

Intimate Partner Abuse and Relationship Violence

This document was developed by the Intimate Partner Abuse and Relationship Violence Working Group. The working group was comprised of members from the following divisions:

Division of Family Psychology (Division 43),
Society for the Psychology of Women (Division 35),
Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (Division 44),
Society for the Psychological Study of Ethnic Minority Issues (Division 45), and
Society for the Psychological Study of Men and Masculinity (Division 51).

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How to use this guide:

Dear Colleague:

This publication is designed to promote education about partner abuse and relationship violence. It represents our recommendation to faculty members who would like to develop courses focused on partner violence. Additionally, for those faculty members who would like to merely add information about partner violence to their existing courses, the present information will be useful.

Students who will be working in the mental health field will undoubtedly encounter issues of partner abuse and relationship violence, whether they recognize such violence or not. Consequently, learning about issues of prevalence, theories, how to detect such abuse across differing communities (including ethnic minority and gay/lesbian/bisexual communities), the consequences of partner violence, strategies for prevention, forensic issues, and therapeutic interventions and services are included in this document.

Publication of this booklet has been sponsored by the Committee on Divisions and the American Psychological Association Relations (CODAPAR). The divisions involved in the development of this booklet/curriculum are the Division of Family Psychology (Division 43), the Society for the Psychology of Women (Division 35), the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (Division 44), the Society for the Psychological Study of Ethnic Minority Issues (Division 45), and the Society for the Psychological Study of Men and Masculinity (Division 51). The members are shown below:

Intimate Partner Abuse and Relationship Violence Working Group

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Thank you for your interest in including partner abuse and relationship violence in your curriculum. Please feel free to share this publication with others.

History of the Project

In June of 1999, the CODAPAR of the American Psychological Association awarded an interdivisional grant to a group comprised of representatives from Divisions 43, 35, 44, 45 and 51 to develop a curriculum on partner abuse and violence. Then President-elect of Division 43 (Family Psychology), Michele Harway, Ph.D., had written the grant application in collaboration with presidents-elect of the other four divisions; at that time this included Phyllis Katz, Ph.D., of Division 35 (Women), Esther Rothblum, Ph.D., of Division 44 (Lesbian, Gay and Bisexual), Joseph Trimble, Ph.D. of Division 45 (Ethnic Minorities) and Michael Andronico, Ph.D. of Division 51 (Men and Masculinity). Following the official awarding of the grant, each division nominated at least one representative to form the core work group. In August, 2000, the outline of the curriculum was presented at the annual convention of the American Psychological Association in Washington, D.C. It was also presented in September, 2000 at the 5th International Conference on Family Violence in San Diego, CA. Subsequent to revisions and input from other experts on partner violence, the curriculum was finalized; the revised outline was presented at the annual convention of the American Psychological Association in San Francisco, August, 2001.

This curriculum is not the only effort sponsored by the American Psychological Association (APA) that focuses on interpersonal and relationship violence. Since 1988, APA has appointed various task forces dealing with some aspect of interpersonal violence, including the Child Abuse and Neglect Working Group, the Task Force on Male Violence Against Women, and Violence Against Children in the Family and the Community. In 1994, the APA Taskforce on Male Violence Against Women issued its report, (*No Safe Haven: Male Violence Against Women at Home, Work, and in the Community*). Also in 1994, the APA Presidential Task Force on Violence and the Family was appointed, and a report was published by APA in 1996 (*Violence and the Family*). These reports are good resources for this curriculum. Subsequently, an Ad Hoc Committee on Legal and Ethical Issues in the Treatment of Interpersonal Violence was appointed to specifically address some of the forensic and risk management issues involved in these situations. Two pamphlets were published in 1996 and 1997 that are good resources: *Potential Problems for Psychologists Working with the Area of Interpersonal Violence*, and *Professional, Ethical and Legal Issues Concerning Interpersonal Violence, Maltreatment, and Related Trauma*. Various Guidelines have also been published in APA journals that deal with this topic, and they are referenced throughout this guide. Most of the task forces and committees have recommended that graduate training and continuing education for psychologists concerning family violence be mandated or strongly urged in all states. The present document helps meet the need for a curriculum.

Note: We gratefully acknowledge the input of Janis Sanchez, Ph.D., Guy Seymour, Ph.D. and Yolanda Flores, Ph.D.

Training Curriculum in Relationship Violence

I. Introduction

Relationship violence, including physical, sexual, and psychological abuse, affects many millions of Americans. A US Department of Justice report of findings from the National Violence Against Women Survey involving 16,000 interviews (Tjaden & Thoennes, 1998) estimated that almost 2 million people are victimized in a 12 month period. The study estimates that there are close to 9 million incidents of violence annually. Over one-third of the rapes and close to half of the physical assaults of women result in injuries. About 1 in 5 male victims is injured. Other studies indicate that among women victims, 76% were assaulted by an intimate partner as were 18% of male victims (Tjaden & Thoennes, 1998). A third of abusive incidents took place between relatives, and more than half were between spouses or ex-spouses. Partner abuse is found in every ethnic group in the United States. A second report from a survey devoted to intimate partner violence reported that (Tjaden & Thoennes, 2000), 1 out of every 5 women reported having been assaulted by an intimate partner at some time in her lifetime, versus 1 out of every 14 men. In the previous 12 months, 1.3 million women and 835,000 men had been physically assaulted by an intimate partner. However, women were 7 to 14 times more likely to experience serious acts of partner violence, and were significantly more likely to sustain injuries than men who were victims of intimate violence. Thus, it is important to distinguish between acts of aggression and those of abuse. Abuse usually includes an ongoing pattern of behavior, attitudes, and beliefs in which a partner in an intimate relationship attempts to maintain power and control over the other through the use of psychological, physical and/or sexual coercion. Abuse usually produces fear and trauma in those being victimized, whereas isolated aggressive acts may not. With sexual assault, even one sexual aggression can produce fear of rape and fear of men for life.

Until recently most studies of partner violence have been almost exclusively of heterosexual partners, with only limited information about prevalence/incidence of partner violence among gay, lesbian, bisexual and transgendered people. There is a growing body of evidence which suggests that same-gender partner violence is as common as heterosexual partner violence (Farley, 1996; Renzetti, 1992). The dynamics and types of violence in same-gender relationships are similar to heterosexual partner violence (verbal threats, public humiliation, destruction of property, abuse of children, sexual abuse and life-threatening acts). Like most intimate partner violence, same gender partner violence is often invisible and hidden (Lobel, 1986). Many people don't recognize same gender partner violence because partner violence is often portrayed as male violence against women. Island and Letellier (1991a) estimate that as many as 500,000 gay men are victims of domestic violence. Estimates of the prevalence of abuse in lesbian relationships vary widely as researchers have used different methods and questions to measure abuse. We do not have statistics about intimate partner violence for transgendered individuals in either heterosexual or same gendered couples, although there is anecdotal evidence that it does occur. Traditional views of gender roles, heterosexism, negative attitudes toward homosexuality, prejudice and discrimination based on sexual orientation contribute to unique issues of same-gendered intimate partner violence. Transgendered individuals can be involved in heterosexual partner violence and same-gendered partner violence. Ignorance about transgender people, prejudice, and discrimination result in a lack of recognition of relationship violence and lack of

appropriate services. Issues are much more complicated for lesbian, gay and transgendered people of color. The interface of racism with heterosexism, negative attitudes toward homosexuality, prejudice and discrimination based on sexual orientation and "transphobia" must be considered at all levels, from causation through treatment and service provision.

In terms of people of color, the National Violence Against Women survey (Tjaden & Thoennes, 2000) reported that Hispanic and non-Hispanic women were nearly equally likely to report physical assault or stalking victimization. There was slightly more such violence in the Black community than in the White community (with violence in all other communities being much lower), but in examining the income levels and the prevalence of violence, quite clearly there is more violence in families distressed economically. To the extent that African American families earn less than their White counterparts, the difference in domestic violence can be accounted for by SES and not ethnicity. Although research in relationship violence has not found it to be more prevalent in ethnic minority communities (Bachman & Saltzman, 1995), available figures may underestimate the true numbers of affected ethnic minority persons due to linguistic/cultural differences, fear of losing one's community support base, and ethnic minority populations' suspicion of researchers.

In addition to those directly involved in relationship violence, there is a wide network of family members who are exposed to violence within the family and suffer from its effects, including 3.3 to 10 million children (Carlson, 1984; Straus & Gelles, 1990). The exact number is not clear though since there have been methodological questions concerning the derivation of the prevalence rates. However, recent research has documented the numerous consequences for children exposed to interparental violence (for reviews, see Geffner, Jaffe, & Suderman, 2000; Holden, Geffner & Jouriles, 1998).

We also know that intimate partner violence is not restricted to married couples or committed couples. Dating violence including sexual and physical assaults has been reported to affect 10% of high school students (Silverman, Raj, Mucci, & Hathaway, 2001), and up to 39% of college students (White & Koss, 1991). Between 1 in 4 and 1 in 5 college women will be raped during college according to most recent US Department of Justice data (Fisher, Cullen, & Turner, 2000). This rate has remained stable since the first national study in 1987 (Koss, Gidycz, & Wisniewski, 1987).

Because of their prevalence, physical, sexual and psychological abuse rank among the most pressing societal problems today. These forms of abuse not only often result in lifelong physical and mental health consequences for those involved, but they also can impact their interpersonal, social and economic functioning. The United Nations recently identified the mistreatment of women and girls as one of the top three global problems hindering development (United Nations General Assembly, 1993). In addition to affecting those most directly involved, partner abuse and violence also impacts medical, public health, criminal justice, and economic systems, and has wide-ranging public policy implications.

The prevalence of intimate partner abuse and relationship violence, combined with the severity of its impact at many levels, argues for the need for psychologists who are already engaged in their career, as well as those still in training, to be knowledgeable about a wide variety of issues

related to partner violence. It is the ethical and moral imperative of all mental health professionals, whether or not they intend to specialize in working with this population, to be informed and trained in appropriate assessment and intervention techniques. Moreover, psychologists must understand the coordinated community responses to partner violence and be aware of the roles they may play within it.

With this curriculum, we suggest that those involved in partner violence have special treatment needs and that those who treat them must do so with sensitivity and from a base of knowledge which comes from specialized training. Psychologists who do not have the requisite training potentially endanger their clients, and likely commit an ethical violation. Those who are teaching psychologists-to-be but who do not teach them about partner violence are abrogating their responsibility and risk perpetuating the conditions which foster this problem.

The curriculum which follows consists primarily of content areas which should be included in a course on intimate partner abuse and relationship violence. It is intended as a first step in the training of mental health professionals to understand, recognize, and intervene with this population. We do not expect that completion of a course that follows this curriculum will give a participant sophisticated expertise in this field. Rather, we see the contents of this curriculum as representing a minimum level of competence in partner abuse and violence.

Special structural considerations for teaching a course on Intimate Partner Abuse and Relationship Violence

While our intention in this document is to provide the content for this course, there are special structural issues that we believe are essential to consider in offering this curriculum. For example, personal experiences with relationship violence on the part of participants may require that instructors be especially sensitive to issues such as the right to privacy, and they should avoid teaching strategies that ask for public disclosure of trauma issues. The instructor should have clinical skills, ready referral sources and the ability to manage difficult interpersonal dynamics in the classroom. Participants should be made aware of the possible emotional impact of course materials prior to enrollment.

In addition to training in psychology and mental health practice, instructors should have specific training in family violence research, theory, assessment, and intervention. In addition, they should have a gender perspective of intimate relationships and special expertise or sensitivity to issues of cultural diversity and sexual orientation.

II. Goals and Learning Objectives

Goals:

This curriculum is designed to promote education at both undergraduate and graduate levels pertaining to partner abuse and relationship violence. It is developed as a model for faculty members and others who desire to incorporate material regarding partner violence into already existing courses and for faculty who desire to develop courses that focus explicitly on partner

violence. The curriculum seeks to enable future and current psychologists to recognize and address the issue of relationship violence.

Learning Objectives:

The objectives for both Undergraduate & Graduate Level courses are as follows:

1. To inform students/participants of the prevalence and consequences of partner violence.
2. To equip students/participants with definitions and a working knowledge of key concepts and terms. And a basic familiarity with nationwide surveys that document and track the frequency of the various forms of relationship violence.
3. To inform students/participants of the ethical and clinical significance of competency in recognizing, assessing, and responding to relationship violence.
4. To provide students/participants with knowledge pertaining to the historical and societal context of intimate partner violence within contemporary societies.
5. To inform students/participants of existing models for the conceptualization of relationship violence.
6. To provide students/participants with knowledge regarding risk factors for relationship violence.
7. To inform students/participants of the consequences of intimate partner abuse and relationship violence for victims, relationships, children, offenders, and society.
8. To inform students/participants of methods for screening and assessment in working with relationship violence.
9. To provide knowledge pertaining to prevention, community activation/ advocacy, and existing clinical interventions in application with cases of relationship violence.
10. To inform students/participants of forensic and criminal justice issues relevant to cases involving intimate partner abuse and relationship violence.
11. To provide knowledge regarding ethical and legal issues relevant for work with relationship violence.
12. To provide information about special considerations in working with same-gendered couples in which there is relationship violence.
13. To provide information and knowledge about culturally competent practice

Generally speaking, the content areas included below are intended to be covered in overview fashion for undergraduate students and in greater depth at the graduate level. Some issues may be more relevant for graduate than undergraduate students. For example, using Content Area 6, graduate students may need to have extended exposure to a wide variety of assessment instruments, whereas undergraduates' knowledge may be more appropriately limited to an understanding of the needs for assessment rather than the specific instruments used for that purpose.

III. Curriculum

There are a number of cross-cutting issues which affect this curriculum. Each of the following content areas is to be considered from the perspective of the victim, the perpetrator, and the larger relational context. The curriculum also considers the impact of gender, different cultures, and differing sexual orientations as well as the impact and interaction of disability, childhood victimization, and substance abuse on relationship violence and intimate partner abuse.

Nine content areas have been identified for this curriculum:

- 1) definitions of intimate partner abuse and relationship violence,
- 2) prevalence and incidence of relationship abuse/violence,
- 3) causal models of relationship violence: Mediating variables, risk factors (perpetrators) and vulnerability markers (victims),
- 4) effects of relationship abuse/violence,
- 5) community responses,
- 6) screening and assessing for the presence of relationship violence,
- 7) mental health intervention,
- 8) forensic issues, and
- 9) prevention of relationship violence and Promotion of Nonviolence.

Content Area 1: Definitions of Intimate Partner Abuse and Relationship Violence

Rationale

The course begins with a discussion of what relationship violence is, how the behaviors that comprise it are defined, and how it overlaps with violence against women and family violence, which are the parent fields of study.

Summary of issues to be covered in Content area 1

Key Definitions

- Relationship Violence

This term includes physical, sexual, psychological abuse and stalking committed by one partner against the other in a relationship (all of these terms are defined below). Although relationship violence affects both genders, women are victimized more often and sustain more severe injuries. For this reason, relationship violence is sometimes viewed within the scope of the field of violence against women. Relationship violence includes but is not limited to acts committed by family members against other family members, so it may also fall within the topics examined in the field of family violence. Specifically excluded from relationship violence are acts committed by parents or other adult family members against children or elderly persons (i.e., child maltreatment and elder abuse, respectively). Although these serious forms of abuse involve people who are “related,” they are not partners in an “intimate relationship” as it has been conceptualized for this curriculum. Thus, developing a working model of what constitutes relationship violence is informed by definitions of violence against women and family violence. Relationship violence also occurs in heterosexual, gay and lesbian relationships, and we recognize that not all relationship violence is perpetrated by men or committed on women.

- Violence Against Women

The APA Taskforce on Male Violence Against Women defined violence as, “Physical, visual, verbal, or sexual acts that are experienced by a woman or a girl as threat, invasion, or assault and have the effect of hurting her or degrading her and/or taking away her ability to control contact (intimate or otherwise) with another individual” (Koss, Goodman, Browne, Fitzgerald, Keita & Russo, 1994, p.xvi.). Among the forms of violence against women that fall outside the scope of relationship violence are workplace violence and sexual harassment. Other forms of violence against women are more common internationally than in the United States, including denying food and resources to girls in societies that favor male offspring, commercial trafficking in women and forced prostitution (sexual slavery, sexual torture and sexual humiliation) (Koss & Kilpatrick, 2001). The National Research Council Panel on Violence Against Women concluded that whether one uses a narrow definition or broader definition of violence

against women, definitions of the individual components are also needed. (Crowell & Burgess, 1996).

Family violence refers to acts of physical, sexual and psychological maltreatment on which one person controls or intends to control another person's behavior. The misuse of power and control is usually involved and usually results in some type of harm to the family members involved (APA, 1996a). As stated above, there are important topics within family violence that fall outside of relationship violence in the context of the present curriculum, such as child neglect and maltreatment or elder abuse. There are also forms of family violence that are more common from a global perspective than in the United States, such as female genital mutilation, genital contact as part of cultural rituals, and child rapes occurring under the guise of arranged marriages. Definitions of common terms are shown below:

- Victim is a target of violence (Saltzman, Fanslow, McMahon, & Shelley, 1999).
- Perpetrator is a person who inflicts violence or abuse (Saltzman et al., 1999).
- Relationship partners - spouses (current and former), nonmarital partners (current and former), dates and girlfriends or boyfriends (heterosexual and same-sex; Saltzman et al., 1999). Persons who have just met and are in the preliminary stages of intimacy are considered within the scope of this definition of relationships.
- Physical abuse encompasses, but should not be limited to a continuum of acts that range from slaps to killing of men (homicide) and women (femicide). This includes pushing, shoving, hitting, punching, kicking, choking, assault with a weapon, tying down or restraining, leaving the person in a dangerous place, and refusing to help when the person is sick or injured.
- Sexual assault is a continuum from forcible rape to nonphysical forms of pressure that compel individuals to engage in sex against their will. Sexual assault takes many forms within relationships, including marital, date, and acquaintance rape. Three central elements characterize legal definitions of rape: lack of consent; penetration, no matter how slight or independent of whether ejaculation occurred; and compelling participation by force, threat of bodily harm, or with a person incapable of giving consent due to intoxication or mental incapacitation. Sexual assault also includes acts such as sexual degradation, intentionally hurting someone during sex, assaults upon the genitals, including use of objects intravaginally, orally, or anally, pursuing sex when someone is not fully conscious or afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted diseases.
- Psychological abuse refers to: acts such as degradation, humiliation, intimidation and threats of harm; intense criticizing, insulting, belittling, ridiculing, and name calling that have the effect of making a person believe they are not worthwhile and keep them under the control of the abuser; verbal threats of abuse, harm, or torture directed

at an individual, the family, children, friends, companion animals, stock animals, or property; physical and social isolation that separates someone from social support networks: extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual fails to comply with the abuser's wishes; monitoring movements, and driving fast and recklessly to frighten someone (American Medical Association, 1992).

- Stalking refers to repeated harassing or threatening behaviors that an individual engages in such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property. These actions may be accompanied by a credible threat of serious harm, and they may or may not be precursors to an assault or murder (Tjaden & Thoennes, 2000).
- Economic abuse involves restricting access to resources such as bank accounts, spending money, funds for household expenses, telephone communication, transportation, or medical care.

Why definitions are important

They:

- determine the scope of inquiry and the questions included in surveys.
- affect the wording of questions.
- guide sample selection.
- prevent survey results that are uninterpretable because participants had to define violence for themselves, leading to uncertainty about what responses mean.
- have political ramifications: the broader the definition, the larger the number of cases. Major policy decisions about legislation, programs and allocation of resources are made on the basis of prevalence data.

Narrow definitions lower the number of cases identified. Policy makers tend to listen only to large numbers. Narrow definitions also ignore abused victim's subjective experiences by excluding from consideration categories like psychological abuse, which most victims find highly distressing.

Broad definitions are more consistent with women's subjective feelings about what is abusive. Broad definitions have been recognized/adopted by the Centers for Disease Control and Prevention for their surveillance and monitoring of violence against women. They show a rapprochement of feminist and mainstream empirical approaches to violence against women research.

Outline of Content Area 1

- I. Relationship violence is part of the subject matter in the fields of violence against women and family violence.
- II. Key Definitions

Relationship Violence
Violence Against Women
Family Violence
Victim
Perpetrator
Types of relationships
Physical abuse
Sexual assault
Psychological abuse
Stalking

III. Why Definitions are Important

Recommended Reading

American Psychological Association Presidential Task Force on Violence and the Family (1996a). *Violence and the family: Report of the APA Presidential Task Force*. Washington, DC: American Psychological Association.

Bond, J., & Phillips, R. (2001). Violence against women as a human rights violation: international institutional responses. In C.M. Renzetti, J.L. Edleson, & RK Bergen (Eds.), *Sourcebook on violence against women* (pp. 481-501). Thousand Oaks, CA: Sage.

DeKeseredy, W.S. (2000). Current controversies on defining non-lethal violence against women in intimate heterosexual relationships: empirical implications. *Violence Against Women*, 6, 728-746.

DeKeseredy, W.S., & Schwartz, M.D. (2001). Definitional issues. In C.M. Renzetti, J.L. Edleson, & RK Bergen (Eds.), *Sourcebook on Violence Against Women* (pp. 23-34). Thousand Oaks, CA: Sage.

Gordon, M. (2000). Definitional issues in violence against women: Surveillance and research from a violence research perspective. *Violence Against Women*, 6, 747-783.

Content Area 2: Prevalence and Incidence of Relationship Abuse/Violence

Rationale

A logical starting point for a course is consideration of how serious a problem relationship violence is as reflected by the numbers of affected people.

Summary of issues to be covered in Content area 2

- **Incidence versus prevalence.** It is important to differentiate statistics that measure incidence (new cases in a fixed period, often one year) from those reflecting prevalence (cumulative number of people affected over a long time; in the case of violence, this is usually the lifetime). The various forms of relationship violence have a relatively low incidence, but because their effects are so long lasting, they add up to a large number of affected people. For example, the US Department of Justice recently estimated that 0.3% of American women are raped annually, which projects to 302,091 victims per year (Tjaden & Thoennes, 1998). Yet, the same report also reported that 17.6% of American women had been raped sometime in their lifetime, which projects to more than 17 million women whose lives were directly touched by rape. Similar statistics exist for other areas of intimate partner violence as well. Frequency data for relationship violence cannot be interpreted without knowing the reference time period for the figures.
- **Rates of crime reporting.** Reported crimes are incidence rates, so they are expected to be lower than prevalence numbers. Because tabulations of reported crimes depend on several processes taking place, all of which depend upon the victim's or someone's decision to inform law enforcement, they are universally understood to underestimate relationship violence (Kilpatrick, Edwards, & Seymour, 1992). The National Violence Against Women Survey (Tjaden & Thoennes, 1998; 2000) estimated that women's rates of reporting physical assault (26.7%) and stalking (51.9%) to law enforcement were fractions of the total incidents that occurred. This significant under-reporting is likely to be similar or greater for male victims of intimate partner violence, and for lesbian, gay, bisexual, and transgendered victims. Thus, reported crime statistics paint a picture of the crimes law enforcement know about, but not about hidden crimes.
- **Victimization Surveys.** To complete the picture that is painted by reported crime rates, surveys and interviews are used to uncover crimes that occurred but were not reported. Here, persons are contacted in person or by telephone and questioned about crimes they may have experienced even if they were not reported to the police. The largest is the National Crime Victimization Survey (Bureau of Justice Statistics, 1997). The National Crime Victimization Survey reports the lowest rates of victimization. However, experts acknowledge that intimate crimes are underestimated in this survey because interviewers are not specially trained to handle sensitive material, the questions on intimate violence are placed in the context of street crimes involving attacks and escalated violence, and respondents may be misled by terminology carried over from the street crimes to the intimate questions such as, "sexual attacks." Finally, the design of the survey entails re-contacting respondents every 6 months for two years; all except the first contact is by

telephone. Data collection by telephone does not reach people unable to afford a telephone, or who live in group living situations such as university dormitories, military bases, hospitals and prisons, or who are denied access to the telephone by a controlling partner. The National Violence Against Women Survey was funded by the National Institute of Justice and the Centers for Disease Control and Prevention to overcome many of these problems (Tjaden & Thoennes, 1998, 2000). This survey involved a nationwide sample of 8,000 women and 8,000 men contacted by telephone. It is the source of much of the data provided in the remainder of this content area. Other important surveys are the National Family Violence Surveys (Straus, 1995; Straus & Gelles, 1987), the National College Student Behavioral Risk Factor Survey (Brener, McMahon, Warren & Douglas, 1999), and the National Survey of Naval Recruits (Merrill, Hervig, Milner, Newell & Koss, 1997; Merrill, Newell, et al, 1998; White, Merrill & Koss, 2001).

- Cultural factors mitigating against answering survey questions. Within ethnic minority and gay/lesbian communities, respondents may be suspiciousness of interview questions and interviewers. Thus, statistics based upon this form of data collection may be unreliable. Such mitigating factors include: (1) isolation from one's community of support (e.g., when a woman reports her violent partner, she may not receive the support of her community who in fact may blame her for the outcome); (2) mistrust of the researcher or police, especially among gay and lesbian people and the less acculturated; (3) general mistrust of majority member researchers/data collectors; (4) religious factors (e.g., Catholicism within the Hispanic/Latino/Latina community informs thinking and operates to hold marriages together, even when they are violent ; (5) cultural factors (e.g., the notion of karma suggesting that it is one's duty to endure one's fate or current circumstances; "gamman" in the Japanese community, suggesting that to endure current hardships is to be seen as being more mature); and (6) language barriers and other related culturally sensitive services.

Measurement Issues. It is important to be prepared to intelligently evaluate data on relationship violence prevalence. Prevalence rates vary depending on a wide range of design and methodological features of studies. These include how violence is defined, the group sampled, the method of data collection, whether questions are behaviorally-specific or vague, the context in which the questions are presented, availability of languages other than English, rapport between interviewer and respondent, cultural issues regarding disclosure, how repeated incidents of victimization by the same perpetrator are included or excluded, measurement issues, and methodological changes in ongoing data collection efforts that influence trend data. For example, in some scales, a respondent who has committed 100 acts of violence is scored as equivalent to one who has committed 5 acts. Scales sometime also ignore the context of the violence by not differentiating between those who aggress and those who defend themselves. Also, scales may focus on acts rather than on patterns of control in relationships. Going beyond acts, a pattern based approach focuses on who initiated the violence, levels of fear, amount of control over behavior that is experienced, and the level of injury caused by any violent acts. These issues are discussed in more detail elsewhere (Desai & Saltzman, 2001; Koss, 1996; Schwartz, 2000; White, Smith, Koss, & Figueredo, 2000).

- Prevalence of Relationship Assault . The lifetime prevalence of physical assault by intimates was 22.1% for women and 7.4% for men in the National Violence Against Women Survey (Tjaden & Thoennes, 1998; 2000). The 1975 and the 1985 National Family Violence surveys found that an intimate physically assaulted 11 to 12% of married/cohabiting women and 12% of men annually. Whereas, the former survey finds that women were 3 times more likely than men to be physically assaulted by an intimate partner, the latter suggested more equal rates. Reports of gender symmetry in intimate violence perpetration have been criticized on methodological grounds (see White et al., 2000). As stated above, it is important to make the distinction between aggression in relationships and an ongoing pattern of abuse and control. There appear to be more equivalent rates of aggression in relationships, but it is clear that control, intimidation, and serious injury are directed at women in much higher proportions. This accounts in part for the discrepancies in the statistics reported in different types of studies.
- Prevalence of Relationship Rape. The lifetime rates of rape by an intimate were estimated at 7.7% for women and 0.3% for men (Tjaden & Thoennes, 2000). Examining rates by sex of victim reveals that women were 26 times more likely than men to be raped by an intimate. Numbers estimating rape prevalence have become quite consistent, with most published numbers falling between 15-20%.
- Prevalence of Stalking. Using a definition of stalking that required the victim to report a high level of fear associated with the perpetrator's behavior, the prevalence was 4.8% among women and 0.6% among men according to the National Violence Against Women Survey (Tjaden & Thoennes, 2000).
- Exposure rates across multiple forms of violence. Across their lives several different forms of violence can victimize people. A figure that reflects this cumulative exposure can reveal a truer picture of the toll of relationship violence. A total of 25.5% of American women and 7.9% of men have experienced rape, physical assault, or stalking by an intimate partner at least once in their lifetime.
- Prevalence by Race/Ethnicity are Unreliable. Statistics on the prevalence of relationship violence in the ethnic minority community are unreliable. One of the only published studies on this matter was reported by Bachman & Saltzman (1995). There was slightly more such violence in the Black community than in the White community (with all others being much lower), but in examining the income levels and the prevalence of violence, quite clearly there is more violence in families that are distressed economically. To the extent that African American families earn less than their White counterparts, the difference in domestic violence can be accounted for by SES and not ethnicity
- Prevalence of relationship violence among same sex partners. According to results from the National Violence Against Women Survey (Tjaden & Thoennes, 1998; 2000), the lifetime prevalence of physical assault among women who had ever lived with a same-sex intimate partner was 35.4%, compared to 20.4% among women who had lived only with opposite sex partners. Women who reported ever having lived with a same-sex intimate partner had a lifetime prevalence of rape of 11.4% compared to 4.4% who have

lived with opposite sex partners. However, these are lifetime rates and do not imply that the perpetrator was also same sex. In fact, same-sex cohabiting women were nearly three times more likely to have been victimized by a male than by a female partner. Women reported less intimate partner violence in same-sex relationships than in heterosexual relationships. Among men who had lived with same-sex partners, the prevalence of physical assault was 21.5%, compared to 7.1% among men who had lived only with opposite sex partners. Male same sex cohabiting partners were twice as likely to report being victimized by a male partner than by a woman. Thus, men in same sex partnerships have a somewhat greater risk of being abused than men in heterosexual relationships. Men who had lived with same-sex intimate partners reported no relationship rape. Within the gay/lesbian community, many factors may mitigate against the reporting of relationship violence. For example, social stigma against homosexuality may prevent gay/lesbian individuals from feeling comfortable reporting relational violence (Renzetti, 1997a; Russo, 1999; Sanchez-Hucles & Dutton, 1999). Fear of abandonment when one has HIV/AIDS is another factor mitigating against the reporting of relationship violence among gay males (Burke, 1998). Note that many states (18) have sodomy laws that make it illegal to engage in same sex activities so abused partners in same gender relationships may fear going to police or courts (National Coalition of Antiviolence Programs [NCAVP], 1997; Fray-Witzer, 1999).

- Prevalence of relationship violence in relationships in which one or both partners are transgendered. We do not have statistics on relationships in which one of the partners is transgendered although there are anecdotal reports that violence occurs in heterosexual, gay and lesbian relationships in which one of the partners is transgendered. Transgendered people may be fearful of reporting abuse to the police. A batterer "might tell his or her transgendered partner that it doesn't matter if he or she calls the cops, 'Do you think they're going to help a freak like you?'" (Allen & Leventhal, 1999, p.78).
- Rape among College Students. The latest estimates are that between 1 in 4 and 1 in 5 college women will be raped at least once during their college career (Fisher, et al., 2000). Only 4% of the completed rapes and 8% of the attempted rapes involved an offender who was a stranger to the victim. The largest numbers were classmates (35.5% of completed rapes), friends (34.2%) and boyfriends or ex-boyfriends (23.7%). Another nationwide study of college students sponsored by the US Centers for Disease Control and Prevention reported that the rate of completed rape since the 15th birthday is 15% (Brener et al., 1999). This rate is identical to that reported by Koss, et al. (1987) over 10 years earlier.
- Rape and Assault among Military Recruits. Surveys of college students are criticized because the samples reflect individuals more privileged than the general population. A group of studies have focused on military recruits attending US Navy basic training in order to obtain a perspective on this type of relationship violence. These individuals are more ethnically and economically diverse than college students, although generally of the same age. The results revealed much higher prevalence data for rape, but not for physical assault, compared to data from college students. Furthermore, 85% of the men and 86% of the women reported being targets of verbal aggression, and 43% of the men and 40%

of the women experienced at least one instance of physical aggression (White, Merrill, & Koss, 1999). The comparable figures from college students were that 81% of men and 87% of women had received verbal aggression, and 39% of men and 32% of women had been victims of physical aggression. It is typical that the scale used identifies equal or slightly higher rates of physical violence perpetrated by women than by men.

- Sex differences in risk of relationship violence. Including both intimate and stranger perpetrators, 55% of women have been raped or assaulted in their lifetime compared to 66.4% of men. However, the identity of perpetrators differs by gender. Only 14% of women sustained violence perpetrated by strangers compared to 60% of men. Thus, victimization of women is primarily an intimate matter, whereas for men it more likely to involve strangers or non-intimate relationships.
- Age at Victimization. The highest rates of intimate violence affect women aged 16 to 24 years (Greenfield, et al, 1998). Victim age between 18 and 24 years significantly predicts receipt of greater injury than victims in other age groups (Tjaden & Thoennes, 2000).
- Point in Relationship When Violence Occurs. Most physical and sexual assault occurs during the relationship only (69.1% and 77.6%, respectively; Tjaden & Thoennes, 2000). However, a substantial group of women experienced it both during and after the relationship had ended (24.7% for rape and 18.2% for physical assault). Violence appearing only in the time period after the relationship has ended is rare for rape (6.3%) and physical assault (4.2%), but is common for stalking (42.8%).
- Frequency and Duration of Violence. Prevalence rates are based only on the first victimization, so they cannot capture the horror of living with ongoing violence. Intimate crime is often repetitive. Two-thirds of both men and women physically assaulted by an intimate partner experienced multiple incidents, and half of all women raped by intimates reported victimization by the same partner 2-9 times. Relationship physical assault involves 10 or more incidents for 19.8% of women and 10.6% of men. Relationship rape involves 10 or more incidents for 15.2% of women (Tjaden & Thoennes, 2000).
- Cultural considerations. Despite the fact that data concerning ethnic minority and gay/lesbian populations are not reliable with respect to relationship violence, the prevalence of this sort of violence may be overestimated when such violence is observed. This is due to at least two psychological phenomena: the ultimate attribution error and illusory correlation. As Ross (1977) noted, we have a tendency to overestimate dispositional factors and underestimate situational factors when attributing a cause to a certain behavior. This tendency is called the “fundamental attribution error” and is a well-documented phenomenon within the social psychological literature. For example, if we observe someone aggressing against another, we have a tendency to attribute the aggression to an aggressive disposition as opposed to environmental factors such as poverty. Pettigrew (1979) coined the term “the ultimate attribution error” to describe the tendency to attribute the disposition of the individual to the entire group of which the individual is a member. For example, if we were to see an African American engage in an aggressive act, we will have a tendency to attribute aggression to African Americans

in general. The ultimate attribution error is typically attributed to groups with minority status, so behaviors that occur within ethnic minority and gay/lesbian groups are often attributed to those groups as normative as opposed to simply residing within the individuals who exhibit the behaviors (or to situational/environmental factors). Hamilton and his colleagues (e.g., Hamilton, 1981; Hamilton & Gifford, 1976; Hamilton & Rose, 1980) discussed the phenomenon known as “illusory correlation.” What they found was that when two minority events co-occur, they are remembered as occurring more often than they actually did. Thus, to the extent that individuals in minority groups are considered “minority events,” and to the extent that aggression occurs less often than non-aggressive acts, when an individual in an ethnic minority or gay/lesbian group aggresses, it is remembered as occurring more often than it does in reality.

Outline of Content Area 2

I. Rationale

A course on relationship violence begins by establishing the severity of the problem and outlining the forms it takes.

II. Summary of Topics

- Incidence versus prevalence
- Rates of reporting
- Victimization surveys
- Measurement issues
- Prevalence of relationship rape
- Prevalence of relationship assault
- Frequency of stalking
- Exposure rates across multiple forms of violence
- Relationship violence among same sex partners
- Relationship violence among college students
- Relationship violence among military recruits
- Prevalence by race/ethnicity
- Relationship of perpetrator
- Age at victimization
- Point in relationship that relationship violence occurs
- Frequency and duration of relationship violence

Recommended Reading

Desai, S., & Saltzman, L.E. (2001). Measurement issues for violence against women. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.) *Sourcebook on violence against women* (pp. 35-52). Thousand Oaks, CA: Sage

Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). The sexual victimization of college women (NCJ 182369 available at www.ojp.usdoj.gov/nij). Washington, DC: US Department of Justice, Office of Justice Programs.

Schwartz, M.S. (2000). Methodological issues in the use of survey data for measuring and characterizing violence against women. *Violence Against Women*, 6, 815-838.

Tjaden, P., & Thoennes, N. (2000). Extent, nature, and consequences of intimate partner violence. (NCJ 181867 at www.ojp.usdoj.gov/nij). Washington, DC: US Department of Justice, Office of Justice Programs.

Content Area 3: Causal Models of Relationship Violence: Mediating Variables, Risk Factors (Perpetrators) and Vulnerability Markers (Victims)

Rationale

Multivariate, causal models explaining relationship violence have not been fully developed and there is a need to create such models (Harway & O'Neil, 1999). This content area discusses models of relationship violence, risk and vulnerability factors.

Summary of issues to be covered under Content area 3:

- Multivariate approaches are beginning to be discussed in a number of disciplines. Both the National Academy of Science and the American Psychological Association have convened task forces that recommend the study of multiple factors that cause relationship violence (APA, 1996a, b; Crowell & Burgess, 1996; Koss et al., 1994). The APA Task Force on Violence Against Women (Koss et al., 1994) and Violence and the Family Task Force (APA, 1996a) recommended the integration of biopsychological models with sociocultural and psychological determinants. Koss et al. reported few models that consider the "...multiple levels of confluence---from societal to individual (which) determine the expression of violence" (p.3). The National Academy of Science Task Force (Crowell & Burgess, 1996) stated that "the field appears to be developing toward an integrative, meta-theoretical model of violence that considers multiple variables operating at different times in probabilistic fashion" (p. 69).
- Controversies have existed on the causes of relational violence both in academia and among practitioners (Barnett, Miller-Perrin & Perrin, 1997; Dutton, 1994; Gelles & Loseke, 1993; Harway & O'Neil, 1999). The issues have related to the appropriateness of working with batterers in couple's therapy (Bograd, 1988; Goldner, 1985; Hare Mustin, 1978; Pressman, 1989), whether men are battered as often as women (Steinmetz, 1987), the use of scales to assess relationship violence (Straus, 1990; Straus & Hamby, 1997), and the use of terminologies to discuss relationship violence (Harway & O'Neil, 1999). Moving from single mechanistic linear approaches to multidimensional interactive approaches appears appropriate.
- The data which allow us to predict violence in intimate relationships are not very clear or very robust. This may be because most researchers have considered only unidimensional or linear models, looking at the extent to which a particular variables predict violence (Miller, 1996). Our approach here is to emphasize interactive multivariate models which are more ecological.
- There is also a tendency to make personal attribution as to vulnerability and risk factors. However being at risk for suffering relationship violence is more likely the result of an interaction of factors (Harway & O'Neil, 1999). While we may point to specific vulnerability markers which appear to be characteristics of the individual, the potential

vulnerability markers we are identifying may in fact be societal or systemic factors rather than individual ones. For example, the attribution of blame to the victim is in fact a societal phenomenon rather than a characteristic of the individual in question. However, the individual blamed may in fact internalize the blame, and it then becomes perceived as an individual trait.

- An important issue is identifying which constructs increase the risk of victimization and which are the result of long-term victimization. With these risk and vulnerability factors, the state of science is not advanced enough to yield information which can directly predict the victimization of an individual without knowledge of possible additional mediating or protective factors. Understanding the causes of violence is also important because there may be variability in how the factors affect relationship violence across, age, race, class, ethnicity, and sexual orientations (Coleman, 1996; Kanuha, 1990; Letellier, 1996a; Sanchez-Hucles & Dutton, 1999; Waldron, 1996).

The causes of relationship violence include the effects of societal, racial, ethnic, cultural, and sexual orientation factors (Harway & O'Neil, 1999; Island & Letellier, 1991a; Sanchez-Hucles & Dutton, 1999). A prominent theory for explaining partner violence is feminist theory, which suggests that domestic violence is gender based. (Koss, et al, 1994; Yllo & Bograd 1988). However, same-gendered intimate partner violence cannot be explained by feminist theories of domestic violence which see it as a gender issue (Letellier, 1996a). Island and Letellier (1991a) argue that domestic violence is **not** a gender issue. Some theorists who write about same-gender partner violence suggest three components to abuse: 1) learning to abuse, 2) having the opportunity to abuse. 3) choosing to abuse (Gilbert, Poorman & Simmons, 1990 cited by Merrill, 1996). Some suggest that sexual orientation and feelings about sexual orientation may contribute to same-gender domestic violence (Byrne, 1996). Waldron (1996) and Kanuha (1990) discuss the interface of racism and homophobia for lesbians of color and same-gender partner violence. Any analysis of relationship violence has to consider how personal and institutional oppression (racism, classism, ethnocentrism, homophobia/heterosexism) contribute to the predisposition to and the actual triggering of relationship violence (Kanuha, 1990; O'Neil & Harway, 1999; Waldron, 1996).

- The current state of the research makes it very difficult to predict with any type of accuracy who will be a first time offender or a first time victim of relationship violence. At the same time, predictability is enhanced in cases of repeated violence, since the best predictor of future violence is still a history of past violence.
- Understanding the risk factors for perpetrating relationship violence (all definitions below taken from O'Neil & Harway, 1999):

Macrosocietal Factors, that is, all the conditions and values in the larger society that directly or indirectly predispose people to violence, including all the institutional structures developed during our history
Biological/Neuropsychological Factors, that is, the hormonal, neuroanatomical, genetic, and evolutionary dimensions of violence

Psychological Factors, that is, all conscious and unconscious processes that imply deficits in cognitive and emotional functioning, interpersonal communication, problem solving, and behavior management
Socialization and Gender Roles Factors, that is, overall conditioning over the lifespan and specifically, the role of restrictive gender roles that produce sexist attitudes, emotions and behaviors
Relationship Factors, that is, the ongoing interpersonal and verbal interactions between partners including communication patterns and past family of origin experiences
Individual Characteristics, Attitudes and Perceptions, that is, all other personality and personal qualities and values that are unique to a person.

- The need for understanding interacting risk factors
- Why there are no necessary, sufficient causes of relationship violence and no specific constellations of these factors that automatically produce domestic violence
- Understanding the vulnerability markers for victims of relationship violence
- Constructs studied in relationship to vulnerability
 - Being female
 - Past victimization
 - Growing up in a violent home
 - Exposure to chronic trauma
 - Substance abuse
 - Personality/attitudes
 - Self-image
 - Shame
- Characteristics of the relationship which relate to being victimized (perpetration may still occur even in the absence of any relationship characteristics)

Factors related to why women don't necessarily leave, or leave and return, include (see LaViolette & Barnett, 2000):

Power differentials
Kin density for Latinos
Public exposure with consequences
Fear of disclosure of sexual orientation
Learned hopefulness/learned helplessness
Economic constraints
Fear of being hurt seriously or killed
Fear of losing children
Psychological dependency

- Methodological problems which hamper our understanding of vulnerability markers

Outline of Content Area 3

- I Rationale

- II. Past controversies over explaining relationship violence
 - Need for multivariate, causal models
 - Problems of predicting violence
 - Role of vulnerability and risk factors
 - Causes of violence based on diversity variables
 - Societal, racial, ethnic, sexual orientation factors causing violence
 - Personal and institutional oppression as causes of relational violence
 - Understanding risk factors
 - Interaction of risk factors
 - Vulnerability markers for victims
 - Relationship characteristics and becoming a victim
 - Factors related to staying in an abusive relationship

Recommended Readings

American Psychological Association (1996). *Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family*. Washington, D.C.: American Psychological Association.

Crowell, N.A., & Burgess, A.W. (1996). *Understanding violence against women*. Washington, D.C.: National Academy Press.

Harway, M., & O'Neil, J.M. (1999). *What causes men's violence against women?* Thousand Oaks, CA.: Sage Publications.

Koss, M.P. Goodman, L.A., Browne, A., Fitzgerald, L.F., Keita, G.P., & Russo, N.F. (1994). *No safe haven: Male violence against women at home, at work, and in the community*. Washington, D.C.: American Psychological Association.

Letellier, P. (1999). Rape. In B. Leventhal & S.E. Lundy (Eds), *Same sex domestic violence* (pp.9-10). Newbury Park, CA: Sage

Content Area 4: Effects of Relationship Abuse/Violence

Rationale

This section focuses on the impact of relationship violence on the victims. A major effect is post-traumatic stress disorder. Other effects are also discussed to increase understanding of the long-term trauma associated with intimate partner abuse.

Summary of issues to be covered under Content area 4:

- Partner violence can cause a number of effects upon victims of the abuse. Among the most common reactions are fear, learned helplessness, and post-traumatic stress disorder (Barnett et al., 1997). Fear is among the most common for those who have experienced partner violence (Barnett & Lopez-Real, 1985; Russell, Lipov, Phillips, & White, 1989). The fear is in two forms: (1) fear of staying and being beaten again, and (2) fear of leaving and being stalked and acted upon even more violently. Other ancillary fears are of loss, rejection, abandonment, and being alone.
- Walker (1977) adapted the notion of learned helplessness (Maier & Seligman, 1976; Seligman, 1975) to victims of partner violence. This notion suggests that a learning history that escape was not previously possible, results in victims of violence not even attempting to escape the violence. Thus, in applying this term to abused partners, these victims stay in their abusive relationships because their past attempts to leave were not successful. This view is somewhat controversial in that some people argue that a battered victim is proactively doing what s/he can to survive the trauma and maintain some semblance of safety. Others argue that victims of relationship violence have a “learned hopefulness” where they continue to hope the situation will improve because they wish this to be the case, and their partner often promises to change (LaViolette & Barnett, 2000).
- Stress has been connected with violence (Barnett et al., 1997). Violence-related stress has been associated with physical and mental illnesses (Koss, Koss, & Woodruff, 1991; Russo, 1985) and Posttraumatic Stress Disorder (PTSD) (American Psychiatric Association, 1994). PTSD is a stress-related disorder that can cause anxiety, depression, and psychological numbness. This condition is highly prevalent among victims of partner violence (Houskamp & Foy, 1991).
- Partner violence not only affects the victim of the violence; it has effects upon the relationship, the children exposed to the violence, and the society at large. To the extent that the violent partner is considered to be the dominant one, such abuse sets up a permanent complementary relationship (Hoffman, 1981). This kind of relationship, where one member has a dominant position and the other has a subordinate position, is unhealthy. Family therapists contend that marital/partner relationships should be based on equal power within the relationship (Hoffman, 1981; Minuchin, 1974). Although this does not suggest that every aspect of the relationship must be equal, on balance, there should be equal status within the relationship (Minuchin, 1974). In a study of married

heterosexual couples, partner violence is associated with lower marital/partner satisfaction than in nonviolent but also discordant couples (Rosenbaum & O'Leary, 1981, 1986). There is also some indication that partner violence leads to less satisfying parental relationships (Giles-Sims, 1998).

- Children who are exposed to relationship violence are frequently traumatized themselves (Geffner, Jaffe, & Sudermann, 2000; Jaffe, Wolfe, & Wilson, 1990; Peled, Jaffe, & Edelson, 1995; Sudermann & Jaffe, 1999). At minimum, exposure to this kind of violence is itself a form of psychological maltreatment (APA, 1996a; Echlin & Marshall, 1995). For example, some have suggested that a great preponderance of PTSD or PTSD symptoms are exhibited by children who are exposed to violence in their own home (Lehmann, 1997; Terr, 1991). Even more serious is the suggestion that when boys are exposed to relationship violence as children they are more likely to abuse their partners as adults (Hotaling & Sugarman, 1986; Kalmuss, 1984; Sudermann & Jaffe, 1999). More recent evidence (Kerig, 1999) has suggested that both boys and girls exposed to such abuse at home are more likely to engage in more aggressive activities.
- Relationship violence also comes with a societal cost. Much of our police and other community resources are expended for this issue (Thyfaut, 1999). Moreover, issues such as domestic homicides resulting from relationship violence also cost society both monetarily and psychologically (Sonkin, 1987; Thyfaut, 1999). Giles-Sims (1998) identified the cost to society as being on multiple fronts, including the criminal justice system, the mental health system, loss of work and lower worker productivity, and lower education and economic achievement for both victims and families. Finally, to the extent that such violence perpetuates itself in future relationships (Hotaling & Sugarman, 1986; Kalmuss, 1984; Sudermann & Jaffe, 1999), the cost to society continues to escalate.
- The effects of partner violence within ethnic minority and gay/lesbian populations is compounded by the fact that these populations often experience a greater need to keep their victimization silent (Barnett et al., 1997; Russo, 1999; Sanchez-Hucles & Dutton, 1999). Factors to consider that may contribute to the silence from ethnic minority communities are economic reasons for staying in abusive relationships among those who are economically disadvantaged (e.g., inner city African Americans), rural isolation among Native American populations, and stoicism and feelings of shame within Asian populations (Lum, 1998; Wiehe, 1998). Moreover, Song (1996) identified historical and cultural subordination and abuse among Korean immigrant populations that may prevent the reporting of abuse. Browne (1997) and Sorenson and Telles (1991) found that Mexican-born Mexican Americans have lower rates of partner violence than American-born Mexican Americans. Thus, socialization in America may lead to the development of aggressive behaviors towards family members. This is not to deny that partner violence exists in other cultures. However, the combination of socially sanctioned male dominance over females together with minority status in the United States may lead to an increased incidence of such forms of violence in this culture. This is particularly true when ethnic minorities are also lesbians or gay. Racism intensifies feelings of isolation of the battered woman of color (Hudgins, 1990; Waldron, 1996) due to negative and hostile attitudes toward homosexuality within communities of color. Within ethnic minority

gay/lesbian communities, there may be even less acceptance of gay/lesbian lifestyle than in the broader community, so victims of partner abuse may be even more reticent to report their abuse (Lum, 1998; Wiehe, 1998).

- In the larger society, gay/lesbian victims of abuse may be silent due to the fear that the larger society holds homophobic attitudes that will be unsympathetic to gay/lesbian battering. Even when individuals from these populations do report their victimization, they often do not receive the legal protections that are afforded their White heterosexual counterparts (Koss, 2000; Lundy, 1999). Unique stressors within gay/lesbian populations are the threats of “outing” abandonment by relatives and friends, the loss of a job, and a wide variety of other discriminatory behaviors (Allen & Leventhal, 1999; Burke, 1998; Jackson, 1998; Renzetti, 1997a, 1997b; Russo, 1999; West, 1992). Thus, an abuse victim may choose to stay in the abusive relationship for fear of being “outed” by their abusive partner.
- With respect to HIV/AIDS, many victims of abuse who have AIDS or are HIV positive may stay in their abusive relationship and not report it because they may be physically or financially dependent upon their abusive partner, they may fear dying alone, or they may believe that they will not be able to find another partner due to their medical condition (Burke, 1998; Hanson & Maroney, 1999; Letellier, 1996b). While HIV does not cause battering, some may attempt to explain the battering as related to the stresses of HIV and HIV status may impact on the decision to stay or leave abusive partner (Letellier, 1996b). Furthermore battered gay and bisexual men and heterosexual women are clearly at high risk for HIV infection; there is "little reason to believe that a man who will rape his partner will do so only using a condom" (Letellier, 1996b, p. 73).

Outline of Content Area 4:

- I. Rationale
- II. Impact of partner violence in each of the following areas:
 - On victims:
 - Physical
 - Psychological
 - Economic and employment productivity
 - Health behaviors (e.g., substance abuse, unsafe sex)
 - Revictimization
 - Participation in the community/isolation
 - Trauma issues and consideration of PTSD diagnosis for survivors, and strength and weakness of this approach
 - Misdiagnosis of Borderline Personality Disorder
 - Denial of health insurance claims
 - Compounded effects of multiple forms of victimization in the relationship
 - On the couple relationship:

Separation and divorce
Stalking
Communication breakdown
Parenting issues
Stress
Impaired marital satisfaction
Impaired sexual functioning
Distrust
Emotional alienation
Isolation of the couple from family, friends

On the children exposed:

Psychological
Cognitive and developmental
Nutrition and health
Attachment impairment
Loss of parental support, availability and care
Substance abuse
Trauma
Neuropsychological impairment

On the larger society:

Impact on the workplace of employing a victim of relationship violence
Denial of health insurance
Economic and productivity
Criminal justice costs

For victims from other cultures, including victims in LGBT relationships.

Recommended Readings

Barnett, O. W., Miller-Perrin, C. L., & Perrin, R. D. (1997). *Family violence across the lifespan: An introduction*. Thousand Oaks, CA: Sage.

Harway, M., & O'Neil, J. M. (Eds.). (1999). *What causes men's violence against women?* Thousand Oaks, CA: Sage.

Roberts, A.R. (Ed.) (1998). *Battered women and their families: Intervention strategies and treatment programs*. 2nd edition. New York: Springer.

Sorenson, S.B., & Telles, C.A. (1991). Self-reports of spousal violence in a Mexican-American and non-Hispanic White population. *Violence and Victims*, 6, 3-15.

West, C.M. (1998). Lifting the "political gag order": Breaking the silence around partner violence in ethnic minority families. In J. L. Jasinski, L.M. Williams et al. (Eds), *Partner violence: A comprehensive review of 20 years of research* (pp. 184-209). Newbury Park, CA.: Sage Publications.

Content Area 5: Community Responses

Rationale:

The multiple causes of relationship violence are not only involved in the behavior of the perpetrator but also shape the community response. The community itself is an ecosystem, that, like any other living environment, utilizes, conserves, and cycles resources in transactions that shape and preserve community identity (Harvey, 1996). All communities undergo change over time. In addition to individual interactions, a number of formal systems in the community have roles in responding to relationship violence. These include the specialized services such as rape centers, battered women's shelters, the medical care system, the law enforcement and legal systems, prison and probation, the mental health system, and organized religion. Understanding the core services and interrelationship of the different community resources is necessary because psychologists have roles in every system, including specialized violence agencies, legal, medical, mental health and offender treatment.

No discussion about community response can be complete without acknowledgment that the majority of victims of relationship violence are unknown to any formal system. Thus, there is a responsibility to balance face-to-face services provision with public service campaigns that reach out to individual community members and the unidentified survivors of relationship violence in the community to normalize responses to victimization, inform them about useful recovery strategies including service availability, and foster support by significant others (e.g., Klein, Campbell, Soler & Ghez, 1997).

Summary of issues to be covered in Content area 5

- How many are reached by formal community systems?
The low rate of reporting these crimes to police has been previously noted. Victims of unreported crimes cannot benefit from any improvements that have been made in law enforcement response to relationship violence (Tjaden & Thoennes, 2000). Small proportions of survivors of violence consult any of the specialized services including shelters, crisis centers, legal aid, mental health or the clergy.
- Dimensions on which community response are evaluated
The dimensions on which the coordinated community response is assessed include the existence and quality of communication, collaboration, and protocols establishing each system's responsibilities, means of transferring information and referring clients among systems, organization of services for different kinds of victims and accessing them for victims who are in multiple categories, and existence/effectiveness of a mechanism to continually evaluate and improve the interaction of systems on behalf of clients (Koss & Harvey, 1991; Shepard & Pence, 1999). The quality of community response is also linked to attention paid to serving all parts of the community: ethnicities, economic statuses, sexual orientations, physical and mental capabilities.
- Qualities of effective victim assistance organizations

Organizations that comprise the community response are evaluated on the basis of the availability, accessibility, quantity, quality, and legitimacy of services (Campbell & Ahrens, 1998; Koss & Harvey, 1991). Historically, sexual assault and physical assault services have been provided by separate agencies. Only recently have integrated women's centers and crisis centers begun appearing, although research demonstrates that rape receives far fewer resources of staff and funding when treated in a setting also addressing battery (Campbell & Martin, 2001).

- Comprehensive services for physical assault

Core services provided by advocacy programs/shelters for battered women include: (1) intake staff to answer inbound calls, and (2) volunteer or staff advocates to address immediate threats and arrange for shelter, medical care and family support (Sullivan & Gillum, 2001). Once a woman is in a shelter, the variety of services offered include assessment of needs, legal issues and orders of protection, financial and employment issues, transitional housing, services for children, nutrition, substance abuse referral and treatment, sexual assault services, and support groups. Most of the women who have used shelters found them supportive and effective (studies cited in Sullivan & Gillum, 2001). A study of advocacy services found that college students were effective in increasing battered women's use of community resources. At two-year follow-up, those women who were assigned to receive advocates had predominantly ended their relationship and were in new relationships with lower levels of violence, although they were not necessarily violence free (Sullivan & Bybee, 1999). However, there are many unmet needs. Ethnic minority women may encounter shelters run by White women, language barriers, unfamiliar food, fear of deportation, lack of transportation, and lack of ethnically-appropriate grooming aids such as wide-tooth combs for African American women. Gay/lesbian/bi- and transsexual people feel shelters are for heterosexual people. Older women are underrepresented in shelters, feel unfamiliar with these services that did not exist until about 25 years ago, and perceive them as intended for married women not single or widowed women. Adolescents may not even be eligible for assistance. In addition, there are very few shelters for battered men in the United States, so they have even fewer resources for help or protection, as noted below.

- Specialized sexual assault services

Funding sources often require sexual assault centers to offer a 24-hour hotline, counseling, and legal and medical advocacy (Campbell & Martin, 2001). However, review of exemplary centers revealed that their service components included: (1) crisis response including hotline, hospital accompaniment/crisis counseling and sexual assault nurse examiner programs, (2) police services including coordination/training initiatives with specialized officers who respond to rape and victim accompaniment, (3) district attorney and court services including coordination/training initiatives with specialized sex crime prosecutors, victim accompaniment and court monitoring, (4) mental health services including individual and group counseling, both short and long-term, (5) social services referrals and advocacy, and (6) community interventions including developing connections with other systems, social action, victim advocacy, law and policy reform, and anti-violence education in schools, community education, and media campaigns (Campbell & Martin, 2001; Koss & Harvey, 1991). Indirect evidence of effectiveness

has been published but no study has compared survivors who did and did not receive sexual assault services (Campbell & Ahrens, 1998). However, the anti-rape movement has won significant and demonstrable policy and law reforms. The considerable attention paid to interactions with the law enforcement and prosecution beyond that devoted to medical and mental health connections is notable. The wisdom of this distribution of energy must be assessed from the perspective of the small proportion of rapes that are reported to police and given survivors' considerable medical and mental health issues. The material presented later on judicial responses to relationship violence will continue this discussion and have been recently reviewed (Koss, 2000).

- Poverty of services for lesbian victims

Renzetti has summarized the availability of services for people who are battered by same sex partners. The "NCADV [National Coalition Against Domestic Violence] directory provides a 'profile of services' for each organization listed that includes information such as whether the service is wheelchair accessible, whether services for the deaf are available, and what languages other than English are spoken. *Not* included is information about whether services specifically designed to address the needs of battered lesbians are available. NCADV, however, does publish a brochure on violence in lesbian relationships" (Renzetti, 1996). Based on a study of 566 help providers, Renzetti (1996) noted the disparity between rhetoric and available services for battered lesbians. There are few services specifically for lesbian women (Cayotte, 1999; Johnson, 1999). There is currently no place for the transgendered male to female to receive battered women services. From the perspective of shelters, these individuals are men. Most shelters bar males older than about 12-14 years, meaning that battered mothers even have to make arrangements for their own teenage sons to live elsewhere. Beyond a shortage of services, lesbian women have expressed fears about going to standard shelters because of rejection by other shelter residents and fear that in these settings, sensitive primarily to male threat, a female perpetrator could gain access (Renzetti, 1996). There are stories of lesbian victims whose abusers followed them to the shelter and were admitted by claiming to be a battered woman. Particularly lacking are services for lesbians of color who experience same-gender partner violence (Mendez, 1996).

- Absence of services for gay, bisexual or transsexual male victims

There are almost no services for battered men. At one recent conference, police reported taking male victims to Denny's or to homeless shelters (Mueller, 2000). Battered women's programs by and large have been heterosexually focused in their services, outreach materials, and staff training. As programs for women, most advocacy services and shelters do not work with gay or bisexual men or transgendered persons (Allen & Leventhal, 1999). Groups for abused partners may not want to include members of same-gender violence. At one mental health center, the members of a group for survivors of abuse were all women and they were unwilling to have a male in their group. This problem extends to the dilemma of the male survivor in a heterosexual couple. Although a safe home network for male survivors is a solution to crisis needs, it does not address planning for group counseling and support groups (Johnson, 1999).

- Response to Ethnic Minorities

Culture impacts on how people define relationship violence, shape their attitudes towards disclosure of victimization, understands its causes, explain its effects, choose remedies for recovery, and accesses services. Therefore, no course in relationship violence is complete without considering what scholarship does exist on this important and understudied subject. Relevant readings include work with African-American women (Russo, Denious, Keita, & Koss, 1997; Wyatt, 1992), American Indian (Chrestman, Polacca, & Koss, 1999; Coker, 1999), Asians and Asian Americans (Lum, 1998; Song, 1996), and Mexican Americans (Ramos, Koss, & Russo, 1999). Tri-ethnic studies are also available that make comparisons in how different groups approach these issues (Klein, et al., 1997; Lefley, Scott, Llabre & Hicks, 1993; Sorenson, 1996) in the pregnancy year (O'Campo, Gielen, Faden, Xue, Kass & Wang, 1995). As stated above, Asian and Latino victims of partner violence may not utilize services due to limited fluency in English. The use of extended families, especially for Asian families, is another important issue. For lesbian, gay and transgendered people of color, the interface of racism with heterosexism, negative attitudes toward homosexuality, prejudice and discrimination based on sexual orientation and "transphobia" must be considered at all levels, from causation, through treatment and service provision.

- Medical care system

The medical care system offers multiple settings where victims of relationship violence interact with providers. These include emergency rooms, primary care or family medicine, well-women gynecology, prenatal and antenatal clinics for pregnant women and new mothers, chronic pain clinics, sexually transmitted infection clinics, HIV screening, mental health clinics, drug, alcohol, and smoking cessation programs, and programs aimed at raising physical activity levels and weight loss. Victimized women are much more likely to seek medical resources than legal, social, family or clergy services (Kimerling & Calhoun, 1994; Koss, Woodruff, & Koss, 1991). Good overviews of the range of health care interventions are available (Heise, Ellsberg, & Gottemoeller, 1999; Koss, Ingram, & Pepper, 2000; Stark, 2001) including emergency room interventions (Campbell & Bybee, 1997). Victims of relationship rape may request care at an emergency room or may be taken there by police. Evaluation of emergency medical services for rape victims has revealed cracks: many survivors have failed to receive attention to sexual disease and pregnancy preventative treatment in the past (Kilpatrick et al., 1992). As a result the field continues to move away from reliance on physicians in emergency settings and has developed programs where these services are provided by specially trained sexual assault nurse examiners. The need for special training is highlighted in working with lesbian, gay, and transgendered persons. For example, in emergency settings, there have been reports of staff panic and abuse when a rape victim they thought was a woman was revealed to have male genitals.

- Mental health system

Advocacy centers for battery and sexual assault have become increasingly professionalized in recent years so that many mental health practitioners now work within them. The centers provide services for multi-problem populations including the economically disadvantaged, immigrant, physically challenged, developmentally disabled, and chronically mentally ill. Given the high level of complexity of the cases

seen, more participation by the formal mental health system in staff development, and in refining referral systems are in order. The relative paucity of formal links has meant that some cutting edge and specialized therapies for survivors that have been empirically validated have been unavailable to survivors treated in the community and they have lacked convenient and timely access to advice about pharmacological therapies.

- Law enforcement response

Anti-violence advocates have worked with law enforcement officers to prevent insensitive and inappropriate response, which has been termed the secondary assault or re-traumatization (although advocates have devoted less effort to the medical, mental health, and organized religion response, the concept of re-traumatization is relevant in these settings also). Women who have been sexually assaulted by people they know are particularly likely to receive a traumatizing police and medical response; Campbell & Bybee, 1997). Women physically assaulted in their relationships tell similar stories (Erez & Belknap, 1998). Only a minority of survivors of relationship violence report it to police. Survivors do not report violence if they fear discrimination by police or courts. Unfortunately, they may be correct in this fear. Some police officers allow their private prejudices about rape to enter into their decision making, and inappropriate cultural and social identities figure into the chances the case will be taken seriously. Among same sex couples, not only may the partners be subject to harassment or exposure of their sexual orientation, it is also more likely that *both* partners will be arrested. Law enforcement often relies on gender as a cue to identifying the perpetrator. They find themselves in a dilemma when dealing with same sex violence. Police officers may define the interaction as assault or mutual assault, and although this does also happen in with mixed gendered intimate partner violence, it is more common with same gender intimate partner violence.

- Civil protection orders

Also called stay away or restraining orders, these protection instruments are issued to victims by a judge and can now be obtained within shelters or from victim advocates. Previous requirements that victims pay a court fee were made illegal if states receive money from the Violence Against Women Act of 1994. Studies show that women felt these orders were helpful, although they didn't believe that their batterer really thought he had to comply. Empirical evaluation demonstrates that orders of protection fail to moderate subsequent levels of physical violence, threats, or property damage. A majority of perpetrators offend within two years of being served with the order, 29% with severe violence (US Department of Justice, 1998). The legal system does not afford the same (or any) protection to members of same gender partner violence in many states (daLuz, 1994; Fray-Witzer, 1999; Lundy, 1999; NCAVP 1997): "Even where state laws cover domestic as well as heterosexual domestic violence, the chances are that laws are not enforced equally and that same-sex litigants are treated with less dignity, sympathy, and respect than their straight counterparts" (Lundy, 1999, p. 43).

- Prosecution and incarceration of offenders

Nearly half of domestic violence incidents known to police were judged to have insufficient evidence for filing or acceptance of charges (McFarlane, Wilson, Lemmey & Malecha, 2000). Even under a mandatory arrest and no drop policy, it was estimated that

a very small percentage of domestic violence offenders were convicted (Zorza, 1994). The deterrence value of conviction must be questioned on the basis of data indicating that following case settlement, 40% of men arrested at the scene and convicted of domestic violence re-battered within 6 months (US Department of Justice, 1998). In this particular study, re-battering rate in warrantless on-scene arrests was nearly 40% and for cases initiated by formal victim complaints it was 29%. When there was arrest by warrant and the victim was allowed to drop charges, the re-battering rate was 13%. Many domestic violence victims nationwide are forced by no drop policies to testify against their partner, under subpoena. This law has created the spectacle of the uncooperative victim who may fear that the truth will lead her to lose her children as an unfit mother who exposed her children to violence, or conversely of having to raise the children alone without a social safety net if the partner is sent to prison (Goodman, Bennett, & Dutton, 1999). Similarly, half or more of all reported rapes are rejected for charging by prosecution (Frazier & Haney, 1996). The grounds used include social factors irrelevant to whether a crime has taken place including race, age, perpetrator-victim relationship, occupations, place of residence, and her risk-taking behavior, drug use, or reputation (Frohman 1997). The percentage of rape reports that ended with a guilty plea or verdict was 13% 20 years ago, and the picture is similar today (Frazier & Haney, 1996; McCahill, Meyer, & Fischman, 1979). Judicial outcomes for rape are equally disappointing. Juries are more lenient in cases of rape than in any other crime of equivalent severity where the parties were acquainted and when little physical injury resulted (Koss, 2000).

- Batterer's diversion treatment programs

The US Department of Justice has concluded that court-ordered treatment for battering (often called diversion programs) fails to affect the prevalence, severity, or frequency of battering. The highest re-battering rate (44%) is among men who serve jail time without counseling but the lowest rate is among those not treated at all (US Department of Justice, 1998). A recent comprehensive review notes a number of troubling issues with offender treatment, especially in regard to ethnic minority men (Bennett & Williams, 2001). Another issue is what to do with female perpetrators in either heterosexual or lesbian couples. Should they be put in a group with men (Hamberger, 1996)? In some jurisdictions, same-sex treatment groups are the only ones allowed. There is a critical need for specific intervention in gay male intimate partner violence aimed at treating the batterer. Programs are also needed to provide relationship counseling to couples in which there is same gender partner violence (Johnson, 1999).

- Reforms in justice response

The significant gains in policy implementation, law reform, and judicial education won by anti-violence advocates over more than 25 years of effort have had little measurable effect on rates of reporting, arrest, or conviction. Native Canadian women reported that they felt they were denied justice to a greater extent after judicial education than before (Razack, 1998). Desired features of justice response to relationship violence include: (1) reduced time between crime and consequence so that violence is followed by a consequence quickly as psychological knowledge must happen according to theories of behavior control, (2) a process that addresses the problem addressed in its community/family context and does not remove it to state jurisdiction where the victim

has no input, (3) procedures where the victim is empowered to have input into the process and a wider range of options for the perpetrator than simply incarceration, diversion treatment, probation, or getting off with no requirements, (4) consequences that can address the structural and material imbalances that contribute particularly to women's vulnerability to violence, (5) treatment options to which the perpetrator can agree voluntarily such as alcohol or drug treatment, or batterer interventions, (6) methods through which the damage to society the perpetrator has caused is symbolically and concretely repaid, (7) proceedings that move toward a dues paid endpoint for the perpetrator after which he is reintegrated into society, and likewise move toward a state endorsement of the wrong done to the victim so that the recovery community can respond more supportively and less ambivalently (8) a face-to-face opportunity to communicate directly with the perpetrator, (9) an institution such as probation that is charged with enforcing any consequences, and (10) above all that the process protects the safety of victims. Community conferencing has been recommended as a process that can accomplish these aims without rolling back gains in law and policy made by antiviolence advocates or being soft on crime (Koss, 2000).

- How to respond to a friend or family members

The first thing to remember is that the reaction of the first person that a victim tells is very critical for the subsequent services that are accessed for recovery. Responses that blame the victim or minimize the offense so that it is disqualified as assault may have the effect of silencing the victim and discouraging use of community services. After all, why would a woman go to a battered woman's shelter if the incident is defined by friends and family members as part of a "wife's duties." Why would someone try to access sexual assault services if friends focused on her drinking instead of the behavior of the man who took advantage of an opportunity to rape a drunk woman? Some of the more helpful responses are variations on: (1) I'm really sorry that happened to you, (2) It's not your fault, s/he was very wrong to do it, and (3) I'm with you and you're safe now. These same statements are equally appropriate for use by first responders who may be police, rape or battered victim center advocates, or medical personnel.

Outline of Content Area 5

- I. Rationale
- II. Spectrum of services, not content
 - Portals of entry to services
 - First responders
 - Shelters
 - Medical system
 - Victim assistance programs
 - How to respond to a friend or family member
 - Models of community response
 - Collaboration
 - Mental Health Professional's role in the larger community system

Civil Protection Orders
Prosecution and incarceration of offenders
Judicial system response
Who do people go to and different satisfaction levels
Organization of services for different kinds of victims and accessing them
Specialized services and interventions for victims and offenders

III. Effectiveness of interventions

Recommended Readings

Breall, S. & Adler, D.A. (2000). *Working with battered immigrant women*.
Volcano, CA: Volcano Press.

Campbell, R., & Martin, P.Y. (2001). Services for sexual assault survivors: The
role of rape crisis centers. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.),
Sourcebook on violence against women (pp. 227-246). Thousand Oaks, CA: Sage.

Shepard, M.F., & Pence, E. L. (1999). *Coordinating community responses to
domestic violence: Lessons from Duluth and beyond*. Thousand Oaks, CA: Sage.

Sullivan, C.M., & Gillum, T. (2001). Shelters and other Community-based
services for battered women and their children. In C.M. Renzetti, J.L. Edleson, & R.K.
Bergen (Eds.), *Sourcebook on violence against women* (pp. 247-260). Thousand Oaks,
CA: Sage.

One or both of these newspaper stories about lack of services for lesbians of color
who are survivors of intimate partner violence can be read:

Hammontree, M (1993, December 16). Dark secrets, *Bay Windows*, p.12.

Russo, A. (1992, May 14). A battered lesbian fights for recognition. *Sojourner*,
pp.16-17.

Content Area 6: Screening and Assessing for the Presence of Relationship Violence

Rationale

It is important to be aware of screening and assessment procedures for cases of relationship violence. This means knowing how to screen, what assessment instruments are available, what are some of the clinical presentations of individuals involved in abusive relationships, what methods are available for risk assessment, and then what are the types of clinical interventions which can be made based upon the assessment.

Issues to be covered in Content area 6

- One of the critical aspects of partner abuse is being able to identify its occurrence. There is a great deal of evidence that intimate partner abuse is not commonly recognized even by individuals close to those experiencing it. Because societal norms support the notion that “a man’s home is his castle,” neighbors, friends and family members routinely turn a “blind eye” to violence and abuse in the home. This is especially true when the occupants of the home are same gender couples or members of an ethnic minority. When friends or family are aware of the abuse, they tend to minimize its severity or encourage the victim of the violence to try harder to placate the partner. Similarly, clergy, medical, mental health and other professionals may miss the signs of abuse or underestimate its virulence. A number of studies support the premise that mental health professionals do not know how to recognize partner abuse, and do not often even ask about its possible occurrence. For example, Hansen, Harway and Cervantes (1991) report that the majority of mental health professionals in their study, when asked how they would intervene in cases involving partner abuse, did not identify the violence as a presenting problem. Even those who did recognize the violence often suggested interventions which at best would be ineffective, and at worst, harmful. Holtzworth-Munroe, Waltz, Jacobson, Monaco, Fehrenbach and Gottman (1992) report on several samples of mental health professionals who were asked to identify heterosexual couples with whom they were working who were maritally distressed but non violent. Upon enrollment in the study, 43-46% of the participants by the husband’s own admission, were found to have been violent in the prior year. These data suggest that if mental health professionals are not properly trained in how to screen and assess people coming for treatment, like the clinicians in the Holtzworth-Munroe et al., study, they will miss many people for whom violence is a serious problem. Of course, without appropriate screening, well-targeted interventions and appropriate referrals cannot be made.
- Screening and assessment issues:

There are a number of reasons cited why people experiencing relationship violence do not volunteer the information. O’Leary, Vivian and Malone (1992) report that fewer than 5% of couples seeking marital therapy spontaneously

report violence during intake, yet as many as 66% report some form of violence on a written self-report measure. Reasons for not reporting include:

Fear and shame, because the victim feels responsible (Harway, 1993), or the perpetrator has underlying issues of shame (Dutton, 1995b).

Couples' belief that violence is **not** the problem because it is unstable and infrequent and seen as secondary to other problems (Ehrensaft & Vivian, 1996)

- Gay men and lesbian women are even less likely to report intimate partner violence to the police than those in heterosexual couples for fear that they will be further discriminated. We know that in the area of hate crime, many gay men and lesbian women do not report verbal harassment or physical violence against them to the authorities because they fear that they will be subjected to additional victimization at the hands of police or others who may learn of their sexual orientation as a result of their having reported the original attack (Herek & Berrill, 1992). Herek, Gillis, Cogan, and Glunt (1997) found that while approximately two-thirds of lesbian and gay victims of non-bias crimes reported the incident to law enforcement authorities, only about one third of the hate crime victims did so. In a study on sexual orientation hate crimes in Los Angeles, Dunbar (1998) reported that gay and lesbian people of color were both more likely to be victimized and less likely to report the hate act than European white gay men and lesbian women. It is clear that same-sex couples will share that fear; in fact a local prosecutor has called this fear "the second closet door" (Maryanne Hinkle, 2001, personal communication). In terms of gender roles, the belief that "boys will be boys" and that "women aren't violent" leads many people to ignore the issue of same gender intimate partner violence. Due to heterosexism, providers may ignore the fact that this is an issue of intimate partner violence. For women, they may decide that they really aren't hurting each other. For men, they may feel discomfort with trying to figure out if there is a pattern of violence and coercion because in their minds men can take care of themselves and they may not like to think of men as "victims." Thus, appropriate assessment may be the only way mental health professionals may know that they are dealing with a relationship violence issue.
- With same gender couples, it is sometimes difficult to ascertain who is abuser and who is abused. Advocates for Abused and Battered Lesbians (AABL) has developed an assessment model to distinguish between the abuser and the abused. (Veinot, n.d.).
- Importance of assessment:
 - If no specific questions are asked regarding relationship violence, then it is highly likely that important issues will not be treated. Holtzworth-Munroe et al. (1992) studied five samples of supposedly martially distressed but

nonviolent couples provided by therapists; 43-46% of men reporting they had been violent toward their wives in the last year and 55-63% reporting they had ever been violent toward their wives. Therapists had been treating couples as if they were not violent.

- Hansen et al., (1991) found that therapists have difficulty recognizing relationship violence and making appropriate interventions.
- Safety issues: Dangerousness and risk assessment
 - Once relationship violence is recognized, then assessment must be made of the level of risk (see Campbell, 1995, and Harway & Hansen, 1993, for checklists on assessing for lethality issues or physical violence predisposition). Assessment instruments include:
 - Dangerousness Assessment (Campbell, 1995)
 - Spousal Assault Risk Assessment (SARA) (Kropp & Hart, 1997)
 - P propensity for Abusiveness Scale (Dutton, 1995a)
 - Psychological Maltreatment of Women Inventory (Tolman, 1989)
 - Revised Conflict Tactics Scale – 2 (Straus, Hamby, Boney-McCoy & Sugarman, 1996)
 - Risk checklist/Psychological Violence Inventory (Sonkin, 2000)
 - Relationship Conflict Inventory (Bodin, 1996)
 - Dominance Scale (Hamby, 1995)
 - Women’s Experiences with Battering (Smith, Earp, & DeVellis, 1995)
- Issues in screening children. Because of the overlap in symptoms, it is important to rule out other forms of trauma, depression, conduct disorder or attention deficit disorder (ADD). Use of family history can be useful.
- First responders’ training. Among those likely to be in contact first with those affected by relationship violence are the clergy, emergency medical personnel, other physicians, law enforcement personnel and psychotherapists. All of these individuals must be trained to properly assess for the existence of relationship violence and know how to make appropriate referrals. In the cases of same gender violence, first responders may have their own bias and require anti-homophobia training.

For certain ethnic minority groups, first responders and mental health professionals must be aware of the importance of providing services in the language of the clients. Mental health professionals must be sensitive to the fact that many ethnic minorities who experience relationship violence are isolated from their community and that the services which may be available serve to further isolate them from their ethnic group and its sources of support.

Since, victims of domestic violence and perpetrators seldom volunteer information about domestic violence, mental health professionals have to be proactive in assessing for the

existence of violence. Because the presentation of victims and perpetrators “mimics” that of other presentations, detailed descriptions are included below so that a differential diagnosis can be made.

- Presentations of victims:
 - Symptoms — Most related to Post-traumatic stress disorder (Houskamp & Foy, 1991). Victims may have one or more of the following symptoms (because these symptoms are common presentations, they suggest that it is important to assess for the existence of relationship violence with all who present with these):
 - Depression
 - Anxiety
 - Sleep disorders
 - Eating disorders
 - Substance abuse
 - Suicidality
 - Intrusive thoughts
 - Somatization
 - Victimization of others
 - Hypervigilance
 - Panic attacks

Issues related to misdiagnoses, such as borderline or histrionic personality disorder occur too often in these cases because an adequate assessment was not conducted or the context of the situation was not considered. Caplan (1992) and Walker (1993) suggest that people who have been exposed to relationship violence develop symptoms that resemble those of individuals who are diagnosable as borderline or histrionic personality disorder. However as Root (1992) suggests, the development of these symptoms are normal reactions to abnormal situations and may have been developed to help the individual cope with these abnormal experiences.

Multiple victimization. Some victims of relationship violence have experienced multiple victimization. Some have been beaten as well as raped by their perpetrator. Some have experienced abuse at the hands of different perpetrators and at different points in their life (e.g., childhood abuse; Rosenbaum & O’Leary, 1981). The acuteness of symptoms can be expected to differ based on the amount of victimization and its duration.

- Presentation of perpetrators.
 - Researchers, clinicians and theorists have been searching for a comprehensive description of those who perpetrate violence in relationships. The consensus currently is that there is no “one-size fits all” model that fits all offenders. It is more likely that there are subtypes of batterers or a continuum of such offenders.

Holtzworth-Munroe and Stuart (1994) divide batterers into Family Only, Dysphoric/Borderline, Generally Violent Antisocial, and Holtzworth-Munroe have recently added a 4th category of Low-Level Antisocial; Saunders (1992) talks about batterers as being high dependency or high antisocial, and Sonkin (2000) describes the types as Borderline Personality Disorder, Cyclical, Psychopathic, and Overcontrolled. Dutton also focuses on the Borderline offender and attachments issues (Dutton, 1998).

- Gelles (1998) and others in describing effective treatment consider readiness to change (i.e., Grimley, Proshaska, Velicer, Blais & DiClemente, 1994) as one of the considerations in addition to severity of risk as applied to batterers.
- Violence or lethality proneness is always a consideration.

Psychological functioning (e.g., psychopathy, dominance, self-esteem, anger, hostility, depression, impulsivity, fear, empathy, social skills, communication/conflict resolution, gender stereotypes, parenting skills) are also factors to be considered (see Hamberger, in Barnett, Miller-Perrin & Perrin, 1997, for a review).

There is substantial agreement that a history of victimization (or of exposure to violence in the home as a child) is associated with the tendency to perpetrate (Dutton, 1995b; 1998).

History of head injuries or other neuropsychological impairments are also associated with perpetrators (Cohen, Rosenbaum, Kane, Warnken, & Benjamin, 1999; Rosenbaum, Geffner, & Benjamin, 1997; Rosenbaum & Hoge, 1989).

Recidivism continues to be a problem with batterers, although treated batterers seem to have a lower recidivism rate than non-treated (Dutton, 1995c). Gondolf (1997) seems to be skeptical about the impact of treatment on effecting lasting change on behavior and attitudes.

- Presentations of children

Children who are exposed to intimate partner abuse experience a wide range of effects which include:

- ◀ School and social competence issues
- ◀ Internalizing and emotional effects
- ◀ Externalizing behavior problems
- ◀ Low Self-esteem
- ◀ Depression and PTSD
- ◀ Anger
- ◀ Aggressiveness

Wolfe (cited in Barnett, Miller-Perrin and Perrin, 1997) and Geffner, Jaffe and Suderman (2000) present a complete overview and references to numerous studies that would be important for an evaluator to understand in developing screening batteries and procedures for assessment.

- Appropriate assessment measures for victims and perpetrators

Instruments usually used to assess psychological functioning in each of the areas listed above (e.g., Beck Depression Inventory for depression, Beck, 1978; Tennessee Self-Concept Scale for self-esteem, Fitts & Roid, 1964, 1991), plus Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) (Hathaway & McKinley, 1989), Millon Clinical Multiaxial Inventory – II (Millon, 1987), and Trauma Symptom Inventory (TSI; Briere, 1995).

- For Parenting skills:

Child-Rearing Practices Report (Block, 1965)
Parent-Child Relationship Inventory (Gerard, 1994)

- For Communication and Marital stress

Family Adaptability and Cohesion Evaluation Scale (FACES III; Olsen, 1985)
Family Environment Scale (Moos, 1974)
Dyadic Adjustment Scale (Spanier, 1976)
Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 1996)
Locke-Wallace Marital Adjustment (Locke & Wallace, 1959)

- Appropriate for perpetrators primarily but can be used for victims as well to assess anger, assertiveness, psychological functioning

Coolidge Assessment Battery (Coolidge & Merwin, 1992)
Structural Anger Assessment Interview (Johnson & Greene, 1992)
Aggression Questionnaire (Buss & Perry, 1992)

- Neuropsychological screening (if suspect head injuries or other similar impairment) – must be trained in this area or refer to a neuropsychologist for a screening or a full neuropsychological evaluation if this is suggested by the testing

Trails Making Test A & B (from Halstead Reitan Neuropsychological Test, Reitan, 1988)
Indiana-Reitan Aphasia Screening Test, (Reitan, 1984a, b)
Wechsler Adult Intelligence Scales (WAIS 3; Wechsler, 1997)

Kaufman Short Neuropsychological Assessment Procedure (K-SNAP; Kaufman & Kaufman, 1994)

Bender Visual Motor Gestalt Test (Bender, 1946)

- Appropriate for children

Trauma Symptom Checklist for Children (TSCC, Briere, 1996)

Children's Depression Inventory (CDI; Kovacs, 1992)

Children's Inventory of Anger (Nelson & Finch, 2000)

Louisville Behavior Checklist (Miller, 1984)

Child Behavior Checklist (Achenbach, 1986, 1997)

Outline of Content Area 6

I. Rationale

II. Screening and assessment issues

Reasons why people don't volunteer information about violent relationships

Relevant issues for gays, lesbians, bisexual and transgendered couples

Importance of assessment

Safety issues, dangerousness and risk assessment (including some instruments to make those assessments)

Issues in screening children

First responders' training

Issues related to ethnic minorities

Assessment for victims, perpetrators and children

Some additional assessment instruments

Recommended Readings

Sections of Barnett, O. W., Miller-Perrin, C.L., & Perrin, R.D. (1997). *Family violence across the lifespan*. Newbury Park, CA.: Sage Publications.

Recommended sections are:

Responding to Marital Violence (pp. 200-207)

Marital Violence—Battered women (pp. 212-225)

Marital Violence—Batterers (pp. 236-245)

Intervention and prevention for children exposed to marital violence (pp. 149-151)

An interview with David Wolfe (pp. 135-136).

An interview with L. Kevin Hamberger (pp. 235-236).

Goddard, A.B. & Hardy, T. (1999). Assessing the lesbian victim. In B. Leventhal & S.E. Lundy (Eds.), *Same-sex domestic violence* (pp.193-200). Newbury Park, CA.: Sage.

Salbar, P. & Taliaferro, E. (1995). *Physician's guide to domestic violence: How to ask the right questions and recognize abuse*. Volcano, CA: Volcano Press.

Content Area 7: Mental Health Intervention

Rationale

Mental health practitioners universally recognize the deleterious individual, relational, and societal consequences stemming from the incidence of intimate partner abuse. As a result of the epidemic nature of the phenomenon (Straus & Gelles, 1990), clinicians typically encounter cases of relationship violence throughout the full range of their careers, at times without awareness that abuse is occurring and potentially without sufficient training and capability to adequately assess and intervene (Goodwin, 1993). Such exposure perhaps nowhere more readily occurs than in the practice of couples and family therapy where attention is drawn particularly to functioning and quality of intimate partner and familial relationships (Avis, 1992). It is also important to understand that there are many specific interventions and treatment programs for perpetrators and victims of relationship violence. In addition, treatment for the children exposed to intimate partner abuse is also important to reducing the effects of the long-term trauma that often occurs.

Issues to be covered in Content area 7

- The study of couple and family relationship processes has evolved substantially in recent decades, and considerable attention that has been given to the development and validation of treatment services to remedy intimate partner relational difficulties (Johnson & Lebow, 2000). However, a considerable void persists with respect to the clinician's response to the incidence of relationship violence. Of the resources that are available for practitioners, many are based on anecdotal evidence while others are sufficiently narrow in scope so as to undermine their utility to real life applications. Those that are suitable are few in number and are generally unfamiliar to mainstream practitioners. Consequently, practitioners are vulnerable to a host of unfounded assumptions pertaining to the nature and treatment of partner abuse. Intimate partner violence may often be unrecognized and errantly addressed.
- Ethnic minorities and low income individuals receive more surveillance and often show higher rates of detection of relationship violence than do majority members. This is due to the fact that these groups often must use public health facilities and services that abide by mandatory reporting protocols to a greater degree than private health care providers. It also appears that health providers are susceptible to believing in stereotypes that the poor and ethnic minorities are at greater risk for violence than middle income majority members (APA, 1996a).
- Family practitioners may employ customary treatment methods for enhancing relational quality with little insight into the role by which such efforts may in actuality interfere with the discontinuance of abuse (Bograd & Mederos, 1999; Hansen & Goldenberg, 1993). Many ongoing treatment programs are not culturally sensitive and may actually promote harm. For example, many women of color are uncomfortable with feminist treatment programs because they feel that these programs pit them against their partner and advocate their leaving the relationship. Many of these women of color simply want the violence to stop but they don't want to end their relationships or see their partners

prosecuted in the criminal justice system which they believe is already biased against them (Sanchez-Hucles & Dutton, 1999).

- Should the present status of the literature be any indication, clinicians are, in the main, poorly equipped to respond to the needs of clients who are experiencing violence within their intimate relationships unless they have had specific training in such techniques and dynamics.
- Intervention must be based in an understanding of the broader socio-cultural context in which intimate partner aggression is both permitted and perpetuated (Bograd, 1999; Crowell & Burgess, 1996; Harway & O'Neil, 1999; Jenkins & Davidson, 1999; Koss et al., 1994; Lundy & Grossman, 2001; Wiehe, 1998) and must continue to focus on the intersection of complex factors such as gender, race, sexual orientation, and class (Ritchie, 1996). Second, misguided, though well intended, intervention may serve to exacerbate trauma and enhance the dangerousness of the partner relationship (Bograd & Mederos, 1999; Geller, 1998; Hansen & Goldenberg, 1993). Third, the over-arching goal for intervention is the promotion of the health and welfare of individuals. We assume that relationship maintenance and enhancement is desired only when consistent with the best interests of the individual members. This becomes more complex for ethnic minorities who often feel extreme financial, cultural and familial pressure to remain in relationships. Last, multi-disciplinary methods for the treatment of partner violence, based upon an assessment, is the preferred mode of intervention for most cases.
- Of the available intervention methods, each can be categorized within one of five categories:
 - Crisis Intervention
 - Intervention for Victims
 - Interventions for Offenders
 - Interventions for Children Exposed to Relationship Violence
 - Interventions for Couples or Families

The initial category, Crisis Intervention, encompasses methods which are aimed at resolving immediate threats and other issues impairing the welfare and safety of the victims of intimate partner abuse. Crisis intervention methods include: the identification of community, medical, and social resources; facilitation of access to community resources; minimization or elimination of dangerousness; and the development and implementation of a safety protection plan (Roberts & Burman, 1998). Mental health practitioners also need to acknowledge that, during this stage, they might have to work with hostile, suspicious and resistant clients who do not trust authority figures or help givers, particularly if they are different from the clients in race, culture, and SES.

- Within the second category, Interventions for Battered Individuals, each form of intervention may emphasize both immediate or short-term objectives as well as the individual's long-term adjustment. Immediate objectives emphasize assisting

victims in identifying the impact of violence and abuse, and to promote his or her personal sense of empowerment. Long-term objectives emphasize the resolution of the emotional and psychological difficulties consequent to the individual's history of trauma. Certain models for treatment emphasize an integration of both immediate and long-range goals (Harway & Hansen, 1994; Monnier, Briggs, Davis & Ezzell, 2001; Register, 1993; Walker, 1994; 2000).

Interventions for battered individuals fall within five modalities: individual supportive counseling, group counseling with other battered individuals, individual psychotherapy, psychoeducational experiences, and community level interventions. A number of models of therapy specific to the treatment of battered individuals have been described in the literature. While each offers a unique approach, a fairly uniform model for promoting the healing and resolution from the effects from battering can be identified (Register, 1993). Advocated methods address several steps toward this end. Identified steps include: ensuring client safety; the provision of validation and support; the identification of the personal consequences and effects from partner violence; resolution of associated emotional and psychological difficulties; the promotion of insight and self empowerment; the facilitation of personal problem solving ability; the promotion of access and usefulness of social supports; and the provision of ongoing therapeutic support as needed.

These treatment goals can be particularly difficult for ethnic minority, refugee, and immigrant women who have been taught to value men more so than their own safety and well-being. These women are often advised by their families not to report violence and not to seek or accept services.

- The third category is comprised of Interventions for Battering Individuals. The main methods for intervening with batterers include: social control, psycho-educational programs, and psychotherapy. Social control interventions pertain to the civil and criminal consequences that can be applied for incidents of battering (Scott & Wolfe, 2000). Psycho-educational interventions are designed to address the attitudinal and related psychological factors which permit and perpetuate the incidence of intimate partner violence. Associated methods seek to promote a greater understanding by batterers of the causes and consequences of partner abuse and to redress personal attitudes and skill deficits which promote personal vulnerability to abuse. Psychoeducational methods can be administered in either an individual or group modality. The focus for such can include: power and control issues in relationships, behavior management, anger expression and management, feminist-informed socio-education, and other forms of education and skills training (e.g., Geffner & Mantooth, 2000; Gondolf, 1993; Harway & Evans, 1996). Psychotherapeutic methods can be administered in either an individual or group format. Group models of psychotherapy for Battering Individuals can be comprised of peers or, in some cases, include participants who have been the victims of partner abuse. Psychotherapeutic interventions employ

several approaches with the explicit intention to promote acceptance of responsibility and a commitment to refrain from further acts of violence. They also focus on changing attitudes and behaviors.

- The fourth category pertains to Interventions for Children Exposed to Family Violence. Methods in this area seek to resolve the emotional and psychological consequences suffered by children who have been exposed to intimate partner violence within their families. The consequences suffered by children can derive from the witnessing of violence itself as well as from an associated deterioration in parental capacity. Children in such situations may experience secondary or vicarious trauma which can result in both immediate and long-term emotional and psychological symptoms. Children may develop distorted and maladaptive views of couple and family relationships and may assume age-inappropriate roles and responsibilities within the context of their relationships with parents. The methods for intervention can include individual counseling, group counseling, as well as psycho-educational and other supportive experiences (Alessi & Hearn, 1998; Harway & Hansen, 1994; Lehmann & Carlson, 1998; O'Keefe & Lebovics, 1998; Peled, et al., 1995; Sudermann, Marshall, & Loosely, 2000).
- The final category pertains to interventions that incorporate a conjoint modality wherein the battering individual is seen in the company of the battered individual for treatment services. The conflicted status of the existing literature addressing this area (Greenspun, 2000; Hansen & Goldenberg, 1993; O'Leary, Heyman, & Neidig, 1999; Vivian & Heyman, 1996) reflects the controversial issues involved with such approaches in intimate partner violence. While some argue that conjoint methods are categorically inappropriate and prone to perpetuate further abuse, others suggest that conjoint models are preferable in certain cases and potentially essential. Advocates of conjoint methods contend that vulnerability to violence may persist without attention to the unique and dynamic aspects of the relationship in which violence has occurred. Geffner and Mantooth (2000), and Geller (1998) identify specific factors which should be considered in determining whether conjoint methods are indicated. Conjoint methods are not be considered appropriate under any of the following conditions:
 - perpetrator refuses to refrain from violence;
 - perpetrator refuses to accept responsibility for his or her actions;
 - failure to accept the discontinuance of abuse as the primary objective for treatment;
 - an inability to promote and preserve the safety of all parties;
 - a high level of lethality and dangerousness;
 - high levels of intimidation and fear;
 - stalking or other obsessive behaviors;
 - continued use of alcohol or other substances;
 - and the presence of disinterest or discomfort with conjoint services by either party.

Associated prerequisites for conjoint approaches include: maintenance of no violence; successful completion of individual therapeutic goals; and investment by both partners in preserving safety over resolution of couple issues. The primary goals for conjoint methods for the treatment of intimate partner abuse include promoting a continued absence of violence and the integration of adaptive couple interactions. The format for conjoint services can follow a traditional couples therapy structure as well as more innovative models such as multiple couple therapy groups. The orientation for conjoint treatment may be based in any of a number of models including: feminist-informed, narrative, solution-focused, and/or social-learning/cognitive behavioral. (Bograd & Mederos, 1999; Geffner & Mantooth, 2000; Jackson-Gilfort, Mitrani, & Szapocznik, 2000; Neidig & Friedman, 1984).

- It is not surprising that given the very slow maturation of treatment services for battering within traditional situations, even greater limitations are present in attempts to apply available models and methods for intervention with the diverse range of intimate relationship forms within contemporary society. Many individuals in interracial relationships, those without legal status, and individuals with disabilities do not feel included in current treatment approaches.
- Similar to vulnerability to bias and misguided intervention for general couple relationship difficulty, practitioners are often poorly equipped to respond to the issues and needs presented by the incidence of intimate partner abuse within gay, lesbian, and bisexual relationships (Byrne, 1996; Crane, LaFrance, Leichtling, Nelson & Silver, 1999; Grant, 1999; Renzetti, 1993). Batterers and battered individuals within same gendered relationships require a model of intervention and treatment which may poorly correspond with established programs. For instance, a female batterer within a same gender relationship will likely receive inadequate assistance by participation within a traditional batterers group. Many partners in same gender relationships report that they would not seek treatment unless they are sure it is in an environment where their sexual orientation will not be pathologized or be the focus of treatment. However, it is important that attitudes toward their sexual orientation, for both survivor and perpetrator, be explored. Specific treatment approaches have been discussed for gay men (Byrne, 1996), for separate services for lesbian and bisexual women (Elliott, 1990; Grant, 1999), and self-facilitated support groups have been developed by the SF Network for Battered Lesbians and Bisexual Women (Crane et al., 1999).
- Similar issues involving females arrested for battering their male partners have occurred, and new treatment programs are needed to focus on the specific needs of these offenders (Koonin, Cabarcas, & Geffner, 2001). It is also important to make sure that women arrested for domestic violence are differentiated in treatment as to their own victimization history so there is not confusion between those who are dominant or primary aggressors and those who were primary victims who fought back. Many questions must be answered when working with people with different

orientations and cultures. Do you put a female perpetrator in a group with men, or a male victim in a group with women victims?

What is done with a transgendered male to female (i.e., living as a female but still with male genitals) in a group or must the intervention be done in an individual program? How is the hostility of some staff toward lesbian, gay, bisexual or transgendered people in community settings handled, and more importantly how is this handled by clients? There are specific interventions with lesbian couples (e.g., Istar, 1996) and for gay male couples (Hamberger, 1996).

- Clinicians need training about assessment and intervention that includes:
 - 1) information about same-gender couple violence,
 - 2) exploring the interface between the partner's sexual orientation, their attitudes toward their sexual orientation and the partner violence,
 - 3) the need to provide or refer to services specifically designed for partners in same gender couples
 - 4) understanding issues of culture, ethnicity, interracial relationships, acculturation, immigrant status, citizenship, SES, ability, geographic origin such as rural or urban and the intersection of these factors, and
 - 5) Culturally sensitive programs and culturally competent providers who recognize and build upon the unique strengths and weaknesses of individual clients.

Outline for Content Area 7

I. Rationale

II Clinical Intervention Approaches for:

Victims

Group

Individual

Advisability of couples/conjoint therapy; criteria

Perpetrators

Incarceration

Group

Anger management

Cognitive-behavioral

Feminist socio-educational

Feminist psychotherapy

Psychoeducational

Narrative approaches

Individual

Advisability of couples/conjoint therapy;
criteria of when this is appropriate

Children

Group

Individual
In different settings (e.g., shelters)

III. Special issues and treatment for those from different cultures, and LGBT clients

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Content Area 8: Forensic Issues

Rationale

Family violence cases often end up in various courts, either as the main legal issue or indirectly involved in other legal issues. The factors described in this content area could be relevant for criminal, civil, family, and/or dependency courts. Mental health professionals should understand the responsibilities of the different courts, the possible roles that they may play in different types of cases, and the increasing importance of relationship violence issues.

Issues to be covered in Content area 8

- Criminal justice courts deal with the crime of relationship violence, and mental health professionals may be asked to testify as expert witnesses with regard to dangerousness, appropriateness of treatment, or concerning the dynamics of intimate partner abuse. The latter could focus on the underlying issues when a victim strikes back in self defense and injures or kills the offender, or may focus on the possible reasons a victim of partner violence may recant her testimony and testify on behalf of the alleged perpetrator. Treating clinicians may also be called to testify as to progress in treatment for an offender who is pending sentencing in criminal court or may be called to testify as part of the offender's conditions of probation. It is important for psychologists to be familiar with the general processes and procedures for testifying in court, and the roles they may be asked or required to carry out. Because the legal process is adversarial, there will be efforts made to win the clinician over to one side or the other. The clinician must be especially vigilant that his/her own ethnocultural identity is not manipulated to accomplish this goal.
- Family violence issues may be important in dependency and family courts. If partner violence has been alleged in child custody cases in family courts, psychologists may be asked to conduct a custody evaluation of the parties. The dynamics of partner violence discussed in prior content areas of this guide are important considerations in the evaluation procedures, the interpretation of testing results, and in recommendations that the evaluator may make. These issues have become very controversial, and have led to numerous laws in many states (APA, 1996a, b; APA Ad Hoc Committee, 1996, 1997; Jaffe & Geffner, 1998).
- Mental health professionals must be especially conscious of the influence of culture and race on the way in which partner violence is described and the traditional roles of male parents in both nuclear and extended families, depending on the ethnicity of the family constellation to be evaluated. Evaluating clinicians must have a clear understanding of the definitions of parent roles as they affect such contentious matters as family discipline and curfew for all family members and management of family finances. When testifying as expert witnesses, mental health professionals must also take account of the views held by the court concerning people of color and immigrants and present their testimony in such ways as to prevent it from being misused to further any negative stereotyping that may be part of the context of the court.

- Physical injuries and emotional distress that may have been inflicted in partner violence cases may be the crucial issues in malpractice or personal injury lawsuits. These types of cases occur in civil courts. Again, mental health professionals play an important role in evaluating the parties, explaining the dynamics of partner violence to judges or juries, or in providing information as to the seriousness and severity of possible emotional harm. In all such cases, mental health professionals should carefully consider the cultural expectations of all parties and not be distracted from identifying distress when it is salient even if this requires norm-dissonant education of the victim and the court.
- The evaluator may require the assistance of an individual of the other gender in order to obtain the most accurate information and to ensure cooperation of the victim and the extended family in preparation for court. Evaluators are encouraged to approach forensic examinations in family violence as a team activity rather than that of a sole practitioner.
- The legal system does not afford the same protection to members of same gender partner violence in many states (daLuz, 1994; Fray-Witzer, 1999, Lundy, 1999; NCVAP 1997). According to the National Coalition of Anti-Violence Programs (NCAVP, 1997), in 7 states same-gendered relationships do not qualify as "domestic." Even though state laws cover homosexual as well as heterosexual domestic violence, the chances are that laws are not enforced equally and that same-sex litigants are treated with less dignity, sympathy, and respect than their heterosexual counterparts (Lundy, 1999). Many lesbian, gay and bisexual individuals feel that the legal system supports violence against them. They may have lost custody of their children because of their sexual orientation and may receive no protection from discrimination in housing or employment. Sodomy laws and anti-gay legislation like the Defense of Marriage Act which denies marriage rights to same sex couples may further alienate lesbian, gay and bisexual people from the legal system (Allen & Leventhal, 1999). The applicability of battered woman's syndrome has been strongly contested in lesbian cases and we do not know much about its use with gay male cases (see Goldfarb, 1996). In many states, homosexuals are implicitly excluded from legal protections (i.e., civil protection order laws) and there are fewer social services available for battered lesbians and gay men. Forty-eight jurisdictions provide protection where the victim and abuser cohabit, but six of these laws explicitly exclude homosexual couples (Murphy, 1995) There are only 12 states that provide protection for homosexual victims of intimate violence (Murphy, 1995)
- For people from different ethnic groups and cultures there are significant issues involved in forensic cases. In relationship violence situations, there is a reluctance to press charges due to social isolation, due to cultural value of enduring hardships for Asians within the community, and due to suspicion of the legal system and fear of decreasing the male population for African Americans.
- Topics to include with respect to forensic issues for each type of court situation:
 - Different Court Systems: Criminal, Civil, Family, Dependency
 - Diagnoses in the context of victimization

- Criminal Court issues
 - Restraining orders, and victim request for withdrawal of such orders
 - Diversion vs. incarceration for offenders
 - Treatment vs. education; probation oversight of interventions
 - Misdemeanors vs. felony assaults
 - Arrest issues, including mandatory and pro-arrest policies (pros and cons)
 - Stalking issues
 - Discussion of inherent problems with current legal response
 - Disclosure issues
 - Victim recantation and “Cycle of Abuse” issues
 - Conviction, and myth of the “Batterer Profile”
 - Inherent traumatizing features of adversarial justice
 - Mitigating factors in criminal and capital cases
 - “Battered Women Syndrome” defense in homicide or attempted homicide cases

- Civil Court
 - Tort suits for injury and emotional anguish
 - Protective Orders
 - Sexual Harassment

- Family Court
 - Divorce and child custody; visitation issues
 - Rebuttable presumption when domestic violence has occurred
 - Parental Alienation : The facts of alienation, the myth of a “Syndrome”
 - Double bind when child abuse is disclosed in domestic violence cases:
 - “Failure to protect” vs. “False/Programmed allegations”

- Dependency Court
 - Overlap between Child Protective Services issues and relationship violence
 - Removal of children exposed to relationship violence
 - Pennell and Burford (2000) review the impact of the communitarian justice process in programs that divert families from Dependency Court in incest families.

- Unified Domestic Violence Courts

- Can victims get justice in the civil or criminal courts?

- Duty to protect, to warn, and standard of care issues
 - Ethical issues and guidelines in conducting forensic evaluations and testifying in court cases
 - Mandated reporting issues

Outline for Content Area 8

- I. Rationale
- II. Types of courts and cases involving relationship violence issues

Different Court Systems: Criminal, Civil, Family, Dependency

Diagnoses in the context of victimization

Criminal Court issues

- Restraining orders

- Diversions vs. incarceration for offenders

- Court culture: Prosecutorial and judicial bias

- Treatment vs. education

- Arrest issues, including mandatory and pro-arrest policies (pros and cons)

- Stalking issues

- Victim recantation and “Cycle of Abuse” issues

- Conviction, and myth of the “Batterer Profile”

- Mitigating factors in criminal and capital cases

- “Battered Women Syndrome” defense in homicide or attempted homicide cases

Civil Court

- Tort suits for injury and emotional anguish

- Protective Orders

- Sexual Harassment

Family Court

- Divorce and child custody; visitation issues

- Rebuttable presumption when domestic violence has occurred

- Parental Alienation: The facts, and the myth of a “Syndrome”

- Double bind when child abuse is disclosed in domestic violence cases:
“Failure to protect” vs. “False/Programmed allegations”

Dependency Court

- Overlap between Child Protective Services issues and relationship violence

- Removal of children exposed to relationship violence

Unified Domestic Violence Courts

- III. Ethical issues and guidelines in conducting forensic evaluations and testifying in court cases

Recommended Reading

American Psychological Association Ad Hoc Committee on Legal and Ethical Issues in the Treatment of Interpersonal Violence. (1997). *Professional, ethical, and legal issues concerning interpersonal violence, maltreatment and related trauma (Revised Edition)*. Washington, DC: American Psychological Association

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Content Area 9: Prevention of Relationship Violence and Promotion of Nonviolence

Rationale

Intimate partner abuse has been a recognized epidemic and public health concern for nearly two decades. To have a significant impact upon the elimination of relationship violence, an organized effort in promotion of nonviolence is needed.

Issues to be covered in Content Area 9

- The prevention of violence is one of the highest priorities for psychologists (American Psychological Association, 1996a; Finkelhor, 1986; Swift, 1986). Romano and Hage (2000) provide a broad definition of prevention and specify how preventive interventions can be conceptualized and implemented. These broad definitions imply the traditional primary, secondary, and tertiary kinds of prevention (Caplan, 1964).
- When Romano and Hage's definition is applied to relationship violence, prevention means:
 - 1) Stopping the violent behavior from ever occurring,
 - 2) Delaying the onset of violent behavior,
 - 3) Reducing the impact of existing violent behavior,
 - 4) Strengthening behaviors that promote emotional and physical well-being, thereby inoculating people from the negative effects of relationship violence, and
 - 5) Supporting institutional, community, and government policies that promote the prevention of relational violence.
- Violence prevention among high school and college students:
 - 1) Date rape prevention programming is one of the most commonly evaluated prevention approaches (Bachar & Koss, 2001). Students on most campuses are exposed to at least a rudimentary message intended to reduce date rape.
 - 2) Curriculum aimed at middle and high school students are also available for relationship aggression prevention (Wolfe, Wekerly, & Scott, 1996).
 - 3) A variety of programs have been formally evaluated for effectiveness including programs that last an entire semester, programs by men for men, and the most typical format, the 90-minute presentation. There is extensive evidence that these programs impact attitudes and knowledge, although in some cases the effect may not be long lasting. The evidence that they result in less victimization of women is weak.

The prevention of relationship violence implies focusing on special groups (gays, lesbian, bisexuals, ethnic minorities, immigrants) who have not previously been targeted for prevention interventions. In terms of preventing lesbian, gay, bisexual and transgendered (lgbt) relationship violence, there should be outreach to the lgbt community such as that described by Island and Letellier (1991b, c). In addition, if we hope that lgbt populations will feel more free to report domestic partner

abuse we should work toward changing laws which discriminate against people because of their sexual orientation.

- Education of immigrant populations of the value of nonabusive relationships is important. Improvement in language-relevant services is very important for those from different cultures and ethnic groups. Ethnic minority service providers must be better trained in abuse issues.
- Additionally, prevention interventions include:
 - 1) changing discriminatory laws against special groups that may cause relationship violence,
 - 2) educating immigrant populations about nonabusive relationships,
 - 3) providing language services to immigrant populations and others who need English (or other languages) to understand the complexity of relationship violence, and
 - 4) implementing systematic training of special group service providers in the area of relationship violence and abuse.
- Knowledge of theoretical perspectives on primary prevention
- Educational programs for children, teens, and adults related to:
 - 1) Alternative conflict resolution strategies,
 - 2) Gender-role issues,
 - 3) Countering prevailing media and societal norms around violence.
- Promoting resiliency among men and women
- Preventative interventions with batterers around predisposing factors to violence.
- Teaching men and women how to recognize and deal with feelings in more prosocial ways
- The role of gender role socialization in relationship violence
- Specific programs focused on helping men and women understand relationship violence
- Encouragement of advocacy groups
- Prevention as creating public policy and legislative initiatives
- Evaluation of primary prevention interventions
- Legal and societal changes needed

Outline for Content Area 9

- I. Rationale
- II. Prevention of violence and promotion of nonviolence as a priority
 - Prevention of violence: Definitions
 - Knowledge of theoretical perspectives on primary prevention
 - Prevention of violence with special groups
 - Theoretical perspectives on prevention
 - Educational programs for children and teens
 - Prevention interventions for men, women, and children
 - Prevention as education on gender roles, sexism, homophobia and other forms of oppression
 - Preventative interventions with batterers around predisposing factors to violence; teaching men how to recognize and deal with feelings in more prosocial ways
 - Prevention through advocacy groups
 - Prevention as public policy
 - Prevention through societal and legal change
 - Promoting resiliency among men and women
- III. Counter prevailing media and societal norms around violence
 - Prevention as creating public policy and legislative initiatives
 - Evaluation of civil protection orders, mandatory arrest, court ordered treatment, etc.
 - Effectiveness of medical interventions
 - Effectiveness of clinical intervention programs
 - Primary prevention and evaluation of primary prevention.
 - Legal and societal changes needed

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Helpful Websites

Compiled by Jocelyn Townshend, Aria Grillo, Laura Steele
Wheaton College

National & International Sites On Family Violence

Family Violence & Sexual Assault Institute-

<http://www.fvsai.org>

FVSAI is an independent, non-profit organization used as an international resource center and maintains a clearinghouse of categorized references and unpublished papers concerning all aspects of family violence and sexual assault. This site disseminates vital information on improving networking among professionals, and also provides training that promotes violence free living.

National Center for Victims of Crime-

<http://www.ncvc.org>

NCVC strives to forge a national commitment to help victims of crime rebuild their lives. They are dedicated to serving individuals, families, and communities harmed by crime, and work with many grassroots organization and criminal justice agencies to promote awareness. Important links as well as the current issues can be found through searching the webiste on domestic violence.

National Clearinghouse for Alcohol and Drug Information-

<http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>

SAMHSAs sponsored clearinghouse which produces Making the Link- Domestic Violence & Alcohol and Other Drugs. Discusses links between alcohol and drugs to domestic violence. Must use search on webiste to find information.

National Coalition Against Domestic Violence -

<http://www.ncadv.org/>

The National Coalition Against Domestic Violence is “a grassroots non-profit membership organization working since 1978 to end violence in the lives of women and children.”

National Domestic Violence Hotline –

<http://www.ndvh.org/>

This cite provides 24-Hour access for all 50 states. Translators available. They link individuals to help in their area using a nation wide data base that includes detailed information on shelters, legal advocacy and many more things.

National Network to End Domestic Violence -

<http://www.nndev.org>

This site finds news and information for advocates about domestic violence. They give the national perspective on legislation and public policy, training conferences, employment opportunities and the latest advancements in the field, from the field.

National Organization of Women -

<http://www.now.org>

NOW takes action to bring women into full participation in the mainstream of American society, exercising all privileges and responsibilities thereof in truly equal partnership with men. They include links on domestic violence, providing information about what actions have been taken to promote awareness, the top issues of domestic violence, and ways for the public to take action.

National Training Center on Domestic and Sexual Violence -

<http://www.ntcdsv.org>

The NTCDSV is a non profit organization in Austin Texas with funding helped by US Defense Task Force on domestic violence. This site designs and provides innovative training and consultations, influences policy and promotes collaboration and diversity in working to end domestic violence and sexual violence.

National Violence Against Women Prevention Research Center –

<http://www.vawprevention.org/>

Sponsored by the Centers for Disease Control and Prevention, this site provides information on research, advocacy and practice, public policy, and education and training issues. Designed to be useful to scientists, practitioners, advocates, grassroots organizations, and anyone else interested in topics related to violence against women and its prevention.

Rape, Abuse, and Incest National Network (RAINN) –

<http://rainn.org>

RAINN is a non-profit, Washington, D. C. based organization that operates a national toll-free hotline for victims of sexual assault. This website provides statistical information.

Silent Witness National Initiative -

<http://www.silentwitness.net>

This website promotes peace healing and responsibility in adult relationships in order to eliminate domestic murders in the US by the year 2010. They show and discuss projects that are successful in reducing or eliminating domestic violence in courts, communities and churches.

Zonta International Strategies to Eradicate Violence Against Women and Children -

<http://www.zisvaw.org>

ZISVAW is dedicated to eliminating violence against women and children. Funded by the Zonta International Foundation, this site focuses on prevention, education awareness, and advocacy for legislative and political reform.

Prevention

American Medical Association's Violence Prevention Website -

<http://www.ama-assn.org/ama/pub/category/3242.html>

This website provides information on AMA's violence-related policies and reports, as well as its activities and projects. Links to other organizations are also provided in an effort to bring together information from organizations in many arenas who are working together against violence.

Center for the Prevention of Sexual and Domestic Violence –

<http://www.cpsdv.org/>

The Center is a Seattle-based, non-profit organization providing educational resources addressing issues of sexual and domestic violence.

Communities Against Violence Network -

<http://www.cavnet.org>

CAVNET is deeply committed to helping victims and survivors of violence and to help the public understand, end, and eliminate violence in our society. Includes information on domestic violence and gay and lesbian violence.

Domestic Violence Prevention Online -

<http://www.dvponline.com>

The latest on new preventative measures that the government as well as local officials are taking to prevent domestic violence. There are helpful sites and referrals for people who need help getting out of a abusive relationship.

Family Violence Prevention Fund –

<http://www.fvpf.org/>

The Family Violence Prevention Fund (FVPPF) trains judges and police officers to respond appropriately when confronted with battering. Teaches healthcare providers how to identify and help victims of abuse and their children, and develops public education campaigns. Offers information on how to protect children, and achieve economic independence. Addresses health care and work issues related to domestic violence while also providing information specific to immigrant women.

New York State Office for the Prevention of Domestic Violence –

<http://www.opdv.state.ny.us>

Promoting effective cross-systems' responses to DV through training, technical assistance and policy development.

Legal

American Bar Association -

<http://www.abanet.org/domviol/home.html>

This website provides links to domestic violence statistics, resource networks, and attorney referrals.

Family Violence Department Of the National Council of Juvenile and Family Court Judges -
<http://www.dvlawsearch.com>

Dedicated to improving the way courts, law enforcement agencies and others respond to family violence with the ultimate goal of improving the lives of domestic violence survivors and their children.

NOW Legal Defense Fund and Educational Fund -
<http://www.nowldef.org>

This site uses the power of the law to define and defend women's rights. Working in congress, the courts, and through the media, they act strategically to secure equality and justice for all women across the country. Must type 'domestic violence' to receive information.

Violence Against Women Office -
<http://www.ojp.usdoj.gov/vawo/>

This website by the Violence Against Women Office, U. S. Department of Justice, provides information on community intervention strategies, grants possibilities, Federal VAW laws and regulations, Department of Justice research and statistical publications, VAW intervention resources on-line, state hotlines advocacy groups, and the National Advisory Council on Violence Against Women.

Violence by Intimates -
<http://www.ojp.usdoj.gov/bjs/pub/ascii/vbi.txt>

This site is maintained by the Bureau of Justice Statistics and the Federal Bureau of Investigation and reports violence between intimates - spouses, ex-spouses, and former and current boyfriends and girlfriends.

Women's Rights Network -
http://www.wellesley.edu/WCW/wcw/viol_prev.html

The National Violence Against Women Prevention Research is a consortium of the Medical University of South Carolina (MUSC), the University of Missouri at St. Louis (UMSL), and the Wellesley Center for Women (WCW) at Wellesley College.

Gay and Lesbian

Gay Men's Domestic Violence Project -
<http://www.gmdvp.org>

Founded by a survivor of domestic violence the Gay Men's Domestic Project provides community education and direct services to gay, bisexual, and transgender male victims and survivors of domestic abuse.

LAMBDA Gay & Lesbian Anti-Violence Project (AVP)-
<http://www.lambda.org/avp.gen.htm>

LAMBDA is a non-profit, gay/lesbian/bisexual/transgender agency dedicated to reducing homophobia, inequality, hate crimes, and discrimination by encouraging self-acceptance,

cooperation, and non-violence. This website includes a fact sheet on domestic violence in lesbian/gay/bisexual relationships.

National Coalition of Anti-Violence Programs -

<http://www.avp.org/ncavp/publications>

This organization reports statistics on hate crimes with links to domestic violence, as well as programs generally for the LGBT community. Provides an annual report on lesbian, gay, bisexual, transgender domestic violence released October 6, 1998 by National Coalition of Anti-Violence Programs. The report provides general information about NCAVP, the prevalence of LGBT domestic violence, and the available protections.

National Gay and Lesbian Task Force -

<http://www.nglhf.org>

National progressive organization working for the civil rights of gay, lesbian, bisexual, and transgender people, with the vision and commitment to building a powerful political movement. Must type search to find information on domestic violence as well as same sex violence.

Network for Battered Lesbians and Bisexual Women -

<http://www.nblbw.org>

Addresses the issue of battering within Bisexual communities. Provides support to battered lesbians and bisexual women. The website is half in English, half in Spanish.

New York City Gay and Lesbian Anti-Violence Project -

<http://www.avp.org>

Provides services for gay, lesbian and/or bisexual crime victims. Counseling, police advocacy, court advocacy, short-term counseling, support groups, community education, 24-hour hotline. The AVP issues reports on domestic violence

Multicultural

Asian Task Force -

<http://www.atask.org>

The Asian Task force works to eliminate family violence and strengthen Asian families and communities. They work to educate Asian communities and battered women's service providers to develop culturally appropriate resources for battered Asian women.

Institute on Domestic Violence in the African-American Community -

<http://www.dvinstitute.org>

This website provides resources, event announcements that specifically address community and family violence in the African-American population. The Institute is sponsored by the Office of Community Services, Administration for Children and Families, and the U.S. Department of Health and Human Services.

Muslims Against Family Violence -

http://www.steppingtogether.org/projects_mafv.html

This organization strives to eliminate domestic violence in the San Francisco bay area Muslim Communities by promoting a comprehensive educational campaign that will enhance community awareness.

National Latino Alliance -

<http://www.dvalianza.org>

Alianza is a group of nationally recognized Latina and Latino advocates, community activists, practitioners, researchers, and survivors of domestic violence working together to promote understanding, sustain dialogue, and generate solutions to move toward the elimination of domestic violence affecting Latino communities.

Intimate Partner Violence and Domestic Abuse

Domestic Violence Handbook –

<http://www.domesticviolence.org/content.html>

General information site hosted in Oakland County, Michigan. Site is joint effort of the Oakland County Domestic Violence Coordinating Council, Creative Communications Group, and the American Divorce Information Network, publishers of Divorce Online.

Domestic Violence Information Center –

<http://www.feminist.org/other/dv/dvhome.html>

Information and resources from the Feminist Majority Foundation. Gives new stories on domestic violence as well as internet resources.

Education Wife Assault -

<http://www.womanabuseprevention.com>

Provides information intending to inform and educate the community about the issues surrounding wife assault/woman abuse in order to decrease the incidence of physical, psychological, emotional, and sexual violence against women including teen dating and same sex relationship abuse.

Family Violence Awareness Page-

<http://www.famvi.com>

Developed to help end all forms of family violence, and to provide information about services that are available to families in need of assistance. Gives great links to other helpful sites.

Firearms and Domestic Violence –

http://www.vpc.org/fact_sht/domviofs.htm

The Violence Policy Center is a national 501(c)(3) educational organization working to show that firearm use is a widespread public health problem of which crime is merely the most recognized aspect. This website provides a fact sheet specifically on firearms and domestic violence.

Husband Battering -

<http://www.vix.com/pub/men/battery.html>

Provides information on husband battering and gives articles and political views on how to end husband battering.

Jane Doe -

<http://www.janedoe.org>

Jane Doe brings together organizations and people committed to ending domestic violence and sexual assault. Addresses root causes of violence and promotes justice, safety and healing for survivors.

Mental Health Net -

<http://www.mentalhelp.net/guide/abuse.htm>

Mental Health Net gives web resources dealing with domestic violence services for male and female victims. Posts articles, publications, treatments, hotlines, as well as other support services.

Minnesota Coalition for Battered Women -

<http://www.mcbw.org>

This is a statewide membership program made up of local, regional, and statewide organizations advocating on behalf of battered women and their children. They promote social change for individuals, institutions, as well as cultural change to end oppression based on gender, race, age, affectional orientation, class and disability.

Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family -

<http://www.apa.org/pi/violefam.html>

This report summarizes the psychological knowledge pertaining to violence and the family, describes family violence problems that can be prevented or ameliorated through psychological approaches, and makes recommendations based on their findings.

Miscellaneous

Abackans Diversified Computer Processing, Inc.--

<http://www.abackans.com/dvresour.html>

This private site by two psychologists contains resources for Intimate/Domestic Violence, an extensive list of Intimate/Domestic violence resources as well as important definitions and links.

Minnesota Center Against Violence and Abuse -

<http://www.mincava.umn.edu>

MINCAVA's mission is to support research and education. Allows access to violence related resources. The Minnesota Center Against Violence & Abuse Electronic Clearinghouse provides a quick and user friendly access point to the extensive electronic resources on the topic of violence and abuse available online.

Stop Abuse For Everyone –

<http://www.safe4all.org>

SAFE provides resources and information on domestic violence, concentrating on battered straight men and lesbian women.

Wife, Marital, Spousal Rape Information Page -

<http://www.unh.edu/student-life/sharpp/sharpp.html>

The Wife Rape information page at the University of New Hampshire.

Videos

Compiled by Jocelyn Townshend and Aria Grillo
Wheaton College

Abused Women Who Fight Back: The Framingham Eight — Distributed by Films of the Humanities and Sciences, 44 minutes, 1994 Available from: Films for the Humanities and Sciences, Box 2053, Princeton, NJ 08543-2053.

This program explores the problem of domestic violence through the dramatic stories of the women who became known as the "Framingham Eight." Each woman was imprisoned in Framingham, MA, for killing a spouse or partner they say abused them repeatedly. Each sought to have her sentence commuted, claiming Battered Woman Syndrome as a defense, and several have won their freedom. The program looks at both sides of this issue, speaking with women who say they would be dead now if they hadn't killed their partners, and to prosecutors and family members of those who were killed who believe the use of Battered Woman Syndrome as a defense has gone too far.

A Social Reality — Produced by Rob Ramsey, 30 minutes, 1998 Available from: Concept Media, PO Box 19542, Irvine, CA 92623-9542.

Defines domestic violence and explores the socially accepted myths about the causes of these destructive, sometimes lethal, behavior patterns. The definitions of the phenomenon focus on the problems in relationships and the socioeconomic scope of relationship issues.

Behind Closed Doors — Produced by Frame Up Films, LTD, 46 minutes, 1993 Available from: Filmmakers Library, 124 East 40th Street, New York, NY 10016.

Behind Closed Doors is an in-depth examination of domestic violence from a very personal perspective. It focuses on David, an abuser, and Margaret, a victim, who each discuss their difficult childhoods, their low self-esteem, their feelings of shame, and their determination to break the patterns of violence that have governed their lives.

Breaking the Cycle of Domestic Violence: A Resource for Healthcare Providers — Distributed by Fanlight Productions, 33-minutes, 1998 Available from: Fanlight Productions, 4196 Washington Street, Boston, Massachusetts 02131.

Nurses, physicians, social workers and other healthcare workers, may be the first to observe the physical symptoms of abuse and, if they have good relationships with their patients, may be the ones victimized women choose to confide in. This film, with its accompanying Resource Manual, contains the basic information needed to diagnose, document, and refer victims for additional assistance.

Charting New Waters: Responding To Violence Against Women With Disabilities — Produced By the Justice Institute Of British Columbia, 35 minutes Available from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60601.

This 35-minute video with accompanying facilitator's guide has been designed to raise awareness of the barriers and issues faced by women with disabilities when they try to end the violence in their lives. The video combines interviews with disability advocates and criminal justice personnel with three dramatic vignettes portraying women with disabilities who have experienced or are currently experiencing violence in their lives.

De Tal palo, Tal Astilla (Like Father, Like Son) — Media Network Society, 27 minutes, 1996 Available from: Media Network Society, Box 5744.

De Tal Palo, Tal Astilla realistically portrays the challenge that Latino men face when forced to evaluate beliefs and ideas that justify their abusive actions, often reinforced by culture. The video's highlights include several men, in their own words, describing their abusive behaviors against women. Domestic violence programs that have an open group structure would benefit from utilizing this video as a mini-orientation to new group members. Overall, it is culturally sensitive and does not re-enforce stereotypes of Latin culture.

Domestic Violence: Which Way Out? — Produced by KCTS TV, 30 minutes, 1993 Available from: Filmmakers Library, 124 East 40th Street, New York, NY 10016.

Bellevue, Washington developed a system in which first-time offenders can forego criminal charges and conviction in exchange for undergoing intensive treatment. This approach has resulted in a repeat offense rate of only 4% among those completing treatment. This documentary shows it is not only men who abuse. A family counselor discusses his own situation in which he was the victim of his wife's behavior.

Hope Of Awakening — Directed by Constance Carlisle Produced by The Cinema Guild, 24 minutes, 1997 Available from: The Cinema Guild, 130 Madison Avenue , 2nd Floor New York, NY 10016-7038.

Features interviews with former victims of domestic violence who discuss the various forms of violence, both physical and emotional, in abusive relationships, the psychological patterns that keep women from leaving abusive spouses or boy-friends, and related issues of fear and low self-esteem. In addition to commentary by a clinical psychologist, each of the women discuss how they finally awakened from the cycle of violence, made the difficult decision to leave the abusive relationship, sought help through a shelter or an outreach program, and experienced a healing process which has empowered them with newfound strength and courage to rebuild their lives.

Hostages at Home — Distributed by Intermedia Inc., 52 minutes, 1994 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suite 724, Seattle, WA 98109.

This 52 minute video has been called the "Text-Book Video" on the subject of domestic violence. *Hostages at Home* features 5 women from different ethnic and socioeconomic groups

who have survived domestic violence. This program dispels myths about domestic violence and examines the effects on the community as a health issue.

Killing Us Softly 3: Advertising's Image of Women — Produced and directed by Sut Jhally, 34 min, 2000 Available from: Media Education Foundation, 26 Center Street, Northampton, MA 01060.

Jean Kilbourne's pioneering work helped develop and popularize the study of gender representation in advertising. In this film, Kilbourne reviews if and how the image of women in advertising has changed over the last 20 years. Kilbourne uses over 160 ads and TV commercials to critique advertising's image of women and how such images reflect violence against women.

La Confianza Perdida — Distributed by Intermedia, Inc., 22-minutes, 1999 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suit 724, Seattle, WA 98109.

This resource is a Spanish language videotape on date and acquaintance rape. The title, utilizing the double entendre on the word “confianza,” means both “loss of self-confidence” and “loss of trust in another.” Designed to promote discussion, the video combines reenactments with first person testimony from survivors of rape. Also interviewed are professionals in law, forensic medicine, social work, and political activism. Topics addressed include: definitions of rape and sexual assault, special considerations faced by immigrant women, spousal rape, resisting sexual assault, medical and social services available to survivors, treatment for STD's, and the pros and cons of filing a police report.

Male Violence: A Room Full Of Men — Produced by Ian Preston, 49 minutes, 1991 Available from: Films for the Humanities and Sciences, Box 2053, Princeton, NJ 08543-2053.

This program examines male violence towards women by following three men with a history of abuse who have joined a program to help them stop their abusive behavior. The issues of authority and control by men over women, both physically and mentally, are explored by the men and by domestic counselors as a major cause of male violence towards women. Popular misconceptions such as the woman's role in "provoking" the violence are dispelled. Two women from different socioeconomic backgrounds describe their experiences in abusive relationships.

Meeting at the Crossroads — Distributed by The Sidran Traumatic Stress Foundation, 27-minutes, 2001 Available from: The Sidran Traumatic Stress Foundation, 200 East Joppa Road, Suite 207, Baltimore, Maryland 21286.

Portraits of trauma survivors interweave with discussions by individual counselors, therapists, policy makers and others for an engaging and motivational look at the differing ways in which mental health practitioners and domestic violence/sexual assault counselors seek to help survivors of trauma. The first video of its kind to raise awareness of the importance of collaboration between mental health providers and domestic violence/sexual assault agencies in the assessment and effective treatment of trauma survivors.

Safe: Inside a Battered Women's Shelter — Distributed by Films for the Humanities and Science, 50 minutes, 2001 Available from: Films for the Humanities and Sciences, Box 2053, Princeton, NJ 08543-2053.

This program presents the experiences of three women who sought to break the cycle of violence by seeking refuge at a safe house, a place providing sanctuary for physically abused mothers and their children. Through their stories, Nancy, Jasmine, and Yenesia reveal a way of life in which the victims, hurt most by those who supposedly love them, often feel like the culprits. Safe at last, they realize that the abuse they suffered is not their fault; freed of guilt and fear, they can break the emotional ties that bind them to their abusers.

Scars — Distributed by Intermedia, Inc., 22-minutes, 1999 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suit 724, Seattle, WA 98109.

An emotional account based upon true stories, this video portrays survivors of sexual assault and abuse, molestation, incest, and date rape. It emphasizes the importance of counseling as a means of aiding the healing process, as demonstrated by the male and female survivors in each scenario. This video can also be used with perpetrators to help them understand the pain and emotional scars that their crimes leave on their victims.

Shifting the Paradigm: From Control to Respect — Produced by Ann Alter, 41 minutes, 1999 Available from: Family Violence & Sexual Assault Institute, 6160 Cornerstone Court East, San Diego, CA 92121

This video explores the roots of our present culture of violence in the home, and what it will take to reach the ultimate goal of zero tolerance for domestic violence. This video offers ideas and inspiration that reaffirm the importance of the individual in creating a future where relationships are based on partnership and mutual respect

Small Justice: Little Justice in America's Family Courts — Co sponsored by Our Children Our Future, 60 minutes, 2000 This not available for purchase. For information, Please contact Elize St. Charles at Our Children Our Future Charitable Foundation, PO Box 1111, Los Gatos, CA 95031.

This documentary explores the American family court system. Featuring national experts and legal advocate Diane Hofheimer, it shows how perpetrators of violence continue to beat the victims by beating the system. Just how and why the courts, often unwittingly, help these men is examined. A question and answer session with Diane and Charles Hofheimer will follow the showing of this film

Stories From The Riverside: Women Jailed For Killing Their Abusers — Produced by Susanne Mason, 30 minutes, 1992 Available from: Filmmakers Library, 124 East 40th Street, New York, NY 10016.

This documentary visits Gatesville Penitentiary in Texas, where three female inmates convicted of murder and serving sentences ranging from 25 to 40 years describe the domestic violence that

would eventually bring them to prison. Sonia, Brenda and Lee Ann relate in their own words stories of the isolation and fear that bound them to their threatening husbands. Combined with analysis by experts on domestic violence and the law, this film shows the difficulties victims of abuse have escaping the cycle of violence. It challenges our attitudes towards the victim who acts in violent self-defense.

Survivors —Animation by Shelia M. Sofian, 16 minutes, 1998 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suite 724, Seattle, WA 98109.

This program uses powerful animated images to illustrate interviews of survivors of domestic violence and the counselors who work with them.

The Savage Cycle — Distributed by Intermedia Inc., 30 minutes, 1991 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suite 724, Seattle, WA 98109.

The Savage Cycle is a candid view of domestic violence told by men and women dealing with violence in relationships. Examining the issues of power and control, this video is an introductory video about the topic of domestic Violence. Using the widely implemented "Power and Control Wheel," this video demonstrates each of the 3 parts of the cycle, supported by the testimony of the individuals interviewed. A second video, The Savage Man is a follow up to this video, focusing on the male perspective of domestic violence.

The Savage Men —Distributed by Intermdia Inc., 30 minutes, 1992 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suite 724, Seattle, WA 98109.

The Savage Man examines the issues of domestic violence from the male perspective. Exploring the issue of why men use violence to control relationships, this video is an t overview for therapists, educators, and the abusers themselves. Companion piece to *The Savage Cycle*.

The Troubling Cycle: Presented in Vietnamese — Distributed by Intermedia, Inc., 22-minutes, 1999 Available from: Intermedia Inc., 1700 Westlake Avenue North, Suit 724, Seattle, WA 98109.

Presented in Vietnamese with English subtitles, this video addresses domestic violence from the unique perspectives of Vietnamese immigrants in the United States. It provides a culturally sensitive focus on domestic violence in the Vietnamese community by educating viewers on the destructive effects of domestic violence on women and children, and the need for shelters and protection. It delivers a strong message to abusers that violence violates community values. The video stresses that violence is a choice, and not something that one must tolerate in a relationship. The fact that domestic violence is illegal in the United States and may require mandatory arrest in many states is emphasized as well. The video also addresses issues about domestic violence that are important to immigrant women.

Tough Guise: Violence, Media, and the Crisis in Masculinity —Directed by Sut Jhally, 87 minutes, 1999 Available from: Media Education Foundation, 26 Center Street, Northampton, MA 01060.

Tough Guise examines the relationship between images of popular culture and the social construction of masculine identities in the U.S. This film utilizes racially diverse subject matter and examples and will enlighten and provoke students (both males and females) to evaluate their own participation in the culture of contemporary masculinity.

When Women Kill —Directed by Barbara Doran, 47 minutes, 1994 Available from: Filmmakers Library, 124 East 40th Street, New York, NY 10016.

When Women Kill is a powerful documentary that places the personal stories of three battered women in a legal/historical context. Ann Jones, an authority on women and criminal justice and author of "Women Who Kill" explains the evolution of society attitude toward women who murder abusive spouses. In this film, three women tell why they killed. There are also sequences of counseling groups for violent men, which provide insight into why male violence continues and why initiatives taken by the police and the courts often fail.

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