PUBLIC HEALTH STRATEGIES

For Reducing Family and Intimate Violence in Milwaukee County

EXECUTIVE SUMMARY

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The Milwaukee Academy of Medicine is dedicated to the advancement of science and medicine, professional collegiality, public service and the preservation of our medical heritage.

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Executive Summary

Public Health Strategies for Reducing Family and Intimate Violence in Milwaukee County

I. Introduction

"…We must all work together for a society that treats domestic violence as a serious public health problem as well as a serious crime, and treats its victims with courage, compassion, and commitment. Together, we can – and must – make a difference."

John C. Nelson, M.D., Member, Board of Trustees
American Medical Association, May, 1996

Each year in the United States, according to the U.S. Department of Justice, more than 1,000 women – almost three per day – die as a result of domestic violence at the hands of a husband, boyfriend or other "intimate."[1] One in four American women report that they have been physically abused by a husband or boyfriend at some point in their lives.[2] Family and intimate violence is often intergenerational and can span a lifetime. Victims of child abuse (male and female) may continue the cycle of violence within dating relationships, adult partner relationships and relationships with an older mother or father. A history of violence in the family of origin is probably the most widely accepted risk marker for occurrence of partner violence.[3]

The purpose of this report, prepared by the Public Health and Education Committee of the Milwaukee Academy of Medicine, is:

1. To examine the current scope of the problem both nationally and in Milwaukee County, using the public health model, and
2. To conceptualize strategies based on this model for reducing family violence in Milwaukee County.

Data for this report has been gathered from national, state and county sources including professional articles, publications and Internet sites. Although this report contains many references from many sources, the intent was not to provide a comprehensive review of family and intimate violence but to provide a scientifically based paper outlining prevention strategies based on the scope and nature of the problem in Milwaukee County.

II. The Scope of Family and Intimate Violence

Definition of Family and Intimate Violence

A review of the scientific literature indicates that family violence is a complex area with many acceptable descriptions. Currently, no single definition of family and intimate violence or any of its subclassifications has achieved universal acceptance by investigators. For the purpose of this report, family and intimate violence will be defined as "threatened or actual use of physical force against a family member or intimate partner that results or has

the potential to result in injury, harm or death". This definition of family and intimate violence includes partner abuse (heterosexual and homosexual relationships), partner rape, child physical and sexual abuse, dating violence, and physical/emotional abuse of older family members. Violence is a public health issue and, consequently, injuries and harm, both fatal and nonfatal, psychological and physical, qualify its impact.

Prevalence of Family and Intimate Violence Across the Lifespan

The scope and prevalence of family and intimate partner violence is tremendous:

- Seventy percent of men who batter women also batter their children, making the presence of spouse abuse the single most identifiable risk factor for predicting child abuse.[4] Several studies also indicate that many battered women have also abused their children.[5,6]
- Studies that examined the possibility of violence in dating and courtship found that between 10% and 67% of dating relationships involve violence.[7] A survey of 3,000 teenagers nationwide indicated that one-third of the boys and one-fourth of the girls said that they expected husbands to hit their wives.[8]
- One-third of women who are physically abused by a husband or boyfriend grew up in a household where this happened to their mother; about one in five were abused themselves as a child or teenager.[9]
- The Commonwealth Fund's 1993 survey, *The Health of American Women,* asked a nationally representative sample of women about family violence. Responding to a tested and validated set of questions on family violence, 8%, or one out of 12 women who were married or living with a family partner at the time of the interview, said they had been physically abused by their partners during the last 12 months. These sample findings equate to roughly 4.4 million adult women (ages 18 to 64) in the United States who are victims of family violence each year.[10]
- Reports of elder abuse have tripled in the last ten years, affecting an estimated 1.5 million elderly Americans annually. Of the elderly persons who experience domestic abuse, 37% are neglected and 26% are physically abused. Of those who perpetrate domestic elder abuse, 30% are the adult children of the abused person.[11]

Wisconsin: Family violence continues to be a serious problem in Wisconsin. In 1996, law enforcement agencies throughout the state received 30,479 reports of family and intimate violence. Also in 1996, of the 201 homicides reported in Wisconsin, 39 adults and 24 children were killed in a family violence setting.[12] Other major findings of the report released by the State of Wisconsin Department of Justice in 1998 were:

- Most family abuse offenders in Wisconsin are white males between the ages of 18 and 39; most family violence victims are white females between the ages of 18 and 39.
- The most common form of family violence is physical assault without a weapon, such as pushing, shoving, hitting or kicking. In cases where weapons are cited, the most frequently used in family abuse assaults are firearms, knives and blunt objects.
- Most victims who are injured in family violence incidents do not seek medical attention. In 1996, nearly half of the victims were physically injured, but only 14% sought medical attention.

In Wisconsin, reported cases of elder abuse (excluding self-neglect cases) indicate that almost 80% of abusers are relatives of the victim.[13] Also, 66% of victims of reported elder abuse are female; 34% are male. Female victims are more likely to be victims of physical abuse and life threatening situation in these cases.[14]

Milwaukee: This report focuses on Milwaukee County residents and our community's incidence of and response to family violence and partner abuse. Milwaukee County is Wisconsin's most urban, most industrialized and most densely populated region. It has a population of 1.4 million, or 30% of the state's population, in less than 5% of the state's geographical area.[15] In 1996, of the 30,479 domestic violence incidents reported in Wisconsin, more than 40% (12,364) were reported in Milwaukee County.[16]

Other indicators of the incidence of family violence in Milwaukee:

- The Milwaukee Police and surrounding suburban police departments made more than 12,000 calls to the Domestic Violence Hotline to report investigations in 1998.
- The Task Force on Family Violence assisted more than 5,000 individuals in obtaining domestic violence restraining orders in 1998.
- In 1996, there were 4,367 "orders in" issued (family violence assailant ordered by the investigating police officer on a family violence complaint to see the Milwaukee District Attorney).
- An estimated 1,300 homeless battered women and children annually receive emergency shelter in the two family violence shelters in Milwaukee. (Another estimated 1,000 women and children received general emergency shelter and transitional housing services from more than ten homeless shelters and programs in Milwaukee.)

III. The Costs of Family and Intimate Violence

Estimates of the costs of crime vary considerably. Several studies have estimated the annual costs of family violence in the United State to be anywhere from $5 - $10 billion to $67 billion (including the costs of secondary medical treatment and the indirect costs of lost worker productivity, pain, suffering, and loss of quality of life).[17,18] Below are examples of the direct and indirect cost of family and intimate partner violence.

Table 1. Examples of Direct Costs of Family Violence

SERVICE	USAGE	COSTS
HEALTH CARE	More than 1.5 million women seek medical treatment for injuries related to abuse.[19]	An estimated average charge for medical services for victims of family violence is $1,633 per person per year, excluding psychological or follow-up costs.[20]
CHILD WELFARE CASE MANAGEMENT SERVICES	Of the 256,000 children in foster care (1995 est.), an estimated 50% are victims of child abuse.[21] In Milwaukee, more than 3,000 children are in foster care annually.	Milwaukee spends $5,000–$8,000 per child per year in case management services, excluding foster care costs and protective services.
HOMELESSNESS: Emergency Shelters	41% of homeless women in family shelters report that they have been battered.[22]	Sojourner Truth House and the Milwaukee Women's Center serve more than 1,300 homeless battered women and children annually, at an average cost of $70 per person per day for housing, meals and services.
CRIMINAL JUSTICE: Prison and detention costs of batterers	20, 170 male prisoners were incarcerated for harming an intimate in 1991.[23]	Average annual operating expenditures per inmate for all state and federal correctional facilities (nationwide) in 1990 were $15,513.[24]

As cited in D. Zuckerman and S. Friedman 1998.

Further cost consideration:

- 24-30% of abused working women reported losing their jobs because of family violence.[25,26]
- 75% of victims are harassed at work by their abuser.[27]
- The annual costs of domestic violence to U.S. companies is about $3.5 billion dollars in lost time, increased health care costs, high turnover and lower productivity, according to Milwaukee's Task Force on Family Violence.[28]

IV. Public Health Model for Reducing Family and Intimate Violence

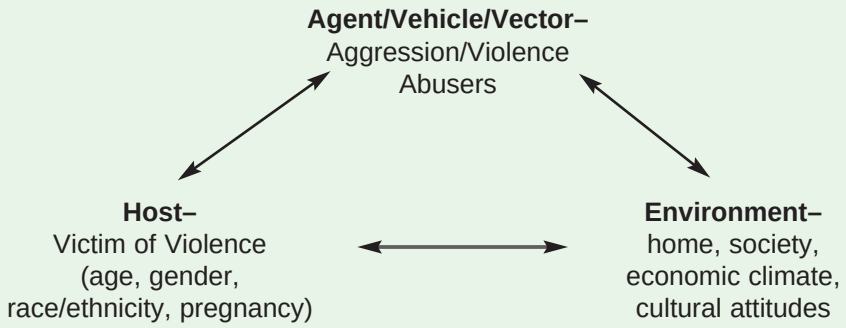
Domestic violence is both a crime and a public health problem. We must recognize and address domestic violence in the same way as other behaviors that have serious health and economic consequences for the individual and the community.

Joan Leiman, Executive Director
The Commonwealth Fund

The purpose of developing a family violence prevention public health model is to build a bridge from science to programs that support primary prevention and early intervention efforts to reduce and prevent the incidence of family violence. Family and intimate violence is a significant, underlying cause of poor health, injuries, mental illness and disability in women.[30] Given its negative consequences for health and well-being, family violence is as much a public health problem as smoking, drunk driving, firearm deaths, substance abuse and sexually transmitted diseases.

With prevention as the primary emphasis, public health professionals and advocates have outlined a public health model that connects three interrelated factors to identify strategies to reduce and/or prevent family violence. These are the host, the agent/vehicle and the environment. (See Figure 1.)

Figure 1: Public Health Model of Disease Prevention Application to Family Violence



The **agent** in family violence is the aggressiveness that results in the act of violence. The abusive person is the vector that carries out the aggressiveness. Acts of violence can be physical or emotional. The **vehicle** is the weapon utilized in family violence, which may include guns, knives, bare hands and other objects and/or words. The **host** is the victim of the violence, usually the person whose health is at risk. The element in which the host and agent meet is **the environment** and refers to the social and physical context. Environmental

factors include: the media, societal/cultural attitudes, the support systems working with families affected by family violence, the criminal justice system, the health care system, the workplace and the home.

Agent, host and environment each have characteristics that can reduce or increase the occurrence of injuries and death due to family violence. The risk factors described in Table 2 are potential elements in addressing and creating family violence prevention strategies. These elements will be explored in relation to developing strategies for reducing family violence in Milwaukee in the remainder of this report.

Table 2. Risk Factors – Host. Agent/Vehicle and Environmental Characteristics Associated With Family Violence Injuries and Death

Host/Victim	Agent/Perpetrator/Vehicle	Environment
■ Gender	■ Energy – violence to maintain power and control	■ Community/cultural attitudes/ religious beliefs
■ Victim history of abuse	■ Perpetrator history of abuse	■ Social learning of violence within families
■ Intensity/duration of exposure	■ Emotional dependency, Insecurity, low self-esteem, mental health/illness	■ Media
■ Marital status separation/divorce	■ Aggressive and hostile personality styles	■ Stressors: unemployment Economic status, care of dependents
■ Member of vulnerable group (children, elderly, cognitive/physical disabilities)	■ Alcohol and substance abuse	■ Few consequences to actions/ regulations and laws
■ Isolation	■ Availability of guns, knives and other weapons/verbal abuse, intimidation	■ Response of health care, criminal justice, workplace and social service systems

V. Perpetrator Characteristics

Abuse refers to a pattern of behaviors organized around the intentional use of power, including but not requiring physical violence, by one person for the purpose of controlling another.[31] *Family violence* results from abusive behavior by one person against a family member or intimate partner.

Key Issues to Address regarding Perpetrators/Vehicle

- The spectrum of abuse contains but is not restricted to physical violence; it is a syndrome whose manifestations constitute a continuum of outcomes that includes not only physical injury but also threats and intimidation resulting in emotional injury; neglect; physical assault resulting in bodily injury; sexual assault; social isolation; belittling verbal attacks; and the restriction of access to money, transportation and other resources.[32]

- While there is no typical batterer, some common behaviors do exist. Most batterers minimize the seriousness of the violence or blame it on the victim's provocations, alcohol, drugs or stress.[33]

- Treatment outcome literature indicates that 25% to 50% of men who attend abuser treatment repeat violence during follow-up periods of between six months and two years.[34]

- National surveys show that among nonclinical populations, women report initiating violence against their male partners at rates roughly equal or slightly higher than men's reports of violence initiation. However, women are not "just as violent" as men. Although surveys indicate that women report comparable rates of violence, the context, meaning and function of women's violence appears very different than that of men.[35] Women reported more severe injuries than did men.[36] In addition, emerging literature with clinical samples suggests that in the majority of cases women report using violence toward male partners either to defend or retaliate against an attack.[37]

- The use of alcohol is often associated with aggression, suggesting that it may be a risk factor for family violence, but the associations among alcoholism, drug use and family violence are poorly understood. Alcohol use has been reported in 25% to 85% of incidents of family and intimate violence.[38] Drinking by both the abuser and the victim is the most common pattern in family and intimate violence cases.

- The perpetrator of family violence can use guns, knives, bare hands, objects and/or words to control and abuse the victim of the violence. The presence of a gun can turn an abusive relationship into a homicide case. The available epidemiological research, while limited, supports the conclusion that firearms increase the lethality of battering. Research on gun violence indicates that firearm-associated family and intimate assaults are 12 times more likely to be fatal than those not associated with firearms.[39]

VI. Victim Characteristics

In the public health model to prevent/reduce family violence, the host is the victim of the violence. The host also includes those indirectly affected by violence in the family. Outlined below are high-risk characteristics for victims of family and intimate violence, including gender, age and vulnerable populations.

1. Gender and Family Violence: In recent years, a number of studies have investigated gender differences in the initiation of partner violence.

- Data from the 1975 and the 1985 National Family Violence Surveys indicate that women assault their partners at least as often as men do.[40] These findings differ from the fact that at least 90% of police reports of family and intimate violence involve male offenders.
- Although surveys indicate that women report comparable rates of violence, the context, meaning and function of women's violence appears very different than that of men.[41] Studies indicate that assaulted women were several times more likely than men to require medical care after severe assaults, and women were more likely to use violence toward male partners either to defend themselves or retaliate against an attack.[42]

2. Family Violence and Children/Adolescents

- The Children's Defense Fund noted that 3.1 million children were reported abused and neglected nationally in 1994 – about double the number reported ten years earlier. In addition to the estimated 2,000 children who die from abuse or neglect each year, tens of thousands more are seriously injured and many are left with lifelong disabilities.[43]
- The Milwaukee County Department of Human Services received 13,857 referrals related to abuse and neglect of children and youth in 1997. In addition to children who are victims of abuse, millions of children and teenagers witness one parent abusing another. In Wisconsin, children were reported as present in an average of 6,315 incidents each

year over the last three years (1994-1996).[44]

- The "Safe at Home" Violence Against Women Prevention Project in Milwaukee surveyed more than 3,000 teens in Milwaukee regarding attitudes toward violence in dating relationships among adolescents. Results indicated that there was a range of acceptance among teens regarding physical aggression in dating relationships (8% - 67%) depending on the situation.

3. Adult Intimate Partner Violence

- The Commonwealth Fund's 1993 survey, *The Health of American Women* asked a nationally representative sample of women about family violence. Responding to a tested and validated set of questions on family violence, 8%, or one out of 12 women who were married or living with a family partner at the time of the interview, said they had been physically abused by their partners during the last 12 months. These sample findings equate to roughly 4.4 million adult women (ages 18 to 64) in the United States who are victims of family violence each year.[45]
- Of the 201 homicides in Wisconsin in 1996, according to the Wisconsin Department of Justice Office of Crime Victims Services, 32 involved a family or intimate relationship between the victim and the offender.
- Typically, pregnancy is the only time that healthy women come into frequent contact with health care providers. Research on the incidence of family and intimate violence during pregnancy is inconclusive. Pregnancy has been found by some studies to place women at higher risk for family violence, particularly low-income women living in the inner city.[46] Some studies also found the abuse to be recurrent, with 60% of abused women reporting two or more episodes of assault.[47] However, other studies have found no difference in reports of domestic violence among pregnant and nonpregnant women.[48]
- Studies have indicated that family violence is a major risk factor for HIV in adult women. Clinical studies indicate that about 83% of women with HIV infection had partners who were abusive and refused to use condoms.[49]
- Older women have been largely invisible as a group suffering from family violence. Studies estimate that more than 1.5 million women 45 years and older are victims of abuse each year. Although elder abuse traditionally conjures up the picture of a woman not capable of making her own decisions and probably unable to take care of herself physically, research now shows that most older women who are abused in the home are relatively healthy women victimized by partners or by adult children.

4. Family Violence and Cultural Dimensions: The development and testing of culturally relevant approaches to violence prevention and intervention are significant priorities for communities.

- One of the most significant and consequential social problems facing African-Americans is the disproportionately high rate of interpersonal violence. Large national probability studies have consistently revealed a high rate of partner violence among African-Americans compared with Caucasians.[50]
- Kaufman Kantor and colleagues[51] conducted face-to-face bilingual (Spanish-English) interviews with a national probability sample, including an oversample of Latinos. Large ethnic group differences emerged, with Puerto Rican-American husbands (20.4%) being approximately two times more likely than Caucasian husbands (9.9%) and ten times more likely than Cuban-American husbands (2.5%) to assault their wives.
- To date, no nationally representative studies of Asian-American or Native-American partner violence have been conducted. Evidence from case histories, clinical samples and focus groups does indicate that family and intimate violence is a concern for these populations.

Several coalitions are creating a comprehensive, multisolution, violence prevention and intervention agenda including the development of wraparound services for victims and perpetrators of family violence that involves the extended family and promotes the strengths and protective factors displayed by each member of the family.

5. Family Violence and Income Level

Research on employment and income level suggests that income, particularly poverty, is an important risk marker for family and intimate violence.[52] Straus and associates[53] found that families living at or below a family income of $20,000 had a rate of violence 500% greater than families with incomes greater than $20,000. Families living in poverty may suffer from stress because of an inability to meet their needs with the resources available to them. In addition, unemployment or part-time employment may be stressful economically for families and may increase the likelihood of partner violence.

6. Family Violence and Same-Sex Couples

- To date, only a few studies have examined the experiences of lesbian and gay victims of intimate violence. Because these studies tend to use small samples and tend not to use random sampling techniques, we cannot draw conclusions from them. Taken together, the available literature indicates that partner violence among gays and lesbians appears to be as prevalent as it is among heterosexuals (25%-45%).[54]
- The National Coalition of Anti-Violence Programs documented 2,352 reports to its programs of lesbian, gay, bisexual and transgender intimate violence victimization during 1996. Of those incidents, 1,191 were reported by men and 1,161 by women.[55] Factors in nonreporting of intimate violence are the attitudes of the police and the courts towards gays and lesbians, and the unavailability of legal and supportive services for lesbian and gay victims of family violence.

7. Family Violence and Mental Health

Survey research with clinical samples has consistently identified numerous psychological problems among people who are victims of family and intimate violence. Among the problems are anxiety, depression, anger and rage, nightmares, dissociation, shame, lowered self-esteem, somatic problems, sexual problems, addictive behaviors, and other impaired functioning.[56] Battered women are 15.3 times more likely than nonabused women to seriously want to commit suicide.[57] Studies also estimate that about 50% of all female mental health clients are abused, 37% of whom are diagnosed as depressed and 10% of whom have suffered a psychotic break.[58] A positive correlation has also been shown between childhood sexual abuse and mental health problems in adult life. The effects of abuse on victims may manifest themselves at different phases of the life cycle, with some victims accessing mental health services later in life.[59]

8. People with Disabilities

- Sixty-two percent of a national sample of women with physical disabilities reported having experienced emotional, physical or sexual abuse. The same percentage of a comparison group of women without disabilities reported abuse, but the women with disabilities had experienced abuse for longer periods of time.[60]
- The most common perpetrators of abuse were husbands and parents for women both with and without disabilities. Women with disabilities, however, were significantly more likely to experience emotional and sexual abuse by attendants and health care workers.

Women with disabilities face serious barriers to accessing existing programs to help women remove violence from their lives. In both the disability rights movement and the battered women's movement, it is generally acknowledged that programs to assist abused women are often architecturally inaccessible, lack interpreter services for deaf women, and are unable to assist women who need assistance with daily self-care or medications.[61]

VII. Environmental Characteristics

The environment is the setting where the victim (host) and the perpetrator (agent) meet. The largest primary prevention strategy is to create an environment that is violence-free and where family violence is unacceptable. Environmental strategies concentrate on the influence of people's surroundings on their beliefs and behaviors. Elements explored below that can impact family violence include: community awareness, the health care environment, economic environment and the social environment/media.

Coordinated Community Response – Community Awareness

Several community initiatives around the country have designed strategies to address family violence involving the police, criminal justice systems, health departments and hospitals. Currently, the Milwaukee Commission on Domestic Violence and Sexual Assault is designing a long-range strategic plan to enhance the coordinated community response to family violence and sexual assault in Milwaukee. The Commission has representatives from the Milwaukee Health Department, hospitals, the police, the criminal and civil justice systems, social service agencies, schools and shelters working together to reduce gaps in services, increase community awareness and coordinate systems in Milwaukee working with victims and perpetrators of family violence and sexual assault.

Health Care Environment

Reviews of the literature indicate that physician response to a victim of family or intimate violence can be harmful or helpful. Health care providers can harm victims by violating confidentiality or ignoring their need for safety, or they can help victims by respecting confidentiality, believing and validating victims' experiences, helping them plan for future safety, and promoting their access to community services.[62] A national public health objective for the year 2000 is for at least 90% of hospital emergency departments to have protocols for routinely identifying, treating and referring victims of sexual assault and domestic abuse.[63] However, in a study of major metropolitan emergency departments that had a protocol for family and intimate violence, the emergency department physician failed to obtain a psychosocial history, ask about abuse or address the woman's safety in 92% of the family and intimate violence cases.[64] In Milwaukee and Wisconsin, coalitions of health care systems and family violence advocates are developing screening tools, clinical protocols, education materials and training curriculum for health care professionals.

The Economic Environment

Employers, public and private, have a major role to play in addressing family violence. Many women who are in an abusive relationships miss work because of injury, involvement with the criminal justice system and needs of their injured children. Many perpetrators are employed and displaying aggressive behaviors in the workplace. Three out of four victims are harassed or stalked at work by batterers who purposefully interfere with their employment.[65] In a Harvard University study, a large majority of employee assistance program (EAP) providers surveyed had dealt with specific partner abuse situations in the past year, including an employee with a restraining order (83%) or an employee being stalked at work by a current or former partner (71%).

The Social Environment - Media

Visual images and language are powerful tools. Television, movies, music videos and other media often portray males as ambitious, adventuresome, strong, knowledgeable and "macho"; women are portrayed as dependent, submissive, weak, tense and "worried." This type of role modeling affects the consciousness of our society and its views toward men and women. In addition, a growing body of scientific research has documented the relationship between the mass media and violent behavior. National polls show that 79% of Americans believe that media violence directly contributes to the problem of violence in our society.[67]

The influence of the media can also be very positive. More television newscasts, programs and specials are addressing family and intimate violence. Programming that encourages victims to seek help, as with alcohol/drug use, can help victims to feel safe enough to come forward for help and can emphasize the role the community plays in stopping family violence. The unprecedented media focus on America's epidemic of family violence is having a dramatic impact on public attitudes and behavior. The increased news coverage and heavy exposure of public education campaigns on family violence are causing many people to take action to prevent battering and to view it as a very important social issue.

VIII. Strategies to Reduce Family and Intimate Violence in Milwaukee County

The Milwaukee Academy of Medicine supports a comprehensive, community-wide approach, based on the nature and scope of the problem, to address family and intimate violence in Milwaukee. The following sections discuss risk factors and strategies to reduce family and intimate partner violence. Several environmental strategies with a primary prevention focus are also discussed.

Strategies are outlined for perpetrators, victims and the community that focus on:

1. Increasing community awareness and education to promote prevention;
2. Expanding training of professionals working with victims at all levels;
3. Enhancing community-based services and treatment;
4. Highlighting funding and research needs to promote positive outcomes; and
5. Promoting legislation to reduce family and intimate violence.

Perpetrator-Focused Strategies for Reducing Family Violence

Review of the research literature as well as discussions with service providers indicate that treatment interventions predominate over preventive strategies in all areas of family violence, reflecting a current emphasis on after-the-fact interventions. Reflected below are treatment recommendations for working with perpetrators as well as primary and secondary prevention strategies.

- **Promote community awareness and education.** Several community awareness campaigns around the country have utilized a standardized message that "domestic violence is a crime" as well as targeting intolerance of family violence.

- **Increase training for community professionals, health care systems and public/private businesses to respond to perpetrators.** Continuing education for the criminal justice system, health care systems, and public and private institutions and corporations is essential to improve the interactions with victims and perpetrators of family violence, linkage of service referrals, the quality of investigation and documentation for reported cases, and, ultimately, improved health and safety outcomes for victims and communities.[68] Health care professionals also need better training to identify patterns of injury that suggest violence.

- **Expand and enhance abuser treatment and consequences.** There are several strategies to hold abusers accountable for their actions and reduce recurring family violence in families. These include: mandated family and intimate violence treatment for perpetrators of abuse, expanded programming to match the history and severity of abuse, increased contact with partners of abusers, and integration of substance abuse and mental health services with abuser treatment programs.

- **Improve research and funding to effectively reduce family and intimate violence.** Strategies include utilizing court-mandated fines for perpetrators to fund abuser treatment programs, evaluating abuser treatment effectiveness to ensure quality programming, and enhancing data collection and tracking of batterers throughout the criminal justice system to ensure appropriate sentencing.

- **Promote legislative action that holds perpetrators accountable for their actions.** The Academy of Medicine endorses initiatives that: improve consistency of sanctions and compliance with treatment, increase collaboration on data collection and tracking so that perpetrator history of violence is included in sentencing guidelines, and evaluate the current measures that are in place to control handguns/weapons among family and intimate violence offenders.

Victim-Focused Strategies for Reducing Family and Intimate Violence

Several strategies have been identified to reduce family and intimate violence, including age-specific education and intervention efforts, strategies to work with special populations, professional training including enhancing the health care response to victims, research recommendations, and recommendations for legislative action.

- **Protect children and youth in our community.** Strategies recommended are to develop and distribute a curriculum to all high school health teachers and youth program workers on domestic violence, sexual assault and child abuse; and promote early prevention by working with pre-school and grade school children. Additional strategies are to:
    1. Institutionalize questions regarding children's possible exposure to parental and partner violence and utilize them with all children being assessed or treated for other problems of a mental health, physical health, academic or social nature (e.g. delinquency, sexual abuse, depression, academic difficulties).[69]
    2. Develop a pilot project for implementation of a supervised visitation center for children in Milwaukee who are affected by family violence and child abuse. Services that provide visitation centers and facilitate exchange of children and communication about child custody issues are needed.
    3. Integrate family and intimate violence investigation and intervention into child abuse and neglect investigations.

4. Develop adolescent-specific emergency shelters, support groups and counseling services through collaboration among family violence, child abuse and youth serving agencies.

- **Empower adult victims of family and intimate violence.** Increase access to low-income housing, job training, career development and educational opportunities, thereby assisting battered women in becoming independent of abusers and self-sufficient. In addition, Milwaukee can expand specific family violence programs for older abused women through collaboration with family and intimate violence programs, adult protective services, elder abuse workers and the aging network.

- **Increase services for people with disabilities who are affected by family violence.** Specific recommendations are to make shelters and all intimate and partner violence services accessible to victims who are physically and/or emotionally disabled. Education and training is needed for systems to understand barriers and increase access. Training is also needed for disability-related service providers, on recognizing the symptoms of abuse, the characteristics of potential batterers and the resources available for victims. Another recommendation is to develop an extensive network of community referrals and contact numbers, including volunteers or other community resources for obtaining personal assistance.

- **Enhance culturally competent services for victims and perpetrators in Milwaukee.** All systems in the coordinated community response to family violence need to develop and promote culturally competent and culturally specific family and community education and intervention services. Language-specific services are also becoming a necessity for populations in Milwaukee who do not speak English. Factors that contribute to minority partner violence, including poverty and lack of educational opportunities, must be addressed.

- **Standardize and coordinate training of all professionals who work with victims of family and intimate partner violence.** Family violence is secretive, and many abusers build a wall of isolation around their victims, cutting off contact with family, friends and neighbors. Systems (health care, religious institutions, schools, behavioral health care) that receive training on working with victims of family and intimate partner violence need to develop protocols, policies and procedures for assisting victims of family violence.

- **Develop and implement a systematic approach for health care professionals to identify and intervene with victims and perpetrators of family violence entering the health care system.** Health care providers are often the first, and sometimes the only, professionals who see a battered woman's injuries. According to the American Medical Association's Council on Ethical and Judicial Affairs, primary responsibilities for physicians include identifying and acknowledging the abuse; providing sensitive support; clearly documenting the abuse; providing information about options and resources; and, with the patient's consent, making necessary referrals. Specific recommendations:
  1. Develop and test clinical protocols and universal tools for identification and intervention with victims and perpetrators of family violence.
  2. Encourage all physicians and health care staff to learn to talk about family and intimate violence, offer support to the victim, conduct safety planning and discuss the resources available in our community. [70]
  3. Clarify public policy, legislation and reporting requirements for family and intimate violence in relation to mandatory reporting. Develop action steps that increase compliance among health care providers on mandated reporting for child abuse and addressing adult partner violence (and patient's rights in reporting of adult abuse).
  4. Develop specific, standardized documentation procedures, data collection and sur-

veillance system to aid law enforcement intervention efforts, and to document injuries due to family and intimate violence.

5. Continue to increase the level of education on family violence for medical students, health profession students, psychology students and other health care professionals.

- **Advocate for funding and research that enhances Milwaukee's coordinated effort to assist and protect victims of family and intimate violence.** Specific funding recommendations include: increasing funds for direct services for victims of family violence, working with Milwaukee area foundations to fund research and outcome evaluation to improve services, increasing basic research and longitudinal evaluation to determine successful interventions for victims of partner violence; increasing research and program development that addresses violence across the lifespan; and improving data and research on ethnic group differences as well as generational status, gender, age and socioeconomic differences in partner violence.[71]

- **Initiate legislative measures that protect victims of family and intimate violence and improve the victim's ability to be free of the abuser.** Everyone needs to be involved in advocating for improved legislation that protects victims (adults and children) and holds abusers accountable for their actions. In addition, national models that combine civil, criminal and family court action for families affected by family violence need to be investigated. In Washington DC, litigation is held in one place so that one judge hears the whole constellation of issues with one family's case. This connects outcomes for each family member.

Environmental/Community Strategies for Reducing Family and Intimate Violence

- **Design and implement a media campaign that promotes public support for making the prevention of family violence everyone's responsibility.** Strategies need to increase the visible partnerships among community organizations, the religious community, the schools, the corporate sector, civic clubs and the criminal justice system to promote public support. The media has the opportunity to develop positive messages and increase community awareness of family violence resources.

- **Initiate a "second stage" community education program that focuses on teaching community members the skills for intervention and prevention of family violence.** Family violence advocates can link with neighborhood watch groups and community-based support systems to initiate education strategies for helping individuals/neighbors to intervene in violent incidents between family members and partners. People need to learn the skills to intervene in a violent situation. In Milwaukee, comparison of pre-test and post-test results from domestic violence educators indicate that community education presentations that provide general information on family violence, and address appropriate means for intervention, increase the likelihood of people taking appropriate action.[72]

- **Promote workplace policies that address the perpetrator in the workplace, employee absenteeism due to family violence and workplace safety.** Because the vast majority of Americans spend a significant portion of their time at work, the workplace is one of the most effective arenas in which to combat family violence. Businesses can use family violence education and programming to respond to the employment issues that family violence creates and to the costs that family and intimate violence imposes in the form of absenteeism, low productivity and high turnover.[73]

- **Work with the religious community on incorporating family violence prevention education into ongoing religious programming.** Training of clergy and distribution of a clergy informational packet on family and intimate violence can include premarital counseling, information for adult religious education and liturgy for worship, increasing each community member's access to family violence awareness and information.

- **Implement a coordinated community response to family violence through the Milwaukee Commission on Domestic Violence and Sexual Assault.** Strategies are to plan and develop collaborative projects to increase funding and enhance the coordinated community response system, as well as data collection and evaluation.

In addition, the Academy of Medicine recommends that Milwaukee health care systems develop, maintain and evaluate a coordinated medical response system that involves health care providers, behavioral health (substance abuse and mental health) providers, the police, managed care organizations. Specific recommended activities are to:

1. Share standardized protocols, procedures and screening tools across medical systems and settings to improve response to victims of violence.
2. Designate health care workers who can provide cross-training and resources to other health care workers and settings.
3. Provide health care for uninsured battered women who may be prematurely released from hospitals into emergency shelter settings.
4. Improve the documentation and research on related mental health and substance abuse problems of victims and perpetrators and their relationship to family violence.

- **Develop and implement a coordinated management information system across systems working with victims and perpetrators of family and intimate violence.** Data need to be collected that can determine successful interventions. Information on victims and perpetrators needs to be communicated across systems including health care, the police, the DA's office, corrections, social service agencies, and anyone else providing services for victims and perpetrators. Lack of data imposes barriers on protecting victims and holding abusers accountable for their actions. Longitudinal studies are also impossible without tracking data to show whether interventions can make a difference.

Toward Building a Comprehensive Approach to Reduce Family and Intimate Violence in Milwaukee

Based on the data presented in the full report, *Public Health Strategies to Reduce Family and Intimate Violence in Milwaukee County,* the Milwaukee Academy of Medicine supports the following recommendations for building a comprehensive approach to reduce family and intimate violence in Milwaukee:

Recommended Perpetrator/Vehicle-Focused Prevention Strategies

- Prevention planning should target the broad community to increase community awareness, attitudes, and intolerance of family and intimate violence.
- The Academy of Medicine supports legislative initiatives and collaborations within the criminal justice system that will improve compliance with standards that impose consequences and sanctions for perpetrators of family violence in a consistent and systematic manner, including uniform prosecution and penalty.
- Abuser treatment programs need to integrate behavioral health components (substance abuse and mental health services) to increase effectiveness of programming and success at behavior change and elimination of abuse.

Recommended Victim-Focused Prevention Strategies

- Protect children and youth in our community by increasing family and intimate partner violence prevention programming within schools and youth serving agencies. Curriculum can be developed that is standardized through K-12 in Milwaukee Public Schools.
- The Academy of Medicine supports the development of a supervised visitation center for children in Milwaukee who are affected by family violence and child abuse.
- Utilizing pilot models around the country, integrate partner violence investigation into the Milwaukee child welfare system investigation of child abuse and neglect.
- Increase system coordination and services for victims of family and intimate violence from vulnerable and high-risk populations. This can include: specific services for teens and older abuse victims, cultural- and language specific services, and education and training to work with victims who are physically/emotionally impaired.
- Standardize specific protocols and procedures for professionals to identify and intervene with victims and perpetrators of family and intimate violence. These can be used in the health care, substance abuse and mental health systems in Milwaukee.
- Expand research efforts in Milwaukee to evaluate long-term effectiveness of criminal justice and service program outcomes for victims and perpetrators.

Recommended Environment-Focused Prevention Strategies

- The Academy of Medicine supports Milwaukee's Safe At Home campaign with the message that "domestic violence is a crime that affects the entire family" and endorses further funding of this media campaign.
- Public and private employers have the opportunity to address family and intimate violence through the workplace. The Academy supports local initiatives, such as the City of Milwaukee's domestic violence policies, that assist battered women in the workplace, address stalking by abusers, and respond to family and workplace violence.

- The Academy recommends that Milwaukee County develop and maintain a coordinated community response system that involves all systems, including health care, that work with victims and perpetrators of family and intimate violence.
- The Academy supports the provision of health care for uninsured victims of family and intimate violence who may be prematurely released from hospitals into emergency shelter settings and recommends that programming is initiated to ensure that victims are medically safe.
- The Academy recommends supporting efforts to standardize the collection of epidemiological data on the incidence, prevalence and severity of intimate and partner violence in Milwaukee County. For comparison purposes, data collection should be consistent with national and State of Wisconsin procedures.

Barrier/Gaps in Knowledge

A number of barriers were encountered in accessing information regarding the specific population affected by family violence and recommending specific strategies that would be effective. These include: lack of research and documented strategies to reduce family and intimate violence, lack of comprehensive data on injury and death due to family violence especially firearm-related deaths, lack of research on specific populations that may be more vulnerable to family violence, and lack of information on adult female perpetrators and adult male victims.

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