Community-Based Domestic Violence Services

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Abstract

Community-based domestic violence services have grown significantly since their emergence in the 1970s. Now more than 2,000 in number, domestic violence organizations have expanded their range of programs. In addition to crisis-oriented services, such as telephone hot lines and temporary shelter, many of these agencies provide legal, health, mental health, or vocational services or referrals, and assistance in finding housing, relocating, and planning for safety. Most recently, in response to increasing knowledge about the deleterious effects of exposure to domestic violence on children, community-based service providers have developed programs addressing children’s mental health, health, educational, and safety needs.

This article describes and analyzes trends in service delivery by these community-based organizations to children affected by domestic violence. It concludes that, although there has been significant growth in services, substantial segments of the target population still are not reached, and most organizations do not yet have a sufficient range of services to meet children’s diverse needs. Challenges posed by inadequate funding, needs for specialized staffing, and a dearth of data on the efficacy of current intervention programs hamper domestic violence service providers’ ability to meet children’s needs.

However, this article highlights promising new directions in service delivery. Community-based domestic violence organizations increasingly are using innovative strategies to address children’s service needs. These agencies are expanding community outreach efforts and attempts to educate the public and professionals about domestic violence and children. In addition, these organizations are building important collaborative relationships with other agencies concerned with children’s welfare, such as child protective services, law enforcement, schools, and health care facilities. These and related developments suggest cautious optimism that future years will see continuing progress in attempts by community-based organizations to address the needs of children whose well-being is jeopardized by their exposure to domestic violence.

Community-based domestic violence services exist throughout the country, and seek to provide shelter, emotional support, crisis intervention, and many other forms of assistance to battered women and their children. Knowledge about the effects of domestic violence on children has increased over the years, and domestic violence service providers have, accordingly, expanded their efforts to meet children’s needs.
The Evolution of Community-Based Domestic Violence Services

Community-based services for women and children affected by domestic violence have evolved substantially since their beginnings in the 1970s. Grass roots efforts by battered women’s advocates led to the development of these programs, which were founded to provide safety and support to abused women and their children. In this initial phase of service delivery, funding was practically nonexistent, as was community and national awareness about the prevalence and effects of domestic violence. Although funding and public awareness are still limited, both have been growing. In addition, community-based agencies serving battered women have broadened their mandates, expanding the range, locus, and targets of interventions, and increasing collaborations with other service systems.

The History of Community-Based Domestic Violence Services

The women’s movement in the United States in the late 1960s and early 1970s set the stage for responses to the needs of battered women and their children. Battered women’s advocates characterized domestic violence as a sociocultural phenomenon, reflecting women’s powerlessness in society, rather than simply as a feature of private interpersonal relationships. This philosophy inspired the movement’s dual goals of supporting and empowering battered women, helping women to function safely, competently, and confidently in society and in their intimate relationships.

Early responses to these victims’ needs relied exclusively upon the voluntary efforts of battered women’s advocates. Until shelters were established, volunteers often used their own homes as makeshift places of refuge for women and children. The first shelters opened their doors in the early to mid-1970s, and provided temporary housing, free food and clothing, social support, and legal assistance. Founders often maintained secrecy regarding the locations of these shelters for the protection of the residents. Throughout the next two decades, hundreds of small shelters opened around the nation, with the number exceeding 1,300 by 1997.

The types of services offered by these battered women’s organizations proliferated. Emergency hot lines, crisis counseling, support groups, and other nonresident services became common. Direct services often included vocational counseling and referrals for job training; assistance in finding housing and relocating (sometimes to a different geographic locale so that batterers could not find them); legal, health, and mental health services or referrals; assistance in planning for safety; and services for children. Indirect services expanded as well, as these organizations increased efforts to reach out to the community, to educate the public and other professionals about domestic violence, and to build collaborative relationships with other service providers, such as law enforcement personnel, child protection workers, and health care professionals. By 1997, more than 1,800 agencies providing services to battered women existed. In 1999, the National Coalition Against Domestic Violence reported that the number surpassed 2,000.

Developments in Service Provision to Children

Social scientists estimate that between 3.3 million and 10 million children in the United States witness domestic violence each year. Data reveal that children who grow up with domestic violence are at risk for developing behavioral, emotional, and academic problems, and that a substantial proportion of these children also are abused physically or sexually. Furthermore, children who live with domestic violence are at risk for adjustment problems in adulthood, including repetition of violent relationship patterns in the families they form as adults. (For a discussion of research pertaining to the effects of domestic violence on children, see the article by Fantuzzo and Mohr in this journal issue.)

Even before researchers documented the harmful effects of domestic violence on...
children, battered women’s advocates perceived that the children were suffering. Historical analyses of the past quarter century of advocacy for battered women suggest, however, that children initially were considered “secondary” victims of domestic violence, and thus were not primary targets of service interventions. Commentators point out that tight resources required workers to focus intervention efforts on their central, crisis-oriented goals, and left little for meeting other needs. Some writers suggest that there also may have been a reluctance on the part of advocates to address children’s issues directly. The large influx of children pouring into shelters with their mothers may have been somewhat overwhelming to staff, who were initially unprepared to meet these children’s intense and diverse needs. In addition, because children’s well-being is linked so inextricably to that of their mothers, shelter workers believed that if the needs of battered women were adequately served, special services for children would not be needed. Data support the conclusion that the well-being of children who witness domestic violence is tied closely to that of their mothers. (For more information about the link between maternal well-being and the effects of violence exposure on children, see the article by Osofsky in this journal issue.) In addition, however, children who witness domestic violence often require additional direct services targeting their specific needs.

As the battered women’s movement evolved, advocates confronted the challenging task of determining how best to serve children. Children’s programs sprouted in individual shelters across the country, and have continued to expand over time. Consistent with the grass roots character of the battered women’s movement, these programs resulted from local efforts, rather than a coordinated national initiative, and therefore varied substantially from site to site.

**Community-Based Domestic Violence Programs: Direct Services for Children**

Children affected by domestic violence have a range of specific service needs relating to their mental and physical health, their safety, and their academic functioning. These needs exist in both shelter and nonresidential populations, although each context presents its own specific challenges. In recent years, many new programs have attempted to serve children exposed to domestic violence. It appears, however, that the existing programs only reach a small percentage of the target population.

**Shelter-Based Services**

Approximately 50% of residents in battered women’s shelters are children. Almost 80% of women in shelters are accompanied by one or more children. Yet, there are sub-
stantial limitations to the shelter-based services available for children. First, the absolute number of shelter beds is inadequate to serve those women and children seeking shelter. Shelters report having to turn away many women and children seeking service, only a small percentage of cities and towns in the United States have battered women's shelters, and there are considerable discrepancies between those identified as needing service and the number of available beds.

Second, many shelters do not have focused children's programs. However, in the past two decades, there has been growth in the absolute number, as well as in the percentage, of shelter sites offering some type of children's program. For example, a 1980 directory of programs providing services to battered women revealed that 43.6% of the 394 battered women's shelters at that time had some type of program for children, although most of those programs for children were characterized as "child care." By contrast, the 1997 National Directory of Domestic Violence Programs indicates that the total number of shelter-based programs had grown to 1,305, and that 72.4% of those programs offered some type of children's services. The 1997 survey collapses categories of children's services together (including daycare, after-school care, recreational activities, counseling, advocacy, and so on). Thus, it is not possible to examine the qualitative changes in the nature of the programs over time.

Because shelter stays typically are limited to between 30 and 60 days, residential services are usually crisis oriented. In addition, shelter staff seek to assist residents with their impending transition to postshelter life. Ideally, though, shelters also take advantage of a potential turning point in residents' lives, setting in motion positive developmental processes that continue long after residents leave the shelters.

Promoting Children's Psychological Well-Being

The shelter's social context provides a unique opportunity for children exposed to domestic violence to break their isolation and share experiences that previously had been family secrets. Despite these and other advantages, shelter life can be highly stressful for a child. Coming to a shelter means living in an unfamiliar, communal, and emotionally intense setting, experiencing separation from important relationships and support systems (such as friends, teachers, and relatives). These children also are struggling to cope with the violence they have witnessed. And many of these children have had to cope "alone," given that their mothers may have been less available to provide emotional support as a result of their experience with the violence. Thus, it is not surprising that children in shelters often display a range of behavioral and emotional problems, and it is often not possible to tease out whether these problems resulted from witnessing the violence or from associated events such as coming to the shelter.

Regardless of the source of the distress, however, children residing in shelters often require assistance in dealing with these emotional challenges.

No data are available identifying what proportion of today's shelters have programs in place to address children's emotional difficulties. Although one survey indicated that, in 1980, fewer than 1% of shelter programs offered counseling to children, no comparable data have been published in recent years. There are, however, growing numbers of innovative programs providing on-site individual or group intervention, and others that remove barriers (such as inadequate finances or insurance coverage) that would otherwise limit access to professional off-site services. For example, at the Center for Domestic Violence Prevention in San Mateo, California, an on-site art therapy program seeks to help shelter children cope with their exposure to domestic violence. Because children are sometimes unwilling or unable to speak about their experiences, art provides a medium through which many can
tell their stories and begin to work through the impact of these experiences. Short-term group interventions are sometimes available to children living in shelters, as well as to nonresident children. The group curriculum attempts to meet some of the children's immediate emotional needs and to set in motion positive coping responses. Goals may include helping child participants to express their feelings, to develop certain cognitive and social skills, and to address issues relating to violence and safety planning. The Pro Bono Children's Mental Health Project in Pittsburgh, Pennsylvania, offers a third approach to meeting the psychological needs of children in shelters, in its collaborative relationships with licensed mental health professionals in the community. Therapists donate one hour of counseling each week to child residents, and continue to treat the children, at no cost, after their shelter stays. (For more information about mental health interventions for children exposed to domestic violence, see the article by Groves in this journal issue.)

Promoting Children's Physical Health

Children in battered women's shelters appear to have more health problems than do children in the general population, and therefore a greater need for medical attention. At the present time, there are no published data describing the variety and frequency of health-related services for children in shelters. A 1994–96 national survey conducted by the Centers for Disease Control (CDC) and the National Center for Injury Prevention and Control (NCIPC) indicates that 53% of all community-based domestic violence programs, shelter-based and nonresidential, provide some type of "medical advocacy" for residents, although the survey does not specify whether services are provided to children, as well as to women. In the absence of a formal program, shelters are likely to address children's health needs in nonsystematic ways, such as with clinic and emergency room visits, with volunteer services of local medical personnel, or with periodic visits from a public health nurse. Several programs, however, provide models for more comprehensive delivery of medical services to shelter children.

For example, in Pittsburgh, Pennsylvania, the Healthy Tomorrows program provides children in a shelter with medical screenings by interns from the local children's hospital, free of charge. The interns visit the shelter twice monthly, perform examinations, and refer the children, as needed, for additional medical services that are also provided free of charge. In Chicago, at the Rainbow House shelter, the on-staff child advocate evaluates children's health status within 72 hours of their arrival at the shelter in order to identify any acute or chronic health care needs. The children then receive free medical care, as needed, through collaborative arrangements between the shelter and local medical services. (For more information about the responses of health care professionals to domestic violence, see the article by Culross in this journal issue.)

Promoting Children's Physical Safety

There are many ways in which shelter programs can contribute to children's ongoing safety, including educating children about how they can promote their own safety; forbidding physical force against children in the shelter; collaborating with child protective services (CPS) in cases of child maltreatment; and assisting resident families with access to legal protective mechanisms. Most shelters have written rules that prohibit the use of corporal punishment by residents. Women who repeatedly violate this rule may be asked to leave the shelter with their children. This policy has been criticized on several grounds, among them that it does not provide mothers with an alternative to use of physical force for discipline. By contrast, several newer interventions seek to promote shelter mothers' effectiveness as parents, by teaching them positive parenting skills. If the physical force used by the mother is severe enough to rise to the level of child maltreatment, the involvement of child protective services may be advisable or legally required. (See the article by Findlater and Kelly in this journal issue to learn more about the interface between domestic violence and CPS.)
Assisting battered women with appropriate legal intervention is another approach to promoting children’s safety. Battered women who separate from their abusers are at particularly high risk for harm by the abuser. They may require legal assistance to obtain protective or child custody orders to safeguard their children’s and their own welfare. According to the CDC/NCIPC survey, 82% of all community-based domestic violence agencies, shelter-based and nonresidential, report providing some type of legal advocacy for their clients. Some programs have attorneys or legal advocates on staff. Others make referrals to low-cost or sliding-scale legal service providers. More recently, some domestic violence agencies have developed collaborative relationships with legal professionals in their communities. (For more information about this population’s needs for legal services, see the article by Lemon in this journal issue.)

Meeting Children’s Educational Needs

Children who live with domestic violence often have academic difficulties. Many factors contribute to these problems, including the impact of domestic violence on cognitive and behavioral functioning, and the level of emotional distress these children experience. Dislocation and uncertainty about one’s future only compound these problems. Although no data are available addressing school attendance rates for shelter children, some writers observe that many children in shelters do not attend school during their shelter stay. The educational goals for children in shelters are several: helping them keep up with their studies, identifying special educational needs, and providing advocacy on school administrative matters. Participation in an appropriate academic program is also likely to be therapeutic for shelter children because it reintroduces a sense of normality to their lives, reminding them that they can and should focus on their own personal growth.

No data are available indicating what proportion of shelters have educational programs for children. However, there are several programs that exemplify emerging approaches to the needs of children in shelters. In Cleveland, Ohio, a shelter called Templum maintains a schoolroom on site for its resident children in kindergarten through eighth grade. The program, which operates from 9:30 A.M. to 3:00 P.M., offers individually oriented instruction by a full-time experienced teacher, tutoring from a teacher provided by the Cleveland school system, and music and computer instruction from volunteers. Rainbow House, in Chicago, offers on-site educational opportunities to young children, including an infant-mother program and a preschool intervention modeled after Head Start. In addition, Rainbow House educators make special attempts to assess the educational and vocational training needs of adolescent residents, and to refer them to appropriate educational placements. Finally, in Toronto, Canada, the local board of education and two shelters collaborated to create a special classroom, which provides individualized educational programming, counseling, group sessions, social skills training, and after-school activities for children staying at the shelters.

Serving Subgroups with Special Needs

There are some subgroups within the larger population of children affected by domestic violence who may require special attention, arrangements, or programs. For example, teenage boys typically have been excluded from shelters in order to protect female residents’ safety and privacy, given that resources are typically inadequate to provide gender-segregated quarters. This policy, however, forces mothers of these boys to choose between entering the shelter without their sons, or not entering at all. Some shelters are reexamining this rule and searching for alternatives, given the harsh consequences of enforcement. For example, Hubbard House in Jacksonville, Florida, has a separate area for battered men, teenage boys, and abused elderly women. Other shelters have dealt with the problem by using safe homes for these boys and their mothers.

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private homes, motels, or other settings) are alternative resources used by domestic violence agencies for housing battered women and their children in instances when shelter services are not available or appropriate.  

Families from minority groups also may require special services because of distinctive cultural traditions, immigrant status, lack of fluency in English, or religious background. Increasingly, domestic violence organizations are responding to these special needs. For example, the Texas Council on Family Violence reports that about two-thirds of its programs have special services for the Latino population. The New York State Coalition Against Domestic Violence reports that many of its member organizations have special programs for Asian, Hispanic, African-American, and Orthodox Jewish families. Other subgroups whose needs reportedly are addressed by some local organizations include recent immigrants, pregnant women, physically disabled persons, chemically dependent women, and victims of same-sex partner battering.

Nonresidential Services

Although most children exposed to domestic violence do not go to shelters, it appears that nonresident children are substantially less likely to receive services than are children in shelters. For example, the CDC/NCIPC survey revealed that only 56% of 1,886 community-based domestic violence providers offered some form of services for nonresident children. And, although children account for about half of shelter beds, they constitute a substantially smaller portion (perhaps as low as 14%) of persons receiving nonresident domestic violence services.

The greater focus on shelter-based, as contrasted with nonresidential, children’s services follows logically from the history of the battered women’s movement; shelters were initially the primary locus of service. In addition, the children were there, they were visible, and their needs became evident over time. Nonresident children, by contrast, are less visible, and their needs less apparent. Thus, a key challenge for service providers in the coming years is to assess the needs of these children, and to develop programs to find and serve them.

Many of the shelter programs described above could be, or have already been, adapted for nonresidential populations, and thus will not be discussed in this section. Parenting programs for batterers and visitation centers, however, are two types of services that are offered primarily on a nonresidential basis (although some are affiliated with shelter programs). The CDC/NCIPC survey indicates that 25% of community-based domestic violence providers reported serving batterers in some way during the survey period, although the survey does not describe the types of services. Group-based programs are the most common form of intervention with batterers. Typically, these programs seek to end or reduce violence by changing participants’ attitudes about the use of violence in interpersonal relationships, while providing them with alternative behaviors. Attendance is generally mandated by court order, although some men seek treatment voluntarily. Only some of these programs, however,
ever, deal directly with the effects that domestic violence has on children or teach batterers nonviolent parenting methods.\textsuperscript{52,53} Many perpetrators of domestic violence will have ongoing contact with their children, and most do not understand the effects that their violent conduct has on their children.\textsuperscript{53} Incorporating parenting components into batterer intervention programs offers one mechanism for promoting more responsible fathering on the part of batterers. Another approach to encouraging safe and positive parent-child interactions is use of visitation and exchange centers. These relatively new programs offer supervised opportunities for parents and children to visit in a neutral, child-friendly environment.\textsuperscript{54} (For more information about visitation centers, see the article by Lemon in this journal issue.)

In the past decade, nonresidential services and supports for children of battered women have begun to emerge in new settings, including service systems that typically meet the mental health, health, safety, and educational needs of children in the general population, as well as in academic institutions and state agencies.\textsuperscript{55} This trend offers the possibility of multiplying many times the potential sources of help for children who witness domestic violence.

**Indirect Community-Based Services Benefitting Children**

In communities across the country, domestic violence agencies have expanded their efforts beyond direct service provision, increasingly emphasizing public education, community outreach, professional education, and interagency collaboration. These providers have sought to enlarge the understanding by laypersons and professionals of the nature, dangers, consequences, and prevalence of domestic violence, and to inform them about the services available in their area.\textsuperscript{7} Most domestic violence service providers are engaging in some of these activities, although data do not detail what percentage of programs are involved in which types of initiatives.\textsuperscript{56}

There is substantial variety among the emerging programs in this area. For example, some programs focus on educating the public about violence generally while others emphasize domestic violence specifically. Programs may be held in elementary or secondary schools, or may target adults. The goals of the programs may range from preventing domestic violence to providing information about service resources. (For more information about prevention and public education programs, see the article by Wolfe and Jaffe in this journal issue.) Outreach may entail education of and collaboration with community leaders representing religious, cultural, recreational, and service organizations, encouraging them to assist in communitywide efforts to reduce domestic violence and to reach those children exposed to it.\textsuperscript{57}

Training programs may focus on educating a particular professional group, such as the police or judges, or involve professionals from multiple disciplines and service agencies simultaneously.\textsuperscript{58} Some programs create a permanent interagency relationship, in which, for example, domestic violence workers serve as consultants to child protective services, or work in a hospital clinic or emergency room.\textsuperscript{59} Other programs seek to build better working relationships through crossdisciplinary training and development of joint protocols.\textsuperscript{60}

**Challenges in Service Provision to Children Exposed to Domestic Violence**

To provide the range of direct and indirect services described above, domestic violence agencies require specialized staffing and adequate funding. Perhaps the most critical link in providing services to children exposed to domestic violence is the children’s advocate.\textsuperscript{61} Children’s advocates coordinate on-site and off-site services for children, and serve as the link between client families and the other community systems addressing children’s needs (such as
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In addition, they serve as a resource for their colleagues, educating and reminding them about the needs of children. Children's advocates come from a variety of backgrounds and training, but must be knowledgeable about family violence, its impact on children, and the range of services available for these children. They also must be able to access resources in their communities for children. Given that about half of shelter residents are children, and that most nonsheltered battered women have children, the presence of a well-trained full-time child advocate on the staff of each domestic violence agency is a first step in building an organization responsive to the needs of children.62

A prerequisite to adequate staffing, however, is adequate funding. Domestic violence services have been, and unfortunately remain, chronically underfunded, despite increasing private and public support.63 Private sources, such as individual donations, foundation and corporate grants, volunteer labor, and fundraising activities contribute some of the organizations' needed funds. Public support, however, has increased substantially in recent years. Some states and localities provide revenue derived through marriage license surcharges, divorce fees, or crime-victim funds. The most significant shifts in funding, however, have followed federal initiatives.

In 1984, Congress signaled that the federal government was willing to play a major role in supporting community-based domestic violence services by passing the Family Violence Prevention and Services Act (FVPSA), which provided significant funds for shelters, training, public education, and other services.64 In 1994, Congress passed the Violence Against Women Act (VAWA), which amended and expanded FVPSA, authorizing significant additional funding through 2000.65 (For more information on VAWA, see the article by Matthews in this journal issue.) Although funding increases of this nature are helpful, they are not a panacea to funding problems, which continue to exist as needs outpace available resources. In addition, if the education and outreach efforts now just beginning are successful, it is likely that demand for services will increase, further burdening current resources.66

To respond best to children exposed to domestic violence, it will also be necessary to expand the knowledge base about service and population trends. Presently, there are no comprehensive sources of national data that provide quantitative and qualitative information about the types of services provided, or the individuals served by the programs. In addition, very few programs have been evaluated to determine if they are achieving their goals.67 Incorporating program evaluation components is challenging, and requires significant expertise...
and adequate funding. Yet, in order for the field to advance, a knowledge base about effective interventions must be built. Research in the past decade already has greatly increased our understanding of the needs of children exposed to domestic violence. The potential for even greater understanding in the next decade is enormous, particularly if governmental and other funding sources are committed to meeting the needs of this population.

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6. See note no. 1, National Council of Juvenile and Family Court Judges, p. 73; see note no. 1, Koss, Goodman, Browne, et al., p. 103; see note no. 2, Schechter, p. 109; see note no. 5, Stark and Fitlcraft, p. 96.

7. See note no. 1, Koss, Goodman, Browne, et al., p. 103.

8. See note no. 2, Schechter, pp. 53–62.


17. See note no. 15, Jaffe, Wolfe, and Wilson, p. 97; see note no. 16, Peled, pp. 137–38.


22. See note no. 20, Hughes and Marshall, pp. 121-44; see note no. 15, Jaffe, Wolfe, and Wilson, pp. 95-127.


25. For example, data collected in Minnesota indicate that in 1998, some 87% of the “people days” spent at shelters were accounted for by children and their mothers together. Personal communication between The Future of Children editorial staff and Jill Ruzicka, Director of Battered Women’s Services of Minnesota, November 5, 1999. In addition, most women residents had several children with them: 21% had one child, 27% had two children, and 52% had three or more children.

26. Comprehensive national data on turn-away rates are not available. Statewide data reveal a range of turn-away rates. See note no. 23, Arizona Coalition Against Domestic Violence, reporting that 70.7% of women and children requesting shelter during that year were turned away for lack of space; Commonwealth of Virginia, Department of Social Services. State statistical report for July 1, 1996 to June 30, 1997. Available from Virginians Against Domestic Violence, (800) 838-8238. Report shows that 36.3% of women and children seeking shelter were turned away during that year. The National Coalition Against Domestic Violence indicates that in some geographic areas “shelters turn away four women (and their children) for every woman they can accept.” See note no. 10, National Coalition Against Domestic Violence.

27. The National Coalition Against Domestic Violence reports that although more than 2,000 programs around the country now provide domestic violence services (of which approximately two-thirds include shelter services), there are more than 20,000 cities and towns in the nation. In some cases, the nearest domestic violence service provider may be several hundred miles away from a client seeking service. See note no. 10, National Coalition Against Domestic Violence.
28. A 1994 survey estimated that there is only one shelter bed for every 160 (or less than 1% of) battered women. See note no. 24, Plichta, p. 47.


30. The authors of this article obtained these figures by surveying the entries to the 1997 national directory of domestic violence programs. See note no. 9, National Coalition Against Domestic Violence.


32. See note no. 31, Peled and Davis, pp. 3–4.

33. Program materials available from the Center for Domestic Violence Prevention, P.O. Box 5090, San Mateo, CA 94402, (650) 652-0800. The art therapy program is also available to nonresident children exposed to domestic violence. In addition, a traveling art show comprised of the children’s artwork is used for educating the public about the effects of domestic violence on children.

34. See note no. 3, National Council of Juvenile and Family Court Judges, pp. 47–51.

35. See note no. 20, Hughes and Marshall, pp. 134–35. In addition, the high rate of direct maltreatment of children exposed to domestic violence underscores this population’s need for medical services.


37. See note no. 3, National Council of Juvenile and Family Court Judges, pp. 61–64; personal communication between Kara Henner, Program Director, Rainbow House, and The Future of Children editorial staff, August 20, 1999.

38. See note no. 1, National Council of Juvenile and Family Court Judges, p. 82; see note no. 2, Schechter, pp. 89–91; Winters, D. Battered women at the forefront. VOICE. National Coalition Against Domestic Violence newsletter. Spring 1992, pp. 1–2.


41. The risk of serious harm or death increases dramatically when a woman leaves her batterer. For example, women separated or divorced from their spouses are 14 times more likely than are married women to report violence against them by their former partner. Commission on Domestic Violence, American Bar Association. Available online at http://www.abanet.org/domviol/stats.html.

42. See, for example, innovative programs described in note no. 3, National Council of Juvenile and Family Court Judges, pp. 93–97, 103–106.

43. See note no. 15, Jaffe, Wolfe, and Wilson, pp. 98–99; see note no. 20, Hughes and Marshall, pp. 136–38.

44. See note no. 3, National Council of Juvenile and Family Court Judges, pp. 69–73.


48. See note no. 3, National Council of Juvenile and Family Court Judges, p. 22.

49. See note no. 9, National Coalition Against Domestic Violence, definitions page.

50. For example, children constituted 13.8% and 15.8%, respectively, of nonresident clients served by community-based domestic violence agencies in Illinois and New Jersey for Fiscal Year 1997. These data were calculated by The Future of Children editorial staff with information provided in the state coalition reports. See note no. 23, Illinois Coalition Against Domestic Violence; New Jersey Coalition for Battered Women.


52. See note no. 1, National Council of Juvenile and Family Court Judges, pp. 87–88.


55. See note no. 3, National Council of Juvenile and Family Court Judges, for examples of programs providing nonresidential domestic violence services to children in a variety of settings.

56. Ninety-two percent of the community-based domestic violence providers responding to the CDC/NCIPC survey reported that they participated in community education; 86% reported offering training for professionals. See note no. 36, Centers for Disease Control and the National Center for Injury Prevention and Control, p. 14.

57. See note no. 1, National Council of Juvenile and Family Court Judges, p. 79.

58. See, for example, note no. 3, National Council of Juvenile and Family Court Judges, pp. 119–23, for information about a New Haven, Connecticut, training program for police on the effects of domestic violence on children.

59. See, for example, note no. 3, National Council of Juvenile and Family Court Judges, pp. 127–30, for information about AWAKE, an on-site program affiliated with Children’s Hospital in Boston, Massachusetts, that provides services to battered women within the pediatric health setting.

60. For example, the Child Witness to Violence Project, co-sponsored by Boston Medical Center and the Massachusetts Attorney General’s Office, brought more than 2,200 professionals (representing most service occupations that encounter children affected by domestic violence) together in Massachusetts in 1998, at 11 regional conferences. Not only do the workshops impart substantial didactic information, but they identify specific service needs and goals in particular regions, and encourage the interactions of conference participants in a manner designed to promote ongoing collaboration. Child Witness to Violence Project. Working together for children who witness domestic violence: 1998 report. Unpublished report available from Office of the Attorney General, Commonwealth of Massachusetts, (617) 727-2200.


62. See note no. 1, National Council of Juvenile and Family Court Judges, p. 83.


66. See note no. 24, Plichta, p. 47.