



Glenwood Research

Head Start Domestic Violence Initiative

A Project to Develop a Domestic Violence Training Curriculum for Head Start Family Service and Other Workers

Phase I – Project Feasibility

Final Report

For

DHHS - ACYF – Head Start Bureau

By

Glenwood Research

March 27, 2003

Federal Contract Number

02Y00226201D

Domestic Violence among Head Start families is more common than the numbers indicate due to families hiding the violence. Evidence of the abuse is prevalent both in and out of the Head Start classrooms. Our families deserve to have knowledgeable and compassionate staff to offer them complete and accurate information. Training would be of great help in accomplishing this goal.

(Head Start program worker)

Abstract

Based on the work completed in Phase I, we are confident the proposed cross-disciplinary curriculum will increase the capacity of Head Start Family Workers to understand and respond to the complexities involved in acts of domestic violence. Our research confirmed the inter-disciplinary nature of domestic violence, and the need for a comprehensive, coordinated community systems approach to prevention. We further confirmed that less than half of existing local Head Start grantees report being engaged in domestic violence training, and among those who are, training delivery and methodology varies widely. This project proposes Head Start adopt a comprehensive, but locally adaptive approach to domestic violence programming to facilitate the integration of its family service personnel into local domestic violence prevention and intervention networks. As a result of their training, Head Start personnel will be prepared with new knowledge on how to improve family safety, reduce their potential for injury, and decrease their risk of victimization. Our proposed cross-disciplinary approach will result in the development of critical connections between Head Start and other local service providers, leading to a more comprehensive, coordinated community response to domestic violence prevention in ways that reinforce and strengthen Head Start Performance Standards.

Executive Summary

Introduction

Domestic violence, often referred to as intimate partner violence, is pervasive in U.S. society. Roughly one in every four women is currently experiencing, or has experienced rape and/or physical assault by a current or former spouse, cohabitating partner, or date. Domestic violence does not discriminate – it crosses all ethnic, racial, socio-economic, age, religious, and sexual orientation lines. In addition to affecting adults, research confirms that millions of children are affected each year by both direct and indirect exposure to domestic violence.

Cross-disciplinary Nature

Domestic violence is no longer viewed as an isolated, individual act, but closely integrated to a host of other risk behaviors, including substance abuse and mental health issues. The Center for Substance Abuse Treatment (CSAT) reports that there is a statistical association between domestic violence and substance abuse. Co-occurring disorders of substance abuse and mental health issues have also been found to be inter-related. It has also been suggested that the risk factors for these disorders may be identical, and include: low socioeconomic status, family conflict, and exposure to violence.

Another co-occurring disorder accompanying domestic violence is child maltreatment. A growing body of research suggests that spouse abuse and child abuse are clearly linked within families, and that each is a strong predictor of the other. It is estimated that children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate fifteen times the national average.

As a result of its complex and inter-related nature, programs and individuals that work with domestic violence-affected families are likely to encounter related problems of substance abuse, child abuse and neglect, and/or mental health problems. Therefore, programs that work with violence affected families require an understanding of the unique needs of domestic violence victims, information on domestic violence and its related social problems, knowledge of domestic violence best practices, and a strong relationship with local helping resources.

Head Start Susceptibility

There is a growing body of evidence demonstrating a higher prevalence of domestic violence among the welfare population. Studies on domestic violence have found that among the general population, roughly 22% of women report being victims of acts of domestic violence, but this figure doubles when applied to women on welfare.

Various opinions have been offered as to why this relationship between poverty and domestic violence exists. Some researchers suggest it is due to the presence of increased numbers of family stressors in low-income families. Others suggest that low-income families have fewer options than higher income families for seeking assistance, or have less knowledge of available helping resources. Others suggest that the welfare system becomes an economic option for women responding to abuse, leading to a disproportionately higher percentage of abused women in the system.

Cross Systems Evaluation Results

Although barriers to collaborative approaches to domestic violence prevention have been identified, primary research, completed in Phase I with Head Start personnel and other professions addressing family trauma issues, indicates that these can be overcome. Our research indicates that a cross-disciplinary approach to the development of comprehensive community response to domestic violence is being accomplished in a limited number of locations across the country, is demonstrating measurable positive impact, and is being enthusiastically accepted by Head Start personnel.

A review of two evaluations of a cross-systems approach to domestic violence training found that post training, participants:

- Improved their ability to recognize the signs of trauma and stress in children
- Gained a greater understanding of the inter-connected nature of domestic violence
- Measurably increased their knowledge about the other represented disciplines
- Modified their attitude toward the other disciplines, and subsequently modified how they make referrals
- Children and families experienced more coordinated services and continuity of care
- New resources and strategies were created to achieve child and family goals
- Increased subsequent numbers of collaborative training sessions

Findings / Conclusions

Our Phase I activities have led us to conclude the following:

- Family trauma, including domestic violence, is often found to be interrelated to a host of complex behaviors and conditions
- A coordinated, cross-disciplinary community approach to domestic violence is currently included in descriptions of best practice approaches to prevention and intervention
- A domestic violence curriculum that reinforces Head Start's Core Competencies and Performance Standards is feasible
- A curriculum delivery methodology that recognizes and engages existing Head Start national training and communication systems and structures also appears feasible
- Local Head Start programs recognize that domestic violence is perpetrated within families in their programs, and local staff are requesting assistance in identifying and accessing local resources to improve their response capabilities
- A set of curriculum development and implementation guidelines has been prepared, and will form the framework for our Phase II activities, if approved.

Overall, our Phase I work found that interest in the development of a more standard domestic violence curriculum was high among Head Start local program personnel, and that a proposed cross-disciplinary approach to the training generated considerable enthusiasm.

Table of Contents

	<u>page</u>
I. Introduction	6
II. Phase I – Purpose – Project Feasibility	7
III. Literature Review	8
1. Domestic Violence Rates and Characteristics	9
2. Cross-disciplinary Nature of Domestic Violence	10
a. The interconnected nature of substance abuse, mental health, and domestic violence	
3. Domestic Violence and Child Abuse and Neglect	11
4. Observed Relationship Between Poverty and Domestic Violence	12
5. Potential Barriers to a Cross-Disciplinary Approach to Domestic Violence Training	13
6. The Strengths of Cross-Disciplinary (Collaborative) Training Methods	15
7. Implications For Head Start	16
IV. National Domestic Violence Curricula – A Review	17
1. Reviewed Curricula – Potential Contributions	18
2. Curricula Review Summary	19
V. Evaluations of Two Cross-Disciplinary Projects on Domestic Violence Training	20
1. Maine	
2. Connecticut	
VI. Primary Research - Findings and Observations	
1. Methodology	21
2. Information Gained From Head Start Personnel	22
3. Issues of Highest Concern among Head Start Program Personnel	22
4. Information From Head Start QIC's	
a. Barrier Issues	23
b. Cultural Issues	24
c. Training	24
d. Trainers	25
e. Other QIC Comments	26
5. Additional Research of Interest	
a. Oregon Healthy Start - Family Support Workers - Lessons Learned	26
VII. Conclusions / Recommendations	27
VIII. Next Steps	30
IX. Study Limitations	31
X. Citations	32

I. Introduction

Domestic violence, also known as intimate partner violence comes in many shapes and forms. Physical assault, sexual assault, battering and emotional abuse are categories identified to describe domestic violence. Battering, however, is usually distinguished from physical assault due to its chronic and continuous nature. Battering is defined as *a process whereby one member of an intimate relationship experiences psychological vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual, psychological and or moral force* (Smith, Dannis & Helmick, 1998).

Domestic violence crosses all ethnic, racial, socio-economic, age, religious, and sexual orientation lines. Each family and each victim has specific characteristics that make the physical, sexual and emotional abuse inherent in domestic violence even more complex. National statistics of the incidence rates of domestic violence indicate programs working with families will most likely encounter domestic violence. Where they encounter domestic violence, research tells us these programs are also likely to encounter related social problems of substance abuse, child abuse and neglect, and/or mental health problems often found to co-exist with the violence. Therefore, programs that work with violence affected families require an understanding of the unique needs of domestic violence victims, more information on domestic violence and its related social problems, knowledge of domestic violence best practices, and strong relationships with local 'helping' resources.

Since domestic violence often presents from within a complex set of interconnected factors, many researchers and victim's advocates suggest that effective domestic violence intervention requires a more comprehensive approach (Schechter, 2000). The prevailing thinking on domestic violence now recognizes that all systems must take responsibility for the safety and support of victims, and for holding batterers accountable for their behavior. Improved recognition of the complexities involved in domestic violence has already demonstrated more effective criminal justice system responses to the problem, and health care, child welfare, and mental health systems are now following suit.

Coordination of response to domestic violence at the local community level is demonstrating positive progress. One method that has demonstrated promise and success in building this type of coordinated response to domestic violence is the development of relationships among local practitioners from the various disciplines involved.

Building these local professional relationships through the use of a 'cross-disciplinary' approach to domestic violence education and intervention has demonstrated measured success among child care and child protection organizations. Cross-disciplinary training appears to hold considerable promise in engaging Head Start Family workers in the domestic violence prevention network by building connections between them and other local service providers who are aware of the issues, obstacles, and resources within their local communities.

II. Phase I – Study Purpose - Feasibility

We began our Phase I work with the following hypothesis - since domestic violence is a complex issue, often inter-related with the problems of substance abuse, child abuse and neglect, and mental health issues, attempts to effectively identify victims and intervene appropriately requires an equally comprehensive strategy.

Our Phase I goal was to explore the use of a cross-disciplinary curriculum methodology to result in a Head Start domestic violence curriculum that will increase the capacity of Head Start Family workers to understand and respond to the complex problem of domestic violence on both an individual and systems level. We believe that Family Service Workers educated in the complexities of domestic violence will result in improved safety and decreased injury among Head Start families.

Recognizing the likelihood that one will find intersecting behaviors of child abuse and neglect, substance abuse, and perhaps mental health issues in a family experiencing domestic violence trauma, we wanted to determine the feasibility of Head Start programs utilizing an approach to training that would engage multiple disciplines and systems. We believe that if Head Start participates in a process of engaging professionals from multiple disciplines, the result will be improved communication, cooperation, and collaboration, to result in improved service to families. Such improvements will then form the basis for developing future community-based, inter-disciplinary coordinated responses to community issues and needs.

We established the following questions to guide our Phase I activities.

- Can we confirm and demonstrate the interrelatedness of family trauma issues?
- What are the current best practices associated with family trauma services?
- Can we develop a training curriculum that will contribute to Head Start's Core Competencies and Performance Standards?
- Can we develop a curriculum delivery methodology that utilizes existing Head Start national training and communication systems and structures?
- Can we assist local Head Start programs in identifying and accessing local resources?
- Can we demonstrate that our proposed methodologies will overcome barriers to delivering a cross disciplinary curriculum?

Our Phase I work consisted of five primary activities, including:

1. Establishing an Advisory Committee to assist in planning, development and evaluation activities
2. Identifying the characteristics of domestic violence training needs within Head Start programming
3. Examining Cross Disciplinary Training models to determine their relevancy to the Head Start philosophy and methodologies
4. Identifying a number of diverse communities as potential pilot sites for Phase II of the project
5. Using Phase I findings and observations, develop a Phase II project proposal

III. Literature Review

Our Phase I literature review focused on domestic violence, and its cross disciplinary nature - its relationship to substance abuse, mental health, and child abuse, and its impact on child development; cross-disciplinary teaching methodologies – their benefits to adult learners; cross-discipline teaching applicability to Head Start training delivery; potential barriers to successful implementation of cross-disciplinary training in Head Start program settings; and, proven methods of overcoming anticipated barriers.

Our Phase I work also identified and reviewed existing curricula, focused on domestic violence training. We examined a number of curricula, and curricula related materials for their relevancy to the philosophy and training needs of Head Start staff. Reviewed materials included:

- *Caring for the Abuse Affected Child and Family*, a multi-disciplinary curriculum of the Cross Disciplinary Training Project (CDTP) in use in Maine for the last decade.
- *The Child Abuse-Substance Abuse Connection: A Compendium of Training Curricula and Resources* (Pre-release draft), U.S. Department of Health and Human Services Administration, Administration for Children and Families.
- *Domestic Violence: A National Curriculum for Children's Protective Services*, Family Violence Prevention Fund, Anne Ganley and Susan Schecter.
- *Empowerment Skills for Family Workers: The Comprehensive Curriculum of the New York State Family Development Credential*, Cornell University.
- *Full Circle: Coming Back to Where We Began*. Mending the Sacred Hoop/Minnesota Program Development, Inc., R. Blazer, G. James, L. LaPrairie, & T. Olson.
- *Comprehensive Guide to Help Citizens Recognize Domestic violence, Batterers and Victims*. Oklahoma Department of Human Services, Family Support Services.
- *Integration of Health Care, Child Protection, and Domestic Violence Advocacy Services*. The AWAKE Project, Boston, MA
- *Training Child Welfare Workers on Domestic Violence*. Columbia University School of Social Work, and University of Alaska, Anchorage

1. Domestic Violence – Rates and Characteristics

Intimate partner violence is pervasive in our society. In November of 1988, the U.S. Department of Justice issued a report entitled: Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey Series: Research in Brief. This report was based on national survey results of 8,000 men and 8,000 women. Among its findings were:

- Roughly one in every four women is currently experiencing, or has experienced rape and/or physical assault by a current or former spouse, cohabitating partner, or date.
- Approximately 1.5 million women are raped and/or physically assaulted by an intimate partner annually in the US.
- Violence against women is primarily partner violence. Seventy-six percent of the women who were raped and/or physically assaulted since age 18 were assaulted by a current or former husband, cohabiting partner, or date.

Although domestic violence crosses all ethnic groups and income levels, and creates victims of any age and sexual orientation, the Journal of the American Medical Association (2002) reports that women are 12 times more likely to be abused by an intimate partner than are men, and appear to be at similar risk for domestic violence regardless of where they live – rural or urban settings (Krishnan, 2001).

Despite the fact that domestic violence occurs in families of any income level, research suggests that families of lower socio-economic standing are disproportionately represented among the domestic violence statistics. It has also been observed that this population group has fewer resources, faces increased barriers to help, and often demonstrates less skill at seeking prevention assistance (Fox, G.L., 2002).

Studies also show that the negative impacts of domestic violence spread beyond the actual victim. Domestic violence not only hurts the women who are abused, but also affects their overall health, their ability to earn a living, and their children. While the majority of researchers have placed the estimate at between 3 and 5 million children per year (Carlson, 1984; Ludy-Dobson, et. al., 1999), other researchers suggest the number is closer to 10 million children each year (Straus, 1992) in the U.S. who witness violence between parents. Despite the variation in estimates, it appears that the research confirms that many millions of children are affected each year by both direct and indirect exposure to domestic violence. Since witnessing domestic violence is considered to be a form of emotional abuse (Echlin & Marshall, 1995), children in violent homes face the dual risk of physical harm, as well as emotional and developmental harm (Jones, Gross & Becker, 2002).

2. Cross Disciplinary Nature of Domestic Violence

Programs and individuals that work with domestic violence-affected families are likely to also encounter related problems of substance abuse, child abuse and neglect, and/or mental health problems that often co-exist with it. Domestic violence is no longer viewed as an isolated, individual act, but closely integrated to a host of other risk behaviors. Consider the following from a 1984 study by Bennett and Lawson:

- Roughly ½ of the men who batter their female partners have been found to also have substance abuse problems
- Both domestic violence and chemical dependency staff estimate a sizable number of cross-problem clients (domestic violence / substance abuse).
- Domestic violence staff reported that alcohol or drugs were involved in 50% of their cases, while chemical dependency staff estimated the prevalence of violence by male substance abusers to be 59% for all male substance abusers.
- Female domestic violence victims were at higher risk for a co-disorder. Domestic violence staff estimated the prevalence of substance abuse among battered women to be 61%.

These study findings have been confirmed by more recent work, notably that reported by the Center for Substance Abuse Treatment (CSAT). In its June, 1998 Clinical Briefs, it reports that there is a statistical association between domestic violence and substance abuse. The report noted the link between the two behaviors was so intertwined, it was recommending that professionals who treat alcohol and drug abusers as well as victims of domestic violence - *move to a more linked system of delivering interventions in order to provide more effective care.*

Co-occurring disorders of substance abuse and mental health issues are also found to be inter-related to each other and to domestic violence. According to SAMHSA, risk factors for mental health and substance abuse disorders may be identical, and include low socioeconomic status, family conflict, and exposure to violence. These co-occurring conditions affect from 7 to 10 million adults in the U.S. each year (U.S. DHHS, 1999; SAMHSA National Advisory Council, 1998), and the strength of the relationship between them has been found to be so strong that SAMHSA suggests *that individuals with co-occurring disorders should be the expectation, not the exception in the substance abuse and mental health treatment systems.*

3. Domestic Violence, Child Abuse and Neglect

The co-occurrence of child maltreatment and domestic violence has been documented as far back as 1975 (Levine, 1975; Moore, 1975). A growing body of research suggests that spouse abuse and child abuse are clearly linked within families, and that each is a strong predictor of the other (Stark & Flitcraft, 1988; Bowker et al., 1988; Stacey & Shupe, 1983). While some studies indicate that the co-occurrence of domestic violence and child abuse is as high as 42% (McGuigan, 2001), other researchers have found women in shelters reporting the presence of some form of child abuse in as many as 45% to 70% of their families (McKay, 1994). Although estimates of co-occurrence rates vary, the literature appears to converge on the generalization that the rate is quite high.

Researchers have found that parental aggression toward children is more likely to occur in families where domestic violence takes place (Jones, Gross and Becker, 2002; Journiles, Baring and O’Leary, 1987; Patterson, 1982). Children who live in homes where the mother is a victim of domestic violence have a 30% to 60% chance of being maltreated (Edelson, 1999), and it is estimated that children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate fifteen times the national average (McKay, 1994). Other studies of families with confirmed reported cases of child abuse have demonstrated that predictors of recurrences of child abuse incidents include family stress and partner abuse (DePanfilis, 2001, 1999).

A study of Oregon families participating in that State’s Healthy Start program found that domestic violence during the first 6 months of child rearing was significantly related to three types of child maltreatment: physical abuse, psychological child abuse, and child neglect, up to the child’s fifth year (McGuigan, 2001).

The Oregon study also found that domestic violence during the first 6 months of child rearing demonstrated:

- A three-times greater likelihood that the child would experience confirmed physical abuse in the first 5 years
- A two-times greater likelihood that the child would experience confirmed psychologically abuse in the first 5 years
- A two-times greater likelihood that the child would experience confirmed neglect in the first 5 years

Even when children are not the direct targets of the abuse, they can be significantly affected by witnessing it. They may experience anxiety, depression, low self-esteem, and developmental delays (Edleson, 2001), and can exhibit aggression and behavioral problems. Children who witness domestic violence can also suffer poor health, poor impulse control, low levels of empathy, feelings of powerlessness (Fantuzzo and Mohr, 1999), and are at higher risk for alcohol and drug use, sexual acting out, running away from home, isolation, loneliness, fear and suicide (Wolfe, Jaffe & Wilson, 1990).

Thirty-seven percent of mothers living in shelters report children being hit while trying to protect them (Jones, Gross, & Becker, 2002). However, research demonstrates that children from violent homes are not only at-risk from the batterer, they are also at risk for abuse and neglect from the victim.

Researchers examining child abuse cases have found that as many as two thirds of abused children are being parented by battered women (Flitcraft, 1988; McKay, 1994). Straus (1983) reported on study results from a national sample of over 2,140 families, and found that the more aggressive husbands were toward their spouses, the more aggressive the wife was to her children. That study also found that wives who were subjected to what the author described as ‘minor violence’ (pushes and slaps) had more than double the rates of physical assaults on children than did women not experiencing that form of abuse. Holden and Ritchie (1991) found that battered women felt more highly stressed as parents than a control group who did not experience abuse. Other researchers, including Walker, (1984), reported that stressed victims of domestic violence were more likely to hurt a child when battered than when they were safe. This suggests that women who live in stressed conditions might be more prone to using child-rearing tactics that could be defined as abusive.

4. Observed Relationship Between Poverty and Domestic Violence

Although researchers may disagree as to why these results are demonstrated, there is *a growing body of evidence demonstrating a higher prevalence of domestic violence among the welfare population* (Tolman & Raphael, 2000). A number of researchers have suggested reasons for this observed relationship between low-income and rates of domestic violence. Some claim this finding is the result of the presence of increased family stressors in low-income families (Fox, 2002). Others suggest it is a result of fewer options and more numerous barriers inhibiting access to helping services among lower-income families (Krishnan, 2001; Fox, 2002). Still others suggest that the welfare system becomes an economic option for women responding to abuse by their partner (Lawrence, 2002) which leads to a disproportionately higher percentage of abused women in the welfare system.

Studies on domestic violence have found that among the general population, roughly 22% of women report being victims of acts of domestic violence, but this figure doubles when applied to women on welfare (Lyon, 2000). Among the welfare population, reports of ever having been a victim of domestic violence are in the range of 34 to 65 percent, with most in the 50 to 60 percent range - with rates for current physical violence generally ranging from 8 to 33 percent (Tolman, & Raphael 2000). The recent Oklahoma Statewide Survey on Marriage and Divorce found that 47% of respondents who ever received government assistance cited domestic violence as a reason for prior divorce compared to 17% of those who never received assistance (Johnson, et. al., 2002).

Poverty has been associated with higher rates of family stress and conflict, significant mental health issues of depression and addictive behaviors, and limited knowledge of and abilities to seek help services (Krishnan, 2001). Family stress and comparative resource theories suggest that unemployment of the male partner is commonly found to be correlated with domestic violence. For men who have a history of battering, each subsequent spell of his unemployment increases the risk of his being violent by 50% (Fox, 2002).

Despite the implications of unemployment, the reality is that most men batterers are found to be employed, and for long hours per week. However, employment in low-status jobs, and jobs that render the worker irritable and exhausted increase the odds of man to woman violence (Fox, 2002). Fox concluded that it was the accumulation of family stressors, often triggered by low-income, that resulted in significant economic predictors of man to woman violence.

These findings suggest that poverty may increase a women's vulnerability to abuse. For women, poverty is often caused, aggravated, or prolonged by an abusive relationship (Brandwein, 1999). Further, low-income victims face additional obstacles to finding safety for themselves and their children. They often lack resources enabling them to extract themselves from abusive relationships. Lower educational attainment and poor work histories often contribute to their inability to achieve financial independence (Moreno, et al. 2002). Acknowledging this connection, there has been a recent call for a public policy agenda on domestic violence and poverty (Schechter, 2000).

Since it is beyond the scope of this current work to attempt to prove or disprove a causal relationship between low-income status and increased incidents of domestic violence, for us, the important point is that Head Start program personnel should be aware, from the abundance of confirming research, that their client population appears to be more susceptible, perhaps as much as two times more likely to experience domestic violence than the general population.

5. Potential Barriers to a Cross-Disciplinary Approach to Domestic Violence Training

As a result of the presence of barriers to collaboration, often multiple and inter-related social needs of families are addressed separately by a fragmented system that provides differing perspectives, suggestions, and interventions. Historically, social service providers have worked independently, often in isolation, and at odds with one another, despite the fact that they frequently work with the same children and families.

Program autonomy results in duplication of effort, miscommunication between providers and clients, professional parochialism, and contradictory treatment approaches and confusion. As a result, domestic violence intervention efforts are often hampered by problems in the identification of victims of domestic violence by service providers. Studies have shown that the victims of domestic violence often remain invisible to the people in the best positions to identify them (Tilden et al., 1994).

Although a cross-disciplinary approach to domestic violence service coordination appears to be nearly universally accepted, many have voiced concern around the lack of cooperation among inter-disciplinary professions dealing with domestic violence and other forms of interrelated abuse. Although we found evidence of increased collaboration taking place, most prominently with state departments of child and family welfare services, including child protective services and domestic violence advocates, progress in this area has been slow. Several issues have been identified that continue to act as barriers to collaboration in many locations. These barriers arise not only from the lack of knowledge and experience with the other program's problem foci, but also from differing views of the professionals and volunteers involved (Bennett & Lawson, 1994). Identified barriers to collaboration include:

- Philosophical conflicts over 'control versus surrender' whereby substance abuse professionals view chemical dependency as a disease, beyond the control of the addict, and causing his/her dysfunctional behavior. Alternatively, domestic violence professionals believe the batterer perpetrates a deliberate and volitional act, and is therefore fully responsible for these actions.
- Beliefs and attitudes of child care staff concerning the responsibility for children's safety, as it relates to parental responses to domestic violence. For example, not understanding why the mother might wish to stay in an abusive situation rather than seek safety.
- Substance abuse staff may encounter resistance to training due to work, billing, and time constraints, since they are often re-numerated for services based on billable hours spent in direct service with clients.
- Child protective staff may encounter systemic barriers to collaboration due to current debates regarding the status of domestic violence as a form of child abuse. In areas where this occurs, or is being debated, the presence of domestic violence complicates the reporting process.
- Competition for funding among agencies, exacerbated in times of budget shortfalls

Identifying potential barriers to successful cross-disciplinary training has led us to plan strategies, to be tested in Phase II, to test for the presence of barriers, and to test methods of overcoming them.

6. The Strengths of Cross-Disciplinary (Collaborative) Training

The word train implies movement, a transporting from one place to another. Despite program differences and training needs, the end goal of training is the same: to take your participants from where they are today and deliver them to a place where they become more effective (The Tutor, Fall/Summer, 2001).

Current literature around how adults learn best identify a number of considerations for curriculum development, including:

- Incorporate input from trainees to establish the objectives for training
- Provide opportunities for self-assessment so that trainees can identify gaps between what they know and what they need to know
- Draw on the knowledge, skills, and cultural background of trainees
- Clearly state objectives at the beginning of a session and provide opportunity to revise those objectives
- Incorporate input on sequencing activities and check-in frequently to see that needs are being met
- Plan training activities that emphasize learning by doing
- Incorporate multiple learning styles—visual, auditory and kinesthetic
- Establish a learning environment that encourages participation
- Select a physical environment that is conducive to learning
- Include evaluation and feedback on trainees' progress in acquiring needed competencies
- Include opportunities for evaluation and feedback on trainers' skill and overall training design (The Tutor, 2001)

Many believe training collaborations increase productivity, maintain motivation among instructors, stimulates both creativity and risk-taking, maximizes the use of limited resources, and enhances the quality of the teaching (Austin, 1992). Interdisciplinary teaching can also make coherence in education more obvious by integrating knowledge, and creating a perspective that is more genuine (Boyer, 1987; Smith, 1993).

There has been a consistent move towards integrated and collaborative teaching practices in our nation's schools because the benefits for students are clear. Inter-disciplinary courses have been most often found to be characterized as being: highly innovative; incorporating new concepts and methods between disciplines; and most adept at exploring content that involves broad-based social issues requiring multiple disciplines for effective study (Abell, 1999). A team of instructors allows classes of greater diversity across ability, backgrounds and aptitudes (Hourcades & Baron, 2001). Another study of the effect of team teaching for adults indicates that this method of curriculum delivery results in participants picking up on the key learning points faster (Hatcher & Hinton, 1996). This approach to training is endorsed, both explicitly or implicitly, by a variety of program and service assessments, including Dean, 2001; Carrillo, 2001; Ganley & Schecter, 1996; and the Hennepin County study, 2002.

7. Implications for Head Start

The U.S. Department of Health and Human Services reports that *children under age 5 are disproportionately present in households experiencing domestic violence*. Children within this age group are also at the greatest risk for child maltreatment, and make up over 75% of maltreatment fatalities (US Dept of Health and Human Services, 2000). When children are in homes where domestic violence occurs, they may be subject to abuse and neglect from either parent.

Based on findings reviewed on the challenges and barriers faced by many low-income families, Head Start families may in fact be at higher risk for the negative impacts of trauma caused by substance abuse, mental health issues, child abuse, and domestic violence. Poverty has been associated with higher rates of family stress and conflict, significant mental health issues of depression and addictive behaviors, and limited knowledge of and abilities to seek help services (Krishnan, 2001).

Despite their increased susceptibility to domestic violence, the decision whether to, and from whom to seek help is often a complex one for women in abusive relationships (Sullivan, 1997). Reasons cited by women for non-reports of in-home violence include:

- Isolation from family and friends
- Fear of retaliation from and escalation of abuse by intimate partners
- Economic considerations
- Limited access to available services
- Lack of knowledge about available services
- Familial and cultural barriers
- Lack of legal documentation – fear of deportation

Some studies have found that female victims of domestic violence report staying in their abusive relationship for ten years or more. For Head Start Family Workers, the implication of these reporting barriers is that help resources need to be able to provide services to assist women manage and minimize their abuse as they continue to stay in their intimate relationships (Krishnan, 2001). In addition, because of their objectives with regard to assisting the entire family, Head Start Family workers will also have to face working with identified and/or admitted batterers.

IV. National Domestic Violence Curricula – A Review

Our team reviewed the following multi, or cross-disciplinary curricula in use around the country, as well as a domestic violence curriculum created by and for Native people working in the field of violence intervention.

Curriculum Name	Written by, date	Target Audience	Relevant Topics Covered	Educational Techniques
<u>Empowerment Skills for Family Service Workers</u>	Cornell University, 2001	Direct Service Family Development Workers	Family Development, Cultural Competence, Helping Families Access Specialized Services, Collaboration	Experiential activities Reproducible handouts and overheads
<u>Domestic Violence: A National Curriculum for Children's Protective Services</u>	Ganley, Schechter; Family Violence Prevention Fund, 1996	Child Protective Workers	Relationship between child abuse and domestic violence, effects of dv on children, dv and child protective, domestic violence info, identifying dv, assessment of adults and children, interventions, safety planning, services	Interactive exercises, presentation, brainstorming,
<u>Caring for the Abuse Affected Child and Family</u>	Muskie School of Public Service, University of Southern Maine, 1999	Child Care Providers, Head Start Teachers	Trauma, Substance Abuse, Domestic Violence, Child Abuse and Neglect, Family Systems, How Trauma affects children, tools for working with abuse affected children.	Experiential exercises, case studies, role play, small group work, discussion, and brainstorming
<u>Integration of Health Care, Child Protection, and Domestic Violence Advocacy Services</u>	The AWAKE Project, Boston, MA	Health care centers	Domestic Violence, Child Abuse, DV and Child Protection, Confidentiality, The Role of Advocates, The Role of Supervision, Child Protective guidelines	Informational manual includes case studies
<u>Training Child Welfare Workers on Domestic Violence</u>	Columbia University School of Social Work, and University of Alaska, Anchorage	Child Welfare Workers	Victimization Exercise, Clinical and Social Issues facing battered women, child development, Abuse vs. Neglect, Socialization of Women, Children and DV, Batterers, Assessment, Safety Planning, the role of the worker.	Small group work, brainstorming, discussion.
<u>Full Circle: Coming Back to Where We Began</u>	Mending the Sacred Hoop/ Minnesota Program Development, Inc. 1994	Native people working/ interested in working in the field of violence intervention/ violence against native women and children.	The myth of violence and women, Origin, Migration, and History of the Anishinaabeg, Cultural lifestyle, boarding school era, native view of justice	Story telling
<u>Comprehensive Guide to Help Citizens Recognize Domestic violence, Batterers and Victims</u>	Oklahoma Department of Human Services, Family support Services.	Child & Family protective workers, welfare case managers, DV advocates, other interested parties	Dynamics of domestic violence; its effects on children; how communities can work together to prevent the violence – building a coordinated community response.	Immersion role play Group processing Personal reflection Lecture / discussion

1. Reviewed Curricula – Potential Contributions

The following discussion focuses on those portions of the reviewed curricula that appear to have the potential, if incorporated by us into a new Head Start Domestic Violence curriculum, to strengthen our proposed product. Final decisions of what to add will be made during Phase II of the project, as the new curriculum is constructed.

- *Domestic Violence: A National Curriculum for Children’s Protective Services*
 - Overall, the intervention strategies included in the curriculum have some form of referral or additional service assumption included. The expectation is that the provider, in direct contact with the family, will know of and facilitate the access of appropriate service – including shelters, substance abuse counseling, and other family protective services.
 - The steps suggested for implementation closely mirror the Caring for the Abuse Affected Child and Family curriculum -- convene relevant advocates, share agency protocols for dealing with families, create common language, and link to each other for training and services.
- *Empowerment Skills for Family Workers: The Comprehensive Curriculum of the New York State Family Development Credential*
 - The curriculum includes a chapter on Cultural Competence and suggests several cultural considerations when developing protocols.
 - The chapter on Collaboration offers 7 steps to collaboration-building. Each step includes strategies for completion, and information detailing the step’s importance.
- *Caring for the Abuse Affected Child and Family:*
 - The curriculum was designed for childcare providers and Head Start staff, therefore information included relates specifically to the needs of these professionals.
 - The curriculum depends upon the creation of a team, or cooperative teaching approach.
 - Lessons are delivered using engaging, interesting and challenging educational experiences, touching on a variety of learning styles. Delivery methodology includes interactive group activities, experiential activities, open-ended discussions, and media presentations addressing visual, auditory and kinesthetic learning.
 - Participants are required to contribute to the lessons from their own experience, and to actively share their unique cultural and professional backgrounds and experiences.
 - The curriculum is designed and presented as a series of modules and lessons with presentation suggestions (time, format, trainer instructions, etc) and includes the handouts and information necessary to deliver the lesson
 - This curriculum has been delivered over the past ten years, and offers many insights and lessons learned regarding its successful implementation

- *Mending the Sacred Hoop:*
 - This curriculum is written to be used in conjunction with community intervention manuals.
 - It emphasizes the importance of understanding the shared history of Native American Peoples.
 - It includes information on cultural lifestyle, native views of justice, and coordinating native and non-native agencies.

- *Comprehensive Guide to Help Citizens Recognize Domestic violence, Batterers and Victims*
 - Immersion in role-play provides participants with an opportunity to experience domestic violence from various perspectives, gaining insight into victim motivation, fear and concerns, as well as community and professional reaction to reports by victims.
 - Participants, through role-play opportunities, have opportunity to examine their own beliefs, attitudes and misconceptions on domestic violence
 - Curriculum endorses collaboration and comprehensive community response to prevention

2. Curriculum Review Summary

The above curricula appear to be utilizing principles and practices consistent with the current best practices for adult education. In each of these curricula, the practicality of inter, or multi-disciplinary approaches to service coordination are directly addressed. All share the common recommendation of working to achieve integration and coordination of services among local organizations working with families. The support for the cross-disciplinary approach is strong and broad. Our Head Start curriculum product will consider the lessons learned from these national curricula, and build upon their experience.

V. Evaluations From Two Cross-Disciplinary Projects on Domestic Violence Training

During Phase I, we also had the benefit of reviewing evaluations prepared on two cross-disciplinary projects, providing us with information on their subsequent impact on Head Start service delivery. The first was a Muskie School evaluation prepared on the impact of the delivery of the cross-disciplinary curriculum *Caring for the Abuse Affected Child and Family*.

1. Maine

The Muskie evaluation, conducted in 1997, and repeated in 2001, found that as a result of participating in the cross-disciplinary systems training approach, participants:

- Improved their ability to recognize the signs of trauma and stress in children
- Gained a greater understanding of the inter-connected nature of domestic violence and substance abuse, child abuse and neglect, and mental health issues
- Measurably increased their knowledge about the other represented disciplines (child care, substance abuse, child and family services, and mental health)
- Modified their attitude toward the other disciplines, and subsequently modified how they make referrals
- Increased collaboration with cross-disciplinary professionals subsequent to the training, and reported improved cross-disciplinary professional relationships

2. Connecticut

A second evaluation on a collaborative approach for Head Start programs was completed by Yale University's Bush Center in Child Development and Social Policy. This study, entitled: Northwest Connecticut Department of Children and Families Head Start Collaboration: A Head Start Child Welfare Partnership, April 2002, reported on results of an experimental project to test for improved outcomes for children through the use of expanded collaborations between Head Start programs and the Connecticut Department of Children and Families (DCF). The evaluation findings included:

- Children and families experienced more coordinated services and continuity of care
- Head Start and DCF improved their working relationship
- New resources and strategies were created to achieve child and family goals
- Children experienced fewer placements
- Increased numbers of Head Start referrals to DCF
- Increased numbers of contacts between Head Start and DCF during investigations
- Head Start participating in DCF Treatment Planning Conferences for families and administrative case reviews
- Increases in collaborative training

The report ended with the recommendation that the collaborative program be expanded to all Head Start programs and DCF offices throughout Connecticut.

VI. Primary Research - Findings and Observations

"Domestic Violence among Head Start families is more common than the numbers indicate due to families hiding the violence. Evidence of the abuse is prevalent both in and out of the Head Start classrooms. Our families deserve to have knowledgeable and compassionate staff to offer them complete and accurate information. Training would be of great help in accomplishing this goal". (Head Start program worker)

1. Methodology

In addition to conducting an extensive literature review, our Phase I activities included extensive primary research. We garnered comments and information from over one hundred Head Start program personnel in a number of sample communities from across the country, and completed calls to every Head Start regional office, and key individuals at the Head Start Bureau. These included the individuals who manage and administer the Migrant/Seasonal Worker programs and those managing / administering the Tribal programs. We also completed discussions with every regional Head Start Quality Improvement Center.

The purpose of the Phase I outreach and discussions was to determine:

- The extent, if any, to which Head Start programs are currently addressing domestic violence
- Whether domestic violence training is currently provided to Head Start Family Service Workers
- If domestic violence training is being provided, who was providing the training, and what curriculum was being used
- Whether state agencies and domestic violence coalitions were collaborating with Head Start programs on the provision of domestic violence or any other training activities.

In addition to Head Start and QIC personnel, we identified numerous experts and professionals from across the country, including domestic violence coalition personnel, state child and family service personnel, and state substance abuse agencies. Where our literature reviews focused on domestic violence, its cross disciplinary nature, and cross discipline teaching applicability to Head Start delivery, our primary research activities focused on current domestic violence training activity within organizations, and whether they were engaged in, or contemplating collaborative, cross-disciplinary efforts for either training and/or service delivery.

2. Information Gained From Head Start Personnel

- Head Start program personnel, at all levels of the program, agree that additional training on domestic violence for Family Service Workers, as well as for all Head Start personnel, is desirable and needed.
 - Many voiced the hope that this domestic violence curriculum project would result in an impetus to initiate such collaborative efforts.
 - Less than half of the local programs we talked to reported having some form of domestic violence training available to them.
 - Less than one-quarter of those receiving domestic violence training reported the training as being specific to Head Start.
- Of the training being provided, the majority of programs report that it is provided without a curriculum, resulting in an inconsistency in information being shared.
- Personnel already engaged in some form of training generally recognized the relationship between child care/development and child abuse and neglect with regards to domestic violence.
- Slightly less than half of programs identified being involved in some form of collaboration activity; most reported as casual and informal, being between Head Start and child welfare, or accomplished through agency Memoranda of Understanding.
- Head Start personnel, not yet engaged in domestic violence training, were less likely to demonstrate awareness of its cross-disciplinary nature.
- Conversations resulted in the development of a list of characteristics for curriculum seen as desirable to Head Start personnel, including the inclusion of opportunities to role-play; using field personnel as instructors, as opposed to professional trainers; using alternative forms of media to present information; allowing for audience input; making training relevant to current tasks, among many other recommendations. These comments are being considered as we plan the actual curriculum product.

3. Issues of Highest Concern Among Head Start Program Personnel

Head Start program personnel identified a number of domestic violence related topical issues on which they would like more information and training. These included:

- Strategies to increase awareness around domestic violence, and developing professional relationships that will work to facilitate the family's identification of the problem
- Recognizing and dealing with violent and non-violent forms of domestic violence
- Common barriers keeping the woman from leaving
- Knowledge of Protection from Abuse orders - how to deal with them in classroom and home settings
- Addressing differences in philosophy among all involved agencies
- Training on "successfully making a referral" and the outcomes of a referral.
- How to support families before, during and after crisis

- Where do domestic violence victims go? What is a shelter like? What happens to the kids?
- Intervention strategies: what is the role of the Head Start staff? How to approach the family member if you suspect something. How to work with the child even if the family refuses counseling.
- How children react to domestic violence - what behaviors will be seen in the classroom; and, how to deal with behaviors without traumatizing the child
- Issues unique to immigration - obstacles and legal issues involved for battered immigrant women
- Understanding the connections between child abuse and domestic violence
- How agencies can work together to the benefit of families
- Legalities of reporting
- How to ensure safety of Head Start staff
- Coping skills for staff

4. Information From Head Start QIC's

- All QIC regional offices agreed that domestic violence training was needed, but is not now necessarily identified by local Head Start programs as a training need.
- Where the need was identified, QIC's generally provide information and training through a contractor trainer (generally a topical expert).
- There were only two reports of attempts to recognize the significance (during domestic violence training presentations) of the cross-disciplinary nature of domestic violence. In QIC Region VIa, (Louisiana / Arkansas / Oklahoma) contractor trainers were known to discuss connections between domestic violence, substance abuse and mental health. Sometimes co-presenters are used to represent the different disciplines. In region VIb (Texas / New Mexico) the QIC utilizes a certified domestic violence trainer to deliver its training.
 - This same QIC also reported having a collaborative relationship with Child Welfare departments - often working jointly to assist Head Start programs in the development of 'child abuse plans'.
 - With this one exception, no other QIC reported state-level collaboration with substance abuse, and /or child and family services.

4a. Barrier Issues

Some of the potential barriers to the introduction and use of a cross-disciplinary approach, as noted by Head Start and QIC staff included:

- The diverse cultures participating in Head Start
- The rural nature of programs
- Staff turnover
- Qualifications of trainers
- Lack of consistent response to domestic violence

However, among the QIC's,

- Not one articulated any reason a cross-disciplinary approach to training would not work
- Not one identified having poor relations with other disciplines in their regions
- And they shared the following course credit considerations:
 - Head Start classroom teachers and Family Service Workers may find training that offers either course credit and/or Continuing Education Units to be more attractive than those that do not
 - Existing designated Head Start program trainers are generally degreed persons

QIC's also reported:

4b. Cultural Issues

- Curriculum language will be an issue with migrant populations, since it is estimated that roughly 98% speak Spanish
- Native American, and other cultures generally can (and do) receive training in English
- For Native American / Alaskan programs, it is recommended that one use Native American trainers (tribe affiliation apparently is not generally a significant factor)
- Migrant / Seasonal Programs
 - Most grantees are large, serving either an entire State, or larger geographic region.
 - Grantees usually have one lead person through whom we will need to work.
 - They suggest that Family Service Workers be targeted as trainers. If decision is left to grantee, they are likely to select the Family Community Partnership position to deliver the training.

4c. Training

- Training is best received when it is identified as a local need, and developed and delivered by local people. Programs get overwhelmed with directives passed down from the Bureau.
- Training should be delivered using Head Start language – it should constantly speak to how it reinforces (advances) compliance efforts with Head Start Performance Standards.
- As with the Migrant and Seasonal programs, other QIC's also suggested that the training curriculum should identify the position(s) targeted as trainers. If left up to grantees, QIC's believe many might designate the Family Community Partnership position. This position is often designated to train, and as a result maybe over-committed.
- The level of local program involvement in developing training is directly related to local program acceptance of training

4d. Trainers

- Trainers are best received when they are recruited from the direct service level of their agencies (line staff as opposed to supervisory staff)
- *Train the Trainer* approach is being introduced with increasing frequency and therefore should be comfortable for participants
- Suggested target trainers included: Family Service Workers, and/or parents. (One QIC noted high levels of success using parents as trainers (topic – brain development) - in both audience acceptance, and in talent for training.

4e. Other QIC Comments

- Head Start programs are supposed to use local community resources whenever possible to fulfill their goals
- Training is generally better received when delivered in short, concentrated sessions (like 3 days over three weeks).
- Head Start programs are very diverse – therefore a local approach to training will better represent these diverse cultures

5. Additional Research of Interest

Oregon Healthy Start – Family Support Workers – Lessons Learned

In the course of our literature review we found an interesting reference to domestic violence work being performed that was very similar to that proposed for the Head Start Family Service Workers. This work is assigned to positions known as Family Support Workers (FSW's) employed by the Oregon Healthy Start program (OHS). Oregon Healthy Start is modeled on the Healthy Families America program, a national initiative adopted in 1992 by the National Committee to Prevent Child Abuse (NCPCA), and is now known as Prevent Child Abuse America. The OHS enrolled first time birth families considered to be at high risk for child abuse and neglect, as determined by the presence of a number of abuse and neglect risk factors identified on a program risk assessment index scale.

We found the description of the work of the OHS-FSW's to be very similar to that of Head Start Family Service Workers. The OHS-FSW's also make home visits (up to fourteen in the first six months of family enrollment), and in addition to their other duties, are expected to assess the presence or risk of domestic violence during regular home visits through observation and direct questioning of both parents. Further, the OHS-FSW's are trained to inform victims of their options, help them to prepare a 'safety plan', and assist them in securing services by making referrals and providing transportation (McGuigan & Pratt, 2001).

At the time of the study, sixty-eight percent of the OHS-FSW's held Bachelor degrees in any one of a number of human service fields. Twenty-two percent had some college, and ten percent were high school graduates, but also possessed *many years of actual experience working with at-risk families*. OHS-FSW's receive ninety (90) hours of initial training, plus ongoing, in-service training. Of the total training received, a 'small' portion was devoted to domestic violence.

In follow-up discussions with both authors of the reviewed study, and with program officials and staff in Oregon, certain issues were reported that we feel should be considered in the design of a Head Start training, and in the development of performance expectations for Head Start FSW's relating to their duties around domestic violence issues. For example:

- Like local Head Start programs, the local OHS programs enjoy considerable local autonomy. One of the identified drawbacks to this was that each local program developed their own definition of what constituted reportable domestic violence. Where one program considered verbal threats to be included in acts of domestic violence, other programs only considered those incidents of physical aggression that left visible marks to be acts of domestic violence. As a result of the varying definitions of domestic violence, reporting by local programs on the FSW domestic violence activities was incomplete.

Our discussions with Head Start personnel indicate that local Head Start programs also enjoy considerable local autonomy. Based on the Oregon findings, we need to consider providing standards for the definition of domestic violence, and provide Head Start with some mechanism to periodically test that the standards are being applied in a uniform way.

- As with the inconsistent definition applied to acts of domestic violence, local program autonomy impacted OHS-FSW training and preparation. Within the OHS program environment, there is an expectation that local programs will identify the need for, and provide required domestic violence training. Actual training content and duration is subject to local determination, and therefore training is provided in an inconsistent manner. McGuigan reported that his research demonstrated that different counties administering local OHS programming reflected wide variations in both the content and duration of the domestic violence training offered to their local FSW's.

This indicates a need to develop domestic violence curriculum standards for both content and duration.

- Another issue identified by the OHS program, and which may have implications for Head Start and domestic violence training, had to do with vocalized OHS-FSW frustration over client activities, particularly as they related to women leaving the violent relationship. A number of FSW's interviewed for the McGuigan & Pratt study reported cases where they had assisted women in leaving the household, only to learn that after transporting them and their children to nearby shelters, the women had changed their minds and returned home. This resulted in negative impacts on FSW morale.

Part of any intended personal safety training offered through a Head Start domestic violence curriculum should address these types of issues in order to prepare FSW's for dealing with women who refuse to leave, those who leave and return, and for being required to work with known batterers. This should probably be part of both FSW initial, as well as ongoing training.

VII. Conclusions / Recommendations

Based on findings from our Phase I activities, we have confirmed the complex and inter-related nature of domestic violence; identified challenges and barriers faced by low-income families; and have concluded that Head Start families appear likely to be at higher risk for the negative impacts of trauma caused by substance abuse, mental health issues, child abuse, and domestic violence; and may be less prepared to seek adequate help for these conditions.

Due to the abundance of research demonstrating that it is more likely to be accompanied by other contributing factors, one is faced with the realization that in order to train Head Start workers to deal effectively with domestic violence, one must also consider the inter-related nature of this activity. It appears that it will be particularly important for Head Start staff to understand that observed behaviors associated with one trauma behavior can actually signal the presence of other trauma behaviors, and that referrals to appropriate local resources and effective family assistance can only occur within the context of a comprehensive perspective.

Head Start's commitment to forming family and community partnerships adds weight to our recommendation for the implementation of a cross-disciplinary training approach to domestic violence. Because of the complexity of domestic violence, programs working with victimized families will require both a thorough knowledge of its inter-related problems, as well as strong relationships with appropriate local resources. We believe a *cross-disciplinary* delivery of Head Start training is more likely to result in the integration of Head Start staff into domestic violence prevention and intervention networks, allowing for a more comprehensive approach to domestic violence programming.

By cross-disciplinary approach, we mean, the curriculum will place considerable emphasis on the inter-related nature of domestic violence to substance abuse, child abuse, and mental health issues. In addition to discussing its interrelated nature, and significant to meeting Head Start Performance Standards, our planned curriculum will actually assist local Head Start trainees in developing the connections and collaborations needed to maximize their utilization of locally available resources in order to provide a more comprehensive service to Head Start families.

Our Phase I findings confirmed that a cross-disciplinary approach to domestic violence training is strongly encouraged and endorsed by community members representing local, state and national interests.

Considering the findings of our secondary and primary research, development of a recommended curriculum for Head Start will be guided by the following:

- Approach the training from a cross-disciplinary perspective
- Engage local professionals from a number of key disciplines, including Head Start, domestic violence, state child and family services, substance abuse and mental health
- Utilize a train the trainer approach, thus providing for local customization of curriculum content to meet local needs, as well as enabling the sustainability of the curriculum in an ever-widening circle of geographic influence
- Engage existing Head Start Quality Improvement Centers (QIC's), and their existing relationships to grantees and training delivery expertise, in the proposed training process
- Establish and/or strengthen cross-disciplinary relationships among local providers and Head Start workers
- Maintain flexibility to allow for modification of key elements of the training to recognize and address local issues, conditions, and circumstances
- Establish a process for awarding CEUs for successful completion of the curriculum
- Establish an ongoing curriculum efficacy monitoring and evaluation system
- Establish an ongoing relationship to the University of Southern Maine's Muskie School for the:
 - provision of providing ongoing training and evaluation support
 - monitoring and delivery of domestic violence literature and best practices
 - delivery of periodic recommended updates to curriculum modules as new knowledge emerges.

Despite the challenges identified, to-date, general consensus has been that our proposed cross-discipline approach, using locally recruited professionals from the identified disciplines to deliver a locally adapted national curriculum, will, in all likelihood, be well-received by Head Start staff, engage professionals from other disciplines, and result in an effective learning experience for Head Start Family and other workers.

VIII. Next Steps

The Phase II outcome for the Head Start Domestic Violence Initiative will be a piloted, and fully evaluated domestic violence curriculum ready for delivery to Head Start Family Service Workers and other Head Start staff. This product will fill an existing gap in training for many Head Start programs.

Our Phase II project hypothesis will remain: *That since domestic violence is a complex issue, often inter-related with the problems of substance abuse, mental health and child abuse and neglect, attempts to effectively identify victims and intervene appropriately requires an equally comprehensive strategy.*

Our Phase II goal will continue to be *to increase the capacity of Head Start staff to understand and respond to the complex problem of domestic violence on both an individual and systems level in order to improve safety and decrease injury.*

To achieve the goal of the Head Start Domestic Violence Initiative, we have developed the following six (6) Phase II objectives and their associated activities.

Objective 1: Finalize Head Start-specific curriculum for testing

- Construct and demonstrate a unique Head Start Domestic Violence training curriculum, based on current research and existing cross-disciplinary strategies
- Confirm and incorporate promising domestic violence curricula components currently in use, and which are already demonstrating effective results in other organizations.
- Demonstrate the potential contribution of our proposed curriculum to Head Start Performance Standard compliance, and its contribution to Head Start Competency objectives.

Objective 2: Prepare and carry-out pilots of the curriculum and training strategies

Pilots will be carried out in from six to eight communities that reflect the full diversity of Head Start programs. Pilot sites will be selected, with Head Start approval, based on the unique nature of the site in terms of its ability to provide the curriculum with a rigorous receipt and implementation challenge. In carrying out the pilots, we will:

- Test curriculum efficacy and acceptance
- Test regional variations in delivery requirements
- Test ethnic and tribal variations
- Test alternative delivery media (print matter, video presentations, simulations, and other alternatives)
- Test for curriculum fit to adult education principles
- Test for existing Head Start model differentiations (such as multiple forms of migrant programs)
- Establish and test local curriculum modification support strategies
- Establish and test curriculum sustainability strategies
- Assess training impact on Head Start service delivery to families
- Assess curriculum delivery methodology contribution to subsequent collaborative activities

Objective 3: Design and administer an evaluation of the curriculum outreach and delivery process, as well as an evaluation of curriculum outcomes

The evaluation will include both process and outcome components. Both development and implementation issues will be included for study as well as curriculum outcomes on both short-term and longer-term knowledge and behaviors of training participants.

Objective 4: Design, implement and test short term (Phase II) marketing plan

Glenwood proposes to test marketing strategy components to result in recommendations to the Head Start Bureau on effective methods for local development and delivery of curriculum sessions. Distribution channels to be tested include:

- Current QIC training information distribution channels
- State-wide, regional, and national Head Start conferences
- Direct Head Start Bureau communications
- Local Head Start program enthusiasm and word-of-mouth marketing
- Direct mail solicitations
- State agency initiation (including Domestic Violence Coalition initiation, state child and family services implementation, state and regional Head Start initiation)

Objective 5: Develop and test a long-range marketing plan

The long-range marketing plan includes two important components:

- Develop a long-term curriculum update capacity / refresher strategy
- Develop recommendations for product distribution and delivery during Phase III

Objective 6: Produce and deliver final curriculum, with Phase III delivery / marketing recommendations to the Head Start Bureau

IX. Study Limitations

A limitation of our Phase I work was our inability to more fully explore the abundance of informal domestic violence training activities now being delivered in local communities. Despite our success at identifying and assessing unique and innovative approaches to domestic violence training, restrictions of both time and funding for Phase I limited our ability to identify a more complete sample of local program training activities. We do know that many programs are currently attempting to provide information and training on domestic violence, but due to their own financial limitations, there is a lack of training documentation. As a result, we suspect that there are many excellent tools, training aids, delivery strategies, case studies, and training innovations that we were unable to observe and assess during Phase I.

In response to this limitation, we have made provision in Phase II to conduct a more thorough search for existing domestic violence training information currently in use by either Head Start programs, state child and family service agencies, domestic violence coalitions, and others.

X. Citations and References

American Academy of Family Physicians (1998). In - Clinical Briefs, V. 57, No. 11, June, Center For substance Abuse Treatment.

Abell, A. (1999). Interdisciplinary Courses and Curricula in the Community Colleges. ERIC Digest, # ED429633, ERIC Clearinghouse for Community Colleges, Los Angeles, CA., May. Avail at: www.ed.gov/databases/ERIC_Digests/ed429633

Austin, A., & Baldwin, R. (1992). Faculty Collaboration: Enhancing the Quality of Scholarship and Teaching. ERIC Digest, # ED347958, ERIC Clearinghouse o Higher Education, Washington, DC. May, Avail at: www.ed.gov/databases/ERIC_Digests/ed347958

Baker, F. (1995). Coordination of alcohol, drug abuse and mental health services. U.S. Dept. of Health and Human Services, technical Assistance Series, V4, No. RC565.B25.

Balzer, R., James, G., LaPrairie, L., and Olson, T. (1994). *Full Circle: Coming Back to Where We Began*. Mending the Sacred Hoop/Minnesota Program Development, Inc.

Bennett, L. & Lawson, M. (1984). Barriers to Cooperation Between Domestic Violence and Substance Abuse Programs. Families in Society: The Journal of Contemporary Human Services, May .

Boyer, E.L. (1987) College: The Undergraduate Experience in America., (In Abell, A. (1999). Interdisciplinary Courses and Curricula in the Community Colleges. ERIC Digest, # ED429633, ERIC Clearinghouse for Community Colleges, Los Angeles, CA. May. Avail at: www.ed.gov/databases/ERIC_Digests/ed429633)

Bowker, L., Arbitel, M., & Mc Ferron, J. (1988). On the Relationship Between Wife Beating and Child Abuse. In McKay, M. The Link Between Domestic Violence and Child Abuse: Assessment and Treatment Considerations. Child Welfare, V. LXXIII, N. 1, Jan – Feb, 1994.

Brandwein, R. (Ed.) (1999), *Battered Women, Children and Welfare Reform: The Ties that Bind*. Thousand Oakes, CA: Sage.

Buzzeo, T. (2002). Collaborations: Working with Restrictions. Library Talk, Mar/Apr, V. 15, No. 2.

Carlson, B.E. (1984). Children's observations of interparental violence. In McClosky, L.A., Figueredo, A.J., & Koss, M.P. The Effects of Systemic Family Violence on Children's Mental Health. Child Development, 66, 1995.

Carrillo, R., Carter, J. (2001). Guidelines for conducting family team conferences when there is a history of domestic violence. Family Violence Prevention Fund, Child Welfare Policy and Practice Group, January.

Chamberlain, L.. (2001). Domestic Violence and Child Abuse: Ten Lessons Learned in Rural Alaska, Policy and Practice, American Public Human Services Association, March.

Coker, A. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual and psychological battering. American Journal of Public Health , V.90, (4), April.

Dean, C. *Empowerment Skills for Family Workers: The Comprehensive Curriculum of the New York State Family Development Credential*. Cornell University. [Notes taken from 2001 Ed.].

DePanfilis, D. & Zuravin, S.J. (2002). The effect of services on the recurrence of child maltreatment. Child Abuse and Neglect, V. 26.

DePanfilis, D. & Zuravin, S.J. (1999). Predicting child maltreatment recurrences during treatment. Child Abuse and Neglect, V. 23, (8).

Edleson, J.L. (1999). Children's witnessing of adult domestic violence. In McIntosh, J. Commentary – *Thought in the face of violence: a child's need*. Child Abuse and Neglect V. 26, 2002.

Edleson, J.L. (1999). The overlap between child maltreatment and women battering. Violence Against Women, 5(2).

Edleson, J.L. (2001). Problems Associated with Children's Witnessing of Domestic Violence. Applied Research Paper Series. University of Minnesota, School of Social Work. Avail at: www.vawnet.org/VNL/library/genrral/AR_witness.html.

Edleson, J.L. (2000). Should childhood exposure to adult domestic violence be defined as child maltreatment under the law? Prepublication draft, not yet peer reviewed. The Minnesota Center Against Violence and Abuse, School of Social Work, University of Minnesota. Avail at: www.mincava.umn.edu/link.

Ellsberg, M. & Heise, L. (2002). Bearing witness: ethics in domestic violence research. The Lancet, V. 359, May 4. (Avail at www.thelancet.com)

Fantuzzo, J., Mohr, W., (1999). Prevalence and Effects of Child Exposure to Domestic Violence. The Future of Children, v.9, n.3, The David and Lucile Packard Foundation.

Fox, G.L., Benson, M.L., DeMaris, A.A. & Nan Wyk, J. (2002). Economic Distress and Intimate Violence: Testing Family Stress and Resources Theories. Journal of Marriage and Family, V. 64, August.

Ganley, A. and Schechter, S. (1996) *Domestic Violence: A National Curriculum for Children's Protective Services*. Family Violence Prevention Fund.

George, M. & Davis-Wiley, P. (2000). Team Teaching A Graduate Course: Case Study – A Clinical Research Course. College Teaching, Heldref Publications, Spring, V. 48(2).

Hatcher, T., Hinton, B. (1996). Graduate student's perceptions of university team teaching. College Student Journal, Sep., V. 30, No. 3.

Heyman, R. & Smith Slep, A. (2002). Do Child Abuse and Inter-parental Violence Lead to Adulthood Family Violence? Journal of Marriage and Family, V. 64, Nov.

Head Start (2003). Head Start Works – Head Start Performance Standards & Other Regulations. Avail at: www.ilheadstart.org/performance.html

Head Start (2003). Introduction to 1304.41. Head Start Bureau, 45 CFR 1304.41. Avail at www.acf.hhs.gov/programs/hsb/performance/1304c2.htm

Head Start (2003). Competency goals and indicators for Head Start staff working with families. Attachment for Information Memorandum ACYF-IM-HS-01-08. Avail at: www.headstartinfo.org/publications/im01/im01_08a.htm

Holden, G.W., & Ritchie, K.L. (1991). Linking extreme marital discord, child rearing and child behavioral problems: evidence from battered women. In Jones, L.P., Gross, E., & Becker, I. The characteristics of domestic violence victims in a child protective service caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Imel, S. (1999). Using Groups in Adult Learning: Theory and Practice. Journal of Continuing Education in the Health Professions. V. 19.

Journal of the American Medical Association (2002). *Partner Violence*. JAMA Patient page, August 7, 2002, V. 288, No. 5.

Johnson, A., Stanley, S., Glenn, N., Amato, P., Nock, S., Markman, H., & Dion, R. (2002). Marriage in Oklahoma: 2001 baseline Statewide Survey on Marriage and Divorce. In Lawrence, S. Domestic Violence and Welfare Policy: Research Findings that can Inform Policies on Marriage and Child Well-Being. Research Forum on Children, Families, and the New Federalism. National Center for Children In Poverty, Mailman School of Public Health, Columbia University, December, 2002 (Draft).

Join Together Online - New Research on Domestic Violence and Alcohol Released (2003). Alcohol Consumption by Domestically Violent Men Increases Likelihood of Physical Abuse of Female Partners. Press Release: Research Institute on Addictions, University of Buffalo, Buffalo, NY. Avail. At: www.jointogether.org/sa/news/alerts/print/0,1856,556328,00.html.

Jones, L.P., Gross, E., & Becker, I. (2002). The characteristics of domestic violence victims in a child protective service caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4.

Journiles, E., Baring, J., & O’Leary, K.D. (1987). Predicting child behavioral problems in martially violent families. In Jones, L.P., Gross, E., & Becker, I. The characteristics of domestic violence victims in a child protective service caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Krishnan, S.P., Hilbert, J.C., VanLeeuwen, D. (2001). Domestic Violence and Help-Seeking Behaviors among Rural Women: Results from a Shelter-Based Study. Community Health, V. 24 (1).

Lawrence, S. (2002). Domestic Violence and Welfare Policy: Research Findings that can Inform Policies on Marriage and Child Well-Being. Research Forum on Children, Families, and the New Federalism. National Center for Children In Poverty, Mailman School of Public Health, Columbia University, December (Draft).

Levine, M. (1975). Inter-parental violence and it’s effects of children: a study of 50 families in general practice. In Jones, L.P., Gross, E., & Becker, I. The characteristics of domestic violence victims in a child protective service caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Luby-Dobson, C., Guttentag, C., Schick, S. Conrad, D. Carrabine, C, & Perry, B. (1999). Interdisciplinary Assessment: An effective model of understanding maltreated children. Child Trauma Academy. Avail at: <http://www.childtrauma.org/ctamaterials/assess.asp>

Lyon, E. (2002). Welfare, poverty and abused women: New research and its implications. (In Lawrence, S. Domestic Violence and Welfare Policy: Research Findings that can Inform Policies on Marriage and Child Well-Being. Research Forum on Children, Families, and the New Federalism. National Center for Children In Poverty, Mailman School of Public Health, Columbia University, December (Draft).

McCloskey, L.A., (1995). Figueredo, A.J., & Koss, M.P. The Effects of Systemic Family Violence on Children’s Mental Health. Child Development, 66.

McGuigan, W.M. & Pratt, C.C. (2001). The Predictive Impact of domestic violence on three types of child maltreatment. Child abuse and Neglect, V. 25.

McIntosh, J. (2002). Commentary – Thought in the face of violence: a child’s need. Child Abuse and Neglect V. 26.

McKay, M. (1994). The Link Between Domestic Violence and Child Abuse: Assessment and Treatment Considerations. Child Welfare, V. LXXIII, N. 1, Jan – Feb.

Miller, S. (2002). Child Abuse and Domestic Violence. British Journal of Midwifery, Sept., V. 10, No. 9.

Moore, J.G. (1975). Yo-yo children-victims of matrimonial violence. In Jones, L.P., Gross, E., & Becker, I. The Characteristics of Domestic Violence victims in a Child

Protective Service Caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Moreno, C.L., El-Bassel, N., Gilbert, L. & Wada, T., (2002). Correlates of Poverty and Partner Abuse Among Women on Methadone. *Violence Against Women*, 8, 4. Sage Publications.

Newton, C.J. (2001). Domestic violence: An overview. In Lawrence, S. Domestic Violence and Welfare Policy: Research Findings that can Inform Policies on Marriage and Child Well-Being. Research Forum on Children, Families, and the New Federalism.

National Center for Children In Poverty, Mailman School of Public Health, Columbia University, December, 2002 (Draft).

Patterson, G. (1982). Coercive family process. In Jones, L.P., Gross, E., & Becker, I. The characteristics of domestic violence victims in a child protective service caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Renninson, C.M., & Welchans, S. (2000). Intimate partner violence. Washington, DC. U.S. Dept of Justice. Avail at: <http://www.ojp.usdoj.gov/bjs/pub/pdf/ipv.pdf>

Salend, S., Gordon, J., & Lopez-Vona, K. (2002). Evaluating Cooperative Teaching Teams. *Intervention in School & Clinic*, Mar, V. 37, No. 4.

SAMHSA (2002). Report to Congress On The Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders. Avail at : http://www.samhsa.gov/news/cl_congress2002.html

Schechter, S. & Edleson, J.L. (1995). In the best interest of women and children: A Call for collaboration between child welfare and domestic violence constituencies. *Protecting Children*, 11(3).

Schechter, S. & Edleson, J.L. (1999). Effective intervention in domestic violence and child maltreatment: Guidelines for policy and practice. Reno, NV: National Council of Juvenile and Family Court Judges.

Shepard, M.F., Falk, D.R., Barbara, A. (2002). Enhancing Coordinated Community Responses to Reduce Recidivism in Cases of Domestic Violence. *Journal of Interpersonal Violence*, May, V. 17, Iss. 5.

Smith, P.H., Danis, M., & Helmick, L. (1998). Changing the health care response to battered women: a health education approach. In Cocker, A. Frequency and correlates of intimate partner violence by type: Physical, sexual and psychological battering. American Journal of Public Health , V.90, (4), April, 2000).

Smith, V. (1993). New Dimensions for General Education. In Abell, A. Interdisciplinary Courses and Curricula in the Community Colleges. ERIC Digest, # ED429633, ERIC Clearinghouse for Community Colleges, Los Angeles, CA. May 1999. (Avail at: www.ed.gov/databases/ERIC_Digests/ed429633)

Stacey, W., & Shupe, A. (1983). The Family Secret. Boston, MA. Beacon Press. In McKay, M. The Link Between Domestic Violence and Child Abuse: Assessment and Treatment Considerations. Child Welfare, V. LXXIII, N. 1, Jan – Feb, 1994.

Stark, E., & Flitcraft, A. (1988). Women and Children at Risk: A Feminist Perspective on Child Abuse. In McKay, M. The Link Between Domestic Violence and Child Abuse: Assessment and Treatment Considerations. Child Welfare, V. LXXIII, N. 1, Jan – Feb, 1994.

Straus, M. (1983). Ordinary violence, child abuse and wife beating. In McKay, M. The Link Between Domestic Violence and Child Abuse: Assessment and Treatment Considerations. Child Welfare, V. LXXIII, N. 1, Jan – Feb, 1994.

Straus, M. (1991). Children as witness to marital violence: a risk factor for life long problems among a nationally representative sample of American women. In Jones, L.P., Gross, E., & Becker, I. The Characteristics of Domestic Violence victims in a Child Protective Service Caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Sullivan, C.M. (1999). Societal collusion and culpability in intimate male violence: The impact of community response toward women with abusive partners. In: Krishnan, S.P., Hilbert, J.C., Van Leeuwen, D. Domestic Violence and Help-Seeking Behaviors among Rural Women: Results from a Shelter-Based Study. Community Health, V. 24 (1), 2001.

The Tutor (2001). National Education Laboratory, Fall / Summer) a web publication Avail at: <http://www.nwrel.org/learns/tutor/sum2001/part1.html>

Tilden, V.P., Schmidt, T. A., Limandri, B.J., Chiodo, G.T., Garland, M. J. & Loveless, P.A. (1994). Factors that influence clinicians' assessment and management of family violence. American Journal of Public Health, 84, 4.

Tjaden., P. Thoennes, N. (1998). Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey Series. Research in Brief, November. (Available at: <http://www.ojp.usdoj.gov/nij/pubs-sum/172837.htm>)

Tolman, R. & Raphael, J. (2000). A review of research on welfare and domestic violence. Journal of Social Issues, 56(4). (In Lawrence, S. Domestic Violence and Welfare Policy: Research Findings that can Inform Policies on Marriage and Child Well-Being. Research Forum on Children, Families, and the New Federalism. National Center for Children In Poverty, Mailman School of Public Health, Columbia University, December, 2002 (Draft).

Training & Research: Update on Issues of Domestic Violence. (August 2002). *Executive Summary: A Matter of Life and Death: Findings of the Hennepin County Domestic Fatality Review Pilot Project*.

U.S. Dept of Health and Human Services. (1999). Catalog of Head Start Materials: Fall/Winter.

Walker, L. (1984). *The battered women's syndrome*. In Jones, L.P., Gross, E., & Becker, I. The Characteristics of Domestic Violence victims in a Child Protective Service Caseload. Families in Society: The Journal of Contemporary Human Services, V. 83, No. 4., 2002

Wolfe, D., Jaffe, P., Wilson, S. & Zak, L. (1985). Children of Battered Women: The Relation of Child Behavior to Family Violence and Maternal Stress. Journal of Consulting and Clinical Psychology, V. 53, No. 5.