and how these memory systems develop and influence each other (Perry, 1993; Schwarz & Perry, 1994). We do know that children who are traumatized also experience flashbacks that have no words. For healing to occur, we know that people often need to put the experience into a narrative, give it words, and share it with themselves and others. Words allow us to put things into a time sequence - past, present, future.

Without words, the traumatic past is experienced as being in the ever present “Now”. Words allow us to put the past more safely in the past where it belongs. Since a child’s
capacity for verbalization is just developing, their ability to put their traumatic experience into words is particularly difficult. In cases of childhood terror, language functions are often compromised. Instead, children frequently act-out their memories in behavior instead of words (James, 1994). They show us what happened even when they cannot tell us. We call this automatic behavioral reliving of trauma, “traumatic reenactment”.

The implications of this important information about memory and trauma are extensive. It means that environments designed to intervene in the lives of suffering people must provide an abundance of opportunities for people to talk, and talk and talk about their experiences, their past lives, their conflicts, their feelings. It means that programs that focus on nonverbal expression – a description that includes art, music, movement, and theatre programs as well as sports – are vital adjuncts to any community healing efforts and should be funded, not eliminated, in the schools. It means that the arts can play a central role in community healing, serving as a “bridge across the black hole of trauma” (Bloom, 1996).

Emotions and Trauma – Dissociation

We don’t usually think about it, but it is possible to die of fright or to die of a broken heart. Every vital organ system is closely tied in through the autonomic nervous system, with our emotional system. In fact, however, people rarely die from emotional upsets. A fundamental reason for such rarity, despite the extent of fearful circumstances that children face, is the built-in “safety valve” that we call “dissociation”.

Dissociation is defined as “a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment”. Dissociation helps us do more than one thing at once. We can go on autopilot and automatically complete tasks that we have previously learned well, while we are focused on something else. This increase in efficiency may help explain why we evolved the ability.

Traumatized people make special use of this capacity. There are different ways that people dissociate. Fainting is an extreme form of simply stopping consciousness. Psychogenic fainting is the brain’s way of saying, “I can’t handle this”. But we can also split off memories from consciousness awareness, as we have already discussed, and develop “amnesia”. Rarely, someone can develop amnesia for their entire identity and begin a separate life – a fugue state. More commonly people develop amnesia for parts of their lives or just for parts of certain overwhelming experiences.

But there is another way we can dissociate that is so common that almost everyone does it – splitting off experience from our feelings about that experience. In its most extreme form, this is called “emotional numbing”. So commonly do human beings cut off feelings about what happened to them while still remembering everything, that often we have to look closely at the person before we see something is wrong - they do not feel the emotions that would normally be expected under the circumstances. In such cases, instead of seeing the emotional numbing that has occurred to the person, we will make comments about “how well Sheila is coping with her loss” or “how extraordinary it is that John never seems to get ruffled, even if someone is yelling at him”. But Sheila and John are not necessarily “coping well” - they may be dissociated from their feelings and their capacity for normal emotional interaction may be consequently diminished.
We are able to cut off all our emotions but that usually happens only in extreme cases of repetitive and almost unendurable trauma. More commonly we cut-off or diminish specific emotional responses, based on the danger the emotion may present to continued functioning. Our emotions are intimately tied to the expression of emotion through our facial expressions, our tone of voice, our gestures, so that we easily give away what we may be consciously trying to hide. If you grow up in a violent home, where every time you express anger you get beaten, it is best that you never show anger. If you grow up in a home – or a culture – that says that little boys who cry are wimps who should be taught a “lesson”, then it is a good idea to learn to never feel sadness, therefore minimizing the danger of tears. If any sign of pleasure or laughter is met with hostility and abuse, then it is best that you never feel joy. In this way, children from destructive situations learn how not to feel, they learn to dissociate their emotions from their conscious experience and their nonverbal expression of that emotion and in doing so, they can possibly stay safer than if they show what they feel. That does not mean that the emotion actually goes away. It does not. Emotions are built-in, part of our evolutionary, biological heritage and we cannot eliminate them, we can only transmute them. There is an abundance of evidence from various sources that unexpressed emotions may be very damaging to one’s mental and physical health (Pennebaker, 1997).

It is certainly clear that emotional numbing is damaging to relationships. We need all of our emotions available to us if we are to create and sustain healthy relationships with other people. If we cannot feel anger, we cannot adequately protect others and ourselves. If we cannot feel sadness, we cannot complete the work of mourning that helps us recover from losses so that we can form new attachments. If we cannot feel joy, life becomes empty and meaningless leading to an increased potential for detachment, alienation, suicide and homicide. This is yet another example of how a coping skill that is useful for survival under conditions of traumatic stress, can become a serious liability over time.

As this process continues over time, we gradually may shut-off more and more of our normal functioning. We may dampen down any emotional experience that could lead back to the traumatic memory. We may withdraw from relationships that could trigger off memories. We may curtail sensory and physical experiences that could remind us of the trauma. We may avoid engaging in any situations that could lead to remembering the trauma. At the same time, we may be compelled, completely outside of our awareness, to reenact the traumatic experience through our behavior. This increases the likelihood that instead of managing to avoid repeated trauma, we are likely to become traumatized again. As this process happens, our sense of who we are, how we fit into the world, how we relate to other people, and what the point of it all is, can become significantly limited in scope. As this occurs, we are likely to become increasingly depressed. These avoidance symptoms, along with the intrusive symptoms, like flashbacks and nightmares, comprise two of the interacting and escalating aspects of post-traumatic stress syndrome, set in the context of a more generalized physical hyperarousal. As these alternating symptoms come to dominate traumatized people’s lives, they feel more and more alienated from everything that gives our lives meaning - themselves, other people, a sense of direction and purpose, a sense of spirituality, a sense of community. It is not surprising, then, that slow self-destruction through addictions, or fast self-destruction through suicide, is often the final outcome of these syndromes. For other people, rage at others comes to dominate the picture and these are the ones who end up becoming significant threats to the well being of others.
Children who are traumatized do not have developed coping skills, a developed sense of self, or self in relation to others. Their schemas for meaning, hope, faith, and purpose are not yet fully formed. They are in the process of developing a sense of right and wrong, of mercy balanced against justice. All of their cognitive processes, like their ability to make decisions, their problem-solving capacities, and learning skills are all still being acquired. As a consequence, the responses to trauma are amplified because they interfere with the processes of normal development. For many children, in fact, traumatic experience becomes the norm rather than the exception and they fail to develop a concept of what is normal or healthy. They do not learn how to think in a careful, quiet, and deliberate way. They do not learn how to have mutual, compassionate, and satisfying relationships. They do not learn how to listen carefully to the messages of their body and their senses. Their sense of self becomes determined by the experiences they have had with caretaking adults and the trauma they have experienced teaches them that they are bad, worthless, a nuisance, or worse. Living in a system of contradictory and hypocritical values impairs the development of conscious, of a faith in justice, of a belief in the pursuit of truth. It should come as no surprise then, that these children so often end up as the maladjusted troublemakers that pose so many problems for teachers, schools, other children, and ultimately all of us.

Again, the implications of this knowledge for intervention techniques and strategies are significant. We must create systems that build and reinforce the acquisition of what Goleman has termed “emotional intelligence”. We need to recognize that many of the maladaptive symptoms that plague our social environment are the result of the individual’s attempt to manage overwhelming emotions, effective in the short-run, detrimental long-term. If we fail to protect children from overwhelming stress, then we can count on creating life-long adjustment problems that take a toll on the individual, the family, and society as a whole.

Endorphins and Stress - Addiction to Trauma

These magical substances called endorphins are a part of normal, everyday functioning, but they are especially important during times of stress. Again, if we look at evolution, this makes sense. Not only do endorphins calm anxiety, improve our mood, and decrease aggression, but they also are great analgesics since they are related to morphine and heroin. Therefore, in times of stress, they provide enough pain relief that we are not disabled by injuries that would otherwise prevent us from escaping the danger. If people are only exposed to rare episodes of overwhelming stress, then they are less likely to show alterations in this biochemical system. Far more problematic are those people who are exposed to repeated experiences of prolonged stress. These people, often children, are exposed to repeatedly high levels of circulating endorphins. One hypothesis is that people can become “addicted” to their own internal endorphins and as a result only feel calm when they are under stress while feeling fearful, irritable and hyperaroused when the stress is relieved, much like someone who is withdrawing from heroin. This has been called “addiction to trauma” (Van der Kolk & Greenberg, 1987).

If this cycle is in place, then it helps us to understand many of the perplexing symptoms that have been incomprehensible without this information. Stress-addicted children will be those children in the classroom who cannot tolerate a calm atmosphere but must keep antagonizing everyone else until the stress level is high enough for them to achieve some degree of internal equilibrium again. Violence is exciting and stressful and repeated
violent acting-out, gang behavior, fighting, bullying, and many forms of criminal activity have the additional side effect of producing high levels of stress in people who have grown addicted to such risk-taking behavior. This also helps to explain self-mutilation in its many forms - these children and adults have learned that inflicting harm on the body will induce the release of endorphins that will provide some comfort, at least temporarily. These are children, who grow to be adults, unable to trust or be comforted by other people - in fact other people have been the fundamental source of the stress. Instead, they must fall back on whatever resources they can muster within themselves, resources that they can control, to achieve any kind of equilibrium. As adults, under stress, people who have been brutalized as children may again resort to behaviors that help induce some kind of alteration in the opioid system. These behaviors can include self-mutilation, risk-taking behavior, compulsive sexuality, involvement in violent activity, bingeing and purging, and of course, drug addiction.

This recognition of the importance of addiction to trauma implies that intervention strategies must focus on helping people to “detox” from this behavioral form of addiction by providing environments that insist on the establishment and maintenance of safety. Physiological stability cannot be achieved as long as the person is on an emotional roller coaster of stimulus and response.

Trauma-Bonding

Even more ominous for repeatedly traumatized people is their pronounced tendency to use highly abnormal and dangerous relationships as their normative idea of what relationships are supposed to be (Herman, 1992; James, 1994). Trauma-bonding is a relationship based on terror and the twisting of normal attachment behavior into something perverse and cruel. People who are terrorized, whether as adult victims of torture, or domestic violence or child victims of family abuse, experience their abuser as being in total control of life and death. The perpetrator is the source of the pain and terror, but he is also the source of relief from that pain. He is the source of threat but he is also the source of hope.

This means that people who have been traumatized need to learn to create relationships that are not based on terror and the abuse of power, even though abusive power feels normal and right. In such cases, people often need direct relationship coaching and the direct experience of engaging in relationships that are not abusive and do not permit abusive and punitive behavior.

Traumatic Reenactment

It has long been recognized that “history repeats itself”, but never before have we so clearly understood why history does so. People who have been traumatized cannot heal themselves alone. It is one of the tragedies of human existence, that what begin as life-saving coping skills, end up delivering us into the hands of compulsive repetition. We are destined to reenact what we cannot remember. Freud called it the repetition compulsion and he said, “He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating... He cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering.” (Van der Kolk & Ducey, p. 271, 1989).

It has become clear that the very nature of traumatic information processing determines
the reenactment behavior. We must assume that as human beings, we are meant to function at our maximum level of integration and that any barrier to this integration will produce some innate compensatory mechanism that allows us to overcome it. Splitting traumatic memories and feelings off into nonverbal images and sensations is life-saving in the short-term, but prevents full integration in the long-term.

Based on what we know about the split between verbal and nonverbal thought, it may be that the most useful way of understanding traumatic reenactment is through the language of drama. Shakespeare told us that the whole world is our stage, and with behavioral reenactments we see this in action. We reenact our past everywhere – at home, at school, at the workplace, on the playground, in the streets. We cue each other to play roles in our own personal dramas, secretly hoping that someone will give us a different script, a different outcome to the drama, depending on how damaging our experiences have been. The cure is in the disease.

The only way that the nonverbal brain can “speak” is through behavior, since it has no words. If we look at reenactment behavior we can see that traumatized people are trying to repeatedly “tell their story” in very overt, or highly disguised ways. If only we could still interpret nonverbal messages, perhaps we could respond more adequately to this “call for help”. For healing to occur, we must give words and meaning to our overwhelming experiences. In “Macbeth”, Shakespeare urges us to “Give sorrow words; the grief that does not speak whispers the o’er fraught heart and bids it break”. But we cannot find the words by ourselves. That is the whole point - the traumatized person is cut off from language, deprived of the power of words, trapped in speechless terror.

We need the help, the words, the signals, of caring others, but to get their attention we must find some way to signal them about our distress in a language that has no words. This is the language of behavior, the language of the mime, of the stage. It is the language of symptoms, of pathology, of deviant behavior in all its forms. Unfortunately, we have largely lost the capacity for nonverbal interpretation, and so most of these “cries for help” fall on deaf ears. Instead, we judge, condemn, exclude and alienate the person who is behaving in an asocial, self-destructive, or antisocial way without hearing the meaning in the message. To counter these long standing habits, we need to develop systems of compassionate regard, translate the nonverbal message into a verbal understanding that can be shared, while still insisting on healthy change and behavior that is socialized, responsible, and nonviolent.

Trauma and the Body

Victims of chronic trauma, abuse and neglect often suffer from a multitude of physical disorders not directly related to whatever injuries they have suffered. There is now a science of stress-related disorders that details how stress impacts negatively on the body in a number of ways, producing short-term and long-term physical consequences (Sarno, 1998). A recent study by the Center for Disease Control (Felitti et al, 1998) surveyed almost 14,000 adults in a health maintenance organization, asking participants about their adverse childhood experiences divided into categories that included physical, sexual and emotional abuse, witnessing violence against one’s mother, living as a child with a household member who was either imprisoned, mentally ill, suicidal, or a substance abuser. There was a direct relationship between the number of categories of adverse childhood experience and adult diseases including ischemic heart disease, cancer, chronic
lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Victim to Victimizer

When we understand the effects of trauma it is easier to grasp how someone could be victimized and turn away from the victim role and towards the victimizer role instead. A victim is both helpless and powerless, and as we have seen, helplessness is a noxious human experience. Human beings will do anything to avoid feeling powerless. If you have been victimized, one of the possible outcomes is to assume the power of the one who has hurt you by becoming someone who terrorizes and abuses others. Such behavior can reduce anxiety while providing a certain excitement and the combination of these two effects can become habit-forming. These effects can also be profoundly culturally influenced. The traditional definition of masculinity does not allow for helplessness – you cannot be a victim and be masculine. In contrast, the traditional definition of femininity not only allows for but encourages, powerlessness and therefore the open possibility of victimization. It should come as no surprise, therefore, that more men would accommodate to the victimizer role and women the victim role (Real, 1997).

Issues of Meaning and Spirituality

As Ronnie Janoff-Bulman has shown (1992), the experience of trauma shatters - often irrevocably - some very basic assumptions about our world, our relationship to others, and our basic sense of identity and place in the world. A sense of meaning and purpose for being alive are shaken. Making sense out of violence, transcending its effects, and transforming the energy of violence into something powerfully good for oneself and the community describes what Judith Herman has called “a survivor mission” (1992). It is often a mission that encompasses the remainder of one’s life. Confrontation with the spiritual, philosophical, and/or religious context – and conflicts – of human experience is impossible to avoid if recovery is to be assured.

Creating Sanctuary

Creating Sanctuary refers to the process involved in creating safe environments that promote healing and sustain human growth, learning, and health (Bloom, 1997). One fundamental attribute of Creating Sanctuary is changing the presenting question with which we verbally or implicitly confront another human being whose behavior we do not understand from “What’s wrong with you?” to “What’s happened to you?” Changing our position vis-à-vis other people in this way radically shifts our perspective on ourselves and others, moving us toward a position of compassion and understanding and away from blame and criticism. When people receive understanding from others it enables them to begin their way down the long road of understanding – and changing – themselves.

We have come to believe that in order to create safe, living-learning environments, any group of people must come to share the same basic assumptions, goals, and practice utilizing a shared language. A large part of the dilemmas currently facing us in all our communities is that we have not defined what – if anything – we share in common. We have not yet hammered out agreements, resolved conflicts, or untangled contradictions about even the most fundamental rules of how we are supposed to behave towards each
other, what is allowed and what is forbidden. Without such basic structure, we cannot expect that our problem solving will be effective – it is set on too unstable a ground.

The first and most essential assumption must be the human need for safety. Our definition of safety, however includes not just physical safety, but psychological, social and moral safety as well. Psychological safety is the ability to be safe with oneself. Social safety is the ability to be safe in groups and with other people. Moral safety involves the maintenance of a value system that does not contradict itself and is consistent with healthy human development as well as physical, psychological and social safety. An environment cannot be truly safe unless all of these levels of safety are addressed. As we can see all around us, a focus on physical safety alone results in us living in an armed fortress, paranoid and alienated from others.

Safety involves not just prohibitions against violence to others but also prohibitions against the short and long forms of self-destruction, i.e. suicide and substance abuse. In a connected community, the violence you do to yourself and your own body also affects me. Violence is violence even if it takes the form of cutting one’s own wrists, or abusing one’s own body in other ways. Sexism, racism, poverty, homelessness, and hate speech can all be seen as forms of injustice and violence against the heart and soul of a people and a community. The real challenge is how to establish and maintain safety without invoking punitive, violent, and restrictive measures that add to the problem.

In the material above I have already drawn out some of the implications of trauma theory as they relate to what we now understand about the complex effects of trauma on the mind and body. We also assume that social influence is a powerful force in human organization and can be used for both positive and negative purposes. Any healthy human group will make an effort to maximize the positive aspects of social influence and group pressure and minimize the negative. Since every community organization must share assumptions, goals and practices, every group must make it a priority to create its own “constitution”, establishing its mission, its goals, and the way it intends to go about achieving those goals. Since order and law is the basis of all civilization, a basic tenet of such a constitution must be nonviolence – and that tenet is not negotiable. No form of violence is acceptable, regardless of whether it is verbal, physical, sexual, social or economic. Violence must be viewed not as an individual problem, but a symptom of the breakdown of the social order and therefore a problem for the group. Therefore every act of violence must be analyzed, understood, and addressed as a problem of and for the entire community to resolve – nonviolently.

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