

ASSEMBLING THE PIECES

An African-American perspective on community and family violence

Fall 2002, Volume 4, Number 1

Black males in crisis: IDVAAC conference in Philly pointed to solutions



**Drs. Oliver J. Williams
and Haki Madhubuti**

One of the key tenets of the "It's Your Business" public awareness campaign sponsored by the Family Violence Prevention Fund in San Francisco and IDVAAC is that males who have engaged in domestic violence or who are accused of doing so must be confronted by other males about their behavior.

The reasons for this are simple. The first is to be clear that violence against women is wrong, and there is no justification for it.

The next is to educate possible batterers about domestic violence and where to get help. We know that we miss important opportunities to provide assistance if we avoid talking to these men.

Our spring conference in Philadelphia on "Black Males and Domestic Violence: What do we know, where do we go?" generated a lot of discussion—some of it private and some of it public. The conference convinced me more than ever that the best route to healing and ending domestic violence is enlightened discussion.

We can't assume just because we work in related fields that we are all on the same page. Having the chance to engage in dialogues allows us to examine our differences. By being willing to disagree, we give ourselves the opportunity to hear and respond to other points of view. Ultimately, this will allow us to do a better job of protecting battered women and transforming men who batter.

While most black men don't participate in destructive behavior, black males continue to be disproportionately represented in the

criminal justice system as a result of their involvement with homicides, armed robberies and assaults. Too often, the victims of these violent men are intimate partners, family members and acquaintances.

Conference proceedings will be on the Web

The article on pages 4-5 of this newsletter provides a conference overview. More information from the spring conference can be obtained by viewing the proceedings, which will soon be posted on our Web site at www.dvinstitute.org.

We also hope you enjoy the article about hospital-based domestic violence treatment programs on page 2. Many low-income and minority people use emergency rooms to meet their health care needs because they lack traditional health care coverage. This makes hospitals and health-care settings a particularly effective way to reach women and children who need domestic violence services.

Cook County Hospital in Chicago is the real-life version of the hospital portrayed in the TV drama "ER". Find out how this hospital has collaborated with Chicago's domestic violence community during the past 10 years.

Save the dates

Last, our next national conference will focus on domestic violence and its impact on African-American children. Please save the dates: June 5-6, 2003. It will be in our hometown of St. Paul, Minn. A regional conference on Art, Media and DV is planned for Feb. 21 in Detroit. We'd love to see you at both events. ♦

Trained hospital staff can dramatically improve domestic abuse intervention

By Lynn Ingrid Nelson

A female patient turns up repeatedly in the emergency room. She has symptoms of domestic abuse, but refuses to disclose that anyone has been harming her.

Finally, a staff member (who happens to be her neighbor) insists that she get help from a local battered women's shelter. The woman with the badly bruised face relents.

Later that night, there's a knock at the door. The staff member opens it. Her neighbor's husband forces his way in and punches her in the face, smashing her cheek bone. After she's treated at the hospital, where she is usually a staff member not a patient, a male coworker seeks and finds the abusive husband in a neighborhood bar.

The coworker punches the husband a few times, pins him on the floor and informs him that he won't stop the beating next time, if the husband harms the concerned neighbor again. The male coworker swaggers out of the bar. Mission accomplished.

Real life isn't usually like the movies or TV for that matter, but in the case of the TV show "ER", the producers are attempting to recreate real-life hospital scenarios. The show is based on Cook County Hospital in Chicago (CCH). CCH is also the home of the Hospital Crisis Intervention Project or HCIP.



Cook County Hospital Department of Family and Community Medicine

The Chicago Women's Health Risk Study of 2000 indicates that most women (82 percent) seek some kind of assistance to deal with violence in their lives, and they are more likely to seek help from a health care facility than from a formal domestic violence agency (26 versus 18 percent).

A collaborative effort of the Chicago Abused Women Coalition (CAWC) and the Cook County Bureau of Health Services, HCIP provides direct services to victims of abuse at Cook County Hospital. HCIP also trains health care providers to identify, assess and refer patients who are victims of domestic violence, according to the CAWC Web site.

Since HCIP's beginning in 1993 as a model for hospital-based domestic violence programs, it has responded to more than 4,000 referrals and has provided over 2,000 battered women with crisis intervention, individual counseling, safety planning, access to emergency shelters, legal and systems advocacy, and referrals to other essential resources.



Vickii Coffey

Over 98 percent of HCIP clients live below the national poverty index and have little access to other services. HCIP was the first program of its kind to be founded in a public hospital. In 1994, President Bill Clinton awarded HCIP's co-founder Vickii Coffey the National Crime Victims Service Award.

Training is at the heart of this program

HCIP has participated in research partnerships with academic, governmental and scientific entities. For five consecutive years, the co-founders and staff of HCIP designed and taught a 10-week course on domestic violence at the University of Chicago's Pritzker School of Medicine. This innovative advocacy-based curriculum is the most extensive course on domestic violence taught in the United States. (See <http://www.cawc.org/programs/hospital.jsp> for the program overview.)

Dr. Carol Warshaw is one of the program pioneers. An ER doctor at the time, Warshaw was also involved in a quality assurance project. She reviewed two weeks of medical charts (about 9,000) and was surprised to find that domestic violence was never indicated as a cause of bruises,

broken bones or other physical symptoms being treated at the hospital.

“No one was making the connections between women’s injuries and what might be causing them,” she says. This prompted her to write a professional article on what happens in the medical environment that causes staff not to recognize the obvious.

Connecting DV treatment to health care

As a result of an article Warsaw wrote on domestic violence, then executive director of the Chicago Abused Women Coalition Vickii Coffey contacted Warsaw, who became actively involved in the development of HCIP. At the time, Coffey was looking for ways to find other “entry points” for battered women coming to her program. A survivor herself, she recognized that battered women often appear before physicians first. In fact, the Chicago Women’s Health Risk Study of 2000 indicates that most women (82 percent) seek some kind of assistance to deal with violence in their lives, and they are more likely to seek help from a health care facility than from a formal domestic violence agency (26 versus 18 percent).

Today Warsaw is a co-director of the program. As she approaches its 10th anniversary, she advises others interested in developing a program in a hospital setting to take some important steps. It is critical to have committed administrative support, strong relationships with established domestic violence programs and to provide

ongoing reinforcement for hospital staff to participate in the program, she says.

Her current program co-director Stephanie Love-Patterson agrees. “Every single woman who is treated should be screened for domestic violence,” she says. “But not all of the doctors have bought into this notion – especially more experienced doctors who didn’t get domestic violence training during medical school.”

“We know that one in 10 women who come to an ER will experience domestic violence at some time in their lifetime. This may impair their ability to treat an illness because they may not be able to take their medications or see a doctor for future appointments.

—Dr. David Levine

“Many poor and minority patients wind up getting their primary care in Emergency Rooms because they don’t have adequate access to health insurance,” says Dr. David Levine, an ER doctor and HCIP advocate. “We know that one in 10 women who come to an ER will experience domestic violence at some time in their lifetime. This may impair their ability to treat an illness because they may not be able to take

their medications or see a doctor for future appointments. If a doctor doesn’t screen for domestic violence, he or she may miss associated injuries and therefore recommend the wrong treatment.

“Doctors typically don’t screen for domestic violence because they are afraid to open ‘Pandora’s box’. But if you’re collaborating with experts, as we are in the HCIP program, all a doctor has to do is to refer the patient and let the hospital social worker follow up with the appropriate resources. We see about 50,000 women each year – given the statistics, we know that at least 5,000 of them will be victims of domestic violence at some point.”

Lessons learned

To be successful, a program like HCIP has to work with a variety of departments throughout the hospital, according to Kim Riordan, a former program co-director who worked with the program for seven years. It’s important to go beyond the trauma unit where ER resides to internal medicine and the ob/gyn departments, she says. Some of the presenting problems are headaches and stomach aches.

And at times domestic violence takes rather strange health-related twists. Love-Patterson knew of a woman with asthma whose husband regularly hid her inhalers as a means of controlling her. Riordan recounted the story of a woman with diabetes whose husband insisted on doing all the grocery shopping and would only purchase sweets and salty snacks as a way of keeping her sick and therefore isolated at home.

Public hospitals are more accessible for members of low-income and minority communities than traditional domestic violence programs, according to Riordan. She pointed out that CCH is a trusted and historical community resource for families in Chicago.

“When institutional racism was more obviously practiced, CCH played a major role in the lives of African Americans,” she says. “Some can now go to other hospitals, but they continue to frequent CCH due to its tradition of service.” ♦



Cook County Hospital Residents for 2002

Role models and leaders needed to address crisis facing black males

By Lynn Ingrid Nelson

IDVAAC's annual conference in Philadelphia asked a lot of questions about black men and domestic violence. Speakers ranging from poets to Ph.D.s, and film makers to your workers, reached some important conclusions about how to address the devastating issues surrounding U.S. black males, particularly relating to domestic violence.

"Black Men and Domestic Violence: What do we know, where do we go?" was an apt title for the May 30-31 event. Keynote speaker Haki Madhubuti provided a rousing conference introduction. He bubbled over with wisdom and convictions, hard won from his life's journey, which has taken him from the violent streets of Detroit to the hallowed halls of academia.

"My mom overdosed on drugs when I was 16," he told the audience. "I come from pimps and whores – no joke. It is intriguing for me to look at what a man is, because I went through what a man is not."

His address was much like a poetry reading, drawing subtle connections between raising children, marriage, and the Ten Commandments that have guided his life. His remarks also were punctuated in poetic language: "When do we say 'no' to our sons? They are our loaded weapons. We are not the music that we used to be. Our music used to be about self-love and black responsibility. It's time to come home."

A professor at Chicago State University, Madhubuti cautioned that ignorance is being visited on the African-American community. "We are taught to believe rather than to think. This lack of critical thinking leads to the creation of more problems. Ideas and their creators run the world, but ignorance is contagious, and today it's an overfed cockroach."

The Black Movement of the 1960s provided young blacks with the context to build ideas, according to Madhubuti. Today there is a vacuum. "We are lacking the power of ideas. Instead, we are faced with the power of ego and a street culture."

Throughout his remarks, the widely published author and poet, exhorted the audience to bring art into their own lives and the lives of their children. Madhubuti advocates using art as a way to restore and heal. Writing and poetry are the forms of art he's chosen to heal himself. This theme reverberated throughout the conference, which was peopled by a wide variety of artist-speakers.



Dealing with destructive media influences

Film director John Singleton brought not only an artistic perspective to the conference but another generation's point of view as well. The award-winning director of "Boyz 'n the Hood" is a strong advocate for African Americans on the national artistic scene – he's concerned about the destructive influences of media that black people control. "I advocate responsibility for the images they throw up," he told the audience.

He also has been a strong supporter of IDVAAC. Several of his films deal with issues associated with domestic violence.

"When do we say 'no' to our sons? They are our loaded weapons. We are not the music that we used to be. Our music used to be about self-love and black responsibility. It's time to come home."

—*Dr. Haki Madhubuti*

During the conference, Singleton discussed his film called "Baby Boy," which is about a fatherless 20 year-old black male who is living with his 36-year-old mom. "He's a grown man in a womb; I like to throw up ideas that make people's ears get hot, and I want to spark some change among everyday people. Ultimately, it's the destruction

of the black community that I'm really concerned about."

Singleton told the audience that since the '60s, something important has been very much lost by African Americans. "When we meet blacks we don't know, we look at each other with suspicion and size each other up. My generation is going through a lot. Crack-cocaine is the first thing ever invented to make women turn away from their children. Given all we've had to deal with, it's the miracle of black people in this country that we are still here.

New films previewed

Conference attendees previewed a new film by Singleton, which generated a lot of debate. Films by Byron Hurt and Aishah Shahidah Simmons were also previewed during the conference. Hurt's film, "I am a Man: Black Masculinity in America" was well received by conference attendees. As was Simmons' film, "NO!", which challenges the black community to acknowledge its silence on the topic of the domestic and sexual assault of black females. ("NO!" was reviewed in the last edition of the IDVAAC newsletter.)

Stresses of being black in America

IDVAAC Steering Committee Member Dr. William Oliver of Indiana University discussed the causes and effects of oppression that black males face every day of their lives. "They are oppressed because they are black and they are male. They pose

a threat to white patriarchy.” Oliver explained psychologist Nathan Hare’s theory of the frustrated masculinity syndrome.

“The traditional means of manhood have been blocked, so they have adopted limited definitions of manhood. Because they lack the resources available to white men, they dominate their wives and girlfriends in more aggressive ways.

“Toughness is not unique to black men, but it manifests itself differently than it does in men who can exhibit it through more legitimate means. Black men cause a lot of problems, but many of them are structurally induced.”

A black men’s movement is needed

Like several of the conference speakers, Ruth Slaughter, director of community education at Prototypes, a social service agency serving women and children with HIV in Southern California, pointed out that the African-American leadership in this country will be critical in solving many of the issues associated with domestic violence.

She took it a step further: “Men, you’ve got to do it. You’ve got to take hold of this. We women can support the men, but it’s men that must stop the battering; it’s men who must lead this movement.”

She reminded the audience that it was women who led the women’s movement to gain equal rights for women, and that it was blacks and other minorities who led the Civil Rights Movement.

“We have to heal our own village,” she said. “I see so much possibility in our young people. Let’s invite them to the next conference.”



ABOVE: The night before the conference, experts on domestic violence discussed how to end the crisis facing African-American men. A panel of women responded to male experts shown below. Above, from left to right, are: Joyce Thomas, Dr. Gail Wyatt, Antonia Vann, and Sheliah Hankins.



LEFT: Male discussants included, from left to right, Leo Hayden, Jeff Dunmore, John Singleton, Dr. Oliver Williams, Dr. Joseph White, Dr. Robert Hampton, Dr. William Oliver, and Dr. John Rich.

“Toughness is not unique to black men, but it manifests itself differently than it does in men who can exhibit it through more legitimate means. Black men cause a lot of problems, but many of them are structurally induced.”

—Dr. William Oliver

IDVAAC award winners

Dr. Jackie Campbell - research

Dr. Haki Madhubuti - black males and intimate partner violence

Dr. John Rich - research

John Singleton - black male-to-male violence

Ruth Slaughter - pioneer



Dr. Jackie Campbell



Ruth Slaughter

Meet Shelia Hankins



Shelia Hankins

One of the co-founders of IDVAAC, Shelia Hankins is currently the vice president of programs for HAVEN, an organization dedicated to eliminating domestic violence,

sexual assault and child abuse through treatment and prevention services across Oakland County, Mich. She has worked as a project director for Laurel Consulting Group in Laurel, Md., and as the Administrator of the Florida Violence Against Women Grants Office. She also has served as the executive director of the Detroit's Women's Justice Center and the Northwest and Downtown Branches of the YWCA of Metropolitan Detroit. During a recent interview, she shared her thoughts about the domestic violence treatment field and IDVAAC's accomplishments and goals.

What drew you to HAVEN in Pontiac, Mich.?

I was impressed by its variety and scope of services. Haven offers everything from advocacy and community education programs to counseling, legal, residential, therapy, batterers and crisis programs. It recognizes that a holistic approach is required to deal with the many facets of domestic violence. (See site: www.haven-oakland.org for more information.)

How did you get involved with IDVAAC?

I attended a domestic violence treatment conference with Dr. Oliver Williams and other IDVAAC Steering Committee members in Pittsburgh during 1993. While the conference was informative, it didn't specifically address the different related problems and cultural issues of minority communities. During that conference, Bill Riley, a federal project officer in the U.S. Dept. of Health and

Human Services, who agreed to convene a meeting to discuss some of these issues. Over the years, the department has become one of IDVAAC's biggest supporters.

What do you see as IDVAAC's most significant accomplishments?

I am most proud of the awareness IDVAAC has generated within the African-American community about domestic violence prevention and intervention; the Institute's approach is to meet with members of local communities to conduct assessments. We learn from community members and help build bridges, so domestic violence workers aren't so isolated. Our goal is to be a catalyst. We don't come into a city and say "let us tell you . . ." We want to spark a dialogue. Through initiatives like these and its forums and conferences, the Institute has become a renowned resource for African Americans and other minority communities, as well as members of the mainstream domestic violence treatment profession.

What do you see as the Institute's most critical future goals?

One of our biggest challenges is to acquire enough funding to ensure the continued existence of our one-of-a-kind, national program. We are doing a lot of strategic planning to ensure this happens.

We also are committed to developing a Learning Academy that will provide more intensive educational opportunities than our semi-annual conferences. The Academy will provide a week or more of training about our issues. This will allow us to more effectively welcome newcomers to the field and develop a succession of people with the necessary expertise to work on these issues.

We also want to publish some of the essential learning from community assessments throughout the country. And our 10th anniversary will occur next year. We'd like to do a variety of things to capitalize on that and to celebrate our accomplishments. ♦



Institute on Domestic Violence in the African-American Community

290 Peters Hall • 1404 Gortner Avenue
St. Paul, MN 55108

Phone: 612-624-5357

Fax: 612-624-9201

E-mail: NIDVAAC@tclmail.che.umn.edu

Website: www.dvinstitute.org

Assembling the Pieces is published biannually by the Institute on Domestic Violence in the African-American Community (IDVAAC). The staff includes Dr. Oliver J. Williams, executive director; Denise Allen, associate administrator; and Lorraine Haley, executive secretary. The publication is edited by Dr. Oliver J. Williams and Lynn Ingrid Nelson and designed by Derek Brigham. The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation. This publication can be made available in alternative formats for people with disabilities. Direct requests to the Institute at 612-624-5357.

STEERING COMMITTEE MEMBERS

Kelly Mitchell-Clark

Family Violence Prevention Fund,
San Francisco, CA

Linner Griffin, Ed.D., MSW

Professor and Graduate Chairperson, East
Carolina University, Greenville, NC

Robert Hampton, Ph.D.

Associate Provost, University of Maryland,
College Park, College Park, MD

Sheila Hankins,

Associate Director, Haven Domestic Violence
Center, Pontiac, MI

Esther Jenkins, Ph.D.

Professor, Chicago State University, Chicago, IL

William Oliver, Ph.D.

Associate Professor, Indiana University
Bloomington, IN

Beth Richie, Ph.D.

Associate Professor, University of Illinois,
Chicago, IL

Joyce Thomas, RN, MPH, PNP

President and Co-founder, Center for
Child Protection and Family Support,
Washington, DC

Antonia Vann

Executive Director, Asha Family Services, Inc.
Milwaukee, WI

Oliver J. Williams, Ph.D.

Institute Executive Director
Associate Professor, University of Minnesota
Minneapolis, MN

William Riley

Federal Project Officer
Office of Community Services, Administration
for Children and Families, U.S. Department of
Health and Human Services, Washington, DC

©2002, Board of Regents of the University of Minnesota

Whom Shall I Fear: Spiritual Journey of a Battered Woman

By Antonia Vann

*The Lord is my light and my salvation
– Whom shall I fear?...for in the day of
trouble He will keep me safe....*

.....while still lying on the kitchen floor, the paramedics placed a big, white, dog collar of a brace around my neck to stabilize my head. Next they rolled me onto a long narrow, brown, hard board. I was flat on my back when one of the officers noticed blood on the front of my nightgown. They lifted my gown once again, and there was another gunshot wound in my upper, left thigh. Oh Lord, four bullets! Herby shot me four times!

Lavon Morris-Grant descriptively shares her personal journey and roles, including that of an African American woman who is a battered wife. Telling it like it is or “keeping it real” makes for a real-life roller coaster ride. This story is gripping. At times you cry, and in the midst of your tears, she has you laughing as her story is exquisitely written and a must-read for not only other women on this same pathway struggling to survive, or finding themselves, but also for practitioners, researchers, law enforcement, members of the judiciary, social service providers, ministers, and human rights activists – anyone who provides services for African-American women. A trial of triumph! She survived, trusting in herself and reaching what was inside of her all along. Her faith was the vehicle. Her hero, is not of this Earth.

... I was so embarrassed that I tried thinking about something else while they looked at my big, black butt. It was confirmed. I was shot in the butt! A part of me wanted to laugh, but I heard them saying, I was shot in the left foot, too.

Whom Shall I Fear is poignant and rhythmic. Grant is a sassy, sad, courageous, strong, educated and tough black woman who fell victim to abuse. It immediately taps into the emotions and hearts of woman who have experienced abuse at the hands of a partner and those of family and friends who love them. The disclosure of self in the book weaves you through the seemingly methodical cycle of abuse, of power and of control. Grant’s near fatal experiences of abuse and violence paint scenarios clearly and chillingly at times of the complex, yet basic dynamics intrinsic in spousal abuse.

... As I look back on that day, the look on my husband’s face should have been a sign to me that this wasn’t the same Herb who had just come to my apartment two weeks ago and said, “I love you.” But, I was tired of Herb’s attitude. I was tired of being hurt. I was tired of being the one to leave when I did nothing wrong. I was tired and just didn’t care anymore.

Grant clearly describes the trauma of pain, fear, and confusion many abused woman experience while attempting to leave her abuser. Her book gives the reader, (particularly those who can’t understand why a woman stays), a first-hand view of the fear and isolation a woman experiences, and her feeling as though she has been “trapped” with no clear way out. She also clearly conveys what she saw as comforting in the midst of her storm.



... After a few minutes of searching through my hair, the black woman paramedic found the entry wound. The fact that she was a woman and was black relieved some of my internal fears. She had a warm, friendly face that communicated to me that I was safe, and she wasn't going to let anything else happen to me.

Whom Shall I Fear tells of her growth and change and of the abuser’s unwillingness to accept her change for fear



Lavon Morris-Grant

of losing the one he had complete control over. This book speaks of her path to healing – of how her growth and self-development affected how she was able to examine not only her inner-self and spirit, but also her true life with her abuser. This process was a direct threat to the survival of himself, his control.

Whom Shall I Fear takes us through a journey of a battered woman, who is not the typical battered woman. She gave up all she had known and was accustomed to: her home, her husband and her children to free herself from psychological and physical abuse, punctuated by multiple threats upon her life.

Grant takes you step by step in her shoes through the trials faced by abused woman, as they are even further victimized by the “system.” Living in a shelter, the cold treatment of the “welfare bureau”. Challenge after challenge. Finding employment, paying her bills, and attempting to pay for adequate childcare. She tells the story of many such women, explaining how her abuser refused to send money to support his children in hopes that life would be unbearable for her, and she would return to him.

Through it all, she testifies to maintaining her faith and trust in God! When her husband actually did make his threats a reality, she continued to hold on to her faith and trust in God. Her faith in God sustained and comforted her.

Grant’s experiences are unforgettable, poignant, and disturbing. A compelling read of pain, survival, joy and triumph.

God Bless You Lavon Morris Grant!

Antonia Vann is the executive director of Asha Family Services in Milwaukee, Wis. Website: www.ashafamilyservices.com

CONFERENCE ON FAMILY VIOLENCE:

WORKING TOGETHER TO END ABUSE

Advocacy, Assessment, Intervention, Prevention, Research & Policy

- September 24-28, 2002
- Town & Country Hotel & Convention Center
- San Diego, California

Call (858) 623-2777 ext. 416, or ext. 427, or email us at FVconf@alliant.edu to receive a conference registration form by email, and to be placed on our mailing list. Registration is available on the Family Violence and Sexual Assault Institute Web site at www.fvsai.org.



SAVE THE DATES!

IDVAAC IS SPONSORING TWO CONFERENCES IN 2003.

Save Feb. 21 for a regional conference on art, media and domestic violence in Detroit.

Save June 5-6 for a national conference on African-American children and domestic violence in St. Paul.

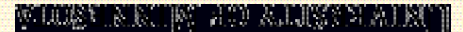


next issue

- Expanding our vision of serving battered women • *A Familiar Renaissance* by Radhia Jaaber
- IDVAAC Forum in Detroit on Healing thru Arts & Media
- Preview of June conference on DV and African-American children • Meet Dr. William Oliver

www.dvInstitute.org

School of Social Work
 290 Peters Hall
 1404 Gortner Avenue
 St. Paul, MN 55108-6142



Institute on Domestic Violence
 in the African American Community



Nonprofit
 Organization
 U.S. Postage Paid
 Minneapolis, MN
 Permit No. 155