

The Integration of Services Training Series

MODULE 3. DOMESTIC VIOLENCE

PARTICIPANT GUIDE

The Integration of Services Training Series

Before and After Training Survey

Directions: Rate your skill or knowledge level on a scale of 1-10 for each of the following statements. This is not a test. Don't over-think your rating. The training will be on these skills and knowledge. You are not expected to have a high level for all items before the training.

<p>Before Training: Write a B in the numbered box that indicates your skill or knowledge level for each item. Use the scale to the right to guide your rating. Keep the survey in a safe place for use again after the training.</p>	1-2	Novice
	3-6	Competent
<p>After Training: Write an A in the numbered box that indicates your skill or knowledge level for each item. You may change your "before" rating if you'd like.</p>	7-8	Proficient
	9-10	Expert

Knowledge/Skill Items	Rating									
	1	2	3	4	5	6	7	8	9	10
1. Understanding of the range of dynamics associated with power and control.										
2. Understanding of the types of domestic violence that fall outside the criminal definition.										
3. Understand the benefits of partnering with law enforcement even when a crime of domestic violence may not have been committed.										
4. Knowledge of the dynamics of batterers.										
5. Understanding of how formal systems can be used by the batterer to increase control opportunities.										
6. Knowledge of the range of impacts of domestic violence on survivors.										
7. Knowledge of the range of impacts of domestic violence on children.										
8. Knowledge of related factors that increase the level of dangerousness in domestic violence cases.										
9. Confidence in my ability to interview batterers and learn useful information.										

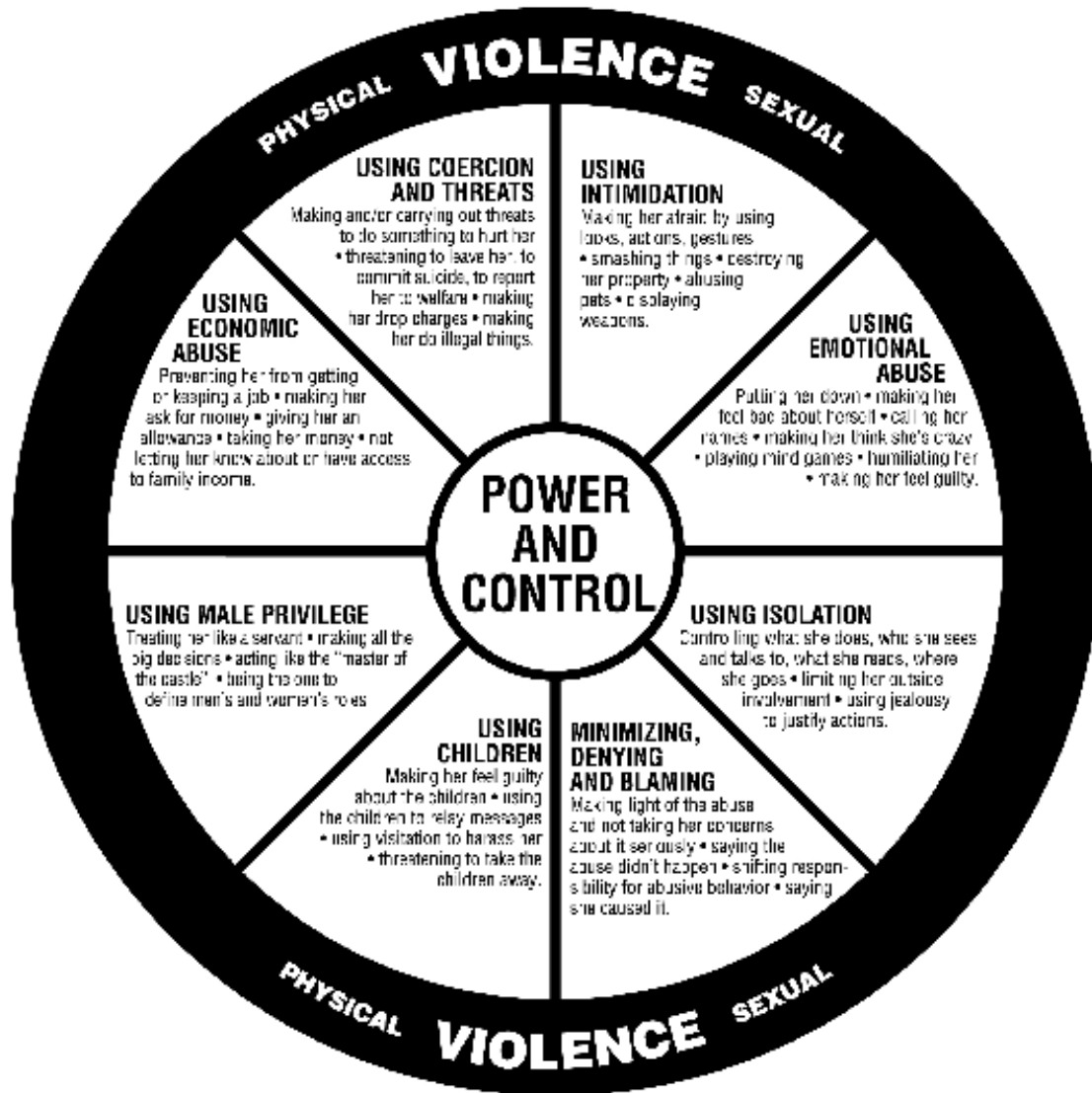
10. Confidence in my ability to interview survivors and learn useful information.	1	2	3	4	5	6	7	8	9	10
11. Confidence in my ability to interview children in homes where domestic violence is occurring and learn useful information.	1	2	3	4	5	6	7	8	9	10
12. Understand the ways to strengthen safety planning by forming a partnership with the survivor and domestic violence advocate.	1	2	3	4	5	6	7	8	9	10
13. Understand the preferred ways of holding batterers accountable and setting the stage for changes in behavior.	1	2	3	4	5	6	7	8	9	10
14. Understand the reasons why it is difficult for survivors to leave the situation.	1	2	3	4	5	6	7	8	9	10
15. Understand how to share my expertise in helpful ways with family members about the impacts of domestic violence.	1	2	3	4	5	6	7	8	9	10
16. Confidence in my ability to work within a coordinated community response.	1	2	3	4	5	6	7	8	9	10
17. Confidence in my ability to help survivors identify supports and services to aid with safety planning.	1	2	3	4	5	6	7	8	9	10
18. Confidence in my ability to help survivors with recovery planning.	1	2	3	4	5	6	7	8	9	10
19. Confidence in my ability to help identify interventions/services that will help children heal from the trauma they have experienced.	1	2	3	4	5	6	7	8	9	10

Facts About Domestic Violence

Source: Men Stopping Violence, Educating and Advocating for Change
www.menstoppingviolence.org

<p>Domestic violence is the leading cause of injury to women between the ages of 15 and 44 in the United States; more than car accidents, muggings, and rapes combined. <i>"Violence Against Women, A Majority Staff Report," Committee on the Judiciary, United States Senate, 102nd Congress, October 1992, p.3.</i></p> <p>Three to four million women in the United States are beaten in their homes each year by their husbands, ex-husbands, or male lovers. <i>"Women and Violence," Hearings before the U.S. Senate Judiciary Committee, August 29 and December 11, 1990, Senate Hearing 101-939, pt. 1, p. 12.</i></p> <p>One woman is beaten by her husband or partner every 15 seconds in the United States. <i>Uniform Crime Reports, Federal Bureau of Investigation, 1991.</i></p> <p>Approximately 95% of the victims of domestic violence are women. <i>Statistics, National Clearinghouse for the Defense of Battered Women, Ruth Peachey, M.D. 1988.</i></p> <p>Police report that between 40% and 60% of the calls they receive, especially on the night shift, are domestic violence disputes. <i>Carrillo, Roxann "Violence Against Women: An Obstacle to Development," Human Development Report, 1990.</i></p> <p>Fifty percent of all homeless women and children in this country are fleeing domestic violence. <i>Senator Joseph Biden, U.S. Senate Committee on the Judiciary, Violence Against Women: Victims of the System, 1991.</i></p>	<p>A battering incident is rarely an isolated event. Battering tends to increase and become more violent over time. <i>Men Stopping Violence, Observations from Intervention Classes.</i></p> <p>Battered women may account for 22% to 35% of women seeking care for any reason in emergency departments and 23% of pregnant women seeking pre-natal care. Forty percent of assaults on women by their male partners begin during the first pregnancy; pregnant women are at twice the risk of battery. <i>The American Medical Association's Diagnostic and Treatment Guidelines on Domestic Violence</i></p> <p>About 75% of the calls to law enforcement for intervention and assistance in domestic violence occur after separation from batterers. Half of the homicides of female spouses and partners were committed by men after separation from batterers. <i>Barbara Hart, Remarks to the Task Force on Child Abuse and Neglect, April 1992</i></p> <p>Domestic violence is not only physical and sexual violence but also psychological. Psychological violence means intense and repetitive degradation, creating isolation, and controlling the actions or behaviors of the spouse through intimidation or manipulation to the detriment of the individual. <i>"Five Year State Master Plan for the Prevention of and Service for Domestic Violence." Utah State Department of Human Services, January 1994.</i></p>
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Power and Control Wheel



DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2787
www.duluth-model.org

Entitlement

Type of Entitlement	Behaviors
High Demand for Service	Demanding of service including: <ul style="list-style-type: none"> • Demands for physical labor • Sexual caretaking • Constant attention to the needs and wants of the batterer • Demand that the partner should soothe the batterer when s/he is upset • Praise and compliment them • Defer to them in conflict • Lay their own needs aside and to cater to the batterer even in times of crisis
High Level of Control	<ul style="list-style-type: none"> • Controlling the actions and whereabouts of the partner • Controlling all decisions, no matter how minor • Dominating and controlling of outside relationships • Control parenting styles and decisions • Stalking and retaliation for perceived wrongs and betrayal

Range of Behavior of Domestic Violence Survivors

1. Protecting, defending or explaining the batterer.

Some Reasons:

Many victims learn early that “troubleshooting” for the batterer may affect their safety. If the victim can demonstrate (especially in the presence of the batterer) a loyalty and desire to help the batterer stay out or get out of “trouble”, this may translate into future compromises. It may be advantageous to the victim to remind the batterer of times of rescue or support. In turn, this may be traded for safety.

Other Reasons:

Threats, knows batterer will be back, financial dependency, need time to get organized and to secure financial security, fear of the system's response.

2. Recanting, denying, changing of mind, reluctance/refusing to cooperate. Extreme privacy (secret keeping) through withholding or protecting critical information.

Some Reasons:

No one knows more about batterers' potential than victims do. Privacy (isolation) is a key issue for most batterers. After any intervention, the risks may increase. Batterers often hold victims responsible and accountable for what happened (being arrested, embarrassed, and inconvenienced). Besides protecting themselves and their children, shielding others from the batterer may direct the victims' behaviors.

3. Making custody the primary issue when applying for orders of protection.

Some Reasons:

The reality that their batterers will use the children as a way to gain power and control can be a motivating factor. Batterers frequently threaten to take the children. Victims are often eager to gain custody in order to assure their protection. This may take precedence over any fear for their own safety.

4. Not showing up for interviews or court.

Some Reasons:

The victim may be fearful of what the batterer may do to avoid prosecution or civil consequences. Additionally, many victims may have extreme difficulty trusting people they do not know, especially those in places of authority (power and control).

5. Rationalization.

Some Reasons:

A primary tool of many batterers is to blame their own violent actions on the victim. It is common for batterers to say, “If you hadn't done what you did, I wouldn't have had to do what I did.” Victims may find themselves trying to figure out how to change themselves to please their partners. The pressure of victim responsibility is often reinforced by society.

6. Becoming aggressive toward the batterer after helpers arrive.

Some Reasons:

During intense emotional, physical and/or sexual violence, acts of self-defense can be dangerous for victims. When help arrives and a degree of safety is assured, victims may feel self-defense is a safer option.

Other Reasons:

Victims are aware of the opinions of many people who believe they should fight back. In fact, many victims report having been advised that fighting back would stop the abuse. In an effort to show supporters that they do not simply “take it”, some victims demonstrate aggression in front of others.

7. Anger of belligerence toward police or other helpers.

Some Reasons:

a. When police or other helpers are called upon to assist victims, it is often an act that is intended to get immediate relief. Once help arrives and a sense of safety is restored, it may appear safe for victims to focus on the next stage of survival. They may act on the reality that the batterers will not willingly go away, but re-emerge and look for someone to blame. Showing support can be a valuable tool for diffusing batterers blame.

b. The reality of batterers' threat may set-in once safety is assured. Many victims call the police in order to avoid an emerging violent episode. Others want police to interrupt in-progress violence. Having batterers arrested may *not* be an expectation of those calling for help. Batterers' arrest may cause victims behaviors to shift from defensive to pro-active. The need for future safety may rule current behaviors.

Adapted from *The Women's Rural Advocacy Center*, www.letswrap.com

Stages of Change: Survivors Living with Domestic Violence

DENIAL	<p>The survivor refuses to admit—even to herself—that she has been beaten or that there is a "problem" in her relationship. She may call each incident an "accident". She offers excuses for her partner's violence and each time firmly believes it will never happen again.</p>
GUILT	<p>She now acknowledges there is a problem, but considers herself responsible for it. She feels she "deserves" to be beaten because she has defects in her character and is not living up to her partner's expectations.</p>
ENLIGHTENMENT	<p>The woman no longer assumes responsibility for her partner's abusive treatment, recognizing that no one "deserves" to be beaten. She is still committed to her relationship, though, and stays with her partner, hoping they can work things out.</p>
RECOVERY*	<p>Accepting the fact that her partner will not, or can not, stop his violent behavior, the survivor decides she will no longer submit to it and starts a new life.</p>

Adapted from Lenore Walker's original version, *The Battered Woman's Syndrome*.

Possible Symptoms in Children Exposed to Domestic Violence

- Sleeplessness, fears of going to sleep, nightmares, dreams of danger
- Hypervigilance to danger or being hurt
- Fighting with others, hurting other children or animals
- Temper tantrums or defiant behavior
- Withdrawal from people or typical activities
- Listlessness, depression, low energy
- Feelings of loneliness or isolation
- Current or subsequent substance abuse
- Poor school performance
- Difficulties concentrating and paying attention
- Suicide attempts or engaging in dangerous behavior
- Feeling that his or her best is not good enough
- Taking on adult or parental responsibilities
- Excessive worrying
- Bed-wetting or regression to earlier developmental stages
- Dissociation
- Identifying with or mirroring behaviors of the abuser

Adapted from *The Batterer as Parent*, Oestler, 2002

Children's Behavior Responses by Age

Age	Response
Infants	Difficulty developing attachments with their caregivers, in extreme cases suffer from 'failure to thrive'.
Preschool Children	May regress developmentally or suffer from eating and sleep disturbances.
School Aged Children	Struggles with peer relationships, academic performance, and emotional stability.
Adolescents	Higher risk for either perpetrating or becoming victims of teen dating violence.
Adults	Adults repeatedly exposed to DV in their childhood show trauma related symptoms, depression, and low self esteem.

Adapted from *The Batterer as Parent*, Oestler, 2002

Danger Factors



Factors that Predict Continuing Violence:

- Violent crimes and previous violations of protection orders.
- Motor Vehicle violations involving alcohol intoxication/arrests due to substance abuse
- Severe violence with spouses or children
- Having attended a BIP that was not followed up on by cessation of violence.
- History of suicidality or of suicidal ideation.

Interviewing Questions for Survivors of Domestic Violence

Do not initiate an assessment with a series of rapid fire, personal questions, which can be intimidating and off-putting. The caseworker should talk with the victim about his/her situation, which helps engage the victim in the process. It is important to ask specific questions, however, to determine the level of domestic violence affecting the victim.

Help seeking and protective strategies.

- How do you survive the abuse?
- What have you tried to keep you and your children safe from your partner?
- What has made it difficult for you to keep you and your children safe?
- What have you shared with other people who know you about what is happening in your home? How did they respond? What happened?
- Have you ever left home because of the abuse? Where did you go and what happened?
- Have you ever sought help from law enforcement or from the courts? What was your partner's response?
- Have you ever used a domestic violence shelter or services? Was it helpful?
- What, if anything, have you tried in terms of getting safer or fighting back? What happened?
- How will your partner react if he finds out you talked with me?

Risks and impact on the children.

- How does your partner act when s/he is angry with you? With your children? What kinds of things does he say at those time?
- Did the two of you ever talk about CPS coming into your lives? What was the conversation?
- What are some fears, if any, you have about what your partner may do regarding the children, for example custody, taking, or harming the children? What do you think would lead him/her to do so?
- Does your partner physically discipline or touch the children in a manner that you don't agree with or that makes you uncomfortable?
- How might the children say they have been in the middle between you and your partner, for example, spying, taking sides, etc.?
- Has your partner ever forced your children to watch or participate in his abuse of you?
- What would you say the children have seen or heard between you and your partner?
- How do you think the violence at home affects your children?
- How do your children seem to be doing when they are home? At school? In the community?
- Have your children ever intervened in a physical or verbal assault to protect you or to stop the violence?
- What are some things that you hope your children have learned from you? From your partner? What are some things that you worry that your children have learned from you? From your partner? How can you tell?
- Has a school or daycare center ever contacted you regarding behavioral problems of your children?

Types and patterns of abusive tactics

a. Controlling, coercive, and threatening tactics

- Who decides who you visit and see?

- What, if any, limitations are there on where you go, for example school, work, out in the community?
- Does your partner tell you what to wear, what to do, where you can go, or who you can talk to?
- Who controls the household income?
- Have you had the sense that you are being “checked up on”, for example followed or tracked by the mileage on your car?
- Does your partner telephone you constantly while you are at work or home?
- How can you tell when your partner does not agree with something that you said or did?

b. Verbal, emotional, sexual, or physical abuse

- How would people you see in public, as a couple, describe the way you are talked to or treated by your partner?
- Does your partner blame you or tell you that you are at “fault” for the abuse or any problems you are having?
- Does your partner deny or minimize his abusive behaviors towards you?
- Has your partner ever destroyed your personal possessions? Broken or destroyed household items?
- Has your partner ever pushed, kicked, slapped, punched, or choked you?
- Has your partner ever threatened to kill or harm himself, you, the children, or a pet?
- Has your partner ever threatened you with a weapon or gun? Does your partner have access to a dangerous weapon or gun?
- Has your partner ever been arrested for a violent crime or behaved violently in public?
- Has your partner ever forced you to commit illegal activities, use illegal drugs, or abuse alcohol?
- Has your partner ever forced you to engage in unwanted sexual activity or practices (e.g., pornography, multiple sexual partners, prostitution)?

Risks and impact on the adult victim.

- How has your partner’s abusive behavior affected you?
- Do you suffer from anxiety or depression?
- Do you have difficulty sleeping, eating, concentrating, etc.?
- Do you suffer from headaches, stomachaches, breathing difficulties, or other health problems?
- Have you had to seek medical assistance for injuries or health problems resulting from your partner’s violence?
- Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse?
- Do you abuse alcohol or other substances?
- Have you ever been hospitalized for a mental illness? Do you have a mental health diagnosis? Are you taking psychotropic medication?
- Have you ever thought about or tried to hurt yourself or someone else?

Additional Interviewing Questions for Survivors, Batterers, and Children involved in DV can be found in the *National Resource Center Guide* within the resources for the series.

Adapted and Use of Excerpts from Child Protection in Families Experiencing Domestic Violence,
H. Lien Bragg, 2003, U.S. Department of Health and Human Services, Children’s Bureau, Office on Child Abuse and Neglect

The Ossa Family

Family/Household Members:

Jose Sr., 38 Father/Adult in the home/witness
Sophie, 37, Mother/Adult witness,
Jose Jr. 19: Adult son/Alleged Perpetrator
Carmen: 18: Adult in the home, victim of crime
Melitza, 14: Child in the home, alleged witness
Louis, 10 Child in the home, alleged witness.

Original Referral from Sheriff's Office:

A referral came in that the adult Ossa son, Jose, began fighting with his father, Jose Sr., the adult brother pulled a knife on the father and the child victim, Carmen, attempted to step in between the pair and was subsequently stabbed on her inner wrist by her brother. LE was called, Jose Jr fled the scene and is at large.

During the interview, the father admitted to smoking marijuana but not in front of the children. The father was holding a bottle of Budweiser while being interviewed. There is a history of DV between the father and his wife (the mother).

Prior Dependency Action.

2004 2 reports for Alcohol Misuse, threats, family violence. Verified.

2006 Abuse report for FTP, verified.
Family Violence, Verified
Substance Misuse, Verified

2007 Substance Abuse, Verified.

Jose Sr. is permanently disabled due to a leg injury he suffered during a drug deal in the 1990s. He has a history of drug and violence related arrests and completed DV classes while simultaneously participating in drug treatment for probation.

In interviewing the family: the sheriff's office questioned the initial report of the incident and made a referral. They had conflicting statements from the family members.

*Bilingual Worker needed: Mother/Sophie Ossa does not speak English fluently.

Family Assessment: *Further Information on the Ossa Family*

Jose Sr. stated that he told his son that he had to get a job and that Jose, Jr. attacked his father in response. Jose Sr. went on to state that Carmen tried to break up the fight and was injured in the incident when she tried to take Jose Jr's knife.

Jose Sr. broke down in tears and recounted to the DCM that he has already called the BIP where he graduated from the program two years prior while the children were in Foster Care and would like to be taken for an evaluation because he fears he will kill himself.

Carmen stated that Jose Sr. was originally headed towards Sophie in a menacing manner and that Jose, Jr. said that he had had enough and tried to split up the pair, as did she, which was when the knife wound occurred. She was very concerned about her brother being blamed for the knife, and said that her mother has always been too afraid to tell the truth of what happens in the family since the children were removed years ago.

Sophie speaks only Spanish. She was interviewed by a bilingual investigator. When interviewed privately, conceded that Jose really didn't stop abusing her from the moment the case was closed and that despite his protests, his drug use is for prescription drugs in addition to marijuana and alcohol: he, in fact, already took the painkillers that the doctors gave Carmen for her wrist for 'safe keeping'. She says she would like to move out but she cannot go to shelter with her two adult children and fears that once she leaves, he will either harm himself or the family members.

She says: "you people did not help me any of the other times you were out here, so I am just going to handle this myself and stay out of his way. By next year I should have enough money to get my own place."

Mental Health Issues:

Sophie: Takes medication for Bipolar disorder and cannot afford medication so takes half dose. Has not filled prescription for a while.

Louis: ADHD medication for hyperactivity.

Carmen and Melitza were not medicated but had school expulsions in their history. All four children were briefly in care, placed with both resource and kin families in 2006.

Interventions

Intervention	Goals and Focus	Effectiveness
Community Coordinated Response	Interagency agreements based on the premise that effective intervention means collaboration to a) hold the batterer accountable for achieving changes and b) support for survivors as they move to safety	
Couples Counseling	Improving communication and strengthening the relationship.	Contra-indicated due to the high potential for retribution and escalating danger.
For Batterers:		
Batterer Intervention Programs	Structured treatment designed to increase accountability and empathy, while using behavioral and structured goals to end violence and the drive to control and exert power over partners.	<p>Studies show that long term recidivism rates are extremely high. Better results when court mandated and completion is condition of court order.</p> <p>“Batterer intervention programs may be effective only in the context of a broader criminal justice and community response to domestic violence that includes arrest, restraining orders, intensive monitoring of batterers and changes to social norms that inadvertently tolerate partner violence. If monitoring is partly responsible for lower reoffense rates, as the Brooklyn experiment suggests, judicial monitoring may be a useful approach.” U.S. Dept of Justice, 03</p>
Anger Management and other Psycho-educational courses	Designed to help participants learn how to control their anger with different techniques and strategies.	No evidence to support efficacy of anger management with batterers. The problem with these approaches is that they don’t address or attempt to change the underlying belief system that drives the batterer’s “angry” behavior. These programs may inadvertently reinforce the

Intervention	Goals and Focus	Effectiveness
		batterer’s feeling that their anger is legitimate.
Programs for co-occurring issues with emphasis on the DV Dynamic	For example, a substance abuse group linked with a batterer program rather than separate, to diminish externalization of responsibility for the violence.	
Individual Counseling		
For Survivors		
Shelter for Survivors with their children	Provides safe haven, usually with multiple in house services, to support survivors who are ready and willing to leave. If the survivor has children, shelter is provided for the parent and children together with others in the same situation	
Group Counseling	Support and Psycho educational groups for Survivors, often based on a self-help model where the group has a mix of survivors in different states of independence from the batterer	
Individual Counseling	Counseling is likely to focus on low self-esteem issues, and issues that result from the battering, i.e. depression, dissociation, isolation.	
Services to increase Self-Efficacy	Programs that offer job, educational, and housing assistance for survivors re-entering the community after the isolation of battering.	
Co-occurring Groups	Groups, self help and provider-led, that address multiple issues faced by survivors, i.e. substance abuse and domestic violence, etc.	
Survivor oriented Parenting Programs	Programs that acknowledge the impact of DV on the survivor’s parental efficacy and performance and assist her in working through the process of re-establishing or establishing her role	

Intervention	Goals and Focus	Effectiveness
	with her children.	
TANF exceptions for DV Survivors	TANF has exceptions that support women who are trying to get free from a domestic violence situation.	
For Children		
Shelter	Shelters provide a place for children and their parent to get to safety. There are often other children in shelter or involved in attendant services at the shelter provider.	
Counseling	Focus on the distorted roles within the family where the child may have held adult responsibilities and may feel the burden of life/death responsibility for one or both parents. Attention to messages about self-worth, violence, and gender roles based on the family experience is an important focus as well.	Counseling is shown to be most effective after children are anchored in a safe place.
Supported, safe contact with Survivor if Placement is necessary	Allows child to see that parent is alive and to track progress of parent. Allows for maintenance of a primary relationship.	

Resources for Module 3: Domestic Violence

Permissions:

Men Stopping Violence. *Facts about domestic violence*. Decatur, GA.
www.menstoppingviolence.org

Film Trailer, Peter Cohn (2010). *Power and control: Domestic violence in America*. Film release date: Spring 2010.

Power And Control Wheel. Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802 phone 218-722-2781. www.duluth-model.org

The Power and Control Wheel was developed by battered women in Duluth who had been abused by their male partners and were attending women's education groups sponsored by the women's shelter. The Wheel used in our curriculum is for men who have used violence against their female partners. While we recognize that there are women who use violence against men, and that there are men and women in same-sex relationships who use violence, this Wheel is meant specifically to illustrate men's abusive behaviors towards women. The Equality Wheel was also developed for use with the same curriculum.

McGee, S. *20 Reasons Why She Stays*. Author may be contacted at susangsmcgee@aol.com

References:

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work?: A meta-analytic review of domestic violence treatment outcome research. *Clinical Psychology Review, 23*, 1023-1053.

Bancroft, L. and Silverman, J. (2002). *The batterer as parent*. Taos, NM: Sage Press.

McCue, M.L. (2007). *Domestic violence: A reference handbook (2nd Ed.)*. Santa Barbara, CA: ABC-CLIO Press.

Walker, L. E. (2009). *Battered woman syndrome*. New York: Springer Press.

Other Resources

Center for Advancement of Child Welfare Practice, Domestic Violence Resources. (2010). Available from
<http://centerforchildwelfare.fmhi.usf.edu/kb/DomViolence/Forms/AllItems.aspx>

Council of Juvenile and Family Court Judge's. (1999). *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice (The Greenbook)*. Available from www.thegreenbook.info/documents/ei_dv_summ.pdf

Cunningham, A., Baker, L., & The Center for Children and Families in the Justice System, National Clearinghouse on Family Violence, Public Health Agency of Canada. (2007). *Little eyes, little ears: How violence against a mother shapes children as they grow*. Available from www.lfcc.on.ca/little_eyes_little_ears.pdf

Family Violence Prevention Fund. (2009). *Connect: Supporting children exposed to domestic violence. In-service Training for Resource Families*. San Francisco, CA: Author. Available from www.endabuse.org.

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Mandel, D. (2009). *The safe and together model*. Available from

Mederos, F. & the Massachusetts Department of Social Services Domestic Violence Unit. (2004). *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*. San Francisco, CA: Family Violence Prevention Fund. Available from www.melissainstitute.org/documents/accountabilityconnection.pdf

National Online Resource Center on Violence Against Women. (2003). Available from www.vawnet.org

Salcido, L. & The Child Welfare Policy and Practice Group. (2003). *Family team conferences in domestic violence cases: Guidelines for practice*. Available from www.endabuse.org.

U. S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2003). *Child protection in families experiencing domestic violence*. Available from www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolenced.cfm

U.S. Department of Justice, Office of Justice Programs, National Institute on Justice (2003, September). *Do batterer intervention programs work? Two studies*. Available from www.ojp.usdoj.gov/nij/pubs-sum/200331.htm