

HEARING ON DOMESTIC VIOLENCE

HEARING
BEFORE THE
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE
ONE HUNDRED THIRD CONGRESS

FIRST SESSION

ON

THE NEED TO CONCENTRATE THE FIGHT AGAINST AN ESCALATING
BLIGHT OF VIOLENCE AGAINST WOMEN

BOSTON, MA

FEBRUARY 1, 1993

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HEARING ON DOMESTIC VIOLENCE

MONDAY, FEBRUARY 1, 1993

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Boston, MA.

The committee met, pursuant to notice, at 10:06 a.m., at Carl Ell Student Center, Northeastern University, Boston, MA, Hon. Edward M. Kennedy presiding.

OPENING STATEMENT OF HON. EDWARD M. KENNEDY, A U.S. SENATOR FROM THE STATE OF MASSACHUSETTS

Senator KENNEDY. We will come to order.

First of all, I want to express our appreciation to President Curry and Northeastern once again for the opportunity of providing our Senate Judiciary Committee with a forum on a matter of public policy which is of great importance to families in our State and across the country, as this particular issue is on domestic violence. We are grateful to President Curry and Northeastern for once again permitting us to have this hearing at the students' union.

I want to also express our appreciation to Professor Dalton, who is good enough to join with us here this morning. I think many know of Professor Dalton as being a member of a famous family. I have had a little experience with that myself. She is the wife of Professor Reich who is now one of President Clinton's key economic advisers and is Secretary of Labor. But I think those at Northeastern know her as one of the distinguished law professors, and those of us in Massachusetts know that she is a person in her own right who has been enormously interested in the issue of domestic violence and has been of help and assistance to us in the Senate Judiciary Committee and brings to public policy a very distinguished career and record of achievement. We are delighted to welcome Professor Dalton here.

[Applause.]

STATEMENT OF PROF. CLARE DALTON, DIRECTOR, DOMESTIC VIOLENCE ADVOCACY PROJECT, NORTHEASTERN UNIVERSITY LAW SCHOOL

Professor DALTON. I understood that my job this morning was to introduce you. But I want to thank you for a very generous introduction of me.

Senator Edward Kennedy, the State's senior Senator, is here in Boston this morning in his capacity as a member of the Senate Judiciary Committee to conduct a field hearing on the 1993 Violence Against Women Act.

Senator, Boston welcomes you this morning.

Senator Kennedy, along with Senator Biden and others, is the co-sponsor of the 1993 version of the Violence Against Women Act. I see many of you in the audience who are very close to these issues, and as you all know, this is not the first year that this piece of legislation has been before the Congress, nor is it the first year that Senator Kennedy has given it his full support. He has been behind this legislation since 1991, in this and so many other areas, being on the forefront of legislation of concern to the Nation's women.

The particular topic of this morning's hearings is title II of the Violence Against Women Act, safe homes for women. We need to mention in discussing this legislation that it is the grim reality that our Nation's women are at nine times as much risk of physical and sexual assault in their homes than they are on the Nation's streets.

The many useful provisions in title II create Federal penalties for partner abuse, encouraging the arrest of the batterers, providing Federal funding for shelters, and for increased research and data collection on the issues of violence against women.

Among these provisions, we find particularly useful one that Senator Kennedy himself has introduced, and that is Federal funding to restore the national hotline allowing the Nation's women to have that first means of access to the services that are available to assist them.

Senator Kennedy, as you have already suggested, it is very fitting that you should come home to Massachusetts to hold this hearing. Many dedicated people have committed themselves to making a difference in the discouraging statistics of domestic violence. You will hear this morning from some of those people. You will hear about many encouraging new initiatives, and at the same time you will hear about the discouraging trend of an increased rate of domestic homicide in this State and around the country.

Your conviction that the Federal Government has a role to play in this area will, I am sure, be confirmed and strengthened.

Let me finally say that as director of Northeastern Law School's Domestic Violence Advocacy Project, as someone who has worked with my students and with fellow staff members to help our students provide support to battered women, to help other local agencies—shelters, district attorney's offices and courts—come to grips with these issues, I take a very special pleasure in welcoming you to a morning of hearing about the particular frustrations and particular satisfactions of this line of work.

Senator KENNEDY. Thank you very much, Professor. We appreciate your warm welcome and also your leadership. I have had a good opportunity to find out what that particular program has been doing, particularly in some of the local courts, and hopefully we will have a chance to develop that during the course of the morning.

Domestic violence has reached epidemic proportions in this country. A Senate Judiciary Committee staff report last October found that more than 1 million women every year are victims of reported crimes of domestic violence and as many as 3 million more such crimes go unreported each year.

Domestic violence is the most common cause of traumatic injury to women in the United States. It is not confined to any class, race, or ethnic group. Women in all walks of life are victims. They are beaten and maimed by husbands and boyfriends, stabbed in their homes, killed on the street. Sometimes they are battered while pregnant or while their children are looking on.

During the first three quarters of 1992, an average of one death from domestic violence occurred every 8 days in Massachusetts. Recently, the Boston Globe published a list of 26 women and 18 children and bystanders who lost their lives in this State last year as a result of domestic violence and described the circumstances of each death. No one can read this grisly list without pledging more effective steps to combat these crimes.

We will hear today from people working to improve the criminal justice system so that abuse of women in their own homes will be treated like the crime that it is. We will hear from others involved in counseling, shelters, and other services. We will hear what the medical profession is doing to make sure that doctors recognize the signs of abuse and offer help.

At the Federal level, Senator Joe Biden of Delaware is sponsoring the Violence Against Women Act to provide increased resources for law enforcement efforts and to establish Federal penalties for abuses across State lines.

This year's bill also includes funds to revive the national toll-free domestic violence hotline, which went out of business last year for lack of funds. I proposed this provision to Senator Biden at the suggestions of State Representative Barbara Gray, who joins us here today.

The national hotline averaged over 180 calls a day, or 65,000 calls a year, in the 5 years it was in operation. The majority of callers were women who had been beaten and believed they were in imminent danger. For them, the hotline was a lifeline, and it ought to be restored.

Our witnesses today will help lay the ground work for early action by Congress on this issue, and I look forward to their testimony.

I will ask our witnesses if they would be good enough to join us at the witness table.

Sarah Buel is the assistant district attorney in charge of the Domestic Violence Unit at the Suffolk County D.A.'s Office. She is also the director of the Battered Women's Advocacy Project at Harvard Law School. Once a battered wife herself, she graduated cum laude from Harvard Law School in 1990, and has established herself as one of the country's leading advocates for battered women. She received the Massachusetts Bar Association's Outstanding Young Lawyer Award for 1992. Ms. Buel has an impressive background and record of service to battered women. We are honored to have you here today.

Joan Stiles is a public education coordinator for the Massachusetts Coalition of Battered Women Service Groups. The coalition, a membership organization of battered-women service programs and individual activists throughout Massachusetts, has defined and advanced the battered-women's movement in the Commonwealth

since 1978. Ms. Stiles, we are really pleased to have you here to join with us today.

James Hardeman has devoted the last 15 years of his life to assisting victims of domestic violence. He has founded a battered-women's shelter, runs numerous counseling programs both for battered women and for men who batter. He is currently manager of counseling for the Polaroid Corp., a company whose foundation, I should note, is the flagship donor for the Jane Doe Safety Fund. Mr. Hardeman, we are delighted to have you here as well today.

Ms. Buel, we will ask you if you will be good enough to proceed.

PANEL CONSISTING OF SARAH M. BUEL, DIRECTOR, DOMESTIC VIOLENCE UNIT, SUFFOLK COUNTY DISTRICT ATTORNEY'S OFFICE, AND DIRECTOR, BATTERED WOMEN'S ADVOCACY PROJECT, HARVARD LAW SCHOOL; JOAN STILES, PUBLIC EDUCATION COORDINATOR, MASSACHUSETTS COALITION OF BATTERED WOMEN SERVICE GROUPS; AND JAMES HARDEMAN, MANAGER, COUNSELING DEPARTMENT, POLAROID CORP.

STATEMENT OF SARAH M. BUEL

Ms. BUEL. Thank you very much, Senator Kennedy. I am honored and delighted to be here. I want to congratulate you for coming to Massachusetts and holding these hearings.

I want to begin by reading the names of those who have been murdered in 1993 because I think it is very important that we personalize who is being murdered and why:

January 5, Ronald Jackson of Roxbury was stabbed, beaten, and kicked to death by his girlfriend's ex-husband; January 8, Linda McCleehan Jenner, 42 years old, of Plymouth, stabbed to death by her estranged husband; January 11, Sherry Norton, 23 years old, of Northampton, stabbed by her husband; Cedric Seabrooks, 18-month-old son of Sherry Norton, stabbed by his father; January 16, Rosemary Bennett, 42 years old, of Lynn, bludgeoned to death; and January 18, Marguerite LaPointe, 47 years old, of Newburyport.

One of the things that I think is particularly important is that in all of our States that we begin to keep death counts, and I want to congratulate Massachusetts, in particular Stacey Kabot, who is here today from Battered Women Fighting Back, for keeping us on that road. Many of the States that we travel to have no idea how many battered women and children are being murdered, and I think that should be a requirement. I know that it is part of the Biden bill that we need to establish some kind of mechanism for keeping statistics on who is being murdered.

Death reviews would also allow us to hold the criminal justice system, the courts, and the community accountable to figure out where are we not serving battered women and their children. How is it that we can improve our services?

I would also want to support very much the provisions in the Biden bill that call for more money for police departments and prosecutors' offices, but would request that there be some monitoring mechanism. Some police departments and prosecutors' offices are doing an outstanding job. You have here District Attorney Bill Delahunt from Norfolk County who has consistently been a leader

in this area. Those counties should be reimbursed and should certainly receive additional funding to improve their services. But we should not be pouring more money into counties that are not coming up with programs and doing what they should be doing.

We also would support under title I a national commission that should include survivors. We need to have some national leadership on this issue, some focus, some mechanism for communication among the States. That is very difficult to have now, particularly with the loss of funding for the national hotline and the loss of funding for the National Coalition Against Domestic Violence, which has recently had to move to Denver.

We also very much support the concept in title II, section D, of family violence prevention and would applaud the Massachusetts Medical Society. I don't know if you have seen their posters and their brochures. We would urge everybody in their communities these should go up in all of the women's bathrooms across the State. They should be displayed prominently around schools, in hallways, in supermarkets, laundromats. We are desperate for community education.

One of the most common things that battered women tell us is they have no idea where they can go, who they can call, who it is safe to disclose to. We need to provide that information to victims.

We are desperately in need of money for youth education. The incidence of teen dating violence is terrifying. We repeatedly receive calls not only from shelters, but also from high schools, junior high schools, even elementary schools. And I think this is an area we have really not focused on. There are, to my knowledge, no batterers' treatment groups for adolescent batterers and no support groups for adolescent victims. And these are certainly the victims and abusers of tomorrow if we don't intervene at this point. It is a real opportunity.

I would just divert your attention to title V, which calls for judicial education. I know that I stay in trouble for my comments about our efforts to hold judges accountable, but I believe that this is an area of tremendous need. Some mechanism needs to be in place to mandate judicial training in domestic violence, and there has to be some way not to keep preaching to the converted, but where every judge who handles these cases has to undergo a minimum of a full day of training and that that training has to include testimony from survivors and practical recommendations.

One of our biggest problems currently in this State is judges issuing mutual restraining orders. The problem with mutual restraining orders is that it is contrary to our State's law. They are not to issue mutual restraining orders unless the batterer has shown that he has also been abused or threatened or harmed in some way.

What we are seeing, just twice last week I was in court for most of the day trying to prevent the battered woman from being sent to jail, because the batterer obtained his own restraining order, then called repeatedly, made allegations either that she had violated the order or somehow was bothering him. And somehow these women are being convicted. Our prisons across the country are filled with battered women, and we need some provision. If our own States are not willing to do it, then we need national leader-

ship on this issue so that battered women are not continuing to be sent to jail; or we will see them not even seeking restraining orders if this is the result.

Senator KENNEDY. There is an additional problem if you are talking about undocumented aliens or those that are substance abusers. They are more intimidated as well in terms of making any reports because of fear of steps being taken against them.

Ms. BUEL. And that would be part of our hope in the community education money, that we would target underserved communities, communities of color, handicapped victims, prostitutes, those with substance abuse problems, because it is extremely difficult and dangerous for them to come forward, as well as undocumented and immigrant and refugee women.

I would also propose that we add to this money for visitation centers. There are currently only 12 around the country. We know that the most likely time that a battered woman is going to be reassaulted is in the course of visitation, and yet there is virtually no provision for this. Our family court judges continue to order that the batterer is allowed to go back to the home to pick up the children, and this is a setup. It is a setup for the mother to be reabused and for the children. And the only mechanism that works—Brockton has an outstanding visitation center that is a great model. These are not terribly expensive. It really is something that we should address on a national basis.

We also need to address the issue of the lack of legal services available to battered women. This State's Gender Bias Study documented it is impossible to navigate our family court system without an attorney, and yet we make no provision for this.

Senator KENNEDY. We have the Legal Services reauthorization in another committee, which I chair, the Committee on Labor and Human Resources. The Legal Service Program provides help and assistance to just 15 percent of needed cases in any event in the State, but I would be interested, I was just asking the staff, if in the reauthorization which we will have this year if there is some provisions that might be useful to add with regard to this question. I will get back to you, but maybe District Attorney Delahunt or others would have some ideas and suggestions.

Ms. BUEL. I would implore that part of their funding should be a mandate that they have to serve battered women in their community. I spent 5 years working in Legal Services and left because of a decision in one program that they would no longer serve battered women because these cases were too complex. They certainly don't make that decision when a housing case gets complex or a benefits case or anything else, and there should be a mandate that they serve battered women in their community. That is their statutory mandate, and it should be enforced.

I would also plead with you to keep in the provision for a toll-free 1-800 number. We are having tremendous problems. We have met with the phone company here. The way it works is if the battered woman calls the operator but doesn't know the name of the shelter, then she can't get connected because the way their computers work is they don't have any way of discerning which shelter is in which community. We are working on that, but the national hotline obviated the need for a problem there because that hotline

could tell them immediately what was the shelter in their community.

My final recommendation would be that any State that gets money needs to have a provision under their restraining order law that a victim can get child support. We know that this is a tremendous obstacle for many women in leaving. They simply have no access to money to be able to feed their children or take care of them, and there are a number of States that do not allow battered women to obtain child support as part of the emergency process.

I will close here in the hopes that you will have about 500 questions, and we can then delve into a lot of the other areas, since we were asked to keep our comments to 5 minutes.

[The prepared statement of Ms. Buel follows:]

PREPARED STATEMENT OF SARAH M. BUEL

Thank you, Senator Kennedy and members of the Judiciary Committee, for convening this hearing and for inviting me to speak today.

They are run over by cars and trucks. They have their teeth knocked out with hammers. They are raped with hot curling irons and large objects. They are stabbed with ice picks, knives and screw drivers. They are burned with cigarettes, kerosene and lighters. They are punched, kicked, choked, molested and beaten in their homes and in the street. They are tied up and forced to watch the torture and sexual molestation of their own children.

Am I describing atrocities committed in some foreign country at war? Am I describing atrocities committed by enemy soldiers who have no regard for the people they are harming? Am I describing atrocities about which human rights organizations and our government are outraged, and pleading for your outrage and money? I am describing the atrocities that constitute domestic violence as it occurs in every city and town in Massachusetts, across this country and around the world.

The FBI tells us that one out of every two women in this country will be in an abusive relationship in their lifetime; not because 50 percent of all men are batterers, but because we as their community fail to hold them accountable. We fail to impose the sanctions that will stop the violence and we fail to provide the resources that will allow battered women and their children to flee to safety.

The National Centers for Disease Control's Violence Epidemiology Unit tells us that more women seek treatment in our nation's emergency rooms as a result of domestic violence injuries than from the combination of muggings, rapes and car accidents. That makes domestic violence the number one cause of injury to women in this country.

They further report that women in America are in nine times more danger in their own homes than they are in the street. Yet the silence, minimization and denial continue.

I welcome any opportunity to talk about family violence because I did not come to this work by accident: I left a violent marriage sixteen years ago. I found myself a battered woman on welfare at a time when there were no abuse prevention laws, no shelters, courts, judges, police, doctors or prosecutors who were concerned about the safety of my children and me.

While there are now about 1,200 shelters for battered women across this country, we have over 3,400 animal protection shelters. It seems to me that no matter how much you love animals, our priorities are a little skewed when we have three times the number of shelters for homeless animals than we have for battered women and their children.

I come to you with two premises: first, that domestic violence is serious, violent crime. Unless we treat it as such we will not see any decrease in the spiraling numbers of homicides and assaults. My second premise is the good news: there is a tremendous amount we can do to dramatically reduce its incidence. We must be about the business of forging creative interventions by everyone in the community.

I would like to present you with five practical recommendations for decreasing the incidence of family violence.

I. COMMUNITY TAKE RESPONSIBILITY

A. Stop victim blaming: The community must take responsibility for ending family violence and stop blaming the victim. It amazes me that no matter what I accom-

plish in my life, people still tell me I don't look like a battered woman. They ask, "How is it you were smart enough to get a full scholarship to Harvard Law School (as though that take intelligence), but you were dumb enough to stay in a violent marriage (as though that reflects stupidity)?" It is not about being stupid. It's about not knowing to whom it is safe to disclose, where you can turn for safety, if there is any way out, how you will make it as a single parent and all the other fears any of us faces in making emergency life decisions.

It is also wrong to ask "Why do battered women stay?" because the reality is that most of us make many courageous efforts to leave. A recent study in the state of Texas documented that fully 75 percent of the battered women calling shelters, hot-lines and hospitals had fled at least five times previously. That is certainly consistent with my own experience. The first two times I fled, I went back because he said he was sorry and it would never happen again. The third time I left the first job I could get was in a shoe factory. It took me all of three weeks to figure out that I could not both pay the babysitter and pay the rent.

Furthermore, we must acknowledge that leaving does not mean safety. Dr. Angela Browne, in her outstanding book "When battered women kill," documents that more battered women are killed in the process of leaving than any other time. She further reports that over 50 percent of battered women who flee are hounded, badgered and forced to return. The 1992 homicide count certainly confirms this: 40 battered women and their children were murdered: that means we averaged one death every nine days.

It is wrong to ask "Why do battered women stay?" Because the real question is, "Why do we as a society tolerate such extraordinary levels of violence primarily by men against woman?"

B. Acknowledge obstacles to battered women leaving which the community allows with its silence and inaction. The most common obstacles are fear, economic constraints, low self-esteem, trying to protect their children, trying to keep their family together, belief that if she is patient the violence will stop, the batterer's promises of change, denial and minimization by the batterer and the community, isolation, prior lack of effective intervention by the authorities, and guilt.

C. Family violence roundtables and coordinating councils must be formed in each court or region to facilitate communication between police, judges, prosecutors, advocates, staff from shelters, legal services, medical facilities, mental health programs and child protective agencies. Such groups in Seattle, San Diego, and Baltimore have been instrumental in institutional reforms.

D. Visitation Centers must be established to provide a safe place for children to have contact with their abusive fathers. Our family court judges routinely order that even though a victim has a restraining order, the batterer is allowed to go to the homes to pick up the children for visitation. This results in a high number of repeat assaults against the mother, often in view of the children or the children trying to intervene to protect mom. The Brockton Visitation Center is a model program, with just twelve similar programs around the country.

E. Legal services must be made available to battered women. The Massachusetts Supreme Judicial Court's 1989 gender bias study documents that it is virtually impossible to navigate our family court system without an attorney, yet most legal services programs wait list battered women because they are not a priority. Additional funding should be provided to legal services offices only on the condition that it be allocated for new services to battered women and their children.

F. Establish a national family violence council with formerly battered women and experienced advocates to guide policy and spending.

G. Federally fund a 1-800 Toll-Free Hotline.

II. THE KNOWN CORRELATION BETWEEN DOMESTIC VIOLENCE, CHILD ABUSE AND JUVENILE DELINQUENCY MUST BE ACKNOWLEDGED AND USED TO FORMULATE HOLISTIC INTERVENTIONS WITH THE FAMILY

The medical community reports that thirty percent of all pregnant women will be battered during their pregnancy. This is the most likely time for the onset of the violence and the stomach is the usual target. It is not surprising then that the March of Dimes 1987 study found that more babies are now born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all the diseases and illnesses for which we immunize pregnant women.

The National Commission on the Prevention of Infant Mortality reports that we spend \$2 billion dollars per year keeping low birth-weight babies alive during their first year of life. They found that pregnant battered women were 25 percent more likely to deliver low birth-weight babies and twice as likely to miscarry as those who were not abused.

In 1985 the Massachusetts Department of Youth Services conducted an outstanding study correlating domestic violence and juvenile delinquency. They found, as did nine other state's studies, that children growing up in violent homes did not need to be physically abused themselves to take on delinquent behavior; it was enough for them to witness their mother's abuse. DYS found that children growing up in violent homes in Massachusetts were six times more likely to attempt suicide, 24 percent more likely to commit sexual assault crimes, 74 percent more likely to commit crimes against the person and more than twice as likely to abuse drugs and/or alcohol.

The Hazeldon Foundation reports that fully 63 percent of the young men between the ages of eleven and twenty who are doing time for homicide have killed their mother's batterer. I submit that these young men are taking on the role that we, as their families, friends and communities, are failing to do and that is to protect them and to protect their mothers. With adolescent girls we tend to see the rage and pain turned inward; they surface as the teen prostitutes, runaways and mothers. The University of Washington study found that the most common factor among pregnant teens was that they came from violent homes.

Child Protective Agencies, such as the Massachusetts Dept. of Social Services, have as their mandate the reunification of the family and NOT child/family SAFETY. Often the abused mother is blamed for "failing to protect" the children from that which she cannot protect herself. The community makes it all but impossible for the victim to flee, but is so quick to pass judgment and assume that Mom can leave on whim. Each DSS office must have an experienced battered women's advocate to assist in all cases involving domestic violence. DSS must routinize inquiry about abuse!

III. CHANGE ORGANIZATION PRACTICES

A. Training and Education: All police, judges, prosecutors, probation/parole officers, attorneys, DSS staff, advocates and medical/mental health personnel who could have access to the family in crisis must attend comprehensive training programs. Such programs must include formerly battered women and experienced advocates as the trainers.

B. Routinization or inquiry about abuse: PA. Triage nurses found that by asking all incoming patients if they had been hit or threatened in the last year, they increased their identification of battered women by 60 percent. All doctors, nurses, lawyers, prosecutors, mental health practitioners, DSS workers and other intervenors should be mandated to routinely ask about abuse and then conduct safety plans with the victim.

C. Insist on standards for all governmental players:

1. Police: must arrest, investigate and write incident reports which will facilitate prosecution.

2. Prosecutors: must be trained to go forward with or without the victim, using hearsay exceptions (spontaneous utterances, etc.) and witnesses.

3. Judges: must be trained in background dynamics of family violence and in enforcing laws equitably.

4. Probation/parole officers: monitor and enforce sentence, with swift, sure revocation for violation of conditions.

5. Department of Revenue/Child Support Enforcement: must get serious about child support collection! Federal Government reports that absent fathers owe \$18 billion in unpaid child support. A Pennsylvania study found that batterers had the worst record for paying child support.

6. Advocates: must be well-trained, allowed to work closely on the cases and to provide the court with relevant information about the victim, the children and the abuse.

IV. MASSIVE COMMUNITY EDUCATION

A. Every public and private day care, elementary school, junior high, high school, college, graduate program, and technical school must provide comprehensive, ongoing curricula on family violence.

B. PSA's, posters, ad campaigns, brochures, TV specials and media involvement must be part of the effort to eradicate family violence.

V. VISION

We must have the courage to visualize the way we want our courts and communities to respond to family violence in order to conceptualize what reforms are necessary.

I knew I wanted to be a lawyer since I was 12 years old. Perry Mason was my hero, probably because there were no women lawyers on TV in the '50's and early '60's. But my grandmother told me that women could not be lawyers, so I decided I'd be like Della Street. But nobody would hire me to be a legal secretary since my typing was so bad. After I left the violent marriage I was forced to go on welfare, but then they had the CETA program, through which I was able to get a job as a paralegal with legal services. I began to learn about my rights and options. A group of us got together and started the first shelters, safe homes, transportation networks and drafting the abuse prevention laws.

They gave me the bad news that you needed a college degree before you could go to law school, so I spent the next seven years going at night for my B.A. Near the end one of the lawyers asked me where I wanted to go to law school. So, I explained that I wanted to go to Harvard Law School because they had the money. He told me that I was not being realistic because I was a single mom, I'd been on welfare, I wanted to do public service work. Well, it made me so mad I'd drive by Harvard Law School and yell at them, "You're going to let me in!" Then, I got a little braver and I'd go inside their library and classrooms and hallways, just to get the feel of the place. They had all different colored lockers and I decided I wanted an orange one (my son loves the Syracuse orangemen).

I would envision myself sitting in those classrooms, walking in those hallways and putting my law books in that locker. Then, the most amazing thing happened: they not only let me in and gave me a full scholarship, but they assigned me that orange locker. I just said to myself, "You better be careful what you envision, because you might just get it."

I put a small ad in the student newspaper asking anyone who wanted to be a court advocate to come to a meeting. Seventy-eight students came to that first meeting and by the next year we had 215 law students, 25 percent of them men. The Harvard Law School Battered Women's Advocacy Project is now the largest student organization at the law school and provides support and advocacy services to family violence victims in the greater Boston area.

Currently there are Battered Women Advocacy Projects at Suffolk, Boston University, Northeastern and Harvard Law Schools, as well as at Tufts University and Wellesley College. From these projects many graduates have gone to large law firms where pro bono advocacy projects have now been formed. Additionally we have formed a Domestic Violence Council to provide all legal advocates within law schools, firms, legal services and prosecutor's offices the opportunity to network, share information and coordinate our efforts.

Senator KENNEDY. Ms. Stiles?

STATEMENT OF JOAN STILES

Ms. STILES. Good morning, Senator Kennedy. I would like to thank you also, as well as Sarah, for holding this field hearing today and giving me, as a representative of the Massachusetts Coalition of Battered Women Service Groups, an opportunity to speak to you, because the state of emergency that exists here in Massachusetts for battered women also exists all across the country.

While we commend the Judiciary Committee for their work on Senator Biden's Violence Against Women Act, we would like to go on record today—

Senator KENNEDY. Maybe you could just bring that mike a little bit closer.

Ms. STILES. We would like to go on record today to strongly urge that there be swift action on the Violence Against Women Act. If there is anything we have learned about effectively protecting victims of battering, it is that it calls for a coordinated, multidisciplinary, and community-based response.

We are at a critical junction here right now in Massachusetts. Governor Weld has established a Domestic Violence Policy Commission in Massachusetts and has just submitted a budget which increases funding for battered-women shelters, for district attorneys' domestic violence units, for batterers' treatment and interven-

tion strategies, for judicial and police training in order to have battered-women specialists in the Department of Social Services, as well as long-range prevention plans for the schools. Passage of the Biden bill would really help in providing desperately needed support for all of these initiatives.

But while we strongly endorse passage of that specific piece of legislation, we would like to caution that it is only the beginning of what we will need for Government initiatives if we are going to really adequately address the problem.

We are asking you to take some leadership in acknowledging that whatever we do in 1993 needs to go beyond 1993 and, in fact, will have to go well into the 21st century.

I think what we would like to see in leadership is all of us understanding that this isn't a new social problem, that we can't look at this and say it is attributable to substance abuse or the breakdown of the family unit or a failure in traditional family values. In fact, domestic violence is so deeply embedded in our culture it is as traditional as Thanksgiving, as American as apple pie.

Consider, if you will, that at least a third of the women murdered in this country are murdered by their partners. If you also consider that approximately a third of the women who go to hospital emergency rooms are there as a result of battering, if we consider that battering is the leading cause of birth defects, and that here in Massachusetts it has been estimated that police spend between 40 to 60 percent of their time responding to it, and yet, with few exceptions and until very recently, poorly funded battered-women's programs were the only ones who were systematically trying to address this epidemic.

We are really only just now exploring what is going to be needed long term to overcome the decades, and really centuries, of what has been societal blindness as well as institutional indifference and neglect. While we are asking you to prioritize the Violence Against Women Act, we are also asking you to look beyond it and examine the role that the Federal Government, I think, has a moral imperative to assume in addressing issues which the States alone can't or haven't addressed.

We have just elected a President who has personally experienced the devastation of domestic violence and who can take some leadership in promoting the understanding that it is a problem that crosses all social, racial, and economic barriers, and that it impacts not just on the women who are abused but on their children.

As we begin to more thoroughly understand the dynamics of domestic violence, I think we are going to see how insidiously it results in child abuse and delinquency and a failure to thrive, resulting in homelessness and substance abuse, in psychiatric hospitalizations, in prostitution, and in an adult propensity toward violence, which leads to the need for more and more incarcerations.

I think all of us have to really look at this and recognize that as a society we have paid a tremendous cost to uphold the values that "boys will be boys" and "a man's home is his castle." It is time for the Federal Government to ensure equal protection under the law to women and children in their own homes, and to take the kind of leadership it took in the civil rights movement. To do so will require a lot more than criminal justice interventions.

When battered women are attempting to get free and stay free from abusers, they interact with many Government agencies beyond the police and criminal courts. Often they are faced with impoverishment, homelessness, and sometimes loss of their children as an alternative to enduring the abuse.

We ask that you take leadership in recognizing the absolutely crucial role that economic empowerment plays in a woman's ability to protect herself and her children. We are asking the Federal Government, through a commission, to provide the States with some funding incentives as well as taking the coordinating role in examining how custody laws and practices allow children to become the pawns of batterers, and to reexamine housing, public assistance, and child-protective laws as well as regulations and practices to meet a standards of empowerment for victims of violence.

I would ask that this leadership move beyond the theoretical, to a concrete evaluation of how we can remove the bureaucratic obstacles that battered women routinely face, and also include enforceable time lines for systemic changes.

When we look at all the women and children who have been killed this past year and continue to be in Massachusetts, I think we also have to really take a look at batterers. A friend of mine with a law enforcement background refers to these men who kill as "guided missiles" and expresses the frustration felt by those in the criminal justice system at our inability to deflect those missiles from their intended targets, and especially considering the number of men here in Massachusetts who have been willing to take their own lives in order to accomplish that tragic goal.

In order to better protect victims, in order to move beyond a time when the best we can offer a battered woman is the sanctuary of hiding, we are going to have to better understand what motivates batterers and when their abuse threatens to become lethal. Rather than leaving each State to grapple alone with this issue, the Federal Government could take leadership in collecting data and studies regarding effective interventions and develop models of sanctions and treatment which have proven effective.

Finally, I, like Sarah, would like to address the need for a national hotline.

Women who are being abused often are unaware of their options and of their legal rights. They are also often really conflicted about what course of action to take, and I think we especially in the criminal justice system have to understand and remember that these are very complicated family and intimate relationships where economic dependence, love, shame, and fear impact a women's ability to make her decisions. Allowing her to reach out confidentially to an advocate who is trained to help her define her options and also plan for her safety is crucial.

We in the battered-women's movement have long acknowledged we can't protect battered women. We know we can't protect battered women. What we can do is empower them to make their own decisions and appropriate decisions to protect themselves. A critical first step is that hotline call.

Few, if any, of the States operate statewide hotlines right now, and all of us are sort of grappling with the lack of backup support services as we move toward trying to have statewide hotlines.

While all the battered-women's programs in this State do operate their own local 24-hour hotline, we currently lack the ability to widely publicize an 800 number. We also know that many women who are fleeing abuse are fleeing to other States and need to know and be able to plan before they go about what kind of services are going to be available to them in other States.

It is really frightening when you think of the fact that the old national hotline, that 1-800-333-SAFE number, is being disseminated all over the country with previously printed brochures and materials, and so women are looking to it and still calling that number. And when they call that number, they are being answered by an electronic voice telling them that the line is no longer in service. Again, we are very encouraged to hear that there is action planned on restoring that, and again, I will close with urging quick action on the Violence Against Women Act.

Thank you.

[The prepared statement of Ms. Stiles follows:]

PREPARED STATEMENT OF JOAN STILES

Good morning, Senator Kennedy. I'd like to thank you and all the members of the Judiciary Committee for holding this field hearing and for giving me, as a representative of the Massachusetts Coalition of Battered Women Service Groups, an opportunity to speak to you on the state of emergency which exists for battered women, not only here in Massachusetts but across the country.

We commend the Judiciary Committee for their work on Senator Biden's Violence Against Women Act, and go on record today to strongly urge swift passage of this absolutely vital piece of legislation. If there is anything we have learned about effectively protecting victims of battering, it is that it calls for a coordinated, multidisciplinary, community-based response.

We are presently at a critical juncture here in Massachusetts. Governor Weld has established a Domestic Violence Policy Commission and submitted a budget which increases funding for battered women's programs, for District Attorney's Domestic Violence Units, for batterer's treatment and monitoring interventions, for judicial and police trainings, for battered women's specialists in the Department of Social Services and for long-range plans for violence prevention in the schools. Passage of the Violence Against Women Act would provide desperately needed Federal support for all of these initiatives.

While strongly endorsing the need for this specific piece of legislation, however, we must caution that it is only the beginning of necessary government initiatives to adequately address this problem. We ask you, Senator Kennedy, and other members of the Judiciary Committee to take leadership in acknowledging that we must begin efforts which, to be effective, will need be continued beyond 1993—indeed well into the 21st century.

Domestic violence is not a new social problem. It must not be attributed to the 20th century problems of substance abuse or the break down of the family unit, or on the failure of traditional family values. Instead we must recognize that domestic violence is deeply embedded in our culture and is, in fact, as traditional as Thanksgiving, as American as apple pie.

Consider if you will, Senator Kennedy, that at least one third of the women murdered in this country are killed by intimate partners; that approximately one third of all women who go to hospital emergency rooms have been injured by batterers; that battering is a leading cause of birth defects; that, in Massachusetts, up to fifty percent of police calls involve domestic violence and that over fifty thousand restraining orders were issued in 1992. And yet, until recently, and with few exceptions, poorly funded battered women's programs were the only ones attempting to systematically address this epidemic of suffering, injury and appalling loss of life.

We are only now exploring what will be needed to overcome decades, if not centuries, of societal blindness and institutional indifference and neglect. So while we ask you to prioritize the Violence Against Women Act, we also ask that you look beyond it and examine the role which the Federal Government has a moral imperative to assume in addressing issues which the states alone cannot or have not addressed.

We have just elected a President who has personally experienced the devastation of domestic violence as a child; and who can take leadership in promoting the understanding that this problem crosses all social, racial and economic lines, and impacts not only on the women abused but on their children. As we begin to more thoroughly understand the dynamics of domestic violence, we will see how insidiously it can result in child abuse, delinquency and failure to thrive; in homelessness; in substance abuse; in psychiatric hospitalizations; in prostitution; and in an adult propensity for violence leading to the need for more and more incarcerations.

We, as a society, have paid a tremendous cost to uphold the values that "boys will be boys" and that "a man's home is his castle". It is time for the Federal Government to insure equal protection under the law to women and children in their own homes; and to take the kind of leadership it took in advancing the Civil Rights Movement. To do so will require more than criminal justice interventions.

Battered women, in their attempts to get free of and remain safe from abusers, interact with many government agencies beyond the police and criminal courts. Often, in fact, they are faced with impoverishment, homelessness and sometimes loss of their children as an alternative to enduring the abuse.

We ask you to take leadership in recognizing the absolutely crucial role which economic empowerment plays in a women's ability to protect herself and her children. We ask that the Federal Government provide states with funding incentives, as well as taking a coordinating role, in encouraging states to examine how custody laws and practices allow children to become pawns of batterers; and to reexamine their housing, public assistance and child-protective laws, regulations and practices to meet a standard of empowerment for the victims of domestic violence.

This leadership must move beyond the theoretical—to a concrete evaluation of how to remove bureaucratic obstacles to safety; and enforceable time-lines for systemic changes.

As I'm sure you are aware, Senator Kennedy, battered women and their children are being killed in appalling numbers here in Massachusetts. A friend of mine with a law enforcement background, refers to these men who kill as guided missiles; and expresses the frustration felt by those in the criminal justice system at their inability to deflect these missiles from their intended targets—especially considering the number, here in Massachusetts, who have been willing to take their own lives to accomplish their tragic goals.

In order to better protect victims; in order to move beyond a time when the best we can offer a battered woman is the sanctuary of hiding; we must better understand what motivates batterers and when their abuse threatens to become lethal. Rather than leaving each state to grapple with these issues alone, the Federal Government could take leadership in collecting data and studies regarding effective interventions, and develop models of sanctions and treatment which have proven effective.

Finally, I would like to address an immediate, pressing unmet need.

Women who are being abused are often unaware of their legal rights or of the services available to help them. They are also often conflicted about what course of action to take. We must always remember that these are complicated family and intimate relationships where economic dependence, love, fear and shame impact a women's decisionmaking abilities. Her ability to reach out, confidentially, to an advocate who is trained to help her define her options and develop a plan for her safety is crucial.

We in the Battered Women's Movement have long acknowledged that we cannot protect battered women—we must empower them to make their own decisions to protect themselves. A critical first step in this process is the availability of 24 hour hotlines. Few, if any, states operate a statewide hotline, and are now grappling with the issue of lack of back-up supportive services. While all the battered women's programs in Massachusetts operate their own local 24 hour hotlines, we currently lack the ability to publicize a statewide 800 number which can connect women to appropriate services in their own areas. Also many women who are fleeing abuse need to know of available services in other states.

We sorely miss the National Domestic Violence Hotline which was, for several years, operated by the Michigan Coalition and which, because of lack of funding, has been inoperational for over a year. It is frightening to think that all over the country previously printed brochures and other materials are advertising a 1-800-333-SAFE number which now responds with an electronic voice telling a terrified woman that the line is no longer in service.

We implore you to take immediate action to restore funding for this critically needed service; as well as acting quickly on the Violence Against Women Act.

Thank you, Senator Kennedy, for your attention.

Senator KENNEDY. Mr. Hardeman?

STATEMENT OF JAMES HARDEMAN

Mr. HARDEMAN. Senator Kennedy, I would also like to applaud you and your staff for conducting hearings dealing with the issues around family violence. I am also pleased at seeing the number of young people in the audience from Northeastern University. I am glad that the interest is that strong.

I am pleased to have the opportunity to talk with you about my understanding of family violence and about the support Polaroid Corp. provides for the Jane Doe Safety Fund of the Massachusetts Coalition of Battered Women Service Groups, Inc. I will also make recommendations about ways in which businesses can take a leadership role in education about and prevention of spousal and child abuse.

Let me begin my testimony by stating that I do not use the term "domestic violence." It is a misnomer, a complete misrepresentation of the behavior it is intended to describe. It does not begin to describe the enormous damage done by this form of dysfunctional male assaultive behavior. As a survivor of both emotional and physical abuse, I fail to comprehend the domestication of violence. I use instead a term which seems to describe more realistically the damage to spouses and children by husbands, lovers, and fathers: family violence. The 41 women and children murdered in the Commonwealth last year are silent testimony to the accuracy of such a designation.

Family violence leaves a trail of long-term emotional scars that are every bit as devastating as physical wounds and broken bones. My own childhood and adolescent experiences in such "civil" wars has sensitized me to the plight of families living in secrecy, attempting to prevent friends, relatives, and acquaintances from learning the truth. I understand firsthand the shame, fear, and mistrust such violence creates.

I can better illustrate the implications of family violence by sharing with you a couple of anecdotes. In 1978, while a doctoral student at Brandeis University, I was employed by the Department of Mental Health in Plymouth. One day a woman arrived at the shelter with her 19-month-old child, seeking protection from her abusive husband. Not remembering this woman's name, I will refer to her as Ms. Jane Doe. Since there were no shelter services available to the clinic and none available in nearby communities, Ms. Jane Doe had no choice but to return to her residence.

A week later, the local newspapers headlined a story about her being severely beaten on the steps of the post office in Plymouth. No one came to her aid; no arrests were made. Failure to get her husband's permission to leave the house and mail a letter precipitated the beating. Ms. Jane Doe was transferred to a shelter far from her community and victimized by the criminal justice system.

There were some positive actions that happened in the wake of this tragic event. The clinic began immediately to provide group therapy for battered women, and through word of mouth by group participants, many victims came forward. Within a year, I mobilized a citizens' group that implemented a hotline, established a

batterers' group, coined "A Man's Choice," and opened a shelter. The South Shore Women's Center, I am happy to report, has been a haven for victims of abuse for 15 years.

In 1983, I joined Polaroid as a clinical therapist within an employee assistance program. Little did I realize that my shelter experience would be useful in the private sector. One evening in 1986, an incident occurred that would start a rippling effect and would continue through this very moment. A female hand-assembly operator, a woman with 10 years' seniority and a good job performance record, arrived late for her evening shift. When confronted about her tardiness, she became emotionally distraught and verbally assaulted her male supervisor. Shocked by this sudden rupture of what had been an excellent employee/supervisor relationship, he referred her to the counseling department.

At the counseling department, the employee revealed that she had been beaten by her boyfriend prior to coming to work. Her emotional release was directed toward her supervisor. She stated that she was aware of other women in similar circumstances. Eventually, a group was formed, but for cosmetic reasons was referred to as a "self-image group."

The group was comprised of women of every racial, religious, and employment level in the company. In the group, women identified a clear relationship between spousal abuse and such bottom-line issues as tardiness, poor job performance, increased medical claims, interpersonal conflicts in the workplace, depression, stress, and substance abuse.

There is good news to report about what followed. Within a year, each woman had resolved their battering situation. In addition, every member of the group improved her job performance, and those who remained with the company secured better jobs. Even though the group eventually terminated, their experience was captured on video and shown, with encouragement from the group, at every quarterly business meeting throughout the corporation.

There are other less obvious, but equally important consequences. In response to what I had learned from working with the group of very special women, I was later appointed to the Polaroid Foundation. I became an outspoken advocate for battered-women's shelters. I also was happy to report that the Foundation decided to fund several shelters that were around the Polaroid plants and that also had served a number of women who had requested shelter from their abusive husbands and boyfriends.

But the best is yet to come. Following a presentation by Liz Walker, news anchor for WBZ and cochair of the Jane Doe Safety Fund, and Kathleen Pawlowski, attorney with Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, a number of funding issues were discussed before the Polaroid Foundation. Fortunately, Polaroid decided to become a flagship donor of the Jane Doe Safety Fund. In fact, the \$75,000 granted to the fund is the largest amount ever awarded by the foundation. Members of the foundation felt it was critically important that the business community become aggressively involved in providing education about family violence and in seeking to prevent its occurrence.

I have a few recommendations to make.

There needs to be further examination of the direct relationship between family violence and violence in the workplace.

Business leaders must be aware of the alarming incidence of family violence and its social and economic impact in the workplace.

Businesses must become aware of the costs, both human and economic, of family violence. They must be helped to understand not only the increased cost in health care, but the litany of human costs as well, such as depression, stress-related illnesses, accidents, hypertension, ulcers, migraine headaches, sleeplessness, and an array of other physical and emotional problems.

Last, victims are people. And people are employees. And victims die at the hands of batterers.

Thank you very much.

[The prepared statement of Mr. Hardeman follows:]

PREPARED STATEMENT OF JAMES HARDEMAN

Mr. Chairman, members of the committee and others interested in the prevention of family violence: I am pleased to have this opportunity to talk with you about my understanding of family and about the support Polaroid Corp. provides for the Jane Doe Safety Fund of the Massachusetts Coalition of Battered Women Service Groups, Inc. I also will make recommendations about ways in which businesses can take a leadership role in education about and prevention of spousal and child abuse.

Let me begin my testimony by stating that I do not use the term "domestic violence." It is a misnomer, a complete misrepresentation of the behavior it is intended to describe. It does not begin to describe the enormous damage done by this form of dysfunctional male assaultive behavior. As a survivor of both emotional and physical abuse, I fail to comprehend the domestication of violence. I use instead, a term which seems to describe more realistically the damage to spouses and children by husbands, lovers and fathers: family violence. The 41 women and children murdered in the Commonwealth last year are silent testimony to the accuracy of such a designation.

Family violence leaves a trail of long-term emotional scars that are every bit as devastating as physical wounds and broken bones. My own childhood and adolescent experiences in such "civil" wars has sensitized me to the plight of families living in secrecy, attempting to prevent friends, relatives and acquaintances from learning the truth. I understand first-hand the shame, fear and mistrust such violence creates.

I can perhaps best illustrate the implications of domestic violence by sharing with you a couple of anecdotes. In 1978, while a doctoral student at Brandeis University, I was employed by the Department of Mental Health in Plymouth, Massachusetts. One day, a woman arrived at the shelter with her 19-month-old child, seeking protection from her abusive husband. Not remembering this woman's name, I will refer to her as Ms. Jane Doe. Since there were no shelter services available to the clinic—and none available in nearby communities—Ms. Jane Doe had no choice but to return to her residence.

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There were some positive actions that happened in the wake of this tragic event. The clinic began, immediately, to provide group therapy for battered women and through "word of mouth" by group participants, many victims came forward. Within a year, I mobilized a citizen's group that implemented a hot line, established a batterers group—coined a "Man's Choice"—and opened a shelter. The South Shore Women's Center, I am happy to report, has been a haven for victims of family abuse for 15 years.

In 1983, I joined Polaroid as a clinical therapist within an employee assistance program (EAP). Little did I realize that my shelter experience would be useful in the private sector. One evening in 1986, an incident occurred that would start a rippling effect and would continue through this very moment. A female hand assembly operator—a woman with ten year's seniority and a good job performance record—

arrived late for her evening shift. When confronted about her tardiness, she became emotionally distraught and verbally assaulted her male supervisor. Shocked by this sudden rupture of what had been an excellent employee/supervisor relationship, he referred her to the employee assistance program.

At the EAP, the employee revealed that she had been beaten by her boyfriend before coming to work. Her emotional release was directed toward her supervisor. She stated that she was aware of other women in similar circumstances. Eventually, a group was formed, which, for cosmetic reasons, was called a "self-image group." The group was comprised of women from every racial, religious and employment level in the company. In the group, women identified a clear relationship between spousal abuse and such "bottom line" issues as tardiness, poor job performance, increased medical claims, interpersonal conflicts in the workplace, depression, stress and substance abuse.

There is good news to report about what followed: within a year, each woman had resolved their battering situation. In addition, every member of the group improved her job performance and those who remained with the company secured better jobs. Even though the group eventually terminated, their experience was captured on video and shown—with encouragement from the group—at Quarterly Business Meetings through the company.

There are other less obvious, but equally important, consequences. In response to what I had learned working with that group of very special women, I was later appointed to the Polaroid Foundation. I became an outspoken advocate for battered women's shelters. I am also happy to report that the Foundation funded several shelters in communities surrounding Polaroid plants.

But the best was yet to come. Following a presentation by Liz Walker, news anchor at WBZ-TV and cochairperson of the Jane Doe Safety Fund, and Kathleen Pawlowski, Esq., attorney with Mintz, Levin, Cohn, Ferris, Glovsky & Popeo and a member of the Fund's executive board and myself, Polaroid Foundation became a "flagship" donor to the Jane Doe Safety Fund. In fact, the \$75,000 granted to the Fund is the largest amount ever awarded by the Foundation. Members of the Foundation felt it was critically important that the business community become aggressively involved in providing education about family violence and in seeking to prevent its occurrence.

RECOMMENDATIONS TO THE SENATE JUDICIARY COMMITTEE

1. There needs to be further examination of the direct relationship between family violence and violence in the workplace.
2. Business leaders must be made aware of the alarming incidence of family violence and its social and economic impact on the workplace.
3. Businesses must become aware of the costs—both human and economic—of family violence. They must be helped to understand not only the increased cost of health care, but the litany of human costs as well: depression, stress-related illness, accidents, hypertension, ulcers, migraine headaches, sleeplessness and an array of other physical and emotional problems.
4. Victims are "people" and people are employees and victims die at the hands of batterers.

Thank you for this opportunity to appear before the Senate Judiciary Committee and please do not hesitate to contact me for additional comments or participation on a panel or committee to address problematic issues about family violence.

Senator KENNEDY. Just as you are mentioning about the workplace, which I think is certainly important, I think we should also think about the schools, the problems many of the children are facing in many of our school systems as well. It is all pervasive. As you were talking, one could think of many other aspects of it.

Let me go back, if we could, now to Ms. Buel. You had an extraordinary situation yourself. I understand you are an example of someone who was able not only to move out from an abusive marriage and finish your education, but ultimately to achieve a remarkable degree of success in your chosen profession. I suppose the first question is how you were able to extricate yourself successfully from the marriage, how you were able to really develop that kind of personal courage, and the determination to continue your education and also pursue your own career.

Ms. BUEL. Well, Senator, I have been extremely blessed, and I have had a lot of opportunities that others don't have. There were a lot of safety nets in place that are no longer there. I am very much a product of the battered-women's movement. I am alive because of the shelters that were formed and the extraordinary efforts of many volunteers.

When I left, I did have to go on welfare, but that was a time when they also provided great assistance in helping you find a job. There was the CETA program, Comprehensive Employment and Training Act. It was the only way I got off welfare. Through that I got a job with Legal Services and started learning about rights and options. We started setting up the first shelters, drafting the abuse prevention laws. But I was also receiving section 8 housing assistance. Without that, I would not have been able to pay my rent. I would have had to go back on welfare.

The last 12 years have been devastating to battered women. The Reagan and Bush administrations' annihilation of public housing and subsistence programs has just been devastating for battered women. And I would also implore in whatever ways you can put back that funding, those kind of safety nets are imperative for battered women in leaving. And when people say it is remarkable that I got out, it is remarkable to me that any woman in 1993 can get out. In 1977 when I left, there were far more programs. I was able to get food stamps.

I am a result of what happens when the entire community and when those Government programs all kick in and help somebody get back on their feet. That is the only reason I am alive.

I also was very fortunate to have a loving and supportive mother. Many victims don't have that.

Senator KENNEDY. I didn't know that that was the answer you were going to give, but I think that in a world where we are all mindful of some of the particular problems that some of those programs had, to hear them work in a way which they obviously did in your own case gives heart to many of us who understand that, even with their inadequacies and shortcomings, they do in important instances provide some lifelines to individuals.

Let me ask you sort of a two-pronged question. One is the kinds of support that you think—and it is difficult to prioritize. I am not going to ask you to, but you can by your own description emphasize the kinds of support services which are necessary for battered women. I think you mentioned some, and the other panelists have.

Then I would like you to do it in terms of the law enforcement provisions because of your work in the district attorney's office, the kinds of things that we ought to be giving attention to, greater visibility, greater kinds of support. Tell us a little bit about that. We talked somewhat about shelters, support for children. I am sure we will get into restraining orders and other aspects, maybe the coordination of various restraining orders. That might be over on the police side.

But I would be interested if you could sort of walk us through the things which may be the most immediate and most important, both in terms of law enforcement as well as nonlaw enforcement.

Ms. BUEL. Well, I really want to emphasize Joan's point that we need to have a community-comprehensive response to family vio-

lence. It cannot just be lain on the doorstep of the victim or the police or the courts. There is a huge role for every one of us, particularly the medical community. And I am delighted that in Massachusetts they have really done a tremendous amount, and I know you are going to hear more about that.

I think the estimates are that the hospital emergency rooms see about 10 times the number that the police see, and the police see about 4 times the number that we in the courts see. So the fact that the medical community has gotten on board is a tremendous asset, and they have been very good about making the referrals to the police and to the courts.

But that does mean that we need to have advocates within the hospital emergency room settings. We also desperately need to have advocates at the courthouses. I am not sure if District Attorney Bill Delahunt is going to speak, but during the 2 years that I worked in his office, I was able to work in a model program that he had established about 10 years prior to my coming there, in which there were court advocates to meet the victim from the minute she walked in the door. They then walked through a briefing session in which her legal rights and options were explained to her, what to do when she got in the courtroom, what to do if he violated the restraining order. They also had trained prosecutors to handle those cases, and that is a critical step.

That combination of victim services meant that 87 percent of the victims in that court followed through with getting a permanent restraining order, and most of those with criminal prosecution.

What you will hear from around the country, the complaint of police, of judges, of prosecutors, is: Well, these women don't follow through. They bail them out or they just go back to him.

We are so quick to blame the victim. We state that with such righteousness as though we have no role in their going back to him or not providing the kind of advocacy and link so that they are not so intimidated in the courthouse.

But I think that immediate intervention of advocates in hospitals, advocates at the courthouse is critical. And in the past, most of those advocates have been from shelters, which is part of why they so desperately need to have substantive funding.

But it also is the responsibility of a district attorney's office to provide those advocates. Our job is public safety, and if we know that one of the best ways to protect family violence victims is to provide that kind of advocacy up front, that that is the only way we can keep them hooked in the system, the only way we can give them the message that their safety is our priority, that really has to be a front-line piece. And that is a piece that is not being utilized in most of the courts in the Commonwealth.

People are constantly hearing about the Quincy model, and they roll their eyes. They don't want to hear about it anymore. But the reality is it is a model that works, and it is one that now down in Suffolk County we are planning on implementing. We just received a Federal grant through the Massachusetts Committee on Criminal Justice to implement basically the same program in the Roxbury court, because over half of those victims were returning to the abuser and were not able to follow through in the court, primarily because they had no idea what to do.

I think that has been a serious gap in most district attorneys' offices and in most courts. There are no signs when you walk in. I would ask you to walk into some of the courts around the Commonwealth. There are no signs that tell you where to go or what do so. You walk in the clerk's office. There is a long line of people ahead of you. The clerks may be helpful, but they may be rude. They may not have any more information. We have to have at the front end people that are able and willing to give that kind of information out.

And the next piece is for prosecutors to not simply take the position that anybody who comes before them, any victim, is most likely going to drop the case or will not follow through; but also to take a hard-line approach when batterers come in claiming that they need restraining orders, which are almost always retaliatory, and to not end up with the victims being prosecuted and convicted. And this is becoming a tremendous problem. That, again, goes back to the need to train prosecutors to understand the background dynamics of family violence and that for the batterer this is all about power and control and that they will use and abuse those of us in the criminal justice system if that furthers their end of showing us all who is really boss.

Finally, I come back to the need for judicial training and judicial accountability. This is a serious gap and one that we really need to remedy. But because judges sort of have their own fiefdom, that impacts the probation and parole officers as to whether or not they are really monitoring what the sentence is, pulling the abuser back in for violating the sentence. And I am delighted that in Middlesex County, Sheriff McGonigle now has a batterers' treatment program operating in his jail. I would hope that perhaps we could add a provision here that houses of correction and prisons could be mandated in the same ways that they offer AA and NA and programs for substance abuse, to also have treatment programs for abusers that would continue when they are released from prison.

Senator KENNEDY. That is an excellent response.

What about also prosecuting aspects where the victims may not necessarily be present? How do you deal with that? Can you deal with it? Should that be an area the prosecutors should given attention to?

Ms. BUEL. Absolutely, based on what we learned from the San Diego city attorney's office, Casey Guinn, who started that unit about 7 years ago. They now go forward in 70 percent of the cases where the victim cannot testify, and they are winning about 90 percent because they have trained their police departments to write down at the scene exactly what the victim says, to document the injuries and her state, so that the prosecutor can and should get that in as a spontaneous utterance, a hearsay exception, which is not anything new.

Again, this goes back to the need for prosecutor and judicial training. Because many times when I have tried this, judges will yell at me as though I am trying to do something revolutionary, when hearsay exceptions have been around and spontaneous utterances have been around for a long time. But we desperately need to train prosecutors and judges so that the onus is not on the vic-

tim and we are not placing her in further danger by testifying, but, rather, the burden is on the prosecutor to present that case.

In murder cases, we don't demand that we have a live victim to testify. We certainly use spontaneous utterances there and in many other kinds of cases, and there is no reason why we can't do it in domestic violence cases.

Senator KENNEDY. Generally, in terms of the district attorneys in the State, can you give us some idea of the increasing acceptability of this as an issue and a problem, and their willingness to deal with it in the serious way which you have outlined? Is this something that is increasingly taking place, or is there still some reluctance and resistance?

Ms. BUEL. There is really a range. For the most part, there has been a tremendous interest in improving the way we do business. Largely because of Representative Barbara Gray, each of the district attorneys' offices received a \$150,000 grant from the legislature to set up a domestic violence unit. All but two of the district attorneys' offices have submitted their proposals as to what they are going to do, and there really is range. Again, people like District Attorney Delahunt and my district attorney, Ralph Martin, have been at the forefront of putting together programs and really being serious about implementing effective intervention programs, and others who really need a lot more assistance. I think there is no mechanism for providing technical assistance to those DA's that simply have no idea where to start.

Senator KENNEDY. I want to come to the rest of the panel with some questions. Maybe they want to comment about some of the innovative programs that are taking place locally. You mentioned Quincy, and I understand also there is one in Dorchester and some other places. I am wondering if any of the panelists want to make a comment about some of the innovativeness that is taking place at the local level that we ought to be familiar with.

Ms. STILES. One that I would like to comment on that I also had something to do with years ago is that the South Shore Women's Center has what I consider a model project where advocates are trained by the shelters. Court advocates are trained by the local Battered Women's Program and are placed at the courthouse in order to be available to women, because many women do not know that they can call and get an advocate to go with them, and sometimes choose not to because sometimes women have a lot of difficulty even identifying themselves as a battered woman.

I think that one of the things that is really important as we go forward is that we recognize that as the district attorneys develop their units and what they can do, there is still a need for advocates who are outside the system, who can be perceived by the victim as being there for her.

A case in point is a story I just heard very recently, where a neighbor had called the police in a situation where both the abuser and the victim worked for a police department. And when the police arrived, the batterer had left, so the arrest couldn't be made right away. And the victim did not want the arrest to be made, which often happens. The police chief was in a position of saying, What should I do here? She says she doesn't want an arrest made,

and yet under our laws it really is an imperative that he makes an arrest.

It is very important, then, that that woman has an advocate outside the system because she is apt to be angry at someone who is in the system who goes forward with those charges and does all the things that we are trying to get district attorneys to do. She is apt to be angry at the fact that her wishes are not being respected. She may be terrified to have this happen, or she may still be operating out of a sense of love, trying to keep the relationship together.

It is very important that victims have someone who they feel that they can call back; that even if they go back to the situation, if they make the choice to go back to the situation, that they have someone who they feel, again and again and again—and that generally is provided much better by advocates outside the system.

So I see as we go along developing the district attorneys' domestic violence unit to deal with the criminal prosecutions, to deal with the more legal aspects, but at the same time to have the shelters be able to train and put people there who can deal more specifically with an individual woman's specific problems and how she can be safe and helping her empower herself to do that.

Mr. HARDEMAN. There is another initiative that also took place at the South Shore Women's Center where the shelter was able to bring in some local theater group and put on a number of performances at the junior high and elementary school level. And it is very important to get those young people, those kids who are being affected by family abuse, whether they are being abused as children themselves or witnessing abuse, because there is a cycle. And if these young kids or children do not get the assistance and understand what family violence is, they also could grow up to become abusers, or even victims.

So once this theatrical group was able to perform various situations that dealt with family violence, it really educated these young people as to what does family violence look like, what is a victim, what does a batterer look like, and they are able to sort of put this together for themselves.

That education at a very young, early age is extremely important.

Senator KENNEDY. Let me ask, Ms. Stiles or others, if there is a person in our Commonwealth now that is facing family violence, is there something that they can do or should do? Now at the present time, is there some place they can call to get help and assistance?

Ms. STILES. There are over 30 battered-women's programs across the State. Each one of them has a 24-hour hotline.

Again, I would like to really stress to women who are going through this and are listening that those calls are confidential. Part of what battered-women's advocates are trained to do is to know that their role is not to make that decision for that woman. The woman has to make the decisions on her own and has to be able to.

What they help her do is know her legal options, know what different options for safety she may have, be it going into a shelter, be it going to court and getting a restraining order, and help her decide. Because one of the things that I think that an apprehension

we in the movement have as many others become involved in this is a tendency to sort of take over and tell a woman what she should do, without a depth of understanding of what the repercussions of that might be. And when we look at how often that women are killed or seriously injured as they are attempting to leave, we need depth of training because we cannot have professionals in different fields saying to women, Well, you should just leave and you should do this.

You have to be able to listen to her and listen to what her specific circumstances are and help her craft a safety plan. She is a better expert than any of us are about what her level of danger is and what is apt to happen. What you can help her do is understand that there are options and there are steps that she can take, and there are advocates there who will do that with her and for her.

Senator KENNEDY. But you say that women who are facing this domestically that they can call up information and ask for a battered-women's center, get a number which they can call?

Ms. STILES. Yes, or they can call the Coalition number at 425-8492 to be referred. There is one shelter that has an 800 number, which is tough because they don't have the funding to back up. As I said, we can't widely publicize it because they don't have the backup services to take a lot of calls. But there is an 800 number.

Senator KENNEDY. I think it is helpful that with these 35 centers that provide information, that is enormously valuable. But having that one number that could be called nationwide and reach—

Ms. STILES. The national hotline is very, very important.

Senator KENNEDY. As I understand it, they ask right away what the circumstances are or if there is an emergency. And then they are able to make available to that individual the range of different kinds of services and the types of services and the phone numbers within that community. That obviously has an enormous value. There are a lot of things that we can do. There are clearly a lot of things that have to be done locally and at the State level, but there certainly are things that we can do as well at the national level, which I strongly support. I would certainly hope that any legislation that moves in the areas of domestic violence or in any crime package we are going to be dealing with will certainly include these provisions. And I have every reason to believe that they will.

Ms. STILES. One of the things, Senator, that we would ask is, if funding is provided for a national hotline, that it include—the old national hotline number was never really widely disseminated. There wasn't money to do the kind of public awareness around it. And also it desperately needs a multilingual capacity.

Senator KENNEDY. Yes, that is good. That is a good suggestion.

Let me, if I could, Ms. Stiles, just go back to who the real victims of domestic violence. And who are the men that batter? Who are these people?

Mr. HARDEMAN. I think it is very important to really take a look at the whole issue around victimization. Women, of course, are the individuals who lose their lives. I also feel that children are victims as well as batterers are victims. Many of these batterers have been abused as children themselves or witnessed domestic violence. And if you look at the number of men who are on either death row or

servicing first-degree manslaughter at Walpole, Norfolk, many of those individuals were children that had been abused themselves.

So I think we have to really look at that whole cycle of violence that everyone involved in domestic violence are victims: the community, the school system, businesses, as well as those family members. And it is no longer sort of a private family affair; it is a community affair. And everyone really needs to get involved.

I think just by Polaroid looking at from within how it was affecting the number of medical claims, when we were looking at managed health care and began to really discover the number of claims that could have been related to family violence, it kind of perked up our ears and we said this is something that is really at home to us because it was affecting costs, the bottom line. Then when you look at depression and stress and those number of employees who could be out on disability, either short-term disability or long-term disability, that was a message to businesses that it is costing them in their pockets. They can't just turn their heads and just feel that it is a private employee situation at home.

If more businesses began to look at how family violence was affecting the workplace, I think that would be a needed turnaround in the workplace dealing with violence in the workplace.

Senator KENNEDY. Let me ask, Ms. Stiles, what are the kinds of help and assistance if a person calls the hotline that you think would be most useful for a woman that is subject to this domestic violence? What are the kinds of services that would be most helpful to them?

Ms. STILES. Well, I think it is absolutely crucial that we provide an ability to respond 24 hours a day and to provide emergency shelter 24 hours a day. As well as that, there is the ability, even if it is not a crisis situation right then, to be able to talk to someone about what their options are.

Beyond that, what we provide now as much as possible—although the programs are really striving to keep up with the demand—is both individual or group peer support counseling and advocacy both in courts, but also in working with the other systems, be it housing, welfare department, or social services.

But I think something that we really have to face is the fact—Sarah spoke to it, and I think it is crucially important—is that when you are talking to a woman on a hotline who says she is in danger and you encourage her to come into shelter, she is going to ask you, "What next?" How long can she stay in shelter? Shelter stays right now in Massachusetts, we are funded for, at the longest, a 6-week stay in shelter. And if what she is looking at is homelessness after that, what kind of option is that, especially when you understand the fact that sometimes homelessness can result in women losing their children to the Department of Social Services.

So we have these series of sort of obstacles that we provide, and I think that one of the things that I see as most important is that, yes, we need to put money into many things. We need to put money into services for battered women, into transitional housing, into better housing assistance. But I think we also have to look at how our policies and regulations impact their ability to stay safe. So when we talk about training—when we talk about money, we should always be talking about training issues.

Sarah talks about judicial training, which is crucial, but we also need court-system training. When you think of the fact that in Massachusetts a woman getting a restraining order can fill out a form and her address is impounded, which means the address is not sent on the form that is served to the batterer or to the police department. Her address is not out there, and yet it is kept in a file. If a batterer goes in with his lawyer and says, "I want to postpone this date"—for whatever reason—"can I check the file?" It is very common that poorly trained, or untrained, for the most part, untrained clerical staff, will hand over that file, and he can find her. And what we see many times is prosecutors who are frustrated she didn't come back. Many times she didn't come back because he has beaten her up in between.

Similarly, with the Welfare Department, a woman can request when she goes on AFDC that welfare not have the Department of Revenue go after her batterer to get the money, because she can say it would put her in more danger; and the department may say yes, that they won't, that they won't go after him to get the support. And yet I have heard stories where they get the waiver, and the batterer is not asked to support, and yet medical bills will be submitted to his insurer, and batterers track down their victim through that. It is not maliciousness; it is oversight. It is a blindness to danger.

As we put money into the systems, we also have to put money into training to look not just at our laws, but at our policies and regulations. It is crucial around the whole child-protective system we so often have battered mothers sort of victimized by social workers who are trying to protect the child, but yet are blind to the mother's safety. So that there are many, many ways that we have to approach this problem, and it is multisystem, and it has to be coordinated in a way that the courts and social services come together.

Ms. BUEL. I just want to add, what they need to do is a safety plan with the victim when they call: Where are you now? Has he threatened you in the last 5 minutes, the last hour, the last day? Are there guns in the house? Do you have the children's birth certificates ready if you need to leave in the middle of the night? That is what we want our victim advocates to do, and that is what we really want shelter people to do, so that she isn't just fleeing and then desperately on her own trying to figure out what to do next.

It does require training, as Joan is saying. Our safety plan is five pages. And if any of us had to leave this meeting here today and simply never go home again, we would need at least a five-page safety plan to figure out what to do next. I think that is a critical piece of what they can provide.

Ms. STILES. There would be many, many more women who could stay safely in their own homes with restraining orders if the system coordinated better and communicated better with each other, rather than having to flee because they somehow fall into cracks and gaps where—and, again, it is usually lack of training, and people don't recognize what it is, that can really compromise women's safety.

Mr. HARDEMAN. Senator, there is a point to be made. We need to look at the batterer—

Senator KENNEDY. Before going on, just while I have this thought, in terms of the training, who does the training? The points that you have mentioned are obvious when you hear them, but a number of them I certainly wouldn't have thought of. I mean the idea of having the birth certificates all ready, ready to go. The minute you say it, you can understand why.

But where is the training taking place? Are we doing training?

Ms. STILES. There isn't enough training taking place. That is the problem. There are plans. The Committee for Gender Equality is working now trying to work out an arrangement with the Judicial Training Institute in this State to look at comprehensive training for court system employees, not just judges, but in a way that looks at—unfortunately, what you see is too often that probation plans will go forward and judicial plans might go forward, and we need to recognize the interconnectiveness.

Senator KENNEDY. That is right. That is good.

Ms. STILES. And what this Committee for Gender Equality is trying to do is to look at standards, and I think that is something with the district attorneys, too, so that we have standards of practice which are coordinated and complementary between the district attorneys, victim witness, probation, parole, judges, battered-women's shelters, Department of Social Services, so that each understands their role and understands how they interact with each other, and that there is a standard of expectation. Because, again, I want to go back to the fact that women have to protect themselves, and to do so they deserve to know what they can expect from our system. And the way it is now, there is very little standard of expectation in any system that you can say that is what is going to happen with any regularity.

Senator KENNEDY. Well, if there is a book that ought to be written, that is it.

Mr. Hardeman?

Mr. HARDEMAN. There is just a point I would like to make as far as some of the characteristics of a batterer. There are not enough services across the State, across the country, dealing with—services as far as abusive, assaultive behavior that many men are characteristic of. There should be mandatory counseling for all of those individuals who are found guilty of battering.

Batterers tend to isolate their girlfriends or wives away from family friends so they can begin to use their power of influence. That may be financial power or physical power. Many of them, as I have indicated before, were abused as children or witnesses abuse, and they have character disorders.

There is a lot of work that these individuals need, and if these batterers go unattended, they are going to hit the streets, and they are going to kill, they are going to abuse again and again.

So I just want to emphasize how much we need to look at both the victim as well as the batterer. These individuals are dangerous, and they need to receive as much services as the system can render. It is unfortunate that within the criminal justice system that service is not available. Just a handful of community groups are providing services like Emerge and the South Shore Women's Center. Many of the other shelters are in need of services for batterers.

So I just want to make sure that we draw attention to that.

Senator KENNEDY. I appreciate that. Maybe you have answered this, but I was going to ask you about the organization called Emerge, which is devoted to counseling men who batter. Are people who are batterers willing to come in for counseling and to work at it?

Mr. HARDEMAN. Well, they are not volunteering to come in. David Adams, the director of Emerge and someone who has devoted so much of his professional and personal time in making Emerge what it is now, there is a great deal of effort to reach batterers. They do not willingly walk in the door. They minimize and are in a state of denial about their assaultive behavior. Many are substance abusers because they want to medicate the pain that they have experienced either as victims of abuse as children, but at the same time they minimize their assaultive behavior and just at this point feel as though if the woman only did what they said or dressed the way they wanted or had the meal on the table.

The thing about it is no matter what the woman will do, it will never satisfy a batterer. A batterer needs serious mental health treatment. That is why I am advocating mandatory counseling for all batterers.

Senator KENNEDY. Let me ask about that. It is a pretty impressive record that those who are hardened criminals are required, for example, to take a substance abuse program in prison. We don't do that very well. The State is about average, about 22 or 23 percent treatment for addicts. At the Federal level, we are less. We run into the basic political problems that with not a lot of dough around, people say why should we treat those people in prison rather than treating people who are outside that are trying to get help. That is part of the dilemma that you are facing. Obviously, we hope that we would be able to treat both.

What is the record with regards to batterers? If you can compel them, as you can in certain places with substance abusers, and have results parallel to those that are willing and desirous of being involved in the program, do they respond to counseling?

Mr. HARDEMAN. Well, I don't think, to my knowledge, there has been a study where someone has gone into the prisons, worked with batterers, and begun to look at the recidivism rate. So I am not prepared to answer that question. But after spending 7 years in the prison system as a deputy superintendent at Norfolk Prison and superintendent at the Northeastern Correctional Center, it is my feeling that, one, if the service was available within the prison system, it is a definite positive move to reducing the amount of recidivism, because these individuals are going to get out sooner or later, and they are returning back to their families.

If we wanted to sort of take a look at a Quincy model and a Brockton model, in a study that I was involved in during my doctoral study, there is 2½ times more abuse in Brockton than in Quincy. And why? Services that are available, not only for batterers but services as Joan and Sarah have mentioned, for victims of abuse. Where there are no services and where the various systems of the criminal justice system do not communicate with each other and link up, women are going to fall between the cracks and women are going to die.

So I would strongly advocate not only within the prison system but within the jails, where individuals are serving 2½ years or less, batterers for the most part are serving jail sentences, and they are going to hit the streets within 6 months. So I would seriously advocate within all of our jail systems similar to what Sarah has indicated. If AA is there and Al-Anon, then we need some type of services for batterers.

Ms. BUEL. There apparently are three things that are critical, though, with batterers' treatment. They have to be ordered by the court to be there, or they have no incentive to stay. It also has to be a minimum of at least 1 year. The 6-week and 8-week anger management courses do virtually nothing. Third is that they really have to be a behavior-based model, not therapeutic, not anger management, but more "you will be held responsible for your behavior."

Some of the recent studies that have come out have only looked at the short-term programs, and so the results have been very negative. But I think as Jim mentioned, there has not been a study that has been done that really looks at long-term court-ordered batterers.

I know Dr. Vicky Boyd at Seattle's Harborview Center conducted a 1-year study and showed that basically if batterers were court ordered and stayed the full year, they only had a recidivism rate of about 25 percent. Anything less and the numbers pretty much flipped.

Ms. STILES. Senator, we are concerned also in the short run that right now there is money being proposed in our State budget for batterers' treatment, which on the one hand we are encouraged with, but we are also concerned because of standards around what that batterers' treatment should look like, because most traditional mental health providers have a standard of confidentiality with their client, who the batterer would be. The whole field is toward how that person feels and looking at making them feel better in order so they will act better.

Whereas, what we understand in the batterers' treatment field is there has to be the criminal justice backup, there has to be an agreement that there will not be confidentiality, and really that the primary focus is to keep the victim safe from the batterer. And we are not sure how that is going to go forward at this point.

Senator KENNEDY. I want to thank all of you. You have an enormous reservoir of information and awareness that really can be incredibly important locally, in the State, and at the national level, and in the broadest framework as has been outlined here.

I want to thank Polaroid. I think we ought to give a pat on the back to companies and corporations that are demonstrating some responsibility. They do training programs in other areas which they sponsor themselves, and they have been a very successful company. But they have demonstrated a real important citizenship quality, and I think it is important to recognize them. They deserve a lot of commendation. You certainly do.

Mr. HARDEMAN. Thank you very much, Senator.

Senator KENNEDY. I want to move along with the panels. I would like at some time to maybe get some of your own writings or some work about the impact of this whole issue on the workplace and what it means in terms of employers. I think that is important. I

would be very, very interested. We are constantly looking at those kinds of issues. We are doing the Family and Medical Leave Act tomorrow in the Senate, but we are looking at a variety of different factors and forces in terms of what improves quality and productivity and morale in the workplace. So we would be very interested, and perhaps if you have some information on that, you could submit it.

Mr. HARDEMAN. We would be more than happy to send it to you.

Senator KENNEDY. We thank you very much, a fascinating panel.

Ms. STILES. Thank you.

Ms. BUEL. Thank you.

[Applause.]

Senator KENNEDY. On our next panel, we will have Barbara Gray, who is a Representative in the State legislature from Framingham. She has been active on the issue of domestic violence at the State level for 20 years, working with her colleagues in the Caucus of Women Legislators. She has sponsored a number of important measures to prevent domestic violence and assist its victims. It is partly as a result of Barbara's great leadership and at her urging that we are having this hearing today. Representative Gray, I am delighted that you are here and could join us.

We also have Dr. William Callahan. Dr. Callahan is the president of the Massachusetts Medical Society, which is sponsoring an active campaign to educate physicians about domestic violence, and raise funds for battered-women's programs. We are delighted to have you.

And we have Marjorie Clapprood, our Boston radio talk show host, who is the cochair of the Jane Doe Safety Fund, a fundraising effort in support of violence prevention programs and increased public education about this problem. We are delighted to have her here.

We will be glad to hear from you now, Representative Gray.

PANEL CONSISTING OF REPRESENTATIVE BARBARA E. GRAY (D-FRAMINGHAM); WILLIAM E. CALLAHAN, M.D., PRESIDENT, MASSACHUSETTS MEDICAL SOCIETY; AND MARJORIE CLAPPROOD, COCHAIR, JANE DOE SAFETY FUND

STATEMENT OF BARBARA E. GRAY

Ms. GRAY. Thank you, Senator. Thank you very much for coming here. Thank you for your attention to what the victims were saying. It is very important that those of you who are not victims listen carefully.

You know, it is probably true that one out of every two relationships has an element of harassment or violence. And since there are no overtly battered people here today, I would like to ask my aide, Senator, to give you these pamphlets, on the cover of which you see two faces of severely battered women. And on behalf of them, I thank you.

I thank Senator Biden for his lead and for your help on this issue, Senator Kennedy. His bill on the Violence Against Women Act of 1993 and your amendment, Senator, adding a national hotline is most gratefully appreciated by the Caucus of Women Legis-

lators, by the men and women of the Commonwealth and throughout the country.

You asked me to talk a little bit about legislative initiatives, and I am happy to do that. But I would like to start out briefly by saying that the right to be safe in one's home is a basic human right, a right that is being trampled on and violated every day in every city and town in this country.

To us who have been working on this issue in Massachusetts and throughout the country, it is the No. 1 public health and safety issue facing this Nation. And we call upon you and the Senate to ask the Surgeon General of the United States to declare it so.

It is by giving this issue the importance that it deserves and the attention that your being here and that Senator Biden has shown and others in Congress—including your nephew, by the way—it is only then that men and women will realize in this Nation that battery is a crime, it will not be tolerated, that batterers will be punished, severely punished.

In addition to that, we ask that you call upon the Attorney General, when that appointment is made, to take action and model by-laws for other States, to take action in providing funds for training of law enforcement people.

We are calling upon you to include in the bill the national crime of stalking, and also to provide for search and seizure of weapons when the perpetrators cross State lines.

I know you talk about keeping-away orders. I think they are called keep-away orders. We call them restraining orders here. But I have to say, Senator, that in many instances in this State, restraining orders are not sufficient, as you heard. We are calling upon you and your committee to urge States to incorporate criminal actions against perpetrators, even when the victims do not wish to move forward. We are doing that in Norfolk County, as you heard and will hear, because the civil orders are not treated seriously enough in this States.

Some 45,000 restraining orders were issued last year in Massachusetts, as you cited, Senator, and some million nationwide. That is an estimated number.

Now, the problem, Senator, is that we don't know how serious domestic violence or family violence is. We don't know, Senator, because there is no classification from the Federal Bureau of Investigation for crimes involving partners—live-in partners, married partners, and dating relationships. And until we know that, until we have a handle on the seriousness of the crime, people I don't think understand how prevalent it is.

So we are calling upon you to ask the Federal Bureau of Investigation to establish a new category of family violence and domestic crimes so that we will know nationwide how serious this is.

In my testimony, I have talked about the involvement of women legislators, including my very dear friend, Marjorie Clapprod—before she started making money—in this issue. [Laughter.]

Ms. GRAY. I have been involved with my colleagues for almost 20 years. We set aside the first moneys for shelters for battered women. Transition House in Cambridge was the first shelter.

What people from Transition House now are doing, along with members of the police departments, is to go into the schools, Sen-

ator, and to talk at the high school level about interpersonal relationships which are nonviolent. And I encourage you, Senator, and your committee and Senator Biden to incorporate in S. 11 some moneys for education along these lines, at the very early stages, conflict resolution and violence prevention, starting in the elementary schools.

I know the Senator and you have money for rape prevention on college campuses. I would hope that you would expand that downward and talk about rape prevention and family violence prevention and conflict resolution when students are very young.

Last, I would like to talk a little bit about what you personally can do or what the Senate can do and what we can do together to try to estimate and get an understanding of why society is violent, why we have allowed that to happen, and how it has touched so many families, including your own, and why we have tolerated for so many years the theory that women are property, women are to be owned, children are to be chattel; and with the filing of a restraining order and/or a divorce proceeding, why do the perpetrators turn violent at that point.

We are all involved, you know. It is not just those perpetrators. It is all of us because we have sat and evidently haven't spoken out loudly enough. And so that is why I am particularly grateful to you today, Senator, and to Northeastern for having the hearing here and to try to give this tragedy, this epidemic, the kind of attention it deserves.

Thank you.

[The prepared statement of Ms. Gray follows:]

PREPARED STATEMENT OF BARBARA GRAY

To be safe in the home is a basic human right for all. This right is being violated and trampled every day in every city and town in the country. As many as 1 million restraining orders (estimated) were issued last year because women were terrorized for their lives and that of their children.

There lies a profound difficulty in assessing the effects of domestic violence, arising from the fact there is no official way of tabulating the number of homicides and assaults that occur. Massachusetts is one of the few states taking the lead in tracking the number of homicides and suicides into organized statistics. As of January 19, 1993, 4 women and one child have been murdered as a result of domestic violence, 1 every 4 days! Forty women, children and innocent bystanders were killed in 1992, 1 every 9 days; in 1991, 1 every 16 days and 1 every 22 days in 1990; this demonstrates the severity of the situation in the state of Massachusetts. Increasingly, young girls are coming to seek restraining orders with their mothers.

And we are not alone. This effort is being led by my office, the Massachusetts Caucus of Women Legislators, Battered Women Fighting Back and other battered women's groups throughout the state.

FEDERAL LEGISLATIVE INITIATIVES

I suggest a special category be set up by the Federal Bureau of Investigation nationwide for domestic violence, homicides and assaults.

I request your honorable committee to ask the Surgeon General to declare forthwith Family Violence a national health emergency and to initiate public education campaigns on violence prevention.

I ask that the Attorney General fund victims' legal representation and develop model bylaws for states.

I urge that a national Hotline be funded and staffed with federal dollars.

I propose a national central registry to track violators of restraining orders.

I recommend federal stalking laws as they pertain to perpetrators crossing state lines and carrying weapons across state lines.

Also as part of an educational campaign for family violence 25 million dollars for states to use for education at the high school and college level.

HISTORY IN MASSACHUSETTS PROGRAMS SERVICES AND LAWS RELATED TO THE
ERADICATION OF DOMESTIC VIOLENCE

(1) 1972—I inserted state funding in the Massachusetts annual budget for battered women's shelters, the first in the country. Those appropriations have continued to increase.

(2) Late 1970's—Victim Witness Assistance program. We concentrated on getting Victim Witness Assistance programs in each District Attorneys' office.

(3) 1978—G.L. chapter 209 was amended with the passage of section A, Abuse Prevention, one of the first Civil Restraining order procedures available to domestic violence victims in the nation. Representative Gray was the house manager for the bill.

(4) 1980's—We continued to increase monies for programs and services for women and children.

(5) 1990—We extended the protective orders to "significant others" in dating relationships.

(6) Law passed in 1990 requiring mandatory arrest of abusers.

(7) In 1990 The Caucus of Women Legislators adopted Domestic Violence as its top priority as it continues today.

Recent laws passed in Massachusetts include:

(1) 1992—The Stalking Law.

(2) 1992—Central Registry—Consists of both a civil and criminal component and requires judges to consult the registry before setting bail in 209A cases and also to check for outstanding warrants.

(3) 1992—Bail Reform—Allows judges to take into account the "dangerousness" of a person to another individual in setting bail.

(4) 1992—Crimes against women as a category under hate crimes.

(5) Gender Bias Committee on the Massachusetts Supreme Court is developing guidelines around handling of restraining orders.

The police have been urged to be more vigilant and pro-active in cases of Family Violence, since many of our most heinous crimes have been committed when the perpetrators have violated restraining orders on numerous occasions and had outstanding warrants.

During these years the efforts of the Caucus of Women Legislators and many other groups have been devoted to the education and training of victim witness advocates, District Attorneys, Judges, and other court personnel connected to the process of protecting these victims. We have found our judges to be most cooperative.

We have found restraining orders don't produce the protection or effect of violence protection in many cases. Some 45,000 orders were issued last year in Massachusetts. Whereas we know the number of homicides that took place, we have no reliable indication of harassment, physical and psychological abuse that persisted after orders were issued. It is also sad to know many victims don't even seek the assistance of the courts prior to their murder. Therefore, we are supplementing our efforts by having DA's assist victims in filing criminal complaints to insure greater protection for women and children. We are also advocating legal representation for victims in courts and additional victim witness assistance. Specific Family Violence sessions of the courts are also beneficial.

A special concern of mine is that roughly one-third of the women who are pregnant are injured by their husbands or partners during their pregnancy. This not only causes harm to the women, but is the cause of serious birth defects in many cases and possible termination of the pregnancy. Therefore, I am requesting that the committee insert guidelines and counseling provisions as they fund health and hospital services. Health professionals have long overlooked obvious symptoms, physical, and psychological of family violence.

CURRENT MASSACHUSETTS LEGISLATIVE INITIATIVES

(1) An act recognizing battered woman syndrome testimony as evidence relevant to claims of self-defense and defense of third persons. Sponsored by Rep. Gray.

(2) An act to assist victims of violent crimes. Sponsored by Rep. Gray. Late entry of filing a claim to the court can only be extended in certain circumstances to three years after the initial deadline.

(3) An act providing for the screening of pregnant women and counseling for victims of rape. Sponsored by Rep. Gray. A new section, 24CC, will be added to Chapter 111 attempting to screen pregnant women for signs of possible abuse or rape.

(4) An act allowing police to search and seize firearms when processing restraining orders. Sponsored by Rep. Gray. Adding new subsections to Chapter 109A, Section 6, which include revoking firearms ID cards.

(5) An act to prevent domestic and other violence (weapons bill). Sponsored by Sen. Barrett.—Firearm licenses or permits are to be revoked upon conviction of the holder of a felony. Whenever a restraining or protective order is in effect against a license or permit holder, that license or permit must be temporarily denied or suspended.

(6) An act establishing a rehabilitation program for individuals upon whom restraining or vacate orders have been issued. Sponsored by Rep. Gray.—To be available evenings and weekends to provide services such as counseling, substance and alcohol abuse evaluation.

(7) An act restricting mediation among the parties involved in domestic violence cases in which vacate or restraining orders are requested and establishing a three-year pilot mediation project to demonstrate and explore the benefits of mediation for divorcing couples and their children. Sponsored by Rep. Gray.

Senator KENNEDY. Thank you very much. Very well stated.
Dr. Callahan?

STATEMENT OF DR. WILLIAM E. CALLAHAN

Dr. CALLAHAN. Thank you, Senator Kennedy, for convening today's hearing. I am here not just as the president of the Massachusetts Medical Society, but I am here as a practicing obstetrician/gynecologist from Greenfield who sees women who are victims of domestic violence, who sees what happens to families, who sees what happens when the shelters are full and there is no place for these women to go. It is crucial that we explore ways to address the problems associated with domestic violence here in Massachusetts and across the United States.

The prevalence of domestic violence in our society is so pronounced that scarcely a day goes by without a news report of yet another person who has been hurt or killed because of violence in the home. I hope that today's hearing will bring us one step closer to expanding the dialog on how people from various disciplines can work together to help stop the violence, stop the battering, and stop the killing.

I commend the people who have been out in front on this issue, who have brought the problems to the public's attention; and who have tried to provide the necessary resources—the shelters, the hotlines, the support services for those in need. These are the people who began the helping process. I know that often they themselves have been victims of domestic violence. What they have started, we as a society have an obligation to complete.

It is appalling that statistically a woman is safer on the street than in her own home. It was hard to think that some of the women I saw in my practice were victims of domestic violence. But now I look at my patients differently. I wonder which one of them that I am seeing today has been abused emotionally by her husband. Which one was punched or slapped in the past few days by her partner?

It is unacceptable that those who are the most vulnerable among us—our children, our elderly, and our disabled—are also victims of violence and abuse in their own homes.

As physicians, we see the consequences of violent death much too often. According to the Centers for Disease Control, murder is the fourth most common cause of death for white females in the age range 15 to 34. For white males in the same age range, it is the third most common cause of death. And for blacks in this country,

regardless of whether they are male or female, it is the most common cause of death.

Fifty-two percent of homicide victims and 64 percent of all women killed either knew or were related to their killers. How many of those deaths were caused by domestic violence?

There are measures that we as a society can take to turn around this devastating trend.

As a profession, physicians, sadly, came rather late to this effort. In the past, physicians have been reluctant to become involved. We weren't equipped to recognize the signs of domestic violence. Or maybe we didn't want to know about it. We didn't know what resources were available to help our patients. We did not know what questions to ask or how to ask them. Some of us just didn't want to get involved. We didn't want to open up the Pandora's Box of our patients' problems that couldn't be solved in one office visit.

Yet I believe we are starting to fill a critical role in helping our patients who may be at risk. Organized medicine knows that we have to educate ourselves and our colleagues about domestic violence. There is still much to do, but we have begun to raise awareness within the profession. And we are starting to see a positive response from our physicians.

At the national level, the American Medical Association and the American College of Obstetricians and Gynecologists have developed programs and disseminated information to help physicians work with their patients. Both organizations have declared domestic violence education a top priority.

In January of this past year, the Joint Commission on Accreditation of Healthcare Organizations began to require all accredited hospitals to implement policies and procedures regarding abuse. Here in Massachusetts, there have been some hospital-based and community-based programs that have been effective.

The Massachusetts Medical Society has also begun to educate physicians and provide them with some basic tools to work with their patients. When I became president of the Society last May, I appointed a Committee on Domestic Violence. This committee has been ably led by Dr. Elaine Alpert of the Boston University School of Medicine, who authored or coauthored this book on partner violence, "How to Recognize and Treat Victims of Abuse," for physicians.

I am happy to say that it has gone out to more than just physicians, not only in the Commonwealth but across the Nation. We have distributed more than 20,000 of these and will continue to do so, free of charge where necessary, at minimal cost if the people have the ability to pay. They have gone to medical students and physicians throughout the Commonwealth, whether they are members of the Society or not, because we feel it is important that doctors and people in training learn how to address the problem, learn how to recognize and treat victims of domestic violence, learn what questions to ask and how to ask them in a nonjudgmental, sensitive way, and what to do if you identify a patient at risk.

Physicians are using these materials. Some keep the posters and brochures discreetly in examining rooms and bathrooms where patients can have the privacy to review them and the pamphlet to take home where their abuser can't see it. Although it is receiving

increased public attention, domestic violence is still not a subject that one discusses easily. It is an issue that a patient finds difficult to discuss, even within the confines of patient confidentiality.

We must try to reach practicing physicians through a continuing medical education effort. The packet will be helpful, but we have also started to sponsor courses, both on our own and in cooperation with other medical and community organizations. I can tell you, based upon requests for my participation, as well as Dr. Alpert and members of her committee, that such courses are on the increase in the Commonwealth.

Domestic violence also is not a topic that has been taught in medical schools. We have begun discussions on the ways to integrate domestic violence education into medical school programming.

We know that resources are needed to help develop public education programs and to provide assistance to shelters for battered women. The Medical Society and the Medical Society Alliance, an organization comprised of physicians' spouses, have made substantial donations to the Jane Doe Safety Fund. This fund is an amazing effort designed to help the victims of violence and to raise public awareness.

We hope to continue to work with them and help the medical community find better ways to meet the needs of those who are suffering. We also will continue to talk with community groups, law enforcement, counseling services, government agencies, and other groups involved in domestic violence intervention. The dialog has begun in Massachusetts, but there is still much for us to learn—and even more for us to do.

Let me close by outlining the role I see for the medical community.

First and foremost, we have an immediate obligation to our patients to learn as much as we can to help them out of their violent situations. We must take the initiative to work at the community level to understand the resources available and to treat, counsel, and refer our patients at risk.

We also have an obligation to advocate for increased resources for victims of abuse. It is unacceptable that the national hotline for domestic violence was discontinued recently because of a lack of funding, and we applaud your efforts to restore it. We must work to make sure that this and other services are available.

We need increased shelters and safe houses for the victims of abuse. It doesn't help to identify the problem and have no place to send the person who is ready to be sent. We need more advocacy and counseling services. We must consider how we can help victims of abuse who are afraid to press charges against perpetrators. We can explore ways that those who investigate or report domestic violence incidents could ensure that such complaints are filed.

We must advocate for stronger laws to protect people, such as stronger gun control legislation. According to FBI statistics, in 1988, 61 percent of all homicides involved the use of a firearm, and 75 percent of those were committed with a handgun. It violates common sense to let persons who have a history of perpetrating domestic violence own or keep a firearm in their homes.

We must establish programs to educate ourselves and future physicians so that we may better understand all aspects of violence and its impact on society and individuals.

We must speak out to stop the cycle of violence in America. We are repeatedly assaulted with gratuitous violence in film, in television, and even in our cartoons. We must reject these images as unacceptable in American society. While violence is not a disease, its effects are the same. As physicians, we are the ones who see the people who are hurt or killed because of violence.

I believe that the medical profession is poised to work cooperatively with all other groups to try to stop violence in America. My skills as a physician help me to treat the effects of violence, but I need the advice and counsel of others to help treat the causes of violence. And as the head of a physician organization, I am willing to commit our time and resources to that initiative.

Senator Kennedy, thank you for the invitation to speak today. I applaud your efforts to bring together various groups who want to be heard and who must work together. Please know that the Medical Society and the physicians of Massachusetts are committed to working with everyone concerned to stop the cycle of domestic violence in our country.

Thank you.

[The prepared statement of Dr. Callahan follows:]

PREPARED STATEMENT OF WILLIAM E. CALLAHAN, M.D.

Good morning.

I am Doctor William Callahan, president of the Massachusetts Medical Society. I am also an obstetrician/gynecologist who practices in Greenfield, Massachusetts.

Thank you, Senator Kennedy, for convening today's hearing. It is crucial that we explore ways to address the problems associated with domestic violence here in Massachusetts and across the United States.

The prevalence of domestic violence in our society is so pronounced that scarcely a day goes by without a news report of yet another person who has been hurt or killed because of violence in the home.

I hope that today's hearing will bring us one step closer to expanding the dialog on how people from various disciplines can work together to help stop the violence, the battering, and the killing.

I commend the people who have been out in front on this issue—who have brought the problems to the public's attention—and who have tried to provide the necessary resources—the shelters, the hotlines, and the support services for those in need. These are the people who began the helping process. I know that often they, themselves, have been victims of domestic violence. What they have started, we as a society, have an obligation to complete.

It is appalling that, statistically, a woman is safer on the street than in her own home. It was hard to think that some of the women I saw in my practice were victims of domestic violence. But now I look at my patients differently. I wonder which of them has been emotionally abused by her husband. Which one was punched or slapped in the past few days by a partner.

It is unacceptable that those who are the most vulnerable among us—our children, our elderly and our disabled—are also victims of violence and abuse in their own homes.

As physicians, we see the consequences of violent death much too often. According to the Centers for Disease Control, murder is the fourth most common cause of death for white females aged 15 to 34. For white males who are the same age, murder is the third most common cause of death. And for blacks in this country in that age group, regardless of whether they're male or female, homicide is THE most common cause of death.

Fifty-two percent of homicide victims—and 64 percent of all women killed—either knew or were related to their killers. How many of those deaths were caused by domestic violence?

There are measures that we as a society can take to turn around this devastating trend.

As a profession physicians come rather late to this effort. In the past, physicians have been reluctant to become involved. We weren't equipped to recognize the signs of domestic violence. We didn't know what resources were available to help our patients. We did not know what questions to ask or how to ask them. Some of us didn't want to get involved to open up the "Pandora's Box" of our patient's problems that couldn't be solved in one office visit.

Yet I believe we are starting to fill a critical role in helping our patients who may be at risk. Organized medicine knows that we have to educate ourselves and our colleagues about domestic violence. There is still much to do, but we have begun to raise awareness within the profession. And we are starting to see a positive response from physicians.

At the national level, the American Medical Association and the American College of Obstetricians and Gynecologists have developed programs and disseminated information to help physicians work with their patients. Both organizations have declared domestic violence education a top priority.

In January of 1992 the Joint Commission on Accreditation of Healthcare Organizations—the JCAHO—began to require all accredited hospitals to implement policies and procedures regarding abuse.

And here in Massachusetts, there are some hospital-based and community-based programs that have been effective.

The Massachusetts Medical Society also has begun a program to educate physicians and provide them with some basic tools to work with their patients. When I became president of the Society in May of 1992, I appointed a Committee on Domestic Violence. This committee has been ably led by Doctor Elaine Alpert of the Boston University School of Medicine.

In October, during National Domestic Violence Awareness Month, we distributed a comprehensive educational packet to all physicians and medical students in the Commonwealth. The centerpiece of the packet was a guidebook for physicians on how to recognize and treat victims of domestic violence—what questions to ask, how to ask them in a nonjudgemental, sensitive way, and what to do if you identified a patient at risk.

Physicians are using these materials. Some keep the posters and brochures discreetly in exam rooms where patients can view them in privacy. Although it is receiving increased public attention, domestic violence is still not a subject that one discusses easily. It's an issue that a patient finds difficult to discuss, even within the confines of patient confidentiality.

We must try to reach practicing physicians through a continuing medical education effort. The packet will be helpful, but we also have started to sponsor courses both on our own and in cooperation with other medical and community organizations. I can tell you that such courses are on the increase—I have been asked to participate at many educational programs.

Domestic violence also is not a topic that has been taught in most medical schools. We have begun discussions on ways to integrate domestic violence education into medical school programming.

We know that resources are needed to help develop public education programs and to provide assistance to shelters for battered women. The Medical Society and the Medical Society Alliance—an organization comprised of physicians' spouses—have made substantial donations to the Jane Doe Safety Fund. This fund is an amazing effort designed to help the victims of violence and to raise public awareness.

We hope to continue to work with them and help the medical community find better ways to meet the needs of those who are suffering. We also will continue to talk with community groups, law enforcement, counseling services, government agencies, and other groups involved in domestic violence intervention. That dialog has begun in Massachusetts. But there is still much for us to learn—and even more for us to do.

Let me close by outlining the role I see for the medical community:

- First and foremost, we have an immediate obligation to our patients to learn as much as we can to help them out of their violent situations. We must take the initiative to work at the community level to understand the resources available and to treat, counsel and refer our patients at risk.
- We also have an obligation to advocate for increased resources for victims of abuse. It is unacceptable that the national hotline for domestic violence was discontinued recently because of a lack of funding. We must work to make sure that this and other services are available. We need increased shelters and safe houses for the victims of abuse. We need more advocacy and counseling serv-

ices. We must consider how we can help victims of abuse who are afraid to press charges against perpetrators. We can explore ways that those who investigate or report domestic violence incidents could ensure that such complaints are filed.

- We must advocate for stronger laws to protect people, such as stronger gun control legislation. According to FBI statistics (1988), 61 percent of all homicides involved the use of a firearm. Seventy-five (75) percent of these were committed with a handgun. It violates all common sense to let persons who have a history of perpetrating domestic violence own or keep a firearm in their homes.
- We must establish programs to educate ourselves and future physicians so that we may better understand all aspects of violence, domestic violence, and its impact on society and individuals.
- We must speak out to stop the cycle of violence in America. We are repeatedly assaulted with gratuitous violence in film, in television, even in cartoons. We must reject these images as unacceptable in American society. While violence is not a disease, its effects are the same. As physicians, we are the ones who see people who are hurt or killed because of violence.

I believe that the medical profession is poised to work cooperatively with all other groups to try to stop violence in America. My skills as a physician help me to treat the effects of violence. But I need the advice and counsel of others to help treat the causes of violence. And as the head of a physician organization, I am willing to commit our time and resources to this initiative.

Senator Kennedy, thank you for the opportunity to speak today. I applaud your efforts to bring together various groups who want to be heard and who must work together. Please know that the Medical Society and the physicians of Massachusetts are committed to working with everyone concerned to stop the cycle of domestic violence in our country. Thank you.

Senator KENNEDY. Thank you very much. I want to commend the Massachusetts Medical Society. You deserve a lot of credit. That is a very clear statement and comment. Just as I mentioned earlier about Polaroid and about corporate responsibility, this is really the kind of leadership that we look for and hope to have from the medical profession. You deserve a lot of credit for it, and I think all of us are very mindful that you are not just speaking today, but also that the society has been supportive with financial contributions in the past as well. Your willingness to take on the gun issue is also commendable. We know about the lobbies on the other side, so I think everyone here in the State appreciates the leadership that you are providing. Well done.

Dr. CALLAHAN. Thank you, Senator.

Senator KENNEDY. Ms. Clapprod, we are delighted to have you here. I think all of us are very mindful of all the work that you have done on this program with Liz Walker and others. We appreciate your presence and look forward to your comments.

STATEMENT OF MARJORIE CLAPPROOD

Ms. CLAPPROOD. Well, may I return the compliment, Senator. I am delighted to be here. I am honored that you have invited me to speak on behalf of the Jane Doe Fund, representing my cochair, Liz Walker of WBZ, and literally thousands of volunteers who have come together throughout this State in order to make domestic violence a priority.

I am also honored to be joining the other panelists, Representative Gray and Dr. Callahan, good friends, as are others scattered throughout the room, who are grateful to both you and Senator Joe Biden for bringing this issue here to our capital city so that we can make it a national priority. So we thank you for that.

Primarily, I am here on behalf of the Jane Doe Fund. You have heard from so many who have been toiling for so long on this issue

on both the judicial and the legislative end, and those heroes and heroines, Senator, that you are well aware of that have worked in our shelters and throughout our grossly inadequate system in helping women and children to find a safe haven, recognizing that, unfortunately, the home is not that place in 1993.

The Jane Doe Fund was created, unfortunately, out of necessity more than it was out of inspiration. In 1989, as I was preparing to leave the legislature, I was approached by those who represent all of our shelters for battered women and children throughout the Commonwealth, because Massachusetts, like most other States, was cutting back on programs for those who need our help most because of budgetary/fiscal austerity or some such draconian budgetary theory. And women's shelters were one of the first to be axed within the 1989 and then the 1990 budgets. Many throughout the State had hoped that we could somehow make up for that shortfall in raising funds to keep the shelters open. But beyond that came the inspiration and the dream that we could provide public education about the issue of domestic violence.

I think that is what your bill is all about, and if I might, I would just like to underscore the priorities of the Jane Doe Fund as it relates to education.

No. 1, we strongly support and underscore the work that has been done here in Massachusetts with the Women's Legislative Caucus and Representative Gray and others to encourage you, Senator, on the Federal level and Governor Bill Weld and the legislature on the State level to make conflict resolution and education on domestic violence a priority right down to the elementary schools, when we have seen that we have lost in the past few months two of our most beautiful and brightest young women whose sole crime, apparently, was to spurn a suitor. And this is very troublesome as we watch the trial, Senator. I am sure that you were as troubled as the rest of us to learn that in both cases more than five other high school students knew of the plans of the young man to take a baseball bat and to kill the young lady who would not date him. And all five asked the question, "Do you think you can get away with it?" Not one asked the question, "How can you do this?"

The value of that young girl's life was secondary to whether or not he could escape the judicial process, and I think this says something about the way in which we raise our children.

No. 2, the way in which we raise our children has a direct impact on their ability to grow and thrive and become the best that they can be. I underscore District Attorney Delahunt and Sarah Buel's work and recommendations that they have made that we begin to recognize as a society the costs that we bear in other areas of our government and our society for not addressing domestic violence at a young age. District Attorney Bill Delahunt has told us the shocking reality that over 90 percent of his inmates at Norfolk, where we have our toughest in our maximum security, have a history of either being sexually or physically abused when they were children. And I think that tangential outcome is much more than just a financial burden, but clearly a very sad and tragic blemish on the face of our society.

No. 3, in terms of education, we underscore as well the recommendations made by Sarah Buel and others that the kind of

education programs begin with our judicial system, with our lawyers, and with our magistrates, and with our attorneys. There is a vast difference between the justice that is meted out within the Quincy district court where Justice Al Kramer, a good friend of all of ours, has made this a priority, and in other areas throughout the Commonwealth and this country where, in fact, that education is not made available.

Over 90 percent of the women who seek protection in the Quincy district courts not only stay with the system, but continue and feel protected when their restraining orders are in effect. That same percentage of women drops to under 5 percent in other areas where they are not allowed to understand the system and they are not provided with protection and education, and where the batterer himself is not told we are taking this very seriously.

No. 4, on the hotline, the Jane Doe Fund has raised moneys and will continue to do so. We are working very closely not only with the Massachusetts Medical Society, but I am happy to say, as you had mentioned, Senator, with a number of corporate sponsors. Jim Hardeman is here from Polaroid, our first corporate sponsor, and a very generous one that spawned the phone call from the Massachusetts Medical Society that offered to match that, and we were delighted to up the ante. And they have brought on an additional number of corporations.

On the hotline, what our corporate sponsors have come to understand and what Jane Doe hopes to spread nationally is the understanding that within the workplace women who are victims of domestic violence very often are noticed, but not single out, by their coworkers or by their superiors, because it has been the unspeakable crime. And we are very hopeful that your bill and increased funding, particularly for education, will allow our employers to become more aware of not only the cost through absenteeism and other corporate benefit packages to domestic violence, but to be that network and that support for women who may not be able to seek help elsewhere.

Finally, Senator, we would like to encourage your committee to embrace a number of pieces of legislation here on the local level. In addition to your amendment for the hotline and many, many calls for educational funds, there is a program currently being considered by the Massachusetts Legislature that Sheriff Bob Ruffo has been studying that requires that any batterer who has a restraining order out against him who has violated that restraining order, thereby taking him into the criminal aspect of our judicial process, be outfitted with a bracelet that works something like an electronic monitoring system.

We call it the "low-jack" for batterers, and what it does is it provides for a cell for the woman's person, a cell for the woman's home, and one that registers at the local police station so that if the gentleman in question violates his restraining order and comes within 500 yards of the woman in question, she automatically has a beeper that goes off so she can seek safety, which would have been a critical element in the 39 lives that have been lost in 1992 here in Massachusetts.

No. 2, it alerts the local police that there has been a violation, and this will get us out of the perennial he-said, she-said debate

that we have when women call in and say that the restraining orders have been violated. Very often, and tragically, it is too late by the time we hear about this.

The Jane Doe Fund continues to work and to grow. We are looking forward to working with you, Senator. We have been approached by seven other States where your colleagues have been supportive of your legislation and that of Senator Biden. We are hoping to make this a national public educational campaign throughout the media, and we strongly encourage anyone here that has not been involved that the Jane Doe Fund operates not only to supplement, but hopes not to supplant the work that must be done by our Federal and our State governments.

On behalf of all of the Jane Doe's, the nameless, faceless women who are counting on us to be a sisterhood and a brotherhood in the community of one, Senator, I thank you for all of your support.

[Questions and answers follow:]

MARJORIE CLAPPROOD

[NOTE: She is co-chair of the Jane Doe Safety Fund (along with TV anchor Liz Walker), a statewide effort administered by the Massachusetts Coalition of Battered Women Service Groups to raise funds to support violence prevention programs, and promote public education about domestic violence. It has received big gifts from Polaroid and the Massachusetts Medical Society, and was the beneficiary of 10K "Women's Walk for Safety." The Safety Fund's name was suggested by Carolyn Ramsey, executive director of the Coalition (Joan Stiles' boss), to represent the millions of anonymous women who have attempted to flee domestic violence. NOTE: This testimony will not be done until the last minute, so these proposed questions are preliminary drafts.]

Q. What prompted the establishment of the Jane Doe Safety Fund?

A. We knew that public awareness of domestic violence had reached its highest point ever, and sought to capitalize on that.

Q. How have you gone about convincing corporations in the state that it is in their interest to contribute to this fundraising effort?

A. It's not hard—they recognize that domestic violence in their employees' lives affects the bottom line.

Q. Is the Jane Doe Safety Fund a model that could be used nationally?

A. Absolutely; we certainly hope so.

Senator KENNEDY. Thank you very much. The Jane Doe Fund really reflects the best in our society, the best of volunteerism and willingness to take time and to go out and raise the resources to give both support and attention to one of our very, very pervasive challenges, violence in our homes and in our communities. You deserve a lot of credit yourself, Liz Walker, and all of those who have been a part of the program.

I think it is instructive for all of us. The kind of support you have been able to receive is a clear indication about the seriousness—we need to have it underlined—with which people take this particular challenge.

Let me ask you, Representative Gray, on the nationwide hotline, what is your own sense, what do you think is the potential of having a national hotline? Do you find from working in communities in our own State that having a national hotline, with information about what is available in local communities serves a broader and wider audience and fills a need not served by the local hotlines?

Ms. GRAY. Just let me mention how it used to work, and then perhaps with your expertise and that of your colleagues, you could understand the ramifications.

As I understand it, a call would come in to the national hotline from anywhere in the United States; and depending upon the location of that call—that is, the geographical location of a caller—a computer system was activated and local hotlines and local services were then given to the caller. Then she, or he, could take advantage of that.

It was not just an automatic referral, Senator, as I understand it, and I would hope that when it is instituted there would be some counseling provision. I have listened to counselors on my local hotline talk to victims, and it is very important that the victims understand the risk they are taking with certain actions.

First of all, the victim has to know whether or not she, or he, is ready to leave the situation. Do they have a safe place to go? Do they have a safety plan? And do they need legal advice? So, in addition to a local hotline and services, numbers being provided, there should be some peer counseling at the other end of the hotline so that the victims understand.

As I alluded to, and other people have, too, the victims are most at risk—most of our victims have been killed shortly after filing restraining orders or shortly after telling their partners that they are leaving them. And so it is for their safety and the safety of their children—because so many children have been killed as you know as well. It is crucial that the victim understand the risk and take preventive action.

While I have another brief moment, may I presume upon your attention to talk a little bit about the children involved. It is a great concern me for those children, not only the ones that have been killed, but for those children who have watched their mothers stabbed and shot. And I would hope somehow when we consider what is going on, perhaps through Mrs. Clinton or the Children's Defense Fund or the Jane Doe Fund, that particular attention will be given to the effect upon our children of seeing this happen.

Senator KENNEDY. Thank you very much. One can certainly understand the horrific impact that that kind of incident would have on any child.

Dr. Callahan, let me ask you about the Massachusetts Hospital Association. Steve Hagerty I find a very constructive, positive leader in that hospital association. I find it, just on a range of different health policies, to be an enormous resource, quite frankly, as a Member of the Senate. I am actually going to see him tomorrow, so I am interested in talking with them to either commend them or urge them to do more. What can you tell us about that? Obviously in a nice way, but what can you tell us about that? I am sure up in Greenfield they are wonderful, but tell us a little bit. Are they becoming more aware or sensitized to it?

Dr. CALLAHAN. Yes, Senator, they are. We work very closely with Steve Hagerty in the Massachusetts Hospital Association. In fact, we went as a combined group down to the American Hospital Association to plead some of the issues that involve both of us. So it is a unique relationship between medical societies and hospital associations that was noticed in Washington.

On the issue of domestic violence, we have been working with them. They are responsive to what we are doing. They are helping their component parts, the hospitals, put together the programs that are required by the JCAHO so that the emergency rooms do have the counselors, the people available to look for domestic violence and to make the appropriate referrals.

It is a very sensitizing issue that has to be done. Too often, before I really got involved, I would be horrified at seeing someone who was an obvious victim of domestic violence, and my response almost invariably was: How can you stay in this relationship? And just the way I would say it and my actions toward the victim, toward my patient in trying to help her was abusive in and of itself.

We have had to relearn that whole manner in which we deal with each other, and I think it is something that does go back to childhood. It goes back to the violence that we witness as children in our own homes, what we see on television, what our children are seeing on television. I have become much more sensitized to that recently.

There are studies showing that in a half-hour cartoon there may be as many as 470 individual acts of violence that a child is witnessing without any untoward events being recognized by him. So he or she becomes used to it, and then incorporates that into their life style.

The 20 or 30 percent of people that we can identify who were abused as children and are abusers now does not explain the other 70 percent. Where do they come from, if it is not something that we are teaching them, if it is not something that they are seeing daily, that all of you are seeing? You have to learn to be sensitized to it.

I saw "Beauty and the Beast" and recognized it as a nice cartoon until a domestic violence seminar that I was at 2 weeks ago where the therapist showed clips from it and clearly showed how we were being stereotyped, how the male was stereotyped. Gaston, for those of you who have seen him, the big bully with his feet on the book, denigrating education and learning; the blonds who toppled; then the Beast, and the whole issue there. It just goes on and on, the fact that we are not really aware of what we are seeing, it is so much a part of our lives today. We get used to it and accept it, and that is wrong. We have to stop that. And we have to do it at all levels.

Senator KENNEDY. Well, you know, in the Senate, they took some steps to try and enforce the radio and television licensing in terms of cutting back programs of violence, particularly with regard to children. But it just hasn't been effective. We come back, obviously, to first amendment issues. The best course on many of those is dealing with the advertisers. That is a tough, political reality, but they get the word on it. And then we must also try, particularly with regard to children, to give some help and assistance in terms of children's programming. We do very, very little of that. I mean, we have WGBH that probably does as much as any station does in the country.

Let me ask you about dealing with domestic violence. There are some questions about the use of tranquilizers and dealing medically with the apparent victims rather than trying to deal with

some of the other social implications of their situation. Do you find that that is a problem by people within the medical profession who are not as familiar with it, saying, well, if you are upset, just take some tranquilizers and calm down?

I read through various instances of this. Are we getting beyond that pretty well?

Dr. CALLAHAN. I hope we are, Senator. That is part of why the campaign, part of why we put together the ad hoc Committee on Domestic Violence: to educate physicians to look beyond the obvious. It is too easy to treat the obvious. It is too easy to ignore the issues at hand that the patient really is not able to express.

What I have found is that you have got to bring it up several times over several visits before she begins to trust you. We are hopeful in my office that putting the posters up and leaving the brochures in the bathrooms, where they can pick them up and carry them home without anybody knowing that they have taken one, is going to be much more effective than some of the things we have done in the past.

As you probably are aware, obstetricians have moved from being the paternalistic know-it-alls who prevented the partners from sharing in the deliveries, and now are encouraging partners to come forward and be part of the health care plan. Well, that creates a particular problem for us when we deal with suspected domestic violence, because on the one hand we are encouraging the male to be there, to take part, to come to the visits, and on the other hand we have no free time to raise the issue. And it becomes a very difficult, sensitive area.

In my specialty, we need to find a way that we can get the information to women so that they can come back alone or find a way to call us and talk to us so that we can make the appropriate referrals and get their safety plans begun. But it is a terrible issue to raise, and we hope that we are sensitizing all physicians. I am sure that is what the AMA hoped, the American College of OB/GYN, and what we are doing here in Massachusetts. It is to raise the issue of awareness that violence is wrong. No one deserves to be beaten.

We need to get that out. It doesn't matter at what level. And it occurs across the board. The panel earlier was so expressive and demonstrative on the issue. More people need to hear this, and too often, as someone said, we are preaching to the choir, people that are interested. We have got to get the message beyond this room and out into the public, into the community.

Senator KENNEDY. Your medical societies are able to do that in an entirely different way. I believe both the pediatricians, the obstetricians, they have given us good support on our family and medical leave.

It is an interesting fact. For example, as you well know, a child recovers about twice as fast if he is being treated by a parent than if he is just being treated by someone else. The violence is so obvious, but in terms of social behavior, it is appropriate, as the most violent society in the world, that we give some basic attention to that issue.

I think the other is the AAMC, you know, the medical educators, try and get our medical schools to give some focus and attention

as well to it. They are very, very reluctant to change that curriculum at all, but you have given me some ideas, just as the whole hearing has, on the number of different ways that we intersect, to see what can be done not just in the judicial and criminal justice system, but also in a lot of other ways that we can interact.

The guide for physicians at the Massachusetts Medical Society, if you could make that a part of your testimony and give it to us, I would like to make that a part of the file and reference it so that others who write in about this hearing would have it.¹

Dr. CALLAHAN. I will make sure you get a full copy of the pamphlet.

Senator KENNEDY. Good. Let me just ask the panel, finally, about the level of the violence. Is it increasing, or are we becoming more aware that this problem is out there? What can you tell us about that? What is taking place out in the homes and elsewhere around both Massachusetts and the country? What is your impression?

Dr. CALLAHAN. I don't think there is any question with the murders that are taking place that we are seeing an increase in the ultimate aspect of violence. Those people that argue that it has always been there and just been suppressed may be right. But when we can go back at least to 1989 or 1988 in this State and show the progressive increase in murders directly attributable to domestic violence, I have to believe that it is increasing.

When our district attorneys can give us figures on the number of restraining orders that are being issued each year and violated, we have to recognize that it is increasing.

I don't think that we can deny that any longer. It is there. The deaths in and of themselves show it.

Ms. CLAPPROOD. Senator, the only thing that I would add is that it is almost an irony that what we hear so often throughout all of the shelters that Jane Doe works with is a throwback to a time that we thought we had passed where the rule of thumb was the prevailing wisdom; that is, you could beat your wife with a stick as long as the width were no wider than your thumb. We thought we had come past that, and yet as recently as this week, I spoke with a woman for whom a national hotline number had been given—which as we all know is no longer in effect. Her only recourse, Senator, was to call me at a radio station. And when she talked to me, what she told me coming out of her husband's mouth was very much the same thing. They were not born in America. She comes from the Indian culture. We all saw, I think, on "60 Minutes" the status of women in India. We have lost 2,000 women to burnings alive because they didn't have the dowry money.

So as much as I seek to believe that Dr. Bill Callahan is right that things were not as bad in the past as they are now, I think perhaps they were. The big change that I would hope that your bill would address is primarily the cause and effect that we see between women increasingly being encouraged through hearings like this and through programs to get out and to seek safety and to depend upon our criminal justice system and to believe, as Elizabeth McCandless Murray did, that if she did it all right she could get

¹"Partner Violence: How to Recognize and Treat Victims of Abuse," A Guide for Physicians. Elaine J. Albert, M.D., M.P.H., et al., in collaboration with the Massachusetts Medical Society Ad Hoc Committee on Domestic Violence.

out with her life, Senator. And she did it all right, and he stalked her, and he killed her anyway.

I think we need to be abundantly certain as we make promises that we must make to our sisters in distress, and our children, that we are there to make those promises good. Because a woman is never at greater risk than when she stands up for the first time after many years of beating and she says, "No, I won't take this any longer." It is at that point that she is at the greatest risk of losing her life and the lives of her children. And I think that we are doing a grave disservice to our sisters and our daughters if we don't make that abundantly clear.

This is why it is not just an issue for the Senate or for the House or for the shelters for battered women or the doctors or the lawyers. It is an issue for every one of us. And until such time as we stand together and hold hands and prevent that from continuing, until I no longer have to talk to a lawyer, as I did this morning, who represents women, who said to me, "You know, I almost have to giggle at what a big deal you are all making about this. If the women wouldn't provoke the men, they wouldn't get beaten." This is a man who graduated from Harvard Law School—which some are not surprised to hear.

But until, Senator, that educational piece is "in your face" education that begins very, very early and that protects our children and teaches little boys that little girls are not to be owned, but to be respected, right up through old age, that old women are not to be beaten because that was the rule 50 years ago, but they are to be respected, we need the help of our brothers to do that. This is not just a woman's issue. And I think the incidence will continue to escalate until such time as we can give that guarantee a yeoman's challenge, to be sure.

Senator KENNEDY. Well, that is a very good, an excellent comment and challenge to all of us.

I am particularly interested in the electronic bracelets. They have been increasingly effective in dealing—I don't know to what extent they have been used in these circumstances, but in other circumstances, and they certainly deserve examination here as well.

I want to thank all of our panels. I want to again thank all of those who stayed with us. I also want to thank others who have submitted written statements for the written hearing record.

Generally, when I chair a hearing, we try to have some of the victims, whether it is on the issues of unemployment or child and maternal health, family and medical leave or health insurance, the whole range. Today we have heard two individuals testifying who over the course of their lives had experienced abuse themselves. But the additional chilling effect is that other people didn't want to testify, didn't dare risk it, because the threat to them is so real and so current.

That is a chilling fact. In another hearing, on family leave, we had the Fernandez family from Lynn talking about how the husband was working, the wife was working, they had triplets and got sick, both lost their jobs, they went bankrupt, had difficulty making ends meet. I mean, you can find people in our State and around the country, whether it is family leave, unemployment, insurance,

whatever the issues are, and all reluctant because these matters are personal. For the most part, we don't want to talk about those aspects of our personal life or our family's life. Still, people are often willing to do it for a broader good.

But not on this one, and I think that is an ominous sign that reflects, to some extent, the sinister aspects of the problem and the real danger that so many women are facing in our communities. And we shouldn't lose track of that.

This hearing will be helpful. We will certainly make sure our colleagues are familiar with all of the testimony, and we are going to continue to follow not just that bill, but the issue, more broadly. We will certainly call on these witnesses and others to assist us, as we try to deal with this important issue.

The committee stands in recess.

[Whereupon, at 12:15 p.m., the committee was adjourned.]

APPENDIX

ADDITIONAL SUBMISSIONS FOR THE RECORD

ATHLETES AGAINST VIOLENCE: TESTIMONY SUBMITTED BY NORTHEASTERN UNIVERSITY'S CENTER FOR THE STUDY OF SPORT IN SOCIETY*

Senator Kennedy and members of the Senate Judiciary Committee, it is with respect and honor that Northeastern University's Center for the Study of Sport in Society submits this written testimony as part of the February 1, 1993, field hearing.

For the past ten years Northeastern University's Center for the Study of Sport in Society has been the driving force behind a movement to bring about social change through sport. Northeastern University and the Center have not taken on this challenge alone. Rather we initiated the National Consortium for Academics and Sports, which now has more than 100 colleges and universities as members who help bring the fight against ignorance, racism and violence to all parts of America.

In addition, we currently are entered into contracts with the National Football League, the National Hockey League, and the Continental Basketball Association to provide educational programs for their players. Through these agreements and other close working relationships, we are in position to involve professional athletes in societal change as evidenced by the fact that the Center's Director, Dr. Richard Lapchick chaired the recent players associations summit on racism.

As shown in the previous testimony, the problem of domestic violence in America has indeed reached epidemic proportions. In particular, the extent of violence perpetrated against women is intolerable. Significant changes must be made in legislation including, but not limited to, passage of a stalker bill, stiffer sentencing for domestic violence—especially for repeat offenders, mandatory counseling programs for victims as well as perpetrators, and the passage of strictly enforced handgun legislation. The NFL made a significant first step in supporting these issues with its domestic violence commercial aired during the Super Bowl, but we believe that much more can be done since athletes have proven to be very effective role models, especially with young men (Harris, 1990).

In addition to focusing on domestic violence between adults, we must also focus on the children. The children are victims and/or helpless bystanders to domestic violence. They grow up with it as their way of life. Is it no wonder that, when time comes, they take violence to school with them.

ATHLETES AGAINST VIOLENCE—THE PARTNERS

The program brings together two organizations that have a proven track record. Northeastern University's Center for the Study of Sport in Society (CSSS) has:

- National leaders in the areas of racism and conflict resolution in CSSS Director Richard Lapchick and Associate Director Lin Dawson.
- CSSS and its Project TEAMWORK have outstanding models for school needs assessments, large group presentations, Human Rights Squads, and crisis intervention that have been proven to work.
- CSSS has working relationships with all the professional leagues and their players' associations, this provides a pool of athletes to work on the project.

*This testimony was prepared and submitted by Northeastern University's Center for the Study of Sport in Society, Richard E. Lapchick, Director; Lin Dawson, Associate Director for Education and Training; and Art Taylor, Associate Director for Program Development. For more information call (617) 437-4258.

- Further, CSSS has access to the resources of Northeastern University, as well as access to the 100 member universities of the National Consortium for Academics and Sports who can serve as replication sites and a dissemination network.
- Jackson Katz, the founder of the group "Real Men" and a national spokesperson on male violence against women, played a major role in the development of this prospectus, and on a proposal to the U.S. Department of Education's Fund for the Improvement of Postsecondary Education for a "Student-Athlete Anti-Violence Leadership Project" for college campuses.

Educational Development Center's (EDC) Violence Prevention Center currently directs 21 projects in the violence area. One of these, which is directed by Renee Wilson-Brewer, is responsible for the National Network of Violence Prevention Practitioners and has been helpful in determining program components.

- EDC and Dr. Ronald Slaby, a Harvard Professor and the principle collaborator on the proposed project, bring strengths in evaluation, planning and consulting with schools, and staff training.
- The pilot-tested middle-school curriculum on violence prevention developed by Dr. Slaby provides a dimension not previously contained in the CSSS TEAMWORK model.

Indeed, with a partnership between these two experienced and respected organizations, there is significant reason to hope that the most comprehensive program in violence resolution yet, proven to be effective with America's youth, will be available to answer the national call to action.

Finally, we would also like to introduce into testimony the attached proposal for the Student-Athlete Anti-Violence Leadership Project, which addresses the critical problem of assaults against women on our college campuses. This proposal has just been selected as a finalist for FIPSE funding, and if funded it will make student-athletes a force for social change on our campuses. Thank you for the opportunity to submit this testimony.

PROPOSED ATHLETES AGAINST VIOLENCE PROJECT

Many of Project TEAMWORK's components form the foundation for the proposed Athletes Against Violence Project: a thorough needs assessment before entering the school is essential, the TEAMWORK model of school presentations by well known athletes, and the formation of Human Rights Squads (targeted at anti-violence and conflict resolution) will become the basis for the proposed violence reduction program. The primary use of the Human Rights Squads will be to serve as a place where young people can talk about their personal fears about violence. These young people will be helped to develop their own individual, school and community plans for dealing with the violence around them.

The high profile athletes who represent Athletes Against Violence will not only organize Human Rights Squads (HRS) in participating schools, but will be regular participants. Special efforts will be made to recruit local athletes playing for the school to become active members of the HRS, as well as welcoming those who are viewed as most likely to be perpetrators of violence.

Finally, every effort will be made to coordinate project activities with existing anti-violence programs in the school or community. With the permission of the school administration, community activists will be invited to join in the project through the HRS. The partnership with the inner-city schools and the community activists will be initiated at an Athletes Against Violence Project kick-off event.

There are many other approaches to conflict resolution that are being tested in America's schools. We believe that the proposed Athletes Against Violence Project is unique in several important ways.

- First, this is the only program using high profile athletes to work directly with youth. Athletes have been shown to be the favored role models by young people in a survey conducted by Louis Harris and Associates (1990).
- The Human Rights Squad model has been proven successful in 20 schools in the Boston area, and is the basis for other projects starting up in the midwest, southeast and west. Further a program to bring members of each of the HRS's together has led to annual Human Rights Forums where students can learn from national leaders and each other.
- The middle school Violence Prevention Curriculum developed by Dr. Ron Slaby has been field tested and found to be effective with victims, perpetrators and bystanders.

- Project TEAMWORK is experienced at crisis intervention, and prepared to assist any school in America that requests the TEAM's help in reducing tensions where violent outbreaks seem likely or after violence have occurred.

BIOGRAPHY OF RICHARD E. LAPCHICK

Richard E. Lapchick brought his experiences as a scholar, author, and civil rights activist to Northeastern University where he is founder and director of the Center for the Study of Sport in Society.

Since its inception in 1984, the Center has attracted national attention to its pioneering efforts to ensure the education of athletes from junior high school through the professional ranks.

In its first seven years, more than 100 current pro athletes enrolled in Northeastern's programs and, in turn, have had contact with more than 273,000 school children in the Boston area. Eighty two colleges and universities have adopted the Center's programs by joining the National Consortium for Academics and Sports (NCAS). A requirement for membership is that institutions bring back any athlete who came there on a scholarship in a revenue sport in the previous decade and who did not graduate to complete their education at the expense of the university. To date, 2,238 college athletes whose eligibility has expired and 919 current professional athletes, along with 71 Olympians, have enrolled at NCAS-affiliated schools; 1,266 have graduated. Nationally, the NCAS athletes have seen more than 812,000 students in the school outreach program.

Lapchick has become a prolific writer. His seventh book, *Five Minutes to Midnight: Race and Sport in America in the 1990's*, was published in the Spring of 1991. *The Rules of the Game: Ethics in College Sport*, coauthored with John Slaughter, former Chairman of the NCAA Presidents Commission, was published in 1989. His other books include: *On the Mark: Putting the Student Back in the Student-Athlete*, (1986); *Fractured Focus: Sports as a Reflection of Society*, (1986); *Broken Promises: Racism in American Sport*, (1984); *Oppression and Resistance: The Saga of Women in South Africa*, (1981); and *The Politics of Race and International Sport: The Case of South Africa*, (1975). He has written more than 150 articles on racism, Southern Africa, women and sports which have appeared in academic and popular publications. Moreover, Lapchick has compiled the 1990 and 1991 Racial Report Card, which evaluates the racial factor in the National Basketball Association, the National Football League and Major League Baseball. The study focuses on hiring practices for coaches and front office personnel.

Considered among the nation's experts on sports issues, Lapchick has appeared numerous times on *Nightline*, *Good Morning America*, *Face The Nation*, *The Today Show*, *ABC World News*, *ABC Primetime*, *NBC Nightly News*, and the *CBS Evening News*.

Richard is the son of Joe Lapchick, the famous Original Celtic center who became a legendary coach for St. John's and the Knicks. The elder Lapchick helped to integrate the NBA when he brought up Nat Clifton to the Knicks in the same year that the Celtics signed Chuck Cooper. Influenced by his father, Richard Lapchick decided to devote much of his adult life to civil rights issues. Many of those interests were in the area of sport.

In 1968, Richard was the first recipient of the Martin Luther King Fellowship for studies in race relations. He used it to complete his Ph.D. in international race relations at the University of Denver. He was an Associate Professor of Political Science at Virginia Wesleyan College from 1970-1978 where he taught African Studies, Race Relations, and Black Politics. He also conducted race relations workshops for several universities. During his tenure at the United Nations between 1978-1983, he became a Senior Liaison Officer while working on the issues of South Africa, the Middle East, and women's rights.

Lapchick is the recipient of numerous humanitarian awards including the Ralph Bunche International Peace Award, the Kenneth Kaunda Award for Humanism, the United Methodist Federation for Social Action's Humanitarian of the Year Award, the Anti-Defamation League's World of Difference Award, the Dryslongo Award for combating racism, and the National Invitational Tournament (NIT) Man of the Year Award.

He is married and has three children.

BIOGRAPHY OF LIN DAWSON

Lin is a national speaker on issues ranging from teenage sexuality, gang violence prevention, drug and alcohol awareness, racial and ethnic sensitivity, conflict resolu-

tion and evangelism. He is a native of Kinston, North Carolina. Lin graduated from Kinston High School in 1977 and received an athletic scholarship from North Carolina State University. He received a B.S. degree in Speech Communication from Northeastern University in Boston.

In 1981, Lin was drafted by the New England Patriots Football Club. He was the Patriots starting tight end for 10 years before retiring in 1990. Lin also served as team chapel leader and player representative.

Presently, he serves as the Educational Training Coordinator for Project TEAMWORK in The Center for the Study of Sport in Society at Northeastern University. In addition, Lin is a workshop facilitator for A World of Difference of the Anti-Defamation League in Boston.

Lin is married (Margo) and has two children (Jamar 5 and Jelyse 4).

BIOGRAPHY OF ART TAYLOR

Art Taylor joined the staff of Northeastern University's Center for the Study of Sport in Society in August of 1987. He is the past project director of the FIPSE-funded College STUDENT-Athlete Project, and as such has assisted 25 major colleges and universities conduct comprehensive self-assessments and translate them into action plans which insure the academic integrity of their intercollegiate athletics program.

Art was recently named Associate Director for Program Development. His primary role is to develop and evaluate Center programs. Prior to joining the Center, Taylor was the Special Education Administrator for the St. Paul (MN) Public Schools. In this role, he led St. Paul in the development of an outstanding array of programs. With 15 years experience as both a building and central office administrator, Taylor directed a board of education sponsored task force that successfully reorganized the school district.

Art has been the evaluator of all major programs created by the Center including the College STUDENT-Athlete Project and Project TEAMWORK, and has served as the evaluator of various federally funded projects for the past 20 years.

Art received his B.A. in psychology from Lafayette College, and did his doctoral work in Instructional Systems Technology at Indiana University. He was on the faculty of both IU and the University of Minnesota. He has been a researcher in the area of learning strategies, and has published a chapter in the Handbook of Mental Retardation and 16 journal articles on applications of learning strategies to the classroom.

He has taught courses in life-career planning to both college students and professional athletes. His experience advising professional and amateur basketball, baseball, football and hockey players on developing their own personal educational plans that fit into a broader life-career plan has proven beneficial in the design of the proposed U.S.A. Project for urban high school student-athletes. This proposal has received the support of Mayor Flynn and Superintendent Lois Harrison-Jones, and upon funding will be first implemented in Boston.

Taylor's hobbies include baseball card collecting, serving in the Colonial Militia, and swimming. He has been a Camp Fire Leader, Sunday school teacher and has coached youth soccer, baseball, softball and basketball for 12 years. Art is a charter member of the Friends of Public School Athletics, Inc.

TESTIMONY OF THE HUMAN RIGHTS COMMISSION, BOSTON CITY HALL, BOSTON, MA, SUBMITTED BY EXECUTIVE DIRECTOR ANN SANDERS

Article three of the Universal Declaration of Human Rights, adopted by the United Nations in 1948 states:

Everyone has the right to life,
liberty, and security of person.

As Executive Director of the Boston Human Rights Commission, I am honored to have the opportunity to speak about domestic violence as a human rights issue.

You will, undoubtedly, hear much testimony today about domestic—or family—violence. You will hear that a woman is beaten every 15 seconds in this country; you will hear that domestic violence is a significant cause of birth defects in this country; you will hear that domestic violence, in this country, is the single largest cause of injury to women—more than rapes, muggings and car accidents combined. And, closer to home, you will hear that 44 women, children and loved ones were killed by batterers in Massachusetts in 1992; thus far in the first month of 1993, the death toll stands at 6.

What you will not hear a lot about, except for the eloquent words of Stacey Kabat, is that domestic violence is perhaps the most overlooked or ignored human rights violation in the United States. If women and children were terrorized, tortured and murdered by strangers in another country, the international human rights community would protest loudly. However, because the emotional, psychological and physical violence comes at the hands of spouses and lovers, the outrage has been silenced. It has been contained. It has been minimized. It has been labeled a "family thing."

In the Preamble to the Universal Declaration of Human Rights, it is affirmed that fundamental human rights include the dignity and worth of the human person. Another way of saying the same thing is to acknowledge that one of the most basic human rights is the right to live free from fear.

Battered women and their children live lives where dignity and worth, and freedom from fear do not exist. In fact, they live a life that is similar to prisoners of war. They are terrorized, stalked, threatened, humiliated and beaten into submission. They are tortured, raped and isolated from friends and family. And, not unlike prisoners, when they try to escape, they are hunted down by their batterers and often killed.

In this country, we call this "domestic violence." What it is, is violence directed at family members, mostly women and children, by people they know and in most cases, people the battered women have at one time loved. In truth, the only "domestic" aspect to the violence is that it usually happens at or near home.

In truth, it is a human rights issue.

Article 5: No one shall be subjected to torture, inhuman or degrading treatment or punishment.

Article 13: Everyone has the right to freedom of movement and residence within the border of each state.

Article 28: Everyone is entitled to a social and international order in which the rights and freedoms (set forth in this Declaration) can be fully realized.

I would submit to the members of the Senate Judiciary Committee that the fundamental human rights of battered women and their children are being violated on a daily basis. Next time you hear about a woman being killed or beaten, remember she lives or lived in constant fear in her home and in her community. Battered women and their children lose their dignity and worth in the struggle to stay alive.

However, as alarming as the picture is, I also believe that we can do something to change what at times seems like an overwhelming problem. Police departments are beginning to respond in a manner that reflects the seriousness of the violence. Prosecutors and judges are learning more about battered women and the circumstances that bring them into the criminal justice system. And, nationally, true leadership is being shown through legislation such as the Violence Against Women Act of 1993.

Whether locally or nationally, education is at the heart of all major social change. I am proud that, in Massachusetts, we have started that process. The criminal justice system is learning more about family violence. Newspapers and television are educating by documenting the deaths and raising awareness. Elected officials have named domestic, or family violence as a public health emergency and a public safety priority.

Education is also taking place on a human rights level. The simple tool of documentation—in this instance, deaths at the hands of batterers—is an acknowledged method of educating the larger community about human rights issues. The 1992 Reebok Human Rights Award was given to Stacey Kabat for her work on domestic violence; she was one of four people around the world honored by Reebok for her human rights activism.

Finally, and in many way most basically, the education of our young people has begun. The cycle of violence must be broken. To that end, both men and women affected by the violence are starting to speak out. Whether it is at home with their children, in high schools, colleges and universities, in the workplace, in the United States Senate, or in the White House, education remains the most effective tool.

I am fortunate to be working with Stacey Kabat and Battered Women Fighting Back! on an educational project called the Article 3 Campaign. The collaborative project is designed to educate junior and senior high school students in the Greater Boston area about the cycle and the severity of domestic violence and to begin talking about domestic violence as a human rights issue.

Senator Kennedy, I thank you for holding this hearing on domestic violence and for helping to raise awareness around the issue. I look forward to working with you and members of the Committee on this very important subject.

PREPARED STATEMENT OF AUDREY E. STACK, DDS, FRAMINGHAM, MA

I am a pediatric dentist, practicing in Boston, and a former battered woman.

I finally left my violent husband about a year ago, despite his very menacing threats. By the end, he was beating me severely every 5 days, or less, and threatening to kill me almost every day, especially for leaving. So I was very afraid to leave, but, by the end, even more afraid to stay. It was very frightening. I really thought he would kill me.

The day I finally fled was the most terrifying day of my life. Trembling, I packed my things, went to court to get a restraining order while he was at the chiropractor, and drove away to New York, where I stayed for over a month, thinking I might never come back again, to Massachusetts.

I did not go back to our apartment in Quincy.

He did violate the restraining order, and was put in jail for 4 days. I think that gave him a very strong message. He has left me alone since then.

I was very fortunate to be living in Quincy, which has, since, won national acclaim for its program in intervention with domestic violence. Their tightly linked system of police, courts, counselors and advocates is successful because of appropriate funding, education and the energy of those involved. Their extensive network of services includes specially trained advocates to individually counsel victims, accompany them to court, and to lead support groups. Police officers and court personnel are very well trained.

I never would have been able to leave my husband without their help, and really do believe I would not be alive today, without their intervention.

He was arrested within 10 minutes after the warrant was issued, on a holiday weekend, with a skeleton crew at the courthouse and DA's office, largely because of the persistence of one victim/witness advocate, Kristin Ryan.

We called Judge Kramer at home, and by that evening, Charles was behind bars, at the Dedham County Jail.

This past October, Charles pleaded guilty, and was convicted of 14 counts of assault and battery, including dangerous weapons, threats to kill, destruction of property, all against me. He received a suspended sentence and a jail term.

He is in Law School.

Well, for many reasons, I was very lucky, maybe a little bit smart, and also, very, very careful. Others have not been as lucky.

During the past year I have become actively involved in working against domestic violence, hoping to help other women, in return for the help I had; because without it I never would have gotten away.

I joined the Dental Coalition to Combat Child Abuse and Neglect, volunteer for the Parental Stress Line, and serve on the Trauma Advisory Committee at Harvard Community Health Plan. I co-chair the education committee of the Women's Independence Network, an organization founded by State Representative Barbara Gray, which supports a shelter for battered women, raises funds and heightens legislative, public and professional awareness regarding domestic violence.

I have written a paper on Partner Abuse, to be published in The Massachusetts Dental Society Journal this month, lead seminars on domestic violence to dental students, dentists, other health professionals, and to the community. I have been campaigning, successfully, for dentists to ask about abuse, of every patient, especially to include it on the medical history form. I am working on establishing a network of dentists to take emergency calls from shelters. I talk to patients and staff about their personal domestic situations, have written letters for and gone to court with them.

Although optimistic, cheerful, open and trusting by nature, I am now wary of all close relationships, especially with men. I know it will be sometime before I relearn to trust them. I do not think I will get married again.

Some people tell me to go on with my life, and forget about it all. But, in the words of one other former victim, "once this happens to you, it becomes a part of your life, forever". I certainly am grateful for the opportunity to channel my energies toward the prevention of this age-old societal problem by promoting awareness, and by advocating for action and sensitivity.

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