

**Building
Comprehensive
Solutions to
Domestic
Violence**

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A Vision Paper

**New Challenges for the Battered
Women's Movement:**

**Building Collaborations and
Improving Public Policy for Poor
Women**

Susan Schechter

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by

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About The Author

Susan Schechter is a Clinical Professor at the University of Iowa School of Social Work. She is the author of several books and monographs about domestic violence, including *Women and Male Violence: the Visions and Struggles of the Battered Women's Movement*, *When Love Goes Wrong* (co-authored with Ann Jones), *Guidelines for Mental Health Practitioners in Domestic Violence Cases*, and *Domestic Violence: A National Curriculum for Children's Protective Services* (co-authored with Dr. Anne Ganley). Ms. Schechter is currently the project director of Building Comprehensive Solutions to Domestic Violence, a project of the National Resource Center on Domestic Violence.

Introduction

Before I begin my talk about collaboration and public policy, I want to explain why I am giving it. Over the last two years, I have been soul searching. I have tried to figure out why the vision and practice I helped to create for the battered women's movement falls short for me. "How did we get to where we are, with our current agenda for ending domestic violence?" I have wondered. "In our programs, are we meeting the needs of battered women and their children – especially those who are poor?" I have asked myself. "Do we have an advocacy agenda that even begins to respond to these needs?"

The world has changed over the last twenty years in large part due to our efforts. It is far more supportive to some battered women. However, my nagging questions are, "Have we kept up with those changes? And do we have the vision to create still more progressive change?" My answer is a partial "no." And this is why I have written this talk about collaboration and public policy.

In this paper, the criticism I offer of the movement is also one I make of myself. The search for new answers, new ways of being in the world on behalf of battered women, is mine, just as I hope that it will be yours. We need to start a dialogue together. Hopefully today.

Why Build Collaborations?

Before I discuss creating collaborations and effective public policy, I want to challenge old and, I think, outdated questions that are unfortunately still with us. They are:

- Should domestic violence organizations collaborate at all?
- Isn't it harmful to battered women for us to collaborate with uncaring systems?
and
- Aren't we the only ones who really know how to help battered women?

I want to answer these questions with a resounding “Yes, we must collaborate,” and an emphatic “No, we are not the only ones who really know how to help.” I hope that my talk will further illustrate these answers.

In the first part of this talk, I want to use my experience in the battered women’s movement and share how my ideas about collaborating have changed over time. I also want to look at what the statistics about domestic violence and about domestic violence and poverty tell us and use them to convince you that multiple kinds of collaborations and new directions are called for today. In other words, I am not looking for the one right answer about how to collaborate; rather, I am urging us to see the extraordinary importance for battered women and their children of collaborating and of our developing more effective public policy.

I want to begin with a brief historical perspective. In the mid 1970s, when many of us first began this work, we focused on three ways to create more safety for women: 1) securing shelter and support for battered women and their children, 2) improving laws and the police and court response, and 3) changing public consciousness about violence against women through education.

Because so few institutions heard us in those early days – or took the violence seriously – we in the battered women’s movement worked as outsiders. Our resources were almost non-existent. We started to house women on our pluck and courage. A shelter for battered women was a totally new and creative phenomenon that we designed, managed and maintained, and that required a tremendous amount of energy to sustain. Our early advocacy for battered women with the police and courts led us to be sharp critics of victim blaming and unjust responses and to design new and ingenious legislative and administrative innovations with our allies.

But in our role as outsiders, we always knew that our job was to change the world for all the battered women we would never see, for all the women who would never find an advocate or use a shelter. The mission statement of many domestic violence coalitions, like the Pennsylvania Coalition Against Domestic Violence (PCADV), acknowledges this reality:

“the mission of the PCADV is to eliminate personal and institutional violence against women through... systems advocacy, and social change activities.”

As important and life-saving as our work on shelter, support groups, and criminal justice reform has been, it has left us with big gaps in our vision and practice of social change, public policy development, and systems advocacy. These extraordinary reforms have often left out key sectors of the community that respond to domestic violence, collaborative partners we need in order to improve the lives of all battered women and their children: the health care and child welfare systems, the schools, religious communities, housing and job development agencies, and neighborhood based organizations.

A 1992 report that we prepared about the state of Massachusetts sharply brought this problem home to me. Extrapolating from national data, we estimated that approximately 43,000 married and cohabiting women in the state experienced severe violence in 1991. Another 149,000 endured some form of violence, for a total of 192,000 women in one state affected by abuse. In the same year, the member programs of the Massachusetts Coalition reported that their advocates accompanied 9,400 women to court and sheltered 1,900 women, and that 8,700 women participated in support groups. Assuming no overlap in women who used our services, we helped about 20,000 women out of a pool of 192,000. In other words, the great majority of battered women are not currently reached by battered women’s programs. Many of them are reached by other agencies, families and friends; still more may not be reached at all. For me, there is no stronger argument for the need to collaborate than this one.

My experience at Children’s Hospital in Boston in 1986 also opened my eyes to the missed opportunities for collaboration. There, in a Children’s Hospital, in a child protection setting, we inserted a domestic violence advocate. In 1993 alone, 346 women received advocacy or consultation services from our project, AWAKE. According to data from the first nine months of 1994, AWAKE provided advocacy for 166 women with 279 children. Only 3 of those 166 women reported that they had ever been a resident of a shelter, and only 6 reported that they had ever obtained a restraining order.

The battered women's advocates at Children's Hospital are not employees of community based or grassroots battered women's programs; they are staff of the hospital. They accompany women through every system they use, sometimes over a period of months or years. Many of the original staff at AWAKE have left the program to start domestic violence projects at other major Boston hospitals. All of these domestic violence programs are run by the hospitals themselves; they all have worked to establish good relationships with the local domestic violence provider community. As a result of these projects, thousands of battered women who would not be reached by community based domestic violence services have been helped.

Our experiences at Children's Hospital – and later at the Massachusetts Department of Social Services, where we linked domestic violence services to child protection efforts – are important to me because of what the statistics on domestic violence tell us. For example, Stark, Flitcraft, and Frazier (1979) found that one battered woman in five in their hospital study presented to emergency departments at least 11 times with trauma. In other words, women return repeatedly for help to a place where we are not usually found. Similarly, perhaps as many as one third to one half of all mothers in child protection caseloads are battered.

Most battered women and their children are still in settings where we are not: neighborhood clinics, hospitals, welfare and child protection offices, day care programs and Head Start, schools, and Family Resource Centers. We need to collaborate with these settings to support the work that they are already doing for abused women or to help them establish responses. At times these responses may be staffed by our advocates, and funding may come to our programs; at other times it may not. But if we are serious about helping the millions of women and their children who are abused, we have to consider multiple ways of reaching them. Collaborating is essential to get the work done.

To collaborate, I think that we have to face some truths. In my mind there is no longer a correct way of providing services – or one system of responses that works for all women. By supporting others to do this work, we are not abandoning battered women to agencies that don't care about them. For a long time I bought that argument about abandoning battered women to an uncaring world – in fact, I made it myself 15 years ago – but I don't believe it now. Obviously, there are still people in various systems who will mistreat abused women, but now we have a large number of professionals who truly care about doing this work right.

For years we have criticized institutions and said that their lack of a response creates violence against women. When they now step up and say, “We want to work on domestic violence,” our response must be, “How do we encourage and support them? And, how can we use this opportunity to help abused women?” As other agencies and individuals make domestic violence their work, we also must embrace their challenge to us: How will we change what we do in response to these new resources? Are we really helping battered women if we are unwilling to change our ways?

I offer one final example to suggest that we have many collaborative roles to play. Cedar Rapids, Iowa, includes an initiative funded by The Edna McConnell Clark Foundation, originally called Community Partnerships for the Protection of Children. The initiative is designed to bring many more players into the arena of protecting children: community-based agencies, community residents, neighborhood groups, and churches. The initiative expands who owns the problem of child protection and at the same time preserves a formal Child Protective Services agency. When this initiative began, no one thought about domestic violence and its relationship to child protection. The YWCA, the domestic violence agency in town, was not invited to sit on the steering committee of the Community Partnership even though many other community agencies were.

In this initiative, many services to families are delivered through Family Resource Centers. The oldest and most active Family Resource Center is in a brownstone building in one of Cedar Rapids' poorest communities. In this building, as part of decategorized funding, sit income maintenance workers, CPS workers, a visiting nurse, and a housing assistance person. As a result of our conversations with the Clark Foundation, we went to the steering committee and to the Family Resource Center and asked to bring domestic violence into the partnership for protecting children. We asked to join their work. We have now placed a domestic violence advocate in the Brownstone and asked her to take referrals from CPS workers, the nurse, the Income Maintenance workers. We are not waiting for the women to come to us downtown at the YWCA. We are trying to be in their neighborhood. Why? We hope that the rate at which the children of battered women are placed in foster care, or are removed from their mother's custody, will go down because we are there; we hope that we will reduce injury to women and children from domestic violence.

The Community Partnership is not a model that we initiated. It is not a community coordinating council on domestic violence; but I believe that it is an effective outreach service to women and an important collaboration on their behalf. In Cedar Rapids, we made a decision about where to put resources – in this building and not in the domestic violence agency. This project has forced the YWCA to reconsider many of its policies related to issues like home visiting and outreach. It has also put the agency in touch with a group of very poor women whom we might never have reached, and many women of color who have been distrustful of services offered outside their community.

Which brings me to my last answer to the question, "Why collaborate?" We have always argued that women are not only battered, that we are much more than the sum of our experiences with violence. That some women are abused and, at the same time, poor and homeless. That poverty may feel far more pressing and potent in women's lives than domestic violence. And that poverty and domestic violence each make the other problem more difficult to escape.

In 1993, nearly 40% of all female-headed families lived below the federal poverty level. In their study of 400 poor homeless and housed women, Ellen Bassuk, Angela Browne, and their colleagues (1996) found that two thirds of their sample had been severely physically assaulted by an intimate partner. They found the women's needs to be extreme: many had poor physical health, multiple abusive experiences as children and adults, and problems in finding adequate day care, housing, jobs and job training, and quality health care services. None of these are services that most of us provide.

We have always argued that to end the conditions that breed violence and trap women in abuse, we have to end economic and racial inequality. Women can't escape from abuse when they have nowhere to go, no help to get there, and no money. By ourselves, domestic violence programs will never solve these economic, housing, and health problems. They require solutions and coalitions far bigger than those we have yet designed.

To work on issues of housing, health, and poverty requires that we collaborate with many new partners, that they learn more about domestic violence, and that we learn more about domestic violence in poor women's lives from them.

A Vision for the Future

Many victim advocates worry that if we encourage additional systems and individuals to respond, our vision of women's safety and empowerment will disappear. We also fear that others will not adopt the analysis that has guided our social change efforts for the past 20 years. Domestic violence organizations have clearly articulated that violence against women is a social problem, embedded in the larger problems of inequality. As more organizations start to respond to battered women, we worry that the demand for institutional reform and resources for grassroots work will disappear.

We also are scared that we will lose our relatively small amounts of funding and that our hard-won expertise will be ignored. All of this could happen, and has happened in some places.

These concerns need to be balanced against the fact that significant numbers of battered women turn to agencies in their communities for help and receive little of what they need from these agencies and sometimes from us. On our own, we are not capable of helping women respond to poverty, for example. To maintain the vision that has historically guided domestic violence interventions and, at the same time, improve the entire community response system, requires that we put forth a broadened vision of what women need, and let others do their work.

This vision would include the following:

- Developing an agenda for safety, justice, and economic resources for women. Although we have always focused on safety and justice for battered women, we need to add to our agenda their right to economic resources to end violence and poverty in their lives.
- Supporting an advocacy agenda that respects the integrity and autonomy of each battered woman.
- Holding perpetrators responsible for the abuse and for stopping it, and, at the same time, finding ways to reach out to men and include them in our work in the community.
- Reaffirming our mission to make changes in systems to improve their response to domestic violence. We must also acknowledge the need to change our own way of providing services and advocacy to battered women, especially those who are poor and underserved.

This vision requires that those of us in domestic violence listen as others put forward their visions, and that we begin the hard work of negotiating and

collaborating, asking each other what would we have to do differently in our communities to end violence against women and children? What would the leaders of our churches, synagogues, and mosques be doing differently? What would the leaders of our block clubs, PTOs, and schools be doing differently? What would our business community and labor leaders be doing? And, finally, how will we work with others to define our new tasks?

There will always be plenty of work for us. I think that the role of domestic violence organizations – in collaboration with others – is to put forward a vision of and a strategy for safety, justice, and resources for basic human needs; to support others or help them get started; and to serve as a reminder about the very diverse ways women respond to violence and the very diverse needs they have. Ultimately, our job is to carry out a vision and a plan for making the world better for all the battered women we see and those whom we will never see. That is the responsibility of domestic violence organizations, and this latter task requires that we include the rest of the world.

So what do we have to change to allow more people in? First, we have to hear what are our collaborative partners are saying about us. Recently I completed a series of interviews with our collaborative partners for the National Resource Center on Domestic Violence, funded by the Ford Foundation. It is important to note what our partners had to say about us:

Our collaborative partners--those who consider themselves our allies--find some of us discouraging to work with. This is an unpleasant truth to hear, so I will let the partners speak anonymously in their own voices. Here are their words:

One respondent reported, “Domestic violence organizations are suspicious of outsiders. They always make us jump through hoops to prove we care about battered women.” Still another commented, “They constantly test people to see if they are trustworthy. They are cynical. They accuse other people of not caring, of never being willing to sustain a commitment to battered women, but that’s not true.” The most painful statement came from a long-time ally, “Being with them is like trying to get into the most exclusive women’s sorority.”

The final comment also pointed out one of our most serious blind spots:
“Domestic violence organizations refuse to acknowledge their limits and admit that they don’t have the skills to do everything. Instead they think they can do everything. They need to admit that they don’t know how to train every medical and nursing specialty or every judge. It’s okay not to know how to do everything. Professional allies are annoyed that domestic violence organizations won’t let them do more.”

And here is how our allies describe good collaborators in domestic violence organizations. Here is the criteria they put forward for creating high quality collaborative work:

1. Good domestic violence collaborators have the ability to see both sides of an issue. They develop empathy for the other field’s perspective.
2. Good collaborators understand the other field’s parameters and limits – what other people can and cannot do.
3. Good collaborators can see what the other system can do to help battered women, and they articulate the positive possibilities.
4. Good collaborators target their energy on what they can get done.
5. Good collaborators articulate their needs clearly.
6. Good collaborators are patient in their explanation of the issues surrounding domestic violence. They don’t scream and yell.
7. Good collaborators realize that their partner in collaboration sometimes needs to be protected, too.
8. Good collaborators are never too tired to talk and explain.
9. Good collaborators know how to listen, how to say their piece, how to see other points of view, and how to communicate.

10. Good collaborators are not afraid to articulate strong victim advocacy positions; they speak up and are strong in their beliefs. At the same time, they respect our position, too.

Conclusion

So what conclusions do I draw from my comments? How have I changed my view of our work? Here's the summary of my points.

We, as a movement, need to think and act differently for the following reasons:

- battered women need (and therefore we need) caring people in many places;
- there are many more battered women than we will ever see in our organizations;
- we want a world in which, wherever a battered woman goes, someone is prepared to help;
- we want a world in which people's basic human needs are met, and, as a result, they can live decently; and
- we want everyone to care about ending violence.

And as a result of these conclusions, here are the assumptions that I now make about our work:

1. Shelter is only one of many needed responses. Criminal justice work is also only one. Neither of them may be what many women want. So let's open ourselves to reaching out to many other systems and community partners to help the most women.
2. We have to convey an eagerness for others to be involved. Let's make plans to give the work away to other systems. Ask yourself, "How can I build alliances with other professionals inside the key agencies in my community? How can I get them to organize their colleagues to care about safety and resources for battered women?"

When you are trying to decide what systems most require your energy, ask yourselves, “What are the top three institutional change priorities – those that will most help battered women?” Work to build a team of professionals to respond to these priorities. Then get out of the way.

Hopefully, when you are done, you can move on to another system – for our goal is to change systems, not control them. If we remember that our goal is to help battered women – and not to preserve our turf for its sake – we will have a check on our tendencies to reject others’ initiatives.

3. At the state level, appreciate that there are now professional associations that want to help, that want their members to do something. Work with them. Develop a cadre of doctors, nurses, and social workers who want to educate and develop policy with their peers. Let them speak for us. We have to admit that we don’t know their work like they do – let them train their colleagues. We would never let them tell us what to do – with what right do we insist that they have to do it our way?
4. We should encourage state and local governmental and private agencies to hire staff to work on violence against women and try to spread the work. If we are the only ones to do the work, it will not get done.
5. We should support our state coalition staff to do collaborative work, to see the whole, to expand the range of people involved, rather than ask them to fight only for our interests. If we fight only for our programs’ interests, we are not advocates for all battered women.
6. We need to get better at policy work and set aside resources to do this. Many systems want our advice and our policy recommendations. We are being asked to move into uncharted policy waters. When we do this, it’s scary. When we are scared, we often respond to other systems with our most pat answers like, “What you are proposing is dangerous to battered women,”

and we think that we are off the hook. But when we are asked for help from other systems, we should require of ourselves a positive solution, instead of a nay saying one. This is the least that battered women have the right to demand of us. Battered women live with the consequences of our nay saying, our lack of effort.

Go to the table with ideas. That's when other professionals respect you. Do your homework. Learn about the system that you are being asked to help. Other systems are complicated. We expect them to learn about domestic violence, so we should learn their policies and procedures. You don't have to become an expert in medicine, for example, but you have to learn enough to know the limits and needs of other fields.

7. When you have to do difficult policy work, ask for the help of your peers and trusted professional allies. Form working groups in your coalitions or regions around the tough substantive policy issues, and think together. What do we want from health care agencies, CPS, mental health? Get together regularly to debate these questions and look for answers with your peers inside the movement and professional allies and supporters outside. Look for common ground, and be respectful when you disagree with others. Ask current and former battered women to join these conversations or to provide input. Ask people from underserved populations and from communities of color to join these conversations, if they are not currently involved. We are creating public policy on many issues for the first time. We are bound to make mistakes. But at least let's try our best to do this thoughtfully and well. We owe it to the women for whom we speak.
8. Because so much is coming at us, we need to choose targets of policy work. You can't effectively reform local health care, mental health, CPS, and the schools all at once. Work on one major issue for several years to build allies and collaborative partners in your area or region.

9. Organize others to do the work in the community. If there is a domestic violence discussion in a housing project, in a block club, or at a PTO, this is a good sign. It means more women and men will hear our messages.

10. We also must start to work on economic justice issues – whether it means conducting more economic and job planning workshops with the women who use our services, or joining a statewide anti-poverty effort. But we have to begin. Right now we offer women shelter, support, and protection orders to stop the violence, and they are telling us that this often doesn't meet their needs as human beings.

This isn't because we do our work poorly; it is because we are looking only at the violence and making that primary. But women don't necessarily experience their lives and needs that way. Domestic violence organizations have often offered women a menu that is service driven – i.e., these are the services that will help you because these are the services we have. We need now to think about the women's lives and needs more broadly and ask how we can assist them (Davies, Lyon, and Monti-Catania, 1998). We will never do this without collaborating with the poverty organizations, teachers, day care centers, and clergy in our communities.

11. We need to use our community-organizing skills to help people build responses in poor and underserved communities. We need to bring together groups of men and women and ask, "What can we do at the community level to respond, to educate, and to prevent violence?"

This is a huge agenda. It will not be done all at once. I am asking us to open our doors and our hearts to a different way of working. We no longer have to feel like outsiders with enemies at our gates. We have changed the world. That is our great gift and our victory. Now we have to catch up to the world that we have changed.

REFERENCES

- Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., & Bassuk, S. S. (1996). "The characteristics and needs of sheltered homeless and low-income housed mothers." *The Journal of the American Medical Association*, 276 (8), 640-646.
- Davies, L., Lyon, E., and Monti-Catania, D. (1998). *Safety Planning with Battered Women: Complex Lives and Difficult Choices*. Thousand Oaks, CA: Sage.
- Stark, E., Flitcraft, A., & Frazier, W. (1979). "Medicine and patriarchal violence: The social construction of a 'private event.'" *International Journal of Health Services*, 9 (3), 461-494.