



Employment and Social Services Policy Studies Division

Contact: Thomas MacLellan, 202/624-5427

Rebecca Brown, 202/624-5367

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Building Bridges Across Systems: State Innovations to Address and Prevent Family Violence¹

Summary

Family violence costs the United States at least \$1.7 billion annually.² In addition to these monetary costs, nonmonetary impacts of family violence on family and child well-being are far-reaching. In homes where domestic violence is occurring, there is a 30 percent to 60 percent likelihood that child maltreatment is also taking place. Victims and children (whether or not they are directly abused) each suffer short- and long-term negative consequences associated with family violence.

Research shows that children with a history of maltreatment are 25 percent more likely to engage in antisocial behaviors and to suffer from mental illness. There is a strong correlation between domestic violence and a family's involvement with the welfare system. Approximately 20 percent to 30 percent of women on welfare are current victims of domestic abuse and about 60 percent have experienced domestic abuse at some point in their lives.³

Given the intergenerational and cross-cutting impacts of family violence, effective family violence strategies are collaborative in their approach. Successful strategies involve law enforcement, the courts, human services, health agencies, community-based providers, employers, and schools, and they address multiple aspects of the problem simultaneously. Many Governors have made reducing the incidence of family violence a priority.⁴

Examples of cross-system state initiatives include the following.

- In addition to a statewide effort designed to link and train service providers, courts, and law enforcement personnel, **Arizona** developed a family violence resource guide for judges hearing family violence cases. The State also developed a response program model that allows for coordinated investigations and treatment of victims of domestic violence and sexual assault.
- The New Haven, **Connecticut**, Child Development-Community Policing Program forged a partnership between community police officers and mental health clinicians to provide immediate therapeutic attention to victims in the aftermath of abuse.
- **New York** developed a school-based program to increase awareness among educators about the nature of family violence. The State also developed guidelines for state agency employers to address family violence at the workplace and a cross-systems response model for counties.

- **Vermont** created a domestic violence unit within its state department of social and rehabilitation services, establishing a formal partnership between domestic violence and child welfare agencies.

Background

Family violence primarily refers to three categories of violence: domestic (or intimate partner) violence; child abuse and neglect; and elder abuse. (Elder abuse, however, is not a focus of this *Issue Brief*.) Dividing family violence into these three categories has resulted in the emergence of three distinct systems of care and protection and three distinct bodies of research.⁵ However, recent research on the interrelationship of all forms of family violence, particularly among domestic violence, child maltreatment and negative outcomes for youth, is prompting innovation in developing cross-systems approaches to family violence.

Domestic (Intimate Partner) Violence. The National Council of Juvenile and Family Court Judges defines domestic violence as patterns of assault and coercive behaviors, including physical, sexual, and psychological attacks, and economic, sexual, and emotional coercion.⁶ Women are most often the victims of domestic violence. In fact, most violence against women is partner violence. There are many direct impacts of domestic violence.⁷

- It is the largest single cause of homelessness.
- Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner annually in the United States.⁸
- Of women who were raped and/or physically assaulted, 76 percent were assaulted by a current or former husband, cohabiting partner, or date.
- It is the primary contributor to alcoholism in women, accounting for more than half of all women alcoholics.
- Each day four women die in this country as the result of domestic violence.
- Family violence costs employers at least \$13 billion every year since battered women use work time to arrange for legal, medical, and personal support relevant to their abuse. Almost all battered women report that their abusers caused problems at work. Each year, 13,000 incidents of family violence occur in the workplace.

Child Maltreatment. Child maltreatment includes physical abuse, sexual abuse, emotional abuse, physical neglect, educational neglect, and emotional neglect.⁹ Some states, including **Arkansas, California, Minnesota, Oregon, and Utah**, have also made witnessing domestic violence a form of child abuse and maltreatment and have enhanced or enacted related criminal sanctions.¹⁰

Notable child maltreatment trends include the following.

- From 1992 through 1995, approximately 1 million children were victims of maltreatment each year.¹¹
- Of the substantiated reports of child abuse and neglect (in general, about one-third of all reports of child maltreatment are confirmed), 54 percent involved neglect, 25 percent involved physical abuse, 11 percent involved sexual abuse, 3 percent involved emotional abuse, and the remainder involved other forms of maltreatment.¹²

- About 2,000 children each year or 5 children each day die from maltreatment.¹³ Abuse is the most common cause of death (48 percent), followed by neglect (37 percent) and a combination of abuse and neglect (15 percent). The majority of victims (85 percent) are less than five years old.

Family Violence and Negative Outcomes for Youth

There is a significant overlap in domestic violence and child maltreatment. Although research is nascent, studies indicate that in families where either child maltreatment or domestic violence is identified, there is a 30 percent to 60 percent likelihood that both forms of abuse exist within the family.¹⁴

Child maltreatment is also an important predictor of antisocial behavior and mental illness. Youth with a history of maltreatment have a 25 percent greater risk for a variety of problems, including violence, substance abuse, teen pregnancy, poor school performance, and mental illness.¹⁵ Among predictors of youth violence, family factors, such as child maltreatment, poor family management (e.g., failure to set clear expectations, inconsistent or aggressive discipline), low levels of parental involvement, poor family bonding and conflict, parental criminality, and parent-child separation, have a significant impact on the chances of a youth becoming violent or delinquent.¹⁶

Neglected children also are at a greater risk for negative outcomes than abused youth.¹⁷ This is particularly significant since this cohort of youth, despite their high need for services, are not as easily identified by child protective services or other human services agencies.

Responses to Family Violence

The three public entities most involved in responding to family violence are law enforcement and the courts, human services, and health. The following examples provide a general overview of the current efforts within these fields to address family violence. Some of these examples illustrate cross-systems approaches while others describe ongoing initiatives within these fields. Specific state examples of cross-systems approaches to addressing family violence are included in Appendix A.

Legal Responses to Family Violence

The legal system, which includes courts, prosecutors, and law enforcement, is primarily concerned with issues of due process, bringing victims and offenders of family violence under the protection and control of legal and social institutions, and ensuring public safety in general. Recently, there have been efforts within the legal community to balance jurisprudence and due process concerns with the needs of individuals who have been victims of family violence. The goals of these efforts include making victims feel less intimidated; improving communication within the legal system; educating judges, prosecutors, court personnel, and law enforcement officers on the dynamics of family violence; and improving coordination among agencies that respond to family violence. There has also been a gradual expansion of those afforded protection under domestic violence laws. In addition to married couples, domestic violence laws offer protection to dating couples, same-sex couples, ex-spouses, cohabitating couples, and ex-boyfriends and girlfriends.¹⁸

The following highlight some current efforts within the legal system to address family violence.

- **Cross-Agency Trainings.** Many states have initiated training programs that either use similar curricula or bring judges, prosecutors, law enforcement officers, agency staff, and “first responders” (emergency medical technicians and fire professionals, teachers, child care workers, clergy, etc.) together for training on the dynamics of family violence. These efforts help establish a common language and understanding of family violence and educate participants on the availability of resources. Cross-training programs also help participants gain a better sense of the mandates, roles, and strengths of the various entities involved in responding to family violence.¹⁹
- **Dedicated and Specialized Courts.** Over the last several years, the number of courts with dedicated dockets and specialized courts has grown. Dedicated domestic violence courts or dockets specifically adjudicate domestic violence cases. A primary advantage of these courts is specialized judges and prosecutors. Another advantage of these courts is the impact that the court itself has on offenders as they watch cases similar to theirs get processed. More than 50 such courts exist today in cities including Denver, **Colorado**; Chicago, **Illinois**; Reno, **Nevada**; Brooklyn, **New York**; Seattle, **Washington**; and Washington, D.C. Specialized courts, also called unified or integrated courts, offer more holistic interventions and are structured similarly to the drug court model. In addition to criminal sanctions, these courts provide a host of support, treatment, and testing services. Integrated courts can feature specialized staff; support services for the victims of family violence; intake centers; and a range of offender sanctions, including mandating treatment for batterers. Examples include the South Bay Domestic Violence Courts in San Diego, **California**; **Hawaii**’s unified courts; and the Family Court Project, Jefferson County, **Kentucky**.
- **Batterer Interventions.** Batterer interventions are designed to change cognitive and behavioral patterns. These programs can provide an alternative to (or be a component of) incarceration. For example, judges in courts in Brooklyn, **New York**, mandate that offenders participate in a treatment program throughout the pending of their case. However, determining which offenders are amenable to treatment is difficult. Mandated treatment may be effective for certain types of batterers, but the research is inconclusive as to which offenders should be referred to treatment and which to more punitive sanctions.²⁰
- **Automated Databases.** Integrating and sharing information across systems allows for real-time communication that is particularly crucial to judges, law enforcement, protective service workers, and for background investigations for weapons. Examples include arrest records, protective orders, and revocations of parole or probation.
- **Full Faith and Credit.** The full faith and credit provision of the 1994 Violence Against Women Act (VAWA) was enacted to establish nationwide enforcement of civil and criminal protection orders in state and tribal courts throughout the country. Its goal is to protect victims who have left the state of original jurisdiction of a protection order. Although they vary by state, more than 46 states have enacted some type of full faith and credit provision. More information on each state’s provision is available at <http://www.vaw.umn.edu/>.²¹

- **Protective Orders.** Protective orders are victim-initiated civil injunctions that establish certain restraints against a person accused of threatening or harassing an individual. These restraints include assaulting the person being protected by the order, entering their home, approaching them, and communicating with them for a specified length of time. The effectiveness of protective orders depends on their enforcement. States have made efforts to make these orders more easily enforceable. For example, **Michigan's** personal protection orders (PPOs), which give victims immediate access to the courts by not requiring an attorney or charging a court fee to process the order, allow police to provide oral notification to the person restrained and to make a warrantless arrest for a violation of the order. In addition to criminal penalties, Michigan's law also provides additional penalties for violations of PPOs (93 days in jail or \$500). Michigan's PPOs are enforceable throughout the state and are immediately accessible in the state's computerized Law Enforcement Information Network (L.I.E.N.).
- **Risk and Danger Assessments.** A variety of tools help practitioners determine if abuse is occurring and assess the danger of particular situations. Assessment tools and protocols have also been developed to identify other types of abuse beyond the original complaint. For example, a child protective service worker who is responding to a child abuse or neglect complaint could identify an adult victim of domestic violence during the investigation.
- **Animal Control Officers.** Although not traditionally considered part of the legal system, animal control officers can have an important role in identifying ongoing abuse within homes as the link between animal abuse and domestic violence or child abuse and neglect is becoming better understood. For example, some states and localities require child protective services to conduct investigations in instances of animal cruelty where there are children in the home. In **California**, animal control officers are trained to recognize indicators of family violence and file reports to child protective services (CPS). Given their access to homes, a high percentage of reports filed by these officers are likely to be substantiated.²²

Human Services Responses to Family Violence

The human services system provides low-income families experiencing family violence with safety planning, treatment, and counseling; employment preparation; parent and life skills training; and referrals to other ancillary services (e.g., transitional housing, vocational rehabilitation, etc.). Entities comprising the human services system include public agencies administering Temporary Assistance for Needy Families (TANF), child care, child support enforcement, child welfare, Medicaid and Food Stamp programs; and public or private community-based and faith-based organizations.

There is a strong correlation between domestic violence and a family's involvement with the human services system, particularly public assistance. In 1997, 20 percent to 30 percent of women on welfare were current victims of domestic abuse and about 60 percent had experienced abuse at some point in their lives.²³ Since welfare caseloads have declined dramatically during the last few years, researchers estimate that domestic violence may now affect an even greater proportion of those left on the welfare rolls—perhaps as high as 50 percent. Welfare recipients are also about three times as likely as other low-income women to be victims of domestic abuse.²⁴ In some cases, abuse victims stay on welfare due to violent threats made and/or violence actually perpetrated by a partner who objects to her efforts to pursue employment and/or education and training. Welfare recipients who are abused also suffer

higher levels of health problems than other recipients (i.e., anxiety disorders, depression, post-traumatic stress disorder) and/or may abuse substances that make maintaining employment a challenge.

Welfare Reform Strategies and the Family Violence Option (FVO)

Domestic violence victims are also more likely than other recipients to cycle on and off welfare and to potentially reach the 60-month TANF time limit, particularly in cases where women experienced physical or sexual abuse during childhood.²⁵ The Wellstone/Murray Family Violence Amendment to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, enables states to adopt the Family Violence Option (FVO) and grant temporary “good cause” waivers of TANF program requirements such as time limits, work participation, child support cooperation, and family cap provisions if complying with such requirements would make it more difficult for the woman to escape domestic violence. Waivers must be accompanied by a service plan developed by an individual trained in domestic violence and must be designed to lead to work. As of May 1999, 36 states had adopted the FVO. In most cases, states that have not formally adopted the option still provide family violence services and intervention to battered women.²⁶

Some innovative strategies states are implementing either to explicitly meet FVO requirements or to address domestic violence even if they did not formally adopt the FVO follow.

- **Collocation of Specialists and/or Cross-Agency Training.** As of May 1999, 14 states that adopted the FVO involved private sector domestic violence specialists in the assessment or waiver determination process. Since then, more states are likely to have done so given FVO requirements. Several states either locate specialists on-site in human services offices or have on-call specialists to visit offices when services are needed. **Missouri** has conducted statewide training of human services staff in domestic violence. Its divisions of family services (DFS) and child support enforcement along with the state’s Coalition Against Domestic Violence jointly trained DFS caseworkers, child support staff, and prosecuting attorneys.
- **Screening and Assessment.** States administer questionnaires and conduct interviews to identify potential victims of domestic abuse who come in contact with the human services system. However, a relatively small number of women actually disclose such abuse in government offices—only about 6 percent to 10 percent.²⁷ States may want to provide opportunities for disclosure at other sites, such as child care centers, health clinics, schools, and domestic violence shelters. Less intrusive questions may also make it easier for the victim to disclose. For example, **Nevada**’s screening process requires welfare caseworkers to ask questions about domestic violence more indirectly, such as, “Is there anyone who would interfere with a household member’s efforts to maintain or keep a job?”
- **Employment Leave and Unemployment Insurance Laws.** Some states have laws that provide special employment leave for battered women and unemployment insurance for victims of domestic violence who leave work voluntarily because of abuse. For example, **Maine** permits leave that is “reasonable and necessary,” with or without pay, to obtain necessary services (including legal and medical assistance) to remedy a crisis caused by domestic violence, sexual assault, or stalking. Employers face a \$200 civil penalty for violation.²⁸ **California, Florida,** and **New York** have similar laws. In **North Carolina**, a person’s quitting work because of domestic violence committed upon her or her minor child constitutes “good cause” for leaving employment

voluntarily. An employer's reserve account will not be charged for unemployment insurance benefits paid to the victimized employee. **California, Connecticut, Maine, New Hampshire, New York, and Wyoming** have similar laws.

- **Emergency Payments and Address Confidentiality.** As of May 1999, twenty-seven states offered emergency payments to battered women to help them escape their violent households, partially subsidizing their housing or transportation costs.²⁹ Some states also help victims escape their abusers by providing them with a substitute mailing address so that they may keep their actual home address confidential. For example, through **Washington's** Address Confidentiality Program, victims establish a substitute mailing address with the secretary of state's office and receive mail sent to that address at their home the following day. **California, Florida, Massachusetts, Nevada, New Jersey, and Vermont** have similar programs.
- **Child Support Enforcement Protections.** Some states are changing how they notify families about the availability of temporary waivers from paternity establishment, pursuance of child support payments or arrears, and other related child support requirements that might threaten the victim's safety. For example, **Rhode Island** provides TANF recipients with a notice that describes all situations in which the welfare department can grant a temporary exemption due to domestic violence, including from child support requirements. As mentioned earlier, some states train child support enforcement staff in domestic violence or collocate domestic violence specialists in child support offices.

Child Welfare and TANF Agency Collaboration. Some states are coordinating their child welfare and TANF agency policies and practices to more effectively address the interrelationship between domestic violence and child abuse and maltreatment. A child welfare agency's primary mission is to ensure a safe environment for children. This is a daunting task considering, that in 1995 alone, more than 3 million children were reported to child protective services as maltreated.³⁰ The responsibilities of child welfare agencies, which include investigating reports of child abuse and neglect, offering emergency and support services to families, making case recommendations to the juvenile court, and placing children in foster and adoptive care homes, make these agencies a logical venue for implementing approaches designed to assist adult and child victims of family violence.

However, child welfare agencies (particularly child protective services) and the adult welfare system have historically not worked together to address violence within the same families.³¹ This can place each agency's efforts at odds with the other. For example, a mother required to work to receive TANF services may have difficulty complying with counseling or parent education requirements often mandated by the child welfare system. In other cases, the child welfare agency may recommend removal of an abused or neglected child because family violence is present even though the mother is not the perpetrator. Some states cross train agency staff, conduct joint case consultations to identify child maltreatment and domestic abuse and to plan for services, and work together to maintain family unity (for nonviolent family members) and to develop safety plans. For example, **Indiana** is cross-training child protection workers, public assistance staff, and domestic violence service providers to recognize and address the interrelationships between domestic violence and child maltreatment.

Health Care Responses to Family Violence

The entities that comprise the health care system include emergency medical services, medical transport services, hospitals, clinics, private practitioners (e.g., dentists, obstetricians), managed care organizations, local public health departments, home health care providers, visiting nurse associations, substance abuse and mental health treatment centers, veterans' health centers, family planning organizations, and other points of service. Health care interventions for family violence are not generally incorporated into standard medical care, health data reporting systems, or health care reimbursement practices. However, adult and child victims of family violence face a wide range of physical and mental health complications.³² Some of these complications, besides injuries or abrasions, include migraines, insomnia, gastrointestinal disorders, chronic pain, anxiety, depression, and substance abuse. Research suggests that between 4 percent and 30 percent of women entering emergency departments suffer from a domestic violence injury.³³ Research also indicates that a majority of health care providers fail to identify patients as victims of family violence. This can lead to treating the symptoms of family violence without addressing the underlying cause.

Early identification, appropriate treatment, documentation, and referral of victims who seek health care can prevent repeated injury, pregnancy complications, and multiple medical and psychosocial consequences of ongoing family violence. Some of the ways the health care system is contributing to victim safety and violence prevention include the following.

- Develop identification, treatment/referral, and followup protocol for victims and perpetrators of family violence and train an array of health care providers to implement the protocol.³⁴
- Inform families about domestic violence and related services through prevention and education activities, such as home visits, family support programs, and community health fairs.
- Educate and provide domestic violence services to women during prenatal and followup care. Estimates in public and private health care settings show that 4 percent to 17 percent of women experience domestic violence during pregnancy. Domestic violence is more common than such other pregnancy-related complications as placenta previa, preeclampsia, or gestational diabetes.³⁵
- Address domestic violence as part of teen pregnancy prevention and parenting programs. A recent study of teen mothers on welfare indicated a relationship between domestic violence, birth control sabotage, and efforts by an intimate partner to prevent the woman's ability to complete school.³⁶
- Maintain medical record documentation of a victim's statements, injuries, treatments, and referrals for use as evidence of assault in legal proceedings.
- Provide special advocacy and mental health services for mothers and their children who are victims of family violence.

Endnotes

- ¹ This project was supported by Grant No. 98-IJ-CX-0054 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.
- ² Rosemary Chalk and Patricia King eds., *Violence In Families: Assessing Prevention and Treatment Programs* (Washington, D.C.: National Academy Press, 1998), 57. Cost estimates include direct costs related to treatment, protection, or other related services, as well as indirect costs, such as loss of productivity, related health issues, and increased rates of juvenile delinquency.
- ³ Jody Raphael and Richard Tolman, *Trapped by Poverty, Trapped by Abuse* (Taylor Institute: Chicago, Illinois, 1997).
- ⁴ An assessment of Governors' 2000 state-of-the-state addresses shows that eight governors made domestic violence/family violence reduction a priority: Alabama, Indiana, Maine, Rhode Island, South Carolina, South Dakota, Washington, and West Virginia. Additionally, many Governors have established state-level domestic violence coalitions and councils.
- ⁵ Rosemary Chalk and Patricia King eds., *Violence In Families: Assessing Prevention and Treatment Programs* (Washington, D.C.: National Academy Press, 1998), 31.
- ⁶ Susan Schechter and Jeffrey Edleson, *Effective Intervention In Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (Reno, Nev.: The National Council of Juvenile and Family Court Judges, 1998), 9.
- ⁷ This information comes from a literature review by Dr. Jean Peterson, Department of Human and Community Development, University of Illinois, Urbana Champaign, July 1999.
- ⁸ Patricia Tjaden and Nancy Thoennes, *Research in Brief*, "Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey" (Washington, D.C.: Department of Justice, Office of Justice Programs, National Institute of Justice, November 1998), 2.
- ⁹ Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *In the Wake of Childhood Maltreatment* (Washington, D.C.: Department of Justice, August 1997), 3; and Rosemary Chalk, and Patricia King eds., *Violence In Families: Assessing Prevention and Treatment Programs* (Washington, D.C.: National Academy Press 1998), 32.
- ¹⁰ There are concerns in the field that such laws may deter the victims of domestic violence from filing charges for a number of reasons including reluctance to exposing themselves to criminal charges and/or risk having their children removed from the home. No resources exist to date.
- ¹¹ Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *In the Wake of Childhood Maltreatment* (Washington, D.C.: Department of Justice, August 1997), 2.
- ¹² Ibid 2.
- ¹³ Ibid 2 (U.S. Department of Health and Human Services, Administration for Children and Families, 1995, quoted in *In the Wake of Childhood Maltreatment*.)

- ¹⁴ Jeffrey Edleson, *The Overlap Between Child Maltreatment and Woman Abuse*, (National Resource Center on Domestic Violence, National Electronic Network on Violence Against Women, 1997, rev. April 1999), 2.
- ¹⁵ Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *OJJDP Research: Making a Difference for Juveniles* (Washington, D.C.: Department of Justice, August 1999), 8.
- ¹⁶ Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “Predictors of Youth Violence,” *Juvenile Justice Bulletin* (Washington, D.C.: Department of Justice, April 2000), 3.
- ¹⁷ Dianna English, Department of Social and Health Services, Washington State (December 1999). This preliminary finding is from a not-yet-published report on childhood victimization and delinquency. The research is supported by the National Institute of Justice’s Violence Against Women & Family Violence Project.
- ¹⁸ Rosemary Chalk and Patricia King, eds., *Violence In Families: Assessing Prevention and Treatment Programs*. (Washington, D.C.: National Academy Press, 1998), 33.
- ¹⁹ Susan Schechter and Jeffrey Edleson, *Effective Intervention In Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (The National Council of Juvenile and Family Court Judges, 1998), 39.
- ²⁰ Rosemary Chalk and Patricia King, eds., *Violence In Families: Assessing Prevention and Treatment Programs*. (Washington, D.C.: National Academy Press, 1998), 297.
- ²¹ Full Faith and Credit Project, “Progress on Full Faith and Credit Enabling Legislation” (Washington, D.C.: October 1998)
- ²² Interview with Dr. Frank Ascione, Utah State University, June 2000.
- ²³ Jody Raphael and Richard Tolman, *Trapped by Poverty, Trapped by Abuse*, (Chicago, Ill.: Taylor Institute, 1997).
- ²⁴ Jody Raphael, Center for Impact Research at National Governors’ Association/National Institute for Justice Executive Policy Forum on Preventing Family Violence, Phoenix, Arizona, January 13-14, 2000.
- ²⁵ Ruth Brandwein, *The Use of Public Welfare by Family Violence Victims: Implications of New Federal Welfare Reform*, 1997.
- ²⁶ Jody Raphael and Sheila Haennicke, *Keeping Battered Women Safe Through the Welfare-to-Work Journey: How Are We Doing?* (Chicago, Ill.: Taylor Institute, September 1999).
- ²⁷ Jody Raphael, Center for Impact Research, at National Governors’ Association/National Institute for Justice Executive Policy Forum on Preventing Family Violence, Phoenix, Arizona, January 13-14, 2000.
- ²⁸ 1999 Maine Laws 435 (to be codified at 26 Maine Revised Statutes § 850)

- ²⁹ Jody Raphael and Sheila Haennicke, *Keeping Battered Women Safe Through the Welfare-to-Work Journey: How Are We Doing?* (Chicago, Ill.: Taylor Institute, September 1999).
- ³⁰ Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *In the Wake of Childhood Maltreatment* (Washington, D.C.: Department of Justice, August 1997), 2.
- ³¹ National Council of Juvenile and Family Court Judges, *Family Violence: Emerging Programs For Battered Mothers and Their Children* (Reno, Nev.: National Council of Juvenile and Family Court Judges, 1998), 13.
- ³² Rosemary Chalk and Patricia King, eds., *Violence In Families: Assessing Prevention and Treatment Programs*, (Washington, D.C.: National Academy Press, 1998).
- ³³ S. Wilt and S. Olson, "Prevalence of Domestic Violence in the United States," *Journal of the American Medical Womens' Association* (May/June 1996).
- ³⁴ Several associations have developed health care standards for domestic violence, including the American Medical Association, American Nurses Association, American College of Obstetricians and Gynecologists, Association of American Medical Colleges, and American College of Emergency Physicians.
- ³⁵ Julie A. Gazmararian, et al., *The Relationship Between Pregnancy Intendedness and Physical Violence in Mothers of Newborns*, (Atlanta, Ga.: U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, June 1995).
- ³⁶ Mary Ellen Konieczny, *Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project* (Chicago, Ill.: Center for Impact Research, February 2000).

APPENDIX A: State Examples of Bridge Building

Arizona: Statewide Efforts to Coordinate Services and Develop Collaborations

Arizona has made a broad attempt to integrate the efforts of family violence service providers, courts, law enforcement, and employers. The Governor's Office for Domestic Violence Prevention is the lead agency. It coordinates the efforts of eight different agencies and \$12.5 million in programs across the state that provide prevention, treatment, and enforcement services related to family violence. This office coordinates Arizona's domestic violence and sexual assault resources and administers the Rural Domestic Violence and Child Victimization Enforcement Grant, the STOP (Services, Training, Officers and Prosecutors) Violence Against Women Grant, and the Governor's Innovative Prevention Grant. The office manages several coalitions, including the Governor's Commission on Violence Against Women, the State Interagency Task Force on Domestic Violence, the State Technical Assistance Response Team, and the Governor's Corporate Citizenship Initiative.

Examples of the efforts within the state to coordinate services include the following.

- **The Governor's Commission on Violence Against Women.** This interagency commission is comprised of representatives from various public agencies that respond to family violence. The commission's goals are information sharing and collaborative planning.
- **Arizona's Corporate Citizenship Initiative.** The Corporate Citizenship Initiative educates employers on family violence and helps implement violence prevention programs within the workplace. To support this effort, the Governor's Office for Domestic Violence Prevention published *A Workplace Guide* to help employers develop internal prevention and intervention programs. Included in this guide are sample policies and procedures, information for company newsletters, and sample paycheck inserts that inform victims where to turn to help. Companies involved in this effort include American Express, the Arizona Republic, Tosco Marketing, Phelps Dodge, the State of Arizona, and the City of Phoenix.
- **Coordinated Community Response Teams.** Arizona recently received \$858,000 through the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Rural Domestic Violence and Child Victimization Enforcement Grant Program to develop coordinated community response teams (CCRTs). CCRTs are multidisciplinary teams that work at the county level in rural areas to plan and implement family violence services. In addition to CCRTs, Arizona also provides funds for family violence advocates/coordinators for each county.
- **Judges' Bench Book.** The Governor's Office on Domestic Violence Prevention has developed a resource guide for Arizona judges hearing family violence cases. The "bench book," which is designed to better inform judges on the impact of family violence and on available services within the state, was developed under a grant from the U.S. Department of Justice.
- **Statewide Domestic Violence and Sexual Assault State Plan Task Force.** Arizona Governor Jane Dee Hull recently convened a Domestic Violence and Sexual Assault State Plan Task Force. Its goal is to develop a statewide plan to ensure a coordinated response to address domestic violence and sexual assault. The plan will address outcome goals, service and resource gaps, methods to ensure coordination and collaboration among state agencies and

between community-based organizations, the development of performance-based evaluation processes for service providers, and funding allocation methodology. The task force's final report is due December 1, 2000.

- **Centers Against Family Violence.** Arizona has also created Centers Against Family Violence (CAFVs) to work with victims of family violence and sexual assault. CAFVs provide a nonintimidating environment for recent victims of abuse while allowing for coordinated investigations and treatment interventions. Although CAFVs house police detectives and support staff, they are not located within police departments but in a less threatening environment. Other services, such as victim services, medical, and human services, are available onsite. CAFVs exist in Mesa, Phoenix, and Glendale.

Contact: Harriett "Hank" Barnes, Director, Governor's Office For Domestic Violence Prevention, 1700 W. Washington, Suite 101, Phoenix, AZ 85007; Phone: 602/542-1773, Fax: 602/542-5522, E-mail: hbarnes@az.gov

Connecticut: Community Policing and Mental Health Collaboration

The Child Development-Community Policing (CD-CP) Intervention Project in New Haven, Connecticut, brings together community police officers, domestic violence detectives, child mental health clinicians, and advocates for battered women to provide coordinated law enforcement and human services responses to abused women and their children. Created in 1992 by the Child Study Center at the Yale University School of Medicine and in partnership with the New Haven Police Department, the program has served over 350 families and more than 600 children.

Major program components follow.

- **Twenty-four-hour emergency response and interdisciplinary consultation.** City police officers may contact the CD-CP 24-hour on-call service for immediate response and consultation by mental health clinicians in the aftermath of a child witnessing and/or being involved in family violence. Therapeutic attention is provided immediately at the scene—which could include a home, police station, hospital or school—to address the child's needs, help law enforcement respond to a traumatized victim, and help the victim effectively navigate the legal process. At the trauma scene, victims may choose to receive followup services offered by an interdisciplinary consultation service team in such areas as safety planning, crisis intervention, clinical assessment, and treatment. The consultation service includes both law enforcement and advocacy/clinical followup services. The project also developed a confidentiality protocol for officers and clinicians to use as they work with abuse victims.
 - *Law enforcement followup.* Detectives and/or patrol officers make followup visits to the home of the victim and/or perpetrator, regardless of the victim's acceptance of the interdisciplinary consultation service. The unit assures physical safety and compliance with protective orders and helps complete case investigations. Assigned officers are responsible for developing and implementing a plan to increase victim and witness safety in the designated cases, and they work closely with advocates and clinicians who are involved with the family. A familiar beat officer can also increase the child's sense of security, provide an adult role model, and support the family in obtaining mental health and other human services.

- *Advocacy/clinical followup.* Advocacy and clinical followup includes such activities as assistance in obtaining court orders of protection; advocacy with prosecutors for increased bond and specific conditions of release; close coordination of information flow among police, prosecutors, probation officers, advocates, and victims; regular supportive contact and assistance with securing needed human services; and clinical assessments and ongoing psychotherapy.
- **Weekly police ride-alongs with a mental health clinician.** A mental health clinician rides with police officers weekly during evening hours to help respond to domestic violence calls. The clinician provides a resource for consultation and assistance on difficult domestic violence cases, particularly those involving children.
- **Data collection.** All cases referred to the project are tracked through an automated database that records identifying information, the nature of the incident, the immediate CD-CP response, and the number and nature of followup contacts. Domestic violence cases are also tracked by the police department to determine the existence of and compliance with court orders of protection, repeat calls for service, and level of violence perpetrated. Psychological responses of victims receiving clinical services following domestic violence incidents are also tracked. Case review allows for modification of the intervention plans for each case so coordinated interventions are effective.

With funding from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention and private sources, the CD-CP approach is being replicated at seven sites, including Buffalo, New York; Charlotte, North Carolina; Nashville, Tennessee; Portland, Oregon; Baltimore, Maryland; Framingham, Massachusetts; and Newark, New Jersey.

Contact: Miriam Berkman, Assistance Coordinator, Child Development-Community Policing Program, Yale University Child Study Center, 230 S. Frontage Road, New Haven, Connecticut 06520; Phone: 203/785-4610, Fax: 203/785-4608, E-mail: Miriam.berkman@yale.edu

New York: Using Schools and Employers to Prevent Family Violence

New York takes a multifaceted approach to ameliorating family violence by engaging the public, community organizations, schools, state and local agencies, and employers in family violence prevention and treatment efforts. To solicit citizen involvement in stemming family violence, Governor George Pataki launched a statewide public awareness campaign during Domestic Violence Awareness Month in April 1999. Using billboards, bus signs, and bumper stickers on police cars, the campaign's theme, "Domestic Violence: It's a ~~Shame~~ Crime," reinforced the message that domestic violence has legal as well as other consequences.

The governor's strong support for battling family violence has led to other statewide family violence initiatives. In early 1998, the state's Office for the Prevention of Domestic Violence (OPDV) published recommendations developed by an interagency task force for locales interested in taking a cross-systems approach to family violence. The *Model Domestic Violence Policy for Counties* guidebook was disseminated statewide and presents strategies for employers, human services workers, mental health practitioners, health care professionals, substance abuse counselors, educators, child welfare workers, and the criminal justice system. OPDV also developed more comprehensive school and employer-based efforts to curb family violence.

- **School-Based Strategies.** Many researchers and policymakers attribute the intergenerational cycle of family violence to persistent social norms and peer group influences that consider family violence to be an acceptable way to resolve conflict and treat women and children. Schools offer an effective path to reaching children, young adults, and their parents who experience family violence. They provide an avenue for preventing family violence (through changing peer behavior) and identifying and referring families to community domestic violence services. New York's school-based initiatives include the following.
 - o *Violence Prevention and Head Start.* The state Violence Prevention Project trains Head Start staff and parents of children in the Head Start program on the impact of domestic violence on preschool children. Part of the training involves techniques for identifying and dealing with the fears expressed by children who witness and/or are victims of family violence. The program also instructs staff and parents how to live lives free of domestic abuse and disempowerment.
 - o *School-Based Programs and New York State Police.* The New York State Police (NYSP) and OPDV jointly developed a curriculum for the NYSP's Safe Schools Program on the relationship between domestic violence and school violence. This one-hour presentation is presented to schools upon request. OPDV also trained state troopers to help them develop a special awareness of the sensitivities surrounding domestic violence and youth.
- **Employer-Based Strategies.** New York also educates its state agencies on how to raise their employees' awareness of domestic violence and how to assist victims in the workplace. The model domestic violence employee awareness and assistance policy for state agencies provides effective practices, policies, and protocols for providing a safe and helpful work environment for employees who are victims of domestic violence and for coworkers who may be uninformed about the consequences of such violence. New York included business community representatives as well as employee organizations and other state agency leaders in the model's development. It disseminates the model policy to all agencies in the state. OPDV will soon release a similar policy for private-sector employers and plans to offer them technical assistance in using the protocol. In 2002, OPDV will survey businesses to determine the guide's usefulness and to identify strategies for improving the rate of its adoption by employers.

Contact: Charlotte Watson, Executive Director, New York Office for the Prevention of Domestic Violence, 52 Washington Street, Rensselaer, New York 12144; Phone: 518/486-6262, Fax: 518/486-3583, E-mail: cwatson@nysnet.net

Vermont: Addressing Family Violence Through Child Welfare and Domestic Violence Coalition Program Partnerships

In its effort to address family violence, Vermont developed formal linkages between the child welfare system and nongovernmental domestic violence coalition programs. In 1997, as part of the Vermont Domestic Violence and Child Abuse Project, the Vermont Department of Social and Rehabilitation Services (SRS) established a Domestic Violence Unit to enhance the safety, permanence, and well-being of abused children or youth in cases where their mothers are battered by an intimate partner.

Modeled after the Massachusetts Department of Social Services Domestic Violence Program (the first child welfare agency to establish a domestic violence unit) and the AWAKE program at Children's Hospital in Boston (one of the first hospital-based domestic violence advocacy programs for abused women and children) the Vermont SRS Domestic Violence Unit was designed to meet the needs of a more rural state. The unit jointly developed memoranda of understanding between child welfare agencies and domestic violence coalition programs to help reduce the barriers women face when accessing safety for themselves and their children. Vermont hired three domestic violence specialists statewide to serve four local SRS offices each. Some of the programs and responsibilities of the SRS Domestic Violence Units include the following.

- **Domestic Violence Consultation on Child Protective Services (CPS) and Juvenile Services (JS) Cases.** The unit offers consultation to CPS and JS caseworkers and various community partners on cases where there is adult intimate partner abuse. The consultation helps to develop innovative interventions in safety planning, service provision, and perpetrator accountability to enhance the safety of domestic violence victims. To date, more than 1,500 consultations have been provided on over 350 cases. The Domestic Violence Unit reviewed SRS intakes, open cases, and substantiated risk-of-harm cases to identify trends in child welfare practice in child abuse and juvenile services cases with domestic violence prior to the unit's creation. The unit also issued policy and practice recommendations to the child welfare agency and developed services for juveniles at risk of becoming domestic violence offenders.
- **Comprehensive Cross Training of CPS and Domestic Violence Program Staff.** Most of the state's child welfare and domestic violence program staff were cross-trained by 1997. As a result, most of the counties have developed memoranda of understanding between agencies to plan future collaborative efforts on behalf of battered women and their children. The unit's domestic violence specialists also partnered with the Domestic Violence and Sexual Assault Coalition and designed and delivered basic and advanced training to child welfare workers on domestic violence; its impact on children; and the identification, assessment, and intervention strategies for child welfare cases involving domestic abuse.

Contact: Janine Allo, Jill Richard, Ellie Breitmaier, or Tori Russell, Domestic Violence Unit, Vermont Department of Social and Rehabilitation Services, 103 S. Main Street, Waterbury, Vermont 05671; Phone: 802/241-1206, Fax: 802/241-1253, E-mail: jallo@ccvs.state.vt.us (Janine Allo)

Other state examples of domestic violence and child welfare collaborations include: the Family Violence Outreach Program of the Coordinating Council for Children in Crisis, New Haven, Connecticut; Community Partnership for the Protection of Children: Domestic Violence and Child Protection Collaboration, Jacksonville, Florida; Department of Social Services Domestic Violence Unit, Massachusetts; Families First: Domestic Violence Collaboration Project, Lansing, Michigan; and Artemis Center for Alternatives to Domestic Violence: Integration Project, Dayton, Ohio.

APPENDIX B: Federal Funding Sources for Family Violence

STOP Violence Against Women Formula Grant Program

STOP (Services, Training, Officers and Prosecutors) is a grant program of the Violence Against Women Grant Office, Office of Justice Programs, U.S. Department of Justice. The program aims to develop and strengthen effective law enforcement and prosecution strategies to combat violence against women and to strengthen and develop victim services in cases involving violent crimes against women. For additional information, contact STOP, Phone: 800/256-5883 or 202/265-0967, Fax: 202/265-0579, or E-mail: STOPGrants_TA_Projects@csgi.com.

Rural Domestic Violence and Child Victimization Enforcement Grant Program

This program focuses on the needs and unique characteristics of rural communities in addressing domestic violence and child victimization. The goals are to improve and increase the services in rural areas available to women and children and to enhance community involvement in developing a jurisdiction's response to domestic violence and child victimization. For more information, contact the Violence Against Women Office, Office of Justice Programs, U.S. Department of Justice, Phone: 202/307-6026, Fax: 202/305-2589, or via the Web:

<http://www.ojp.usdoj.gov/vawo/grants/rural/descrip.htm>

U.S. Department of Justice, Office of Justice Programs

In addition to the STOP and Rural Domestic Violence and Child Victimization Enforcement Grants, the Office of Justice Programs operates other formula and block grant programs. Many of these initiatives provide funding to address family violence, including grants to encourage arrest policies, crime victim compensation, and reduction and prevention of children's exposure to violence. For more information, contact the Office of Justice Programs, U.S. Department of Justice, Phone: 202/307-0703. A comprehensive list of current funding programs and the grantees can be accessed at: <http://www.ojp.usdoj.gov/00progplan/chap4.htm>

State Grants for Child Abuse and Neglect

These formula grants are awarded to support and improve state child protective systems. Examples of projects include developing training opportunities for those working in child protective services; improving risk and safety assessment tools and protocols; and strengthening child abuse prevention, treatment, and research programs. For more information, contact the Administration for Children and Families, U.S. Department of Health and Human Services, Phone: 202/401-5281, or via the Web at: <http://www.cfda.gov/static/93669.asp>

Social Services Block Grant (SSBG)

Many states allocate a substantial portion of their SSBG to fund family violence programs. Examples of programs funded by states using the SSBG are domestic violence counseling, comprehensive crisis intervention services, and emergency shelters. For more information, contact the Administration for Children and Families, U.S. Department of Health and Human Services, Phone: 202/401-5281, or via the Web at: <http://www.acf.dhhs.gov/programs/ocs/ssbg/index.htm>

Title V (Maternal and Child Health Services Block Grant)

Title V of the Social Security Act provides funds to states to address critical challenges in maternal and child health, including health-related services linked to child abuse and family violence. Funds can be used to prevent injury and violence; reduce infant mortality; reduce adolescent pregnancy; provide comprehensive care for women before, during, and after pregnancy and childbirth; meet the nutritional and developmental needs of mothers, children, and families; and for other purposes. For more information, contact the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, Phone: 301/443-2170, or via the Web at: <http://www.mchb.hrsa.gov/>

Temporary Assistance for Needy Families (TANF) Block Grant

In addition to cash assistance, job training, and employment retention and advancement services, the TANF block grant allows states to fund programs and services for welfare recipients and other low-income families who are victims of domestic violence. For example, funds can be used to help victims relocate and develop safety plans, to provide counseling, and to develop staff training. Activities funded with TANF must satisfy at least one of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996's stated four purposes. For more information, contact the Administration for Children and Families, U.S. Department of Health and Human Services, Phone: 202/401-5281, or via the Web at: <http://www.acf.dhhs.gov/programs/ofa/funds2.htm>

Welfare to Work (WtW) Block Grant

WtW provides formula and competitive funding to states that may be allocated to family violence initiatives. Examples of programs eligible for funding include assistance for welfare recipients who are victims of family violence; projects that provide legal assistance, child care, transportation, and short-term housing for victims; and preventive programs for the children of domestic violence victims. For further information, contact the Employment and Training Administration, U.S. Department of Labor, via the Web at: <http://wtw.doleta.gov/>. (Regional phone numbers are available at this site.)

APPENDIX C: Publications and Other Resources

Related Publications

“Advocacy in a Coordinated Community Response: Overview and Highlights of Three Programs.” 2000. This paper discusses the importance of advocacy for victims of domestic violence, especially in the legal system and as part of a coordinated response. Appropriate roles for advocates are discussed. The paper profiles three coordinated community response models: Santa Barbara, California; Ann Arbor, Michigan; and Duluth, Minnesota. For more information, contact the Violence Against Women Office, 202/616-8894, or via the Web at: <http://www.vaw.umn.edu/BWJP/communityV.htm>.

“Coordinated Community Responses to Domestic Violence in Six Communities: Beyond the Justice System.” October 1996. This paper examines the approaches six communities developed in response to domestic violence and highlights critical components of a comprehensive, coordinated response system. For more information, contact the Urban Institute, 202/833-7200, or via the Web at: <http://www.urban.org/crime/ccr96.htm>.

“Domestic Violence as a Barrier to Women’s Economic Self-Sufficiency.” December 1999. This paper discusses the frequency of domestic violence experienced by women on welfare and subsequent concerns of work requirements placed on welfare recipients. Policy issues regarding barriers facing victims, employer involvement, and human services office roles are presented. For more information, contact the Welfare Information Network, 202/628-5790, or via the Web at: <http://www.welfareinfo.org/domesticviolence.htm>.

Evaluation of the STOP Formula Grants to Combat Violence Against Women. July 1999. This report highlights the positive impact STOP grants have had on the experiences of female victims of violence in the criminal justice and other human services systems. Components of successful STOP projects are outlined. However, gaps in service, such as inadequate data systems, inconsistent enforcement of protective orders, and high up-front costs to victims, still remain. For more information, contact the Urban Institute, 202/833-7200, or via the Web at: <http://www.urban.org/crime/vaw99.html>.

Family Violence: Emerging Programs. 1998. This report highlights 29 innovative programs from 5 service areas affecting families from violent homes. Programs from child protection, community-based domestic violence services, the justice system, health care and community-based parent/child services, are described. For more information, contact the National Council of Juvenile and Family Court Judges, 702/784-6012, or via the Web at: <http://www.dvlawsearch.com/pubs/>.

Intimate Partner Violence. May 2000. This report highlights trends in domestic violence using data from the 1998 National Crime Victimization Survey. It details current statistics on such victim characteristics as age, race, and income. For more information, contact the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 202/307-0765, or via the web at: <http://www.ojp.usdoj.gov/bjs/pub/pdf/ipv.pdf>.

Keeping Battered Women Safe Through the Welfare-to-Work Journey: How are We Doing? September 1999. This report monitors the implementation of policies for battered women under PRWORA of 1996. Discussion of the welfare reform law's Family Violence Option, temporary waivers available under the option, and the necessity of adequate domestic violence assessment and referral processes are included. For more information, contact the Center for Impact Research (formerly the Taylor Institute), 773/342-0630, or via the Web at: http://www.ssw.umich.edu/trapped/pubs_fvo1999.pdf.

“Legal Interventions in Family Violence: Research Findings and Policy Implications.” July 1998. This document evaluates various legal interventions, such as civil orders, arrest, and prosecution in cases of family violence. For more information, contact the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, 202/307-0703, or via the Web at: <http://www.ncjrs.org/pdffiles/171666.pdf>.

“Promising Practices: Assessing Justice System Response to Violence Against Women.” 1998. This is a series of three papers written as a for the Promising Practices Initiative of the STOP Violence Against Women Formula Grants Technical Assistance (TA) Project. For more information, contact the Violence Against Women Office, Office of Justice Programs, U.S. Department of Justice, 202/616-8894.

- **“A Tool for Law Enforcement, Prosecution and Courts.”** February 1998. This paper presents a detailed checklist for assessing the roles of law enforcement, prosecution and the courts in responding to violence against women. It also features a review of selected innovative and replicable strategies from cities and counties around the country. <http://www.vaw.umn.edu/Promise/pplaw.htm>.
- **“A Tool for Community-Based Victim Service Providers.”** April 1998. This is the second paper from the STOP-TA Project's Promising Practices Initiative. It profiles 17 nonprofit, community-based victim advocacy organizations around the nation. The profiles feature innovative outreach and service delivery strategies that assist victims of sexual assault, stalking, and domestic violence. <http://www.vaw.umn.edu/Promise/Vicsvcs.htm>.
- **“A Tool for Communities to Develop Coordinated Responses.”** July 1998. The third paper features 13 communities that have undertaken efforts to reduce and prevent violence against women. These communities have developed a coordinated criminal justice response, including utilizing a variety of service providers while maintaining a focus on the safety of the victim and offender accountability. <http://www.vaw.umn.edu/Promise/PP3.htm>.

Violence in Families: Assessing Prevention and Treatment Programs. 1998. This collaborative publication of the Committee on the Assessment of Family Violence Interventions, National Research Council, and the Institute of Medicine evaluates health, social service, and legal approaches to family violence. For more information, contact 888/624-8373, or via the Web at: <http://books.nap.edu/catalog/5285.html>.

Organizations

The American Bar Association
Commission on Domestic Violence
740 15th Street, N.W.
Washington, D.C. 20005-1022
abadv@abanet.org
<http://www.abanet.org/domviol/home.html>

Battered Women's Justice Project
c/o National Clearinghouse for the
Defense of Battered Women
125 South 9th Street, Suite 302
Philadelphia, PA 19107
215/351-0010
215/351-0779 (fax)
800/903-0111 ext. 3 (hotline)

Center for Impact Research (formerly the Taylor Institute)
926 North Wolcott
Chicago, IL 60622
773/342-0630
773/342-5918 (fax)
<http://www.impactresearch.org>

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
415/252-8900
415/252-8991 (fax)
fund@fvpf.org
<http://www.fvpf.org/>

Institute for Law and Justice
1018 Duke Street
Alexandria, VA 22314
703/684-5300
703/739-5533 (fax)
ilj@ilj.org
<http://www.ilj.org/dv/index.htm>

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

303/839-1852

303/831-9251 (fax)

<http://www.ncadv.org/index.htm>

National Council of Juvenile and
Family Court Judges—Family

Violence Department

P.O. Box 8970

Reno, Nevada 89507

800-527-3223

775-784-6160 (fax)

famvio@ncjfcj.unr.edu

<http://www.ncjfcj.unr.edu/homepage/domvio.html>

National Resource Center on Domestic Violence
Pennsylvania Coalition Against Domestic Violence

6400 Flank Drive, Suite 1300

Harrisburg, PA 17112

800/537-2238

717/545-9546 (fax)

Violence Against Women Office

U.S. Department of Justice

810 7th Street N.W.

Washington, D.C. 20531

202/616-8894

202/307-3911 (fax)

<http://www.ojp.usdoj.gov/vawo/about.htm>

