COORDINATED COMMUNITY ACTION MODEL

This Model demonstrates, in abbreviated form, ways communities can accountably act to support battered women and children, and hold batterers accountable for their behavior. It is not a definitive representation. This Model primarily identifies heterosexual males as perpetrators of domestic violence (DV), as they comprise 95% of the batterers in this country. This Model was developed by Mike Jackson and David Garvin with the feedback of over 118 reviewers. We are grateful for their input, and acknowledge the Domestic Abuse Intervention Project for the wheel format. Permission to reproduce is given if there are no changes and credit is given. Please make copies and distribute them for your public education efforts. We welcome your feedback for future editions.

DESIRE TO MAKE

SOCIAL SERVICE PROVIDERS:

Design and deliver services which are responsive to battered women and children's needs. Require staff to receive training on the etiology and dynamics of DV. Oppose the "pathologizing" of DV and exclusive control of the "field" by "degreed professionals." Shift the focus from "trying to keep the family together at all costs" to safety of battered women and children. Utilize

GOVERNMENT:

Enact laws which define battering as criminal behavior. Enact laws which provide courts with progressive consequences in sentencing. Adequately fund battered women's service agencies and violence-prevention education. Commute the sentences of battered women who kill in self defense. Heavily tax the sale of weapons and pornography to subsidize sexual and physical violence prevention and intervention efforts.

EMPLOYERS:

Condition batterers' continuing employment on remaining nonviolent. Intervene against stalkers in the workplace. Safeguard battered employees' employment and careers by providing flexible schedules, leaves of absence and establishing enlightened personnel policies. Provide employment security to battered employees. Provide available

resources to support and advocate for battered

employees.

MEDIA:

Prioritize subject matter that celebrates peace and nonviolence. Spotlight efforts which promote nonviolence. Devote an equitable proportion of their media "product" to battered women and children's needs. Educate about the dynamics and consequences of violence, not glorify it. Cease labeling DV as "love gone sour," "lover's quarrel," "family spat," etc. Stop portraying the batterer's excuses and lies as if they were the truth.

HEALTH CARE SYSTEM:

Develop and utilize safe and effective methods for identification of DV. Provide referral, education and support services to battered women and their children. Refrain from overly prescribing sedative drugs to battered women. Utilize accountable documentation and reporting protocols for DV. Devote a percentage of training equitable to DV cases handled.

JUSTICE SYSTEM:

Regularly disclose relevant statistics on DV case disposition. Utilize methods of intervention which do not rely on the victim's involvement. Devote a percentage of training equitable to DV cases handled. Vigorously enforce batterer's compliance, and protect women and children' safety, with custody, visitation and injunctive orders. Adopt a "pro-arrest policy." Provide easily accessible and enforceable protection orders.

EDUCATION SYSTEM:

Support and educate teachers to recognize and respond to symptoms of DV in students' lives. Teach violence prevention, peace-honoring conflict resolution and communication skills. Acknowledge gender bias in teaching materials and develop alternatives. Require education about relationships at all levels. Teach that it is the civic duty of all

the civic duty of all citizens to oppose oppression and support those who are oppressed.

CLERGY:

Speak out against DV from the pulpit. Routinely assess for DV in premarital and pastoral counseling. Seek out and maintain a learning and referral relationship with the DV coordinated community response system. Oppose the use of biblical or theological justification for DV. Reject patriarchal dominance as a preferred social pattern.

A DIFFERENCE

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