COORDINATED COMMUNITY RESPONSES TO DOMESTIC VIOLENCE IN SIX COMMUNITIES: BEYOND THE JUSTICE SYSTEM

SUMMARY

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Sandra J. Clark
Martha R. Burt
Margaret M. Schulte
Karen Maguire

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THE URBAN INSTITUTE 2100 M Street N.W. / Washington, D.C. 20037 / (202) 833-7200

The past two decades have seen dramatic changes in the response to domestic violence in communities throughout the United States.[1] In many communities, the justice systems have experienced a number of important changes in their laws and agency practices related to domestic violence. As a result, many justice systems now respond to domestic violence in ways that are more likely than in the past to hold batterers accountable and to support battered women. At the same time, social services for battered women have become more widely available with substantial growth in domestic violence hotlines and shelters.

Along with these changes, there is a growing awareness that the problem of violence against women is complex and requires responses that involve agencies and services beyond the justice and domestic violence service systems. A number of coordinated efforts have developed in recent years as some communities have moved beyond the changes in individual agencies to respond to domestic violence in a more comprehensive way. Early coordination efforts mainly focused on criminal justice agencies, but, in recent years, a "second generation" of responses has developed in some communities to include health care providers, child welfare agencies, substance abuse services, clergy and business. Some communities have also worked to involve the community as a whole in responding to domestic violence through prevention and education efforts aimed at raising awareness and reshaping attitudes about this issue. Many of these more expansive efforts are quite new; only limited information has been available about them and the broader contexts in which they have occurred.

This study examines coordinated responses to domestic violence in six communities: Baltimore, Maryland; Kansas City, Missouri; Carlton and Northern St. Louis Counties rural counties in Minnesota); San Diego, California; and San Francisco, California. Each of these communities has expanded their response to include a broad array of agencies beyond the justice system. Many of these efforts are in their early stages and do not provide definitive

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[1]Throughout this report, domestic violence is generally used to refer to abuse (physical, verbal or emotional) of a woman by an intimate male partner (husband, ex-husband, current or former boyfriend). While women can also perpetrate violence in intimate relationships, this occurs less frequently than violence directed at women (Council on Scientific Affairs, American Medical Association, 1992). Domestic violence also occurs between intimate partners of the same sex.

answers about the best approach to coordination or the likely outcomes. However, the experiences of these communities raise a number of important issues for other communities to consider as they seek new and better ways to address this complicated problem.

Need for a Coordinated Response to Domestic Violence

Each year more than two million women are seriously assaulted by their male partners (Council on Scientific Affairs, American Medical Association, 1992). Countless others suffer less serious physical abuse as well as verbal or emotional abuse. The needs of battered women and their batterers span several service systems, requiring interventions by one or more of the criminal and civil justice systems, social service, health or mental health agencies, and support systems for battered women and their families.

The criminal justice system has historically served as the main vehicle in a community's response to domestic violence. The National Crime Victim Survey found that 56 percent of women who had been victims of a violent crime committed by an intimate partner reported the incident to the police (Bachman, 1994). In recent years, the justice systems in many communities have implemented mandatory and probable cause arrest policies, and pro-prosecution (i.e., "victimless" prosecution) policies, which move to take the responsibility off the victim for determining whether or not to pursue legal remedies.

Battered women may also access domestic violence shelters and services instead of, or in addition to, criminal justice measures. The number of shelters and domestic violence services has grown tremendously, increasing from only a few shelters in the late 1970s to more than 800 a decade later (Gelles and Straus, 1988). Domestic violence programs frequently provide a number of services in addition to shelter, such as counseling, legal assistance, and advocacy. Despite their wider availability, shelter services are not used by most battered women. Gelles and Straus found that less than 2 percent of women who were *severely* abused reported seeking help from a battered women's shelter during the prior year, and no victims of *minor* violence sought help from shelters (Gelles and Straus, 1988).

The health care system often unwittingly provides another important source of services for battered women, although traditionally it has not played an active role in

identifying or intervening in domestic violence. Battered women seek treatment for traumatic injuries resulting from the abuse (e.g., bruises, cuts, broken bones, etc.), and for primary care complaints related to the abuse (e.g., chronic headaches, abdominal pains, sleeplessness, depression, etc.) (Council on Scientific Affairs, AMA, 1992). Research indicates that more than one-fifth, and perhaps as many as one-third, of women receiving care in hospital emergency departments have symptoms related to domestic violence (Council on Scientific Affairs, AMA, 1992). Women seeking health care may not be connected to other services for the domestic violence. Thus, the health care system serves as an important intervention point for battered women who are not being served by other systems. In recent years some health care providers have become increasingly aware of this issue and have developed policies to screen for domestic violence and to intervene in these cases.

Other service systems such as alcohol and drug treatment programs, child protective services, and programs for the homeless are also very likely to have clients who suffer from domestic violence, and may also have clients who are perpetrators. At this time, these systems are even less likely than health care systems to screen for domestic violence among their clients, or to intervene and offer services if domestic violence issues become apparent. However, some communities are beginning to incorporate one or more of these systems into the domestic violence service network. Some sites in this study are also expanding their network to include businesses, clergy, and the larger community.

As communities draw in different kinds of services, they will face challenges in integrating these new services into the existing network. They will also encounter issues related to the fact that the clients of these newly-integrated services are likely to have different attitudes and motivations than the women who traditionally have sought shelter and other domestic violence services on their own. This report describes some of the experiences that communities have faced as they strive toward a coordinated response to domestic violence.

Description of the Study Communities

Baltimore, Maryland

The coordinated response to domestic violence in Baltimore centers around the Domestic Violence Coordinating Committee (DVCC), which was created in 1985. DVCC members include senior staff from criminal justice agencies, judges, and representatives from the House of Ruth (the city's only domestic violence shelter and service provider), and the Sexual Assault Center. The DVCC has several subcommittees that address specific issues and a workgroup for frontline workers to identify impediments to coordination and to learn about policy changes in other agencies.

The criminal justice response in Baltimore is characterized by special units and staff to handle domestic violence cases in each of the primary criminal justice agencies. The House of Ruth is widely recognized as the only agency that specifically provides comprehensive domestic violence services, and other agencies typically refer battered women there for services. Coordination among other social service and health care providers around domestic violence issues is not well-developed, and there is no coordinating body for these providers. The House of Ruth and Child Protective Services have a "good faith agreement" to work together, although it does not define a protocol for interagency case management. Recently, the Baltimore City Health Department, Sinai Hospital, and Healthy Start (a program to address health issues among pregnant women and mothers with young children) have all begun developing screening protocol and interventions for domestic violence.

Kansas City, Missouri

Coordination activities in Kansas City stem largely from the leadership and initiative of a few key people in the community, rather than the ongoing work of a coordinating committee. Project Assist, a program of Legal Aid of Western Missouri, played a leading role in systems advocacy, but in recent years, it has been less active in promoting systems change and has focused on providing legal services to battered women.

Historically, most domestic violence arrests in Kansas City have been prosecuted as a violation of a city ordinance, although the city has recently emphasized increasing the number of misdemeanor and felony charges. Special domestic violence units have been

formed in the police department, and the City and County Prosecutors' Offices. The Civil Circuit Court and Kansas City Municipal Court both have consolidated dockets for domestic violence, and the Criminal Circuit Court has a consolidated docket to arraign domestic violence cases. While staff at the various criminal justice agencies interact through their work, they do not meet regularly as a group to discuss specific coordination needs.

The metropolitan Kansas City area has six domestic violence shelters. In 1989, the shelters formed the Domestic Violence Network (DVN), a not-for-profit organization, to improve coordination among themselves. To date, their efforts have focused primarily on developing a shared hotline and an integrated computer system. Substance abuse services are a part of the community's response to domestic violence. One shelter operates its own inpatient substance abuse program, and another shelter works closely with a community substance abuse provider. Recently, two projects have been established to serve battered women in health care settings. Project Bridge at Truman Medical Center provides advocacy services for battered women referred by the emergency room, and the Phoenix Project at Children's Mercy Hospital serves battered women who bring their children in for care.

Carlton County, Minnesota

Carlton County has at least five groups with missions that include domestic violence, either specifically or as part of a broader focus on violence. Leadership for Carlton County's efforts has come from Rural Women's Advocates (RWA) and Mending the Sacred Hoop (MSH), which have recently joined forces to coordinate their efforts where possible. RWA was started by several women in the community, some of them former victims, to help women in rural and isolated Carlton County. MSH grew directly out of the Domestic Abuse Intervention Project (DAIP) in Duluth and specifically targets victims and offenders on the Fond du Lac reservation.

Carlton County's small population size and the limited number of staff in the various law enforcement agencies precludes staff specialization for domestic violence, and to date, there are no specialized domestic violence units in any of the agencies we interviewed. The advocates from MSH and RWA, many of whom are volunteers, are the only domestic violence specialists in the community. The nature of the inter-agency interaction in Carlton County

is relatively informal, except for a memorandum of understanding that was signed by all participants in MSH. In this small rural area, many people know each other personally, which facilitates informal relationships. Also there is less bureaucracy in agencies, which gives them more flexibility to interact.

Northern St. Louis County, Minnesota: The Iron Range

Two organizations are key to the development of the coordinated community response to domestic violence on the Range—the Range Women's Advocates (RWA), and the Family Violence Council. RWA provides services and advocacy for battered women, offers educational activities to schools and community groups, and serves as a unifying conduit for issues and concerns of how formal systems treat battered women. The RWA also runs the Range Interventions Project (RIP) which focuses on getting all elements of the criminal justice system to respond appropriately to domestic violence, and does training, protocol development, system integration, and monitoring with and for criminal justice agencies. In the past year, RWA has worked to expand the response to include clergy. The Family Violence Council's mission is to reduce all forms of family violence. "All players" participate, including schools, social services, health professionals, chemical dependency treatment providers, representatives of the business community, and women who have been battered as well as RWA/RIP and all criminal justice agencies.

San Diego County, California

The DV Council in San Diego County was begun by shelter advocates and staff from the District Attorney's Office to reduce and prevent domestic violence by enhancing the response of primary service providers and increasing public awareness. The DV Council enjoys representation from throughout the county and currently functions through a network of subcommittees. The interactions through the DV Council have lead to many effective working relationships and a great deal of informal coordination in San Diego County.

In San Diego, the police, the City and District Attorney's Offices, probation, the Children's Services Bureau, and the South Bay Municipal Court all have specialized domestic violence units. Specialized staff participate in the DV Council and its various subcommittees, giving them the opportunity to network with other community service

providers. Child welfare services and health care providers have also been part of the community's response. The Family Violence Project is a collaborative effort between the probation department and the Children's Services Bureau in which staff work together to co-manage high risk cases where domestic violence offenders are on probation and children are present in the probationer's home. Local hospitals have implemented responses and recently trained health care providers throughout San Diego which has facilitated increased involvement of other health care providers in the community's effort.

San Francisco, California

San Francisco's response is characterized by a well-established and comprehensive network of agencies that work together on domestic violence issues. A broad range of stakeholders participates in the coordination efforts including many social service, health care and law enforcement agencies, the courts, the media and private citizens. The Family Violence Prevention Fund (FUND), a non-profit organization that focuses on domestic violence education, prevention and public policy reform, provides a strong advocacy presence, and together with domestic violence shelters and service providers has provided sustained leadership and initiated many collaborative efforts. Throughout the years, a number of domestic violence coordinating bodies have been formed, which have facilitated interactions among agencies, created widespread institutional change, and developed a service system that is responsive to the diverse needs of battered women.

Coordination related to domestic violence takes a variety of forms in San Francisco including joint trainings, formal service contracts between providers, and co-location and co-management of programs. Given the long-term collegial relationships among the various providers, a great deal of informal coordination takes place as well with agencies contacting one another directly to address specific problems. Health care providers have recently begun to play a larger role in the community's response due to the FUND's health care project to provide resource materials to health care providers. San Francisco General Hospital has implemented a response for domestic violence and public health and community clinics are beginning to develop responses as well. Other recent efforts in San Francisco seek to mobilize community rather than institutional responses to domestic violence through education and outreach efforts.

Creating and Maintaining a Coordinated Response

The fundamental changes that have occurred in the way each of the study communities responds to domestic violence came about through different means, but in every site, changing the response has been a process which has taken place over a long period.

Key Events

Key events in a community can draw attention to deficiencies in the system and raise public awareness. In three communities (San Diego, San Francisco, and Kansas City), tragic or high profile domestic violence cases served as a catalyst for change and prompted collaborative efforts to prevent future tragedies. In some cases, events were created to draw attention to domestic violence issues, such as the Court Watch in Kansas City and the Domestic Violence Summit organized by the DVCC in Baltimore, both of which prompted changes in the criminal justice response in these communities.

Leadership

Leadership came from different sources across the sites, but in every site, it was an important factor in the extent of the changes and the ease with which they were made. In most of the communities, senior agency staff served as leaders both for their own agency's efforts and for the broader community. Senior staff often served on coordinating committees and made decisions on behalf of their agency. In three communities (Baltimore, Kansas City and San Francisco), domestic violence was a priority for the city's mayor, although the mayor's hands-on involvement was often limited by competing issues. Heads of criminal justice agencies supported changes in many of the communities, but often did not play an active leadership role. Individual judges played leadership roles in Baltimore, Kansas City, and San Diego. Strong leadership from the state of Minnesota influenced the changes in both Northern St. Louis and Carlton Counties.

Leadership from non-justice agencies can be equally important to ensure consistency in the efforts when elected or appointed officials change and to keep attention focused on the issue over time. In every community, a great deal of change was motivated by domestic violence advocates. Former victims of domestic violence also facilitated change in several of

the communities. While strong leadership is important to ensure that a community's coordination efforts move forward, the loss of key people working on an issue can affect the momentum of the community's efforts. Thus, communities are challenged to create an effort that is not driven by individual people.

Coordinating Committees

Every community in this study had at least one coordinating committee for domestic violence, and a couple of communities (Carlton County and San Francisco) had multiple coordinating groups. In every site except Kansas City, a coordinating group has existed for nearly a decade or more. Some of the coordinating committees were established to address a specific problem, while others were created to address domestic violence more broadly. Committee membership included a wide range of representatives in San Francisco, San Diego, and in Carlton and Northern St. Louis Counties. In these sites, the coordination efforts tend to focus on a broad range of activities. In Kansas City and Baltimore, the coordinating committees are more narrowly focused on criminal justice issues, although Kansas City has another coordinating committee for the area's shelters. Across the sites, committee members often are an identifiable group of domestic violence experts for the community, and interact regularly with other agencies and stakeholders through their involvement in the group. This process provides an opportunity for agencies to share information about ways to improve their roles, and facilitates referrals to services for battered women.

Advocacy

Advocates play an important role in promoting change, since, unlike other players who often deal with many competing interests, they have a single purpose and can keep attention focused on domestic violence. While the advocacy models differed across the sites, there was a great deal of dialogue and interaction between advocates and criminal justice agencies in every site. In San Francisco, for example, the FUND's philosophy is to involve the targeted agency (ies) in their efforts, and as a result, advocates and criminal justice agencies work closely and cooperatively. Advocates sometimes face a conflict between advocating for changes and maintaining relationships with other agencies. For example, in one instance, the House of Ruth in Baltimore publicly released criminal justice agencies'

statistics from a DVCC meeting without their consent. Since then, these agencies have become reluctant to share information.

Advocates also influence the process on behalf of individual battered women. In several sites, criminal justice agencies employ victim advocates who serve both the victim and the agency. In other cases, victim advocacy was provided by an independent source and focused solely on the needs of the victim. Several sites (Baltimore, Kansas City and San Diego) have programs to provide advocacy services to battered women referred by health care professionals in hospital emergency rooms. In two sites (Kansas City and San Diego) domestic violence advocacy programs have located in children's hospitals to serve battered women with children.

Changing the Environment

Over the past two decades, there has been a dramatic shift in awareness and attitudes among the professions that deal with domestic violence and within the community-at-large. Many respondents across the sites felt that this was an important factor in their community's ability to implement changes in their response to domestic violence. Many of the communities have changed standard policies and practices to improve the way professionals routinely respond to domestic violence, a shift which has been reinforced through domestic violence training. Ongoing training helps to maintain these improvements over time by reinforcing the protocol for domestic violence cases and keeping awareness raised about the issue.

Changing community norms about domestic violence may also contribute to the stability of a community's response, and a couple of communities were actively involved in public awareness campaigns to raise awareness about this issue. For example, San Diego's DV Council recently launched a major public awareness campaign that includes billboards and bus kiosk posters. In San Francisco, the FUND has several efforts to mobilize communities to be part of the domestic violence response and to promote community sanctions for domestic violence. For example, one project seeks to reframe cultural norms within the Filipino community through culturally-appropriate messages.

Mechanisms for Systems Change: Features and Outcomes

Specialized Staff

In every community except the two rural sites in northern Minnesota, a majority of the criminal justice agencies designate specialized staff or units to handle domestic violence cases. Specialization enables a group or individual within the agency to become domestic violence experts and to gain considerable experience in handling these cases. In smaller communities, specialization is usually not feasible because the number of domestic violence cases is often too small for even a single staff person to specialize, as was the case in both communities in Minnesota.

All of the larger communities designate special police units or staff to domestic violence cases, and in every site except Baltimore, the police have a centralized investigative unit for domestic violence. All of these communities also have vertical prosecution units for domestic violence cases, whereby the same prosecutor handles the case throughout the process. Prosecutors who specialize in domestic violence gain experience in prosecuting domestic violence cases in which the victim is frequently uncooperative and, at times, hostile. Two sites (Baltimore and San Diego) have special domestic violence probation units, and a third site (San Francisco) plans to begin a special probation unit shortly. Baltimore was the only community with specialized staff in Pre-Trial Release Services. Specialization in the court system is less common across the sites, with consolidated dockets for protection orders being more common than for criminal cases. The larger communities all have a consolidated docket or calendar for protection orders. Only two sites (Kansas City and San Diego) currently have any specialization within the courts for criminal domestic violence cases, although Baltimore plans to establish a Domestic Violence Court in the near future. Minnesota has integrated its court system, to incorporate civil, criminal, and juvenile courts, which makes it possible for a judge in one court to access information from proceedings in other courts.

Training

Across the sites, people stressed the importance of ongoing training for all organizations involved in responding to domestic violence, and for staff at all levels within

these organizations. Many people we spoke with felt that one of the greatest benefits to coordination was the cross-training that results from these efforts. Such training gives people a better understanding of their role within the overall system and an opportunity to learn about domestic violence from different perspectives. A lot of education and sharing of information occurs informally in these sites due to the interaction between the various agencies. There are also a number of examples of formal cross-agency training. In many of the study communities, advocates provided a great deal of training for criminal justice agencies, and criminal justice agencies trained each other and other organizations. In cross-training, many people felt that it was important to include someone from the agency being trained on the training team, since some organizations are resistant to training by outsiders. Several communities have adopted a "train the trainer" approach, which trains supervisors or a small group of staff to serve as "trainers" for other staff in their organizations. This approach can reduce training costs associated with bringing in an outside training expert or sending a large number of staff to an outside training.

Laws and Policies

In general, all of the sites in this study are moving closer to pro-active arrest and prosecution policies, which seek to take the responsibility off the victim for determining whether or not to pursue legal remedies. Most of the jurisdictions we visited had a mandatory or preferred arrest policy for domestic violence, which *require* police officers to arrest a perpetrator under certain conditions. Many prosecutors in this study have adopted pro-prosecution or "victimless" prosecution policies, and will proceed with a case if there is sufficient evidence, regardless of whether or not the victim cooperates. A number of prosecutors will subpoena a reluctant victim and some will even issue a body attachment (i.e., warrant for her arrest). Protection orders are an important part of the response to domestic violence in many communities. However, there were some key differences across the sites in who is eligible for a protection order and what other issues can be addressed in the order (i.e., child custody and child support). The sites also differed in whether or not the prosecutors will seek orders without the victim's consent.

In recent years, there has been a push to expand the role of health care providers in responding to domestic violence. The Joint Commission on the Accreditation of Hospitals

now requires emergency rooms to have a protocol for domestic violence screening, and some states have implemented laws requiring health care providers to report domestic violence to law enforcement agencies. The health care response has also been influenced by broader policy changes in the health care system. For example, in two sites (Baltimore and San Francisco) respondents reported that it was becoming increasingly difficult for battered women to access publicly-funded mental health services due to the shift to managed care.

Opportunities Beyond the Justice System and Future Directions

Health Care Providers

While the health sector programs in the study communities are relatively new and many are not fully implemented, they provide interesting examples of integrating health care providers into the community's response. Hospitals in four sites (Baltimore, Kansas City, San Diego, and San Francisco) have formulated protocol to screen for and respond to domestic violence. These programs began largely in hospital emergency rooms, but many have considered expanding to other departments such as obstetrics and psychiatry. In many of the sites, people felt that one of the key factors discouraging health care providers from screening for domestic violence was uncertainty about what to do if they identified it. The hospital-based programs in these communities have developed protocol for health care professionals to use if a case is screened positive for domestic violence. In general, the programs provide advocacy and crisis intervention services to battered women in the hospital, often referring them to other services in the community. Sinai Hospital in Baltimore has considered expanding its own capacity to provide services and plans eventually to offer its own support groups for battered women.

Two sites (San Diego and Kansas City) have programs located in children's hospitals to provide services to battered women with children. Public health clinics in two of the sites (Baltimore and San Francisco) have begun to develop domestic violence screening protocol, but they have not yet been implemented in either of these sites. Baltimore's Healthy Start Program is also developing a protocol to screen program participants for domestic violence. These providers have the potential to identify far more battered women than come to emergency rooms, and they may be able to link battered women with domestic violence

services much earlier than would otherwise be true. However, the women may not yet be ready to use these services, which can be frustrating to the health professional.

Child Protective Services

Several communities around the United States are beginning to focus on the overlap between child abuse and domestic violence, as reported in Aron and Olson (1996).[2] In many of the communities in the present study, respondents noted that child welfare agencies and domestic violence service providers historically have had different philosophical orientations that have strained relations and impeded coordination. Of these communities, only San Diego has established a formal link with child protective services in responding to domestic violence. San Diego has a special unit combining probation officers and child protective workers that seeks to reduce the risk to children in households where a domestic violence offender is on probation for a felony. In Baltimore, the House of Ruth and Child Protective Services have a "good faith agreement" which reminds them to respect each other's goals, but does not define protocol for them to work together. In the remaining sites, child welfare agencies were not a key part of the response to domestic violence. There appears to be a need for increased dialogue between these agencies to develop an understanding of and respect for each other's roles and responsibilities in order for coordination to take place.

Clergy and Community-Based Providers

Clergy can also play a role in a community's response by changing the climate of public acceptance for battering and in becoming a source of *supportive* pastoral counseling for battered women. A couple of sites have tried to involve clergy in the community's response. RWA in Northern St. Louis County has begun to explore avenues to reach clergy and bring them into the community's response and recently held a series of workshops on domestic violence for clergy. Shelters in Kansas City and San Francisco have done outreach with religious organizations in their communities to build relationships with these groups.

[2] The Aron and Olson study, which was a companion study to the present one, describes a number of these efforts.

Drunk Driving and Other Chemical Dependency Programs

The sites in the study provide a couple of examples of the ways to include substance abuse services in the response to domestic violence. In Baltimore, for example, a nonprofit substance abuse provider operates a program for batterers who are chemically dependent and may not be able to participate in traditional intervention programs. This program also addresses domestic violence in its support group for chemically dependent women. Substance abuse services were also a part of the network of services in Kansas City where one shelter operates its own inpatient substance abuse program. In most of the other communities, coordination with substance abuse services was more informal and occurred on a case-by-case basis.

The Business Community

The business community offers another avenue to help reduce violence against women, both in their role as community opinion leaders and in their capacity as service providers through employee assistance programs, health insurance, and other benefits. In Northern St. Louis County, both RWA and the chief judge's Anti-Violence Council are beginning to work with business leaders to stimulate their involvement in both of these ways. Baltimore's DVCC is funding a manual for employers on violence against women in the workplace to raise awareness about the issue in their community. In San Francisco, the Domestic Violence Consortium established Partners Ending Domestic Abuse, a group of professional women, to raise private donations for domestic violence.

Batterer Intervention Programs

There are many batterer intervention programs in this country, but, at present, there is widespread uncertainty about their effectiveness in changing batterer's behavior. Batterer intervention programs were a part of the response in every community, but the program features varied widely across the sites. For example, in the sites we visited, programs ranged from 12 to 52 weeks in length, and varied in their approaches and staffing. The communities also differed in their approaches to ensuring batterer compliance. Most of the communities, however, struggle with compliance issues.

Evaluating the Impact of Coordinated Community Response

As communities develop new ways to respond to domestic violence, there is a need for information on different approaches and their impacts. Efforts to coordinate community responses could be assessed or evaluated on two different levels. The first is similar to the present study—a qualitative assessment of the response in different communities. One could also identify the goals of the coordination efforts and collect data to measure the extent to which the effort had achieved these goals. None of the communities in this study had information systems that would allow this type of rigorous analysis of the impacts of the coordination effort. Several communities are working on developing new data systems to improve their information about these cases, but none of these systems is likely to collect integrated and comprehensive data about the outcomes for domestic violence cases.

Summary and Conclusions

This study describes how six communities have brought about changes in their response to domestic violence, largely within the justice systems. It also provides several examples of how these communities have begun to move beyond the justice systems to incorporate a broader number of organizations and stakeholders. Many of these efforts to expand the response are relatively recent and, in many cases, are still developing. While the findings of this study do not provide definitive answers about the best approach to a coordinated response, they raise a number of important issues for agencies and stakeholders within a community to consider.

Issues for Criminal Justice Agencies

A strong community response to domestic violence requires that each part of the criminal justice system has appropriate policies that are followed in practice. Many of the justice agencies in the study communities developed their policies through discussions with other justice agencies and domestic violence service providers to ensure that the policies were appropriate and compatible with other agencies' procedures. Establishing this rapport may be difficult in communities where relationships among justice agencies or between justice agencies and domestic violence service providers are not well-developed or even, at times, antagonistic. However, the interaction among these agencies in the study communities was an important part of the process of developing a coordinated response.

Consistency in handling domestic violence cases is important to ensure that victims are protected, batterers are punished, and that no one falls through the cracks. Improvements that rely on behavior and attitude changes on the part of a few people working within the criminal justice system are unlikely to improve the response systemwide and may not be sustained over time. Agencies must adopt policies and procedures that ensure that everyone responds appropriately in every case, and reinforce these changes through ongoing training.

Criminal justice agencies can and do play a role in assisting victims. Their primary focus traditionally has been on the perpetrator, and expanding their roles to address victims' needs often requires individuals in these agencies to rethink their roles and responsibilities in responding to domestic violence cases. Some of the study communities have adopted policies that include attention to the victim as a standard part of their response. For example, police in some jurisdictions routinely provide information to the victim about her rights and available resources. In some communities, police and probation follow up with victims to serve as a resource and source of support, and often improve their ability to carry out their law enforcement roles through these actions.

In the sites with specialized staff, many respondents felt that the specialization had improved the criminal justice response. Working in the area of domestic violence is not for everyone, since many people become frustrated when the victim is unwilling to cooperate or remains in the abusive relationship. It is important to have people dealing with these cases who are aware of and sensitive to these issues, and do not turn their frustrations back on the victims. While specialization of staff can improve the ultimate response to domestic violence, it is often not sufficient by itself, since others in the agency still come into contact with domestic violence victims and issues. Agencies that limit their efforts to improve the response to specialized staff risk complacency on the part of other staff. Training and policies should support an effective response by *everyone* in the agency.

Issues for Domestic Violence Service Providers and Advocates

The experience of traditional domestic violence service providers and other agencies in the communities we visited suggests that both can benefit from collaborative work.

Traditional battered women's service providers do not serve every woman who experiences battering in their community, and other agencies can contribute to making services and supports available to a wider range of women who need them. In some of the communities, relationships between domestic violence service providers and other agencies are strained and distrustful. It is important for domestic violence service providers to explore ways to involve ever more sectors in the work of ending domestic violence, and to work with them to define and reach mutual goals.

If they have not already done so, domestic violence service providers need to build relationships with providers of other services or representatives of other community sectors. In the process, domestic violence service providers can learn about other agencies' clients, policies and constraints. They can also examine ways that other agencies' talents and skills can complement and augment their own. Traditional domestic violence service providers can develop ways to translate their knowledge from extensive experience into policies and procedures that other providers can understand and follow. It is possible that traditional domestic violence service providers and other agencies can develop cooperative service arrangements that keep all of their agencies growing, or a system of cross-referrals that takes advantage of all of their strengths.

In many communities traditional domestic violence providers and advocates have learned how to work with representatives of the key public systems to improve their response to domestic violence. As they have done this, they have had to develop new and effective ways to convey their message and to have its implications accepted by justice and other agencies. They have also learned about the constraints and requirements of these agencies, to appreciate the jobs that these agencies are mandated to do, and to help the agencies modify their behavior to be more supportive of victims in ways that complement the agencies' completion of their own primary tasks. Doing so has taken some creative thinking; the need for such thinking is just as great as new agencies are brought into the network of services that seek to help battered women.

The challenge for traditional domestic violence providers and advocates is to use their background, knowledge, and motivation to extend current understandings to an even deeper

level as they encounter women in circumstances where they are not yet ready to seek help from the network of traditional domestic violence services. These new understandings must then be applied to helping the agencies serving these women and their children (e.g., health care, child protection, or substance abuse agencies) to incorporate a concern for domestic violence issues into their standard practice in ways that support the women and further their safety and well-being.

Issues for Other Health Care Providers, and Other Agencies and Stakeholders

To formulate a broad coordinated response, a range of agencies in a community must work together to identify agency service strengths and weaknesses, as well as complete gaps in the system of available services. To begin to address domestic violence among its client population, an agency must develop screening protocols to identify women who experience battering. Then, these agencies must work out arrangements whereby agencies agree to provide services that they are best at, and to develop and use an efficient and effective referral system to get clients to the best agency to help them. Agencies must also work together to decide which agencies should assume the task of developing new services to fill identified gaps.

In addition to considering agency strengths, it is also important to think about where women are most comfortable going, and the context in which they will be most likely to accept and benefit from services. This is particularly pertinent for ethnic and language minority women, who may be best served by agencies in their own communities or in agencies that serve primarily women from their ethnic or cultural background. The goal should be that any agency to which a woman turns for help, or which identifies a woman as needing help, should be able to help her without having to send her somewhere else where she may feel culturally alien, or where she may not be ready for the types of services available.

It is important for agencies to recognize that there is a lot to know about working with domestic violence victims, and that using the available expertise of domestic violence providers and advocates can result in better services and save them some needless mistakes. It can also help their staff to feel safe, avert burnout, and learn how to apply abstract

principles in concrete cases. At the same time, working together can create new allies rather than perpetuating old antagonisms. In many of the situations we learned about on our site visits, agencies that joined forces with the traditional domestic violence providers found that both grew and learned useful things in the process that improved agency practice in both agencies to better meet the needs of clients.

Issues for the Community

A community's response to domestic violence should take into account the fact that not all battered women come into contact with or seek services from any agencies. To address the needs of all battered women requires a response that includes every member of the community. In this way, a community's response may have an impact on even the most isolated battered woman. Raising the community's awareness and reshaping social norms around this issue so that *everyone* plays a role in condemning domestic violence and supporting battered women is the critical basis for widespread and permanent changes. Widespread education and prevention activities were used in some of the study sites to involve the larger community in the response to domestic violence. These efforts are an essential part of a coordinated response. The ability to respond to domestic violence is not limited to service agencies and providers; clergy, employers, and neighbors can and should all play a role.

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