CHALLENGES OF BUILDING A COORDINATED RESPONSE

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Experience around the country has shown that coordination between the many agencies and professions involved with family violence is critical to providing effective help and protection for the victim. Because of the complexity of family violence and the fact that an apparent solution offered by one agency may create problems in other parts of the system, it is only when all professionals work together that they can best help individuals and families. This cooperative approach also makes it possible to discover and solve the systemic problems that stand in the way of preventing family violence. Ultimately, a coordinated community response will lead to the desire to educate all segments of the community, including businesses, schools and the media. These actions decrease societal tolerance of violence, thereby reducing the "cycle of violence" across generations. As described in Chapter 3, a coordinated response moves from systems change to social change; what is needed to end family violence is the adoption of a broad public health/public education approach that requires the participation of the entire spectrum of the community and its leaders.

While most experts agree on the importance of a coordinated community response to family violence, bringing the response to fruition can be difficult. The biggest obstacles are likely to arise from several issues:

1. differences in beliefs about the nature of family violence, lack of common experiences, and the absence of a theoretical structure for understanding the problem;

2. professional barriers caused by differences in terminology, ethics or philosophical approaches, lack of motivation or turf issues;

3. cultural barriers inherent in communities and systems;

4. and lack of agreement about the goals of intervention.

In virtually every community and professional group, there will be some disagreements about the nature, causes and cures of family violence. In addition, specialists in domestic violence, child abuse and elder abuse may have had very different experiences with victims and perpetrators, leading to conflicting priorities regarding community responses.

Also some battered women's advocates may enter the process with a basic distrust of a community approach, having spent years protecting women not only from their abusers but also from a community that ignored the problem or blamed the woman for the abuse.

Beliefs About Family Violence

Knowledge about family violence is rapidly changing. In 1972, when "spouse abuse" was first indexed in the social sciences, there were only five brief studies listed on the subject in the English language. The literature has proliferated so much since then that it is almost impossible for any one individual to keep up. New theories and knowledge are the norm, yet few professionals received any formal training about family or domestic violence and, as to those that did, what was learned may be outdated.

Among professionals there is little agreement about what causes or cures domestic violence. These disagreements act as a barrier to trusting and working with those who do not share the same analysis. For

example, those who see domestic as a family dynamic may have little respect for feminists who believe that patriarchy, the history of male domination, is the main cause. Likewise, those who believe that neurological problems or substance abuse is at the root of the problem may grow impatient with feminists and family dynamic proponents, and vice versa.

However, if the multidisciplinary group coordinating the response can stay together while it goes through a self-education process, some of these differences will disappear as the members learn the relevant experiences of family violence advocates, health care providers, legal services attorneys, probation officers and invited experts. For example, those who have worked extensively on the problem for years generally know that abusive alcoholic batterers almost always continue to batter their partners long after they have achieved sobriety; and that most batterers go on to abuse their next partners, even if their current partners successfully extricate themselves from the relationships.

Similarly, the experience from communities in which extensive follow-ups are done is that most battered women who manage to leave their abusers seldom get involved with another abusive partner (nor do many, but by no means all, children who grew up in abusive families get into abusive relationships). These encouraging phenomena are seldom seen by most professionals, who usually spend their time seeing people who come to them only when they are having problems. Thus, many professionals see the worst failures of the system, not the many children and adults who avoid repeating the violence they witnessed and experienced.

Professional Barriers - Terminology

Each profession tends to have its own language with its own shorthand. Even after the group has educated itself, it may find itself confused or disagreeing because different professions sometimes use the same word to convey somewhat different concepts. Such words as competency, insanity and confidentiality may have very different meanings to different professionals, and even within the same profession in different states. it will be helpful for the group to keep a running glossary of such terms and abbreviations and their different meanings for the continuing members of the group. In addition, the group must be an environment in which members can ask for an explanation of unclear terminology. Group members should be encouraged not to use shorthand unfamiliar to those outside of their expertise. The glossary will help the ongoing members and enable new members to integrate faster into the group.

Ethical Principles

Ethical principles and statutory requirements governing the professional conduct of the group's members often differ significantly. Particularly important to those involved are the differences in the requirements governing when confidences must be kept and those governing when abuse must be reported. For example, while all of the states and the District of Columbia have laws that mandate that some individuals report suspected child abuse, the definition of child abuse differs in each of the states (as do the definitions of domestic violence and elder abuse). Some states, e.g., Idaho, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, Utah and Wyoming, make every individual in the state a mandated reporter of child abuse, whereas other states mandate reporting only certain professionals, most typically health care providers, educators and law enforcement officials (Myers and Peters, 1987). Elder abuse laws vary even more, since a small minority of states, e.g., New York, have rejected making anyone a mandated reporter of elder abuse (Thobaben and Anderson, 1986). All states, except Alaska, Louisiana, South Carolina, Washington and Wyoming, currently mandate that doctors report at least some forms of domestic violence occurring between current or former spouses or intimate partners (Hyman et al., 1995). While only California, Kentucky, New Hampshire, North Carolina and Rhode Island specifically address domestic violence injuries, 41 states and the District of Columbia require the reporting of all domestic violence injuries, even though such reporting may well place the victim in much greater danger of future retaliation.

Health care providers themselves experience conflict over these mandatory reporting requirements, which increases the concern felt by others in the group when a report is made that results in the abuser further retaliating against the victim. Likewise, if a professional does not make a report, and the victim is later killed or seriously injured, others may feel that the failure to report caused the death or injury.

There is probably a tendency in members of the legal profession to construe reporting requirements as narrowly as possible, to avoid conflicts with their client. In contrast, members of the health professions generally construe the reporting requirements governing their conduct broadly, in accordance with their life-preserving ideology. If the group explores these differences, it is likely that both professions will move towards a more common ground, especially if they can agree on what kind of approach will be most effective in preventing violence. Including the police as well as child and elder protective service agencies in the exploration - the very agencies to whom the reports will be made - will increase the chance that those agencies will respond in a manner more beneficial to victims.

In addition, these different confidentiality standards that govern the panoply of professions involved will sometimes make it difficult if not impossible for the coordination group to discuss specific cases. Because some confidentiality standards even survive the death of the patient/client, not even fatality review boards are immune from this problem.

Some confidentiality rules are partially or fully waived when the matter or records are brought to court. Under the different laws of the states it often varies who holds the privilege: the patient/client, the professional or both (Zorro, 1995). While the patient/client may be able to waive some or all of the confidentiality that he or she has in the interest of helping the effort (the advisability of which different members of the group may differ), the group can often discuss the issues raised in one or more particular cases by talking in terms of hypothetical. Some groups have created their own confidentiality requirements to prevent discussion of specific cases outside of the group.

Different Philosophical Approaches

Traditionally, the law is seen as very procedure oriented and rule based, whereas medicine is seen as more outcome oriented and fact based. Doctors are often forced to undertake -drastic and unpleasant measures to save a patient. In contrast, the law would far rather that a guilty person go free than deprive a criminal defendant of rights which the American criminal justice system deems to be fundamental. Such radically different perspectives can create lack of respect or trust, especially if the differences are not acknowledged or the group is not seen as using its skills, insights and knowledge to the advantage of individual victims and improving the system. Because of this, it is often very helpful for both professional groups to examine a real or hypothetical case. Generally there is a better understanding of other professions' perspectives and respect for their contributions once cases are discussed. It also helps if each profession discusses what its ethical and other limitations are so that the group can see if there are still some advantageous ways of resolving the problems without compromising any individual's ethical principles.

Motivation and Turf Issues

Some key community professionals may be reluctant to participate, either because they don't recognize the extent or importance of family violence or because they have negative concerns about the process of collaboration with agencies or individuals they consider to be part of the problem. In addition, family violence and silence about the problem also exits within professional groups. For these reasons, it is crucial to identify those persons who are most willing to bridge professional barriers and to work toward the good of the community as a whole, despite inevitable challenges. Sometimes it is simply a matter of

awareness of how family violence negatively affects the system, whether it is a law enforcement agency, a corporation or a hospital. As mentioned earlier, one sheriff in Missouri was reluctant to participate until he was asked to determine what percentage of calls by his officers were related to family violence. After reviewing his records, and realizing that 80% of his calls were related to family violence, he not only joined the family violence council, but also became its co-leader.

Cultural Barriers

Another challenge for family violence coordinating councils and their member organizations is developing cultural competence. This is an essential, yet sometimes overlooked process in building multidisciplinary approaches to violence prevention. Although family violence occurs in all racial, ethnic and socioeconomic groups in the United States, harmful stereotypes persist, and services may not be designed to adequately meet the needs of minority groups. The first step is to identify professionals and organizations in the council's region or city who work with minorities facing language, racial or cultural barriers. Councils can invite representatives from these agencies to share information about specific service needs of these populations. Cross training's can improve cultural competence among the various agencies represented on the council, helping them appreciate the difficulties experienced by persons who face language barriers, misunderstanding about the legal system, fear and lack of trust of the dominant culture.

Today, laws in all states, the District of Columbia and Puerto Rico have evolved to offer women and children affirmative protection from family violence, although the quality, content and enforcement of these laws vary dramatically from locality to locality and from state to state (Klein and Orloff, 1993). Cultures abroad and imported into the United States also fall everywhere within this spectrum, from societies in which family violence is socially and legally tolerated to societies where domestic abuse is against the law, but where laws are not enforced (Heise, Pitanguy and Germain, 1994). Immigrant women, U.S. born white women and women of color face similar physical, psychological, emotional and economic barriers when separating from abusive partners. Yet for battered immigrant women who come from countries with repressive governments which persecute, rather than serve, the public (Orloff, 1994), asking for help from law enforcement, the courts or government agencies is inconceivable. Many immigrant women do not realize that domestic violence is against the law in this country, that they have options available to stop the battering, and that the courts, shelters, medical, social and legal service providers are willing to help. Their isolation is even more profound if they do not speak English.

All medical, legal and social service providers must act affirmatively to assure that they will be able to serve all victims of domestic violence who seek assistance. Programs must examine the communities in which they are located and identify populations not presently served. Overcoming language barriers is key to providing services, and multilingual volunteers and staff members can be of great help in service organizations. However, because intimacy as well as accuracy can sometimes be lost through an interpreter, the council and its member organizations might support and promote language classes for professionals serving abused women and children. A few familiar phrases communicated directly between physician and patient or social worker and client goes a long way in developing trust.

Lack of Agreement About the Goals of Intervention

Particularly when the members of a council have not worked closely before or have not worked directly with victims, they may have disagreements about the goals of intervention. Should the goal be punishment or prevention? Is the goal to break up the abusive family, or to keep the family together if at all possible, or to empower the victim to change the balance of power? And if the family is to be preserved, how is the family defined? Clergy and child protective services workers have usually espoused the goal of keeping the family together; child protective services often have done so because of federal

mandates encouraging family preservation. Thus, when children have been physically or sexually abused, child protective service agencies traditionally removed the victimized children from the home, leaving the parents together. However, some child protective agencies, religious leaders and others are rethinking this policy, proposing that it may make more sense to remove the abuser from the family and support the nonviolent members as a new family unit. They generally consider allowing the abuser back into the home only if the family wants him back, and if the abuser has both acknowledged his abusiveness and been treated for his offending behavior.

Researchers have documented the fact that many men who abuse their female partners also abuse their children, and that child abusers often abuse their partners. Similar high correlations are found between elder abusers and those perpetrating other forms of interpersonal violence. There are also correlations between abuse of children, spouses and animals (Boat 1995). Studies from Massachusetts, which has maintained a statewide registry for all of its restraining orders since 1992, have documented that abusers are not typical individuals; 70% of those on record have prior criminal records, giving much more credence to their victim's accusations (Isaac et al., 1994). Such knowledge is changing the focus from keeping the family together to removing the abuser from the home. This represents a realization that the only "family" that can be kept together is one that excludes the abuser. But there are still strong disagreements about the reasonableness of returning the abuser to the home. People's views on this subject depend upon their beliefs about the efficacy of treating abusers, the dangerousness of abusers and the importance of keeping the whole family together,

Overcoming the Tendency to Blame Others

Perhaps the most important mission for the group is advocating new policies and practices, and recommending legislative or policy changes. To enable itself to do this, the group should seek ongoing feedback and evaluation to learn what problems exist. To be effective, the individual members must do so without blaming each other, those not present, or the victims for the many likely failures they will find in the system. This kind of honesty involves a great deal of maturity and trust.

The family violence intervention system handles a high volume of cases. Only a relatively small percent of these cases will result in death or serious injury. But when a death or very serious injury occurs, the case is almost certain to capture the media's attention and become high profile. The resulting newspaper, television and radio coverage frequently embarrasses those officials, professionals and agencies who knew or should have known of the violence, especially when they responded in ways that effectively minimized or denied the abuse. When domestic violence is such a low penalty area, yet predictably results in a small number of high profile cases, blaming other parts of the system is the easiest way for each involved agency or individual to protect its integrity and absolve its own guilt. Yet this approach, while undoubtedly exposing other's faults, is seldom productive in figuring out what is really wrong and correcting it. Rather, it keeps the different agencies and parts of the court system, that must learn to work together to be effective, isolated and at odds with each other, facilitating manipulation by the abusers to their own advantage, and to the detriment of both their victims and the rest of the system.

Obstacles Unrelated to Family Violence Issues

There may be other obstacles encountered by those seeking a coordinated response that may be unrelated to policy or professional issues surrounding the topic. For example, financial problems can arise in multidisciplinary collaboration efforts. Participants representing agencies with fewer resources in terms of staff or money may resent the distribution of resources. Furthermore, the strategies adopted often reflect the wealth of the institutions and not the optimum solutions. A coordinated community response may be made more difficult by the very size, weather and geography of a community. In a rural community the key players and resources may be so few and located so distant from one another that meeting together

regularly may be extremely difficult or impossible at certain times, particularly in the winter. In contrast, in very large cities, it may be physically impossible to bring all of the players to one table, or even one room. It is not entirely coincidental that the first successful models for coordinated community responses come from relatively small cities such as Duluth, Minnesota; London, Ontario, Canada; and Quincy, Massachusetts. However, with careful planning and thought, it should be possible to accommodate conditions in virtually every location.

When trying to coordinate a response, it is not uncommon to be faced simultaneously with two apparently contradictory problems at the outset. One problem is having "too many" volunteers wanting to be included in the coordinating group, some of whom may end up feeling excluded (Edwards, 1992). If these people ran be appointed to a subcommittee or otherwise serve as resources, their good intentions and energy can be put to use. Also troublesome to the functioning of the group are any community leaders whom others believe are necessary for inclusion, but who may feel little personal interest in or commitment to participating. Such individuals may either decline the invitation, or show by their lack of meaningful participation that that they have little or no real commitment to the group. Hopefully the general interest in family violence and the self-educating process that the group undertakes may persuade some of these individuals to become genuinely committed to improving the community's response to family violence, or at least to not sabotage the workings of the group.

Obviously it is important early on to identify which agencies should be involved in each community's response. Each identified agency should send a representative who will be willing and able to advance the purposes of the group and to recognize family violence as a serious problem in the community, is generally knowledgeable about the issue, is committed to improving the system and has sufficient authority within the agency or organization to foster change. Another important challenge is figuring out some logistics for the meetings to continue so that those who are to attend will know what happened at the last meeting, when and where the next meeting will occur, what is on the agenda, and how to add topics to the agenda.

Frustration may develop because some of the different professionals attending or involved in the group may be very connected to the political process. These individuals may feel constrained to speak openly or to act. Sometimes others in the group perceive that such individuals are posturing themselves for their next election/re-election campaign or those of their superiors. A judge appointed for life probably has far more leeway to act independently than does a judge who is coming up for re-election in the next year. The chief of police probably serves at the pleasure of the mayor, and the chief prosecutor is most likely an elected official.

Other problems may develop as individuals leave or enter the group, either as a result of the political process, or as a result of promotions, reassignments, resignations, relocations, retirements, or even deaths. The departure of one or more key members may jeopardize the very survival of the group. It is well for the remaining members to remember that family violence is a nonpartisan issue, of concern to both Republicans and Democrats, that new people can be educated (and may have to be, just as were many in the original group), and that the political nature of the court system requires working with those who are in power, and often those who are not. Nonetheless, it is not unusual for some members of the group to occasionally fear that the group is being used for the political advancement of one or more members, elected officials, or candidates. When such political advancement is done without commitment to the principles and aims articulated, the other players may feel resentful. Figuring out how to operate in a political climate will be one of the many challenges particularly for many of the community members of the group.

Conclusion: Despite the many likely frustrations that any coordinating group may encounter, provided that the group learns to serve each of its members, it will be very successful. Shared information improves each system's efficiency and relieves professionals' anxiety. Letting doctors, nurses, social workers and police officers know what type of documentation in their records will enable a criminal case to go forward, even without the victim's cooperation, will encourage them to better identify and document the

problem (See Sims v. Sims, 1995). Prosecutors, custody evaluators and judges who have learned that sons who grow up in violent families are at far greater risk of becoming juvenile delinquents, criminals and perpetrators of family violence (Jaffe, 1990) will stop trivializing it, more aggressively prosecute these cases, understand the impact of family violence on custody disputes and rule more wisely. These are among the very goals of such a coordinated community response or multidisciplinary collaboration.

During the past 20 years, all of the participants in the family violence intervention system have improved their understanding and effectiveness. Through professional education, individual systems have improved methods for screening, referral and follow-up, protecting victims and prosecuting perpetrators. Treatment and prevention programs are showing promising gains. These benefits and improvements can be greatly multiplied if representatives of key agencies and systems work together in every community.

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