

**Violence Against Women and Family
Violence: Developments in Research,
Practice, and Policy**

Edited by Bonnie S. Fisher

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Table of Contents

Introduction

Bonnie S. Fisher 1

Section I: The Extent and Context of Violence Against Women and Family Violence

Overview

Bonnie S. Fisher I-Overview-1

A. General Population

How Much Violence Against Women Is There?

Michael Rand and Callie Rennison I-1-1

B. Ethnic Communities

Intimate Partner Violence and Injury in the Lives of Low-Income Native American Women

Lorraine Halinka Malcoe and Bonnie M. Duran I-2-1

Physical Violence Among White, African-American, and Hispanic Couples: Ethnic Differences In Initiation, Persistence, and Cessation

Jana L. Jasinski I-3-1

C. College Students

Measuring Rape Against Women: The Significance of Survey Questions

Bonnie S. Fisher I-4-1

D. Pregnant Women

Pregnancy-Associated Assault Hospitalizations: Prevalence and Risk of Hospitalized Assaults Against Women During Pregnancy

Harold B. Weiss, Bruce A. Lawrence, and Ted R. Miller I-5-1

Section II: Antecedents to and Consequences of Violence Against Women and Family Violence

Overview

Bonnie S. Fisher II-Overview-1

A. Antecedents to Violence Against Women and Family Violence

Effects of Childhood Maltreatment on Adult Arrests in a General Population Sample

Patricia Cohen, Elizabeth Smailes, and Jocelyn Brown II-1-1

A Longitudinal Perspective on Physical and Sexual Intimate Partner Violence Against Women

Jacquelyn W. White and Paige Hall Smith II-2-1

B. Contextual-Level Characteristics of Non-Fatal Violence

Concentrated Disadvantage, Economic Distress, and Violence Against Women in Intimate Relationships

Michael L. Benson and Greer L. Fox II-3-1

C. Individual-Level Factors Associated With Death and Life Threatening Injury

Risk Factors for Death or Life-Threatening Injury for Abused Women in Chicago

Carolyn Rebecca Block..... II-4-1

Research Results From a National Study of Intimate Partner Homicide: The Danger Assessment Instrument

Jacquelyn C. Campbell, Jane Koziol-McLain, Daniel Webster, Carolyn Rebecca Block, Doris Campbell, Mary-Ann Curry, Faye Gary, Judith McFarlane, Carolyn Sachs, Phyllis Sharps, Yvonne Ulrich, Susan A. Wilt, and Jennifer Manganello II-5-1

The Effects of State and Local Domestic Violence Policy on Intimate Partner Homicide

Laura Dugan, Daniel S. Nagin, and Richard Rosenfeld II-6-1

D. Individual-Level Offender Characteristics for Committing Non-Fatal Violence

Male-Perpetrated Domestic Violence: Testing a Series of Multifactorial Family Models

Lynda A. King and Daniel W. King II-7-1

Domestic Violence and Deviant Behavior

William D. Norwood, Ernest N. Jouriles, Renee McDonald, and Paul R. Swank . . . II-8-1

E. Consequences of and Responses to Violence Against Women

Secondary Data Analysis on the Etiology, Course, and Consequences of Intimate Partner Violence Against Extremely Poor Women

Amy Salomon, Ellen Bassuk, Angela Browne, Shari S. Bassuk, Ree Dawson, and Nick Huntington II-9-1

Longitudinal Patterns of Intimate Partner Violence, Risk, Well-Being, and Employment: Preliminary Findings

Mary Ann Dutton, Lisa A. Goodman, Dorothy J. Lennig, and Jane C. Murphy . . . II-10-1

Section III: Prevention and Intervention: Collaborations, Policies, Programs, and Services

Overview

Bonnie S. Fisher III-Overview-1

A. Criminal Justice-Based Strategies: Police-Level/Police-Based Collaborations

A Collaborative Effort Toward Resolving Family Violence Against Women

Andrew L. Giacomazzi and Martha Smithey III-1-1

The Second Responders Program: A Coordinated Police and Social Service Response to Domestic Violence

Erin Lane, Rosann Greenspan, and David Weisburd III-2-1

An Evaluation of Victim Advocacy Within a Team Approach

Arlene N. Weisz, David Canales-Portalatin, and Neva Nahan III-3-1

B. Criminal Justice-Based Strategies: Prosecutorial Policies and Decisionmaking Practices

An Evaluation of Efforts to Implement No-Drop Policies: Two Central Values in Conflict

Barbara E. Smith and Robert C. Davis III-4-1

Prosecuting Sexual Assault: A Comparison of Charging Decisions in Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners

Cassia Spohn and David Holleran III-5-1

Children and Domestic Violence: The Prosecutor’s Response
Debra Whitcomb III-6-1

C. Criminal Justice-Based Strategies: Court-Level Programs

Civil Protection Orders and Subsequent Intimate Partner Violence and Injury
Victoria L. Holt III-7-1

Specialized Felony Domestic Violence Courts: Lessons on Implementation and Impacts
From the Kings County Experience
Lisa Newmark, Mike Rempel, Kelly Diffily, and Kamala Mallik Kane III-8-1

Specialization of Domestic Violence Case Management in the Courts: A National Survey
Susan Keilitz III-9-1

D. Service Utilization and Intervention

Victim Service Programs for Violence Against Women: Links With Other Community Agencies
Janine M. Zweig and Martha R. Burt III-10-1

The National Evaluation of State Victims of Crime Act Compensation and Assistance
Programs: Findings and Recommendations From a National Survey of State Administrators
Lisa Newmark, Blaine Liner, Judy Bonderman, and Barbara Smith III-11-1

Using Longitudinal Data to Understand the Trajectory of Intimate Violence Over Time
Cris M. Sullivan and Deborah I. Bybee III-12-1

E. Intervening With Men Who Batter

Results From the Brooklyn Domestic Violence Treatment Experiment
Christopher D. Maxwell, Robert C. Davis, and Bruce G. Taylor III-13-1

Testing Court-Mandated Counseling for Domestic Violence Offenders: The Broward Experiment
Lynette Feder and Laura Dugan III-14-1

Predicting Abuse and Reassault Among Batterer Program Participants
D. Alex Heckert and Edward W. Gondolf III-15-1

Section IV: Building an Infrastructure to Improve Research Capacity and Practice and Strengthening Researcher-Practitioner Collaborations

Overview

Bonnie S. Fisher IV–Overview–1

Research on Violence Against Women and Family Violence: The Challenges and the Promise

Beth E. Richie IV–1–1

Closing Remarks

Sally T. Hillsman Closing–1

Introduction

Since the 1970s, researchers and practitioners from a wide spectrum of disciplines have documented that violence against women and family violence are substantial problems in the United States (see Crowell and Burgess, 1996). Because of their persistent efforts, Congress passed the Violence Against Women Act of 1994 (Title IV of Public Law 103–322, the Violent Crime Control and Law Enforcement Act of 1994), and the Violence Against Women Office, now called the Office on Violence Against Women (OVW), was established in the U.S. Department of Justice. These Federal acts marked violence against women and family violence as national problems in need of both interdisciplinary scientific inquiry and development of community-based prevention and intervention policies and practices.

In the Violence Against Women Act, Congress directed the National Research Council to convene the Panel on Research on Violence Against Women to “develop a framework for clarifying what is known about the nature and scope” of these problems (Crowell and Burgess, 1996: 2). In the resulting publication, *Understanding Violence Against Women* (Crowell and Burgess, 1996), panel members presented a comprehensive, yet critical, synthesis of the current state of research and practices. In their overview, the panel members identified gaps in the knowledge about the extent and nature of violence against women and family violence and recommended a research agenda that highlighted four major areas:

- , Improving research methods.
- , Building knowledge.
- , Preventing violence.
- , Developing a research infrastructure.

In each of the four areas, the panel members made several recommendations with two complementary goals:

- , To increase the quality of research that informs practitioners’ decisions about program and service development, implementation, and evaluation.
- , To integrate practitioners’ experiences into research efforts that can lead to the development of innovative and effective interventions.

One purpose of the current compendium is to document how knowledge gaps in research and practice identified in *Understanding Violence Against Women* have been addressed by recently funded projects. In doing so, the contributions to this compendium—

- , Provide readers with important new substantive knowledge about the extent and nature of violence against women and family violence.

Describe innovative collaborations, policies, programs, services, and interventions that have been implemented and evaluated, especially those that involve a criminal justice response.

To date, no volume exists that reflects the Federal Government's collective commitment to fund and disseminate the results from rigorous research that employs diverse theoretical and data analysis strategies—as well as innovative practices, policies, and evaluations—in the fields of violence against women and family violence. This compendium addresses that void. One of its purposes is to disseminate new knowledge produced by research conducted by the OVW grant recipients. Contributors presented results of their respective funded projects at the National Institute of Justice-sponsored Research Conference on Violence Against Women and Family Violence in October 2000.

This compendium has four sections:

- The Extent and Context of Violence Against Women and Family Violence.
- Antecedents to and Consequences of Violence Against Women and Family Violence.
- Prevention and Intervention: Collaborations, Policies, Programs, and Services.
- Building an Infrastructure to Improve Research Capacity and Practice and Strengthening Researcher-Practitioner Collaborations.

Overviews in each section briefly outline the gaps in knowledge that were identified in *Understanding Violence Against Women* and detail how the new knowledge addresses key gaps in research and practice.

The contributors provide diverse perspectives on violence against women and family violence. They represent numerous disciplines, including criminal justice, public health, psychology, sociology, anthropology, psychiatry, and medicine. Many of their contributions are the result of collaborations or partnerships with other interested parties—researchers across academic disciplines, service providers, and experts employed by private or not-for-profit research organizations.

The contributions are organized in a similar format. Each discusses the issue(s) that is(are) the focal point of the study, describe the research design, and present the results.

Each paper concludes with implications for researchers and practitioners. Providing researchers and practitioners with state-of-the-art research results and innovative practices and policies is key to successful prevention and reduction of the negative effects of violence against women and family violence.

Reference

Crowell, N.A., and Burgess, A.W., eds. 1996. *Understanding Violence Against Women*. Washington, DC: National Academy Press.

Section I: The Extent and Context of Violence Against Women and Family Violence

Overview

by Bonnie S. Fisher

In estimating the extent of violence against women and family violence and examining the context in which each happens, two methodological issues have been particularly salient: the quality of data and the measurement of violence. Despite the longstanding controversies and debates surrounding these two issues, many researchers remain committed to improving the quality of data and measurement of violence. Beginning with Kanin's (1957) pioneering work in the 1950s on "offensive male sexual aggression" committed against college women at one university, several influential studies have advanced the methodological understanding of the extent of violence against women and family violence. Among the most noteworthy studies conducted during the 1980s are Russell's (1982) study of the prevalence and incidence of forcible and attempted rape among adult female residents of San Francisco and Koss, Gidycz, and Wisniewski's (1987) development of the Sexual Experience Survey and subsequent first-time study of the incidence and prevalence of sexual aggression and victimization in a national sample of college women.

Interest in data and measurement issues did not diminish in the 1990s. Four national-level studies—Kilpatrick, Edmunds, and Seymour's (1992) report, *Rape in America*; Tjaden and Thoennes's (1998) Violence Against Women Survey; Fisher, Cullen, and Turner's (2000) National College Women Sexual Victimization Study; and Fisher and Cullen's (2000) National Violence Against College Women Study—focused not only on investigating substantive issues concerning the extent and context of violence against women but also on addressing methodological issues.

Despite committed efforts by researchers, inadequacies in data and measurement still exist in the fields of violence against women and family violence. Among the data gaps noted in *Understanding Violence Against Women* (Crowell and Burgess, 1996) were the following:

- , Lack of information about the prevalence of violence among specific subpopulations, such as women of color, Native American women, and pregnant women.
- , Little conceptual understanding of ethnicity, race, and other structural factors that may affect the context in which women experience violence.
- , Unanalyzed secondary datasets, consisting primarily of measures of women's health status and behaviors (see Crowell and Burgess, 1996).

The most notable measurement issues are the following:

- , Defining terms such as violence against women, interpersonal violence, rape and sexual assault, and intimate partner violence.
- , Developing new and enhancing established measures (e.g., combining local health data with local criminal justice data).
- , Comparing estimates from different measures and providing methodological explanations about the outcome.
- , Employing multiple measures that include both qualitative and quantitative measurement strategies (see Crowell and Burgess, 1996; Fisher and Cullen, 2000).

The contributions in section I are united by an emphasis on improving the quality of data and measurement to advance both research and practice. Research has begun to fill some of the data and measurement gaps noted in *Understanding Violence Against Women* and has expanded knowledge and understanding on several dimensions.

First and foremost, all the contributors have built a methodological foundation by identifying data and measurement issues that are salient to the focus of each study. For example, Michael Rand and Callie Rennison discuss the methodological differences that can contribute to varying estimates of violence against women, with particular reference to the differences among the National Crime Victimization Survey, the National Violence Against Women Survey, and the National College Women Sexual Victimization Survey. These differences, particularly in the screening questions, help in understanding why estimates of violence against women differ among these three national studies. Lorraine Halinka Malcoe and Bonnie M. Duran detail the barriers to collecting lifetime prevalence and previous year incidence data about intimate partner violence from Native American women in the United States. These barriers include low population density, rural locations, and lack of a telephone in many residences.

Jana L. Jasinski addresses key limitations of intimate partner violence research, which include focusing on a single pattern of violence escalation and persistence, using small samples, and collecting information from only one member of the couple. Using a national dataset and information from both members of the couple, she examines four patterns of intimate partner violence—“persistently violent, newly violent, violence cessation, and nonviolent.” Bonnie S. Fisher discusses the controversies surrounding the measurement of rape and the subsequent methodological contributions to such measurement. Employing a quasi-experimental research design, she examines the effect that survey questions have on national estimates of completed and attempted rape and threats of rape (see Fisher, Cullen, and Turner, 2000). Building on previous studies, Harold B. Weiss, Bruce A. Lawrence, and Ted R. Miller use a multi-State hospital discharge database to estimate the hospitalization rate for assault among pregnant women and compare it to the rate among all women of reproductive age.

Second, these studies specifically collect and analyze data from particular subpopulations. Although the papers in this section are not exhaustive of the subpopulations identified in *Understanding Violence Against Women* as in need of study, they examine violence within or among understudied subpopulations. Rand and Rennison compare intimate partner violence rates for white males and females with those for black males and females and between Hispanics and non-Hispanics. Malcoe and Duran examine intimate partner violence among Native American women of reproductive age. Jasinski examines racial/ethnic differences in violence patterns among white, African-American, and Hispanic couples. Fisher reports estimates of completed and attempted rapes and threats of rape against college women. Weiss and his colleagues provide insight into the nature of the pregnancy-associated hospitalized assaults and their costs.

Third, these papers address data gaps through the use of various datasets. For example, Jasinski used data from the first and second waves of the National Survey of Families and Households, which focuses on family structures, processes, and relationships. Other contributors collected primary data and then created new datasets. Fisher and her colleagues, for example, designed two national datasets (see Fisher, Cullen, and Turner, 2000). One was developed from a survey that used screening questions modeled from the work of Kilpatrick, Edmunds, and Seymour (1992) and the National Violence Against Women Survey (Tjaden and Thoennes, 1998). The second dataset was modeled after the National Crime Victimization Survey—the same survey Rand and Rennison employed in their study. Because intimate partner violence data for Native American women is limited, Malcoe and Duran collected both quantitative and qualitative data by interviewing Native American women in Oklahoma.

Fourth, as noted in *Understanding Violence Against Women* (Crowell and Burgess, 1996, 47), “consideration of the context in which women experience violence is vital to understanding the nature of the problem, as well as to the consequences to the woman, and effectiveness of interventions” targeted to victims and perpetrators. Rand and Rennison, Malcoe and Duran, and Jasinski provide new insights into the multidimensional context in which violence against women and family violence occur.

Collectively and individually, the contributions in section I address multiple data and measurement issues identified by the Panel on Research on Violence Against Women and provide guidance to researchers and practitioners. But the value of this emergent research for both researchers and practitioners extends beyond its application to the identified data and measurement gaps. Researchers and practitioners can use these contributions to advance the quality of data and of techniques for the measurement of violence against women and family violence.

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How Much Violence Against Women Is There?

By Michael Rand and Callie Rennison

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Findings and conclusions of the research reported here are those of the authors and do not reflect the official position or policies of the U.S. Department of Justice.

The National Crime Victimization Survey (NCVS) examines violence against women from a somewhat different perspective than other studies discussed at the conference. NCVS measures the extent and characteristics of crimes occurring in the United States. Other surveys, such as the National Violence Against Women Survey (NVAWS) and the National College Women Sexual Victimization Study (NCWSV), estimate violence experienced by women whether or not the victims regarded such violence as criminal. Such contextual differences, as well as other methodological differences among the surveys, contribute to differences in estimates of the incidence of violence against women. However, comparisons of the characteristics of violence against women across surveys also yield many similarities.

NCVS is one of two key ongoing national measures of the amount and type of crime occurring in the United States that are maintained by the U.S. Department of Justice. Although the other measure, the Uniform Crime Reporting (UCR) program, is based on crimes reported to law enforcement agencies, NCVS is a survey of the Nation's residents that measures crimes not reported to police as well as those reported.

Survey Methods

About NCVS

Ongoing since 1972, NCVS is conducted for the Bureau of Justice Statistics (BJS) by the U.S. Census Bureau. The survey's sample is address based and drawn from the decennial census. Households remain in a sample for 3 years and are interviewed seven times at 6-month intervals. All persons age 12 and older are interviewed about their experiences; proxy respondents are allowable only in a restricted set of circumstances. In 1999, about 160,000 people in 86,000 households were interviewed for NCVS.

NCVS measures the numbers and characteristics of seven major types of crime: rape/sexual assault, robbery, aggravated assault, simple assault, household burglary, motor vehicle theft, and theft. The survey obtains a broad array of information about victims, crime incidents, offenders, and consequences of crime.

NCVS incorporates a number of methodological features that enhance its ability to produce estimates of crime victimization. First, its large sample enables robust estimates of events that are relatively rare and difficult to measure. It uses a short reference period of 6 months and a bounding procedure to encourage accurate reporting and eliminate problems related to such faults of memory as telescoping (incorrectly remembering events as occurring more recently than they actually did). Bounding ensures that crime incidents reported in one interview are not duplicated in a later interview with the respondent.

Differences Between NCVS and Other Violence Against Women Surveys

Many of the methodological differences between NCVS and other surveys that measure violence against women, especially differences in the crime-screening questions, have been well documented. The impact of contextual differences among NCVS and NVAWS and NCWSV has not been as well examined. NCVS focuses on crime and events that victims of violence perceive to be crimes. In contrast, NVAWS is presented to respondents as a personal safety survey, and NCWSV gauges “unwanted sexual experiences.”

The crime context of NCVS is made very clear to survey respondents and is pervasive throughout the NCVS interview:

- , It is part of the survey title: National Crime Victimization Survey.
- , Preliminary questions include the phrase: “Before we get to the crime questions ...”
- , Some screening questions focus specifically on perceived crime: “Did anything happen to you that you thought was a crime ...”
- , Interviewers fill out a Crime Incident Report for every incident elicited by the crime-screening questions.

The crime focus is an integral part of the survey and not accidental. Providing a more complete picture of crime victimization in our Nation than could be obtained from the FBI’s Uniform Crime Reports was one of the survey’s primary goals when it was introduced in 1972. When the survey began, the Nation’s big crime problem was believed to be “street crime” typified by stranger robbery or mugging.

“Victimization,” for NCVS, means “criminal victimization.” Victimitizations reported to NCVS are by design those that respondents judged to have been criminal in nature. Incidents that respondents did not think of as criminal are less likely to be reported to NCVS than they are to other surveys that lack a strong crime focus.

Another key difference between NCVS and recent violence against women surveys is that NCVS is an ongoing rather than a one-time survey. It can track trends in overall violence and violence against women.

The following section presents some trend data as well as descriptive findings about violence against women from NCVS, much of which is quite similar to data derived from the NVAWS and NCWSV.¹ Also included, for completeness, are data on homicides drawn from the UCR.

Findings

Intimate Partner Violence, 1998

In 1998, about 1 million violent crimes were committed against persons by their current or former spouses, boyfriends, or girlfriends.² Such crimes, termed *intimate partner violence*, are committed primarily against women. About 85 percent of nonfatal victimizations by intimate partners in 1998 (about 876,340) were against women. About 157,330 violent crimes committed by an intimate partner during 1998 were perpetrated against men.

Women were victims of nonfatal intimate partner violence at a rate about five times that of men (767 versus 146 per 100,000 persons). Among all victims of violence, women were more likely to be victimized by a nonstranger (e.g., a friend, family member, or intimate partner), while men were more likely to be victimized by a stranger. Sixty-five percent of intimate partner violence against women and 68 percent of intimate partner violence against men involved a simple assault.

In 1998, intimate partner homicides accounted for about 11 percent of all murders nationwide. They constituted about 33 percent of murders of women but only 4 percent of murders of men. Female murder victims were substantially more likely than male murder victims to have been killed by an intimate partner; of the 1,830 persons murdered by intimates in 1998, 72 percent (1,320) were women.

Trends in Violence Against Intimate Partners, 1993–98

Women experienced a 21-percent lower rate of intimate partner violence in 1998 than in 1993. From 1993 to 1997 the rate of intimate partner violence fell from 9.8 to 7.5 victimizations per 1,000 women. (See exhibit 1.) The 1998 rate was virtually unchanged from that in 1997 (7.7 per 1,000 women).

Men experienced intimate partner violence at similar rates in 1993 and 1998 (1.6 and 1.5 per 1,000 men, respectively), despite some fluctuation during intervening years. In 1997, for example, the male victimization rate dipped slightly to 1.0 per 1,000 men.

Homicide by Intimate Partners, 1976–98

By 1998, murders attributable to intimate partners (1,830) had declined substantially from 3,000 murders in 1976. In general, the number of women killed by an intimate partner remained stable between 1976 and 1993 and then declined 23 percent between 1993 and 1997. Between 1997 and 1998, the rate increased 8 percent. In contrast, the number of men murdered by an intimate partner fell 60 percent from 1976 to 1998. (See exhibit 2).

Most victims of intimate partner homicide were killed by their spouses, although less frequently in recent years. In 1998, murders by spouses represented 53 percent of all intimate partner homicides, down from 75 percent in 1976.

Exhibit 1. Rate per 1,000 of Intimate Partner Violence, by Victim's Gender

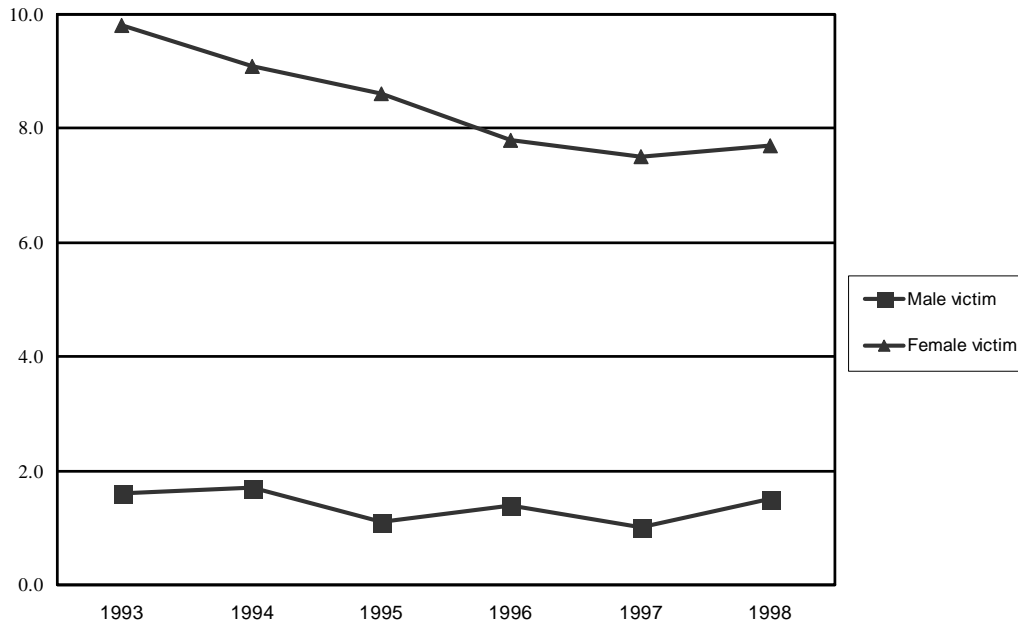
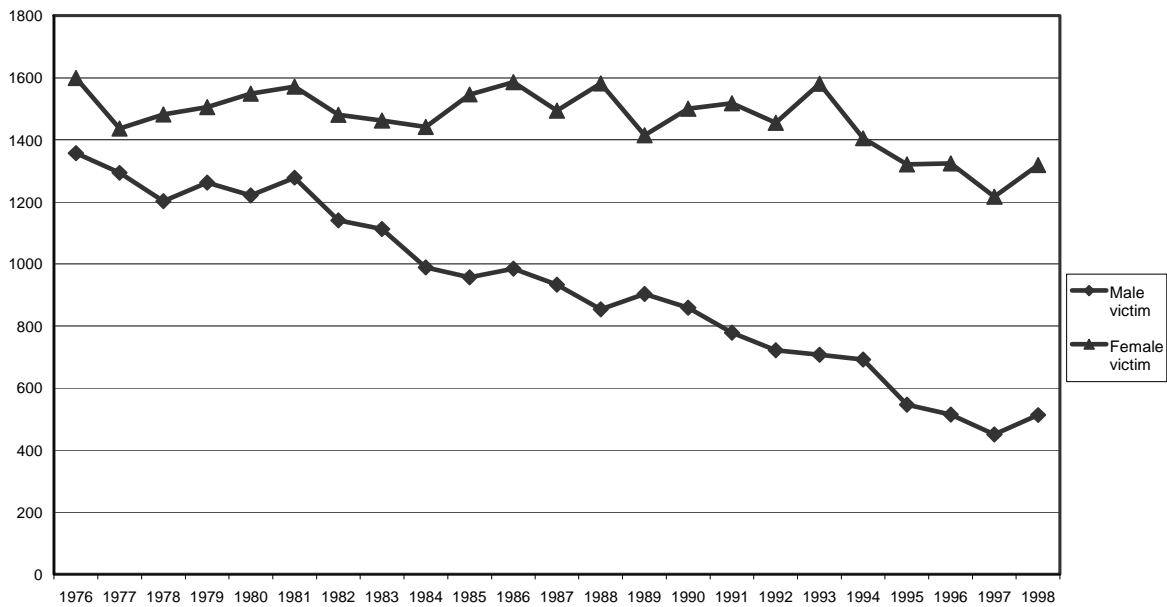


Exhibit 2. Number of Intimate Partner Homicide Victims, by Victim's Gender



White females represent the only racial category of victims for whom intimate partner homicide has not decreased substantially since 1976. The number of intimate partner homicides for all other racial and gender groups declined during the period. The number of black females killed by intimates dropped 45 percent; black males, 74 percent; and white males, 44 percent. But between 1997 and 1998, the number of white females killed by an intimate partner increased 15 percent.

Characteristics of Nonfatal Intimate Partner Violence Victims, 1993–98

Women experienced intimate partner violence at higher rates than men across all demographic categories between 1993 and 1998. Although intimate partner violence can occur in any social class, some demographic groups experienced it at higher rates than others. Among women, being black, young, divorced or separated, earning a lower income, living in rental housing, or living in an urban area were all associated with higher rates of intimate partner victimization between 1993 and 1998. Men who were young, black, divorced or separated, or living in rental housing had significantly higher rates of intimate partner violence than other men.

Race and Hispanic Origin

Overall, blacks were victimized by intimate partners at significantly higher rates than persons of any other race between 1993 and 1998. Black women experienced intimate partner violence at a rate 35 percent higher than white women, and about 2.5 times the rate of women of other races. Black men experienced intimate partner violence at a rate about 62 percent higher than that of white men and about 2.5 times the rate of men of other races.

No difference was seen in intimate partner victimization rates between Hispanic and non-Hispanic persons, regardless of the victim's gender.

Age

For both women and men younger than age 16 or older than age 50, the rate of violence by an intimate partner was less than 3 victimizations per 1,000 persons. Women ages 20 to 24 were victimized by an intimate partner at the highest rate (21 victimizations per 1,000 women). This rate was about eight times the peak rate for men (3 victimizations per 1,000 men ages 25 to 34).

Household Income

Women living in households with relatively lower annual incomes experienced intimate partner violence at significantly higher rates than women in households with higher annual incomes. Intimate partners victimized women living in households with the lowest annual household income at a rate nearly seven times that of women living in households with the highest annual income (20 victimizations compared with 3 victimizations per 1,000 females). No discernible relationship emerged between male victims of intimate partner violence and average annual household income.

Marital Status

For both men and women, divorced or separated persons were subjected to the highest rates of intimate partner victimization, followed by never-married persons. Because NCVS reflects a respondent's marital status at the time of the interview, it is not possible to determine whether a person was separated or divorced at the time of the victimization or whether separation or divorce followed the violence.

Home Ownership

Intimate partner victimization rates were significantly higher for both men and women living in rental housing. Women living in rental housing were victimized by intimate partner violence at more than three times the rate of women living in owner-occupied housing, and men living in rental housing were victimized by an intimate partner at more than twice the rate of men living in owner-occupied housing.

Urban, Suburban, and Rural Households

Women in urban areas were victims of intimate partner violence at significantly higher rates than suburban women and at somewhat higher rates than rural women. Between 1993 and 1998, urban women were victims of intimate partner violence at higher rates (10 victimizations per 1,000) than suburban and rural women (8 victimizations per 1,000).

Urban males were victimized by intimate partner violence at about the same rate as suburban males, but they experienced violence at a slightly higher rate than men in rural areas. No significant difference in rates between suburban and rural men emerged.

The Nature of Intimate Partner Victimization

Location and Time

Between 1993 and 1998, almost two-thirds of intimate partner violence against women and about half of all intimate partner violence against men occurred in the victim's home. Intimate partner violence occurred most often between 6 p.m. and 6 a.m., accounting for about 6 in 10 victimizations of both women and men by intimate partners (60 percent and 59 percent).

Children Younger Than 12 Present in the Household

Between 1993 and 1998, children under age 12 resided in 43 percent of the households where intimate partner violence occurred. Population estimates suggest that in general, 27 percent of households in the United States were home to children under age 12. Although suggestive, this analysis is not able to determine the extent to which these young children witnessed intimate partner violence.

Injuries and Treatment

Between 1993 and 1998, about two-thirds of the male and female victims of intimate partner violence were physically attacked. The remaining one-third were victims of threats or attempted violence.

Although percentages of males and females who were attacked were similar, the outcome of these attacks differed. Fifty percent of female victims of intimate partner violence were injured by an intimate partner compared with 32 percent of male victims.

Among those injured, similar percentages of men and women suffered serious injuries (4 percent and 5 percent, respectively). A significantly higher percentage of women than men sustained minor injuries (more than 4 in 10 women and fewer than 3 in 10 men). Most victims injured by an intimate partner did not obtain professional medical treatment for their injuries. About 6 in 10 female and male victims of intimate partner violence were injured but not treated. In general, injuries involved cuts and bruises, and most of those who were injured and who received treatment received care at home or at the scene of the victimization (17 percent of women and 24 percent of men).

Reporting to Police

About half of all intimate partner victimizations that occurred between 1993 and 1998 were reported to law enforcement authorities (53 percent of victimizations against women and 46 percent of victimizations against men). The percentage of victimizations reported to police differed by race and ethnicity of the victim. Violence against black women was reported to police at significantly higher percentages (67 percent) than that against black men (48 percent), white men (45 percent), and white women (50 percent). Intimate partner violence against Hispanic females was reported to the police at higher percentages than was violence against non-Hispanic females (65 percent compared with 52 percent).

The percentage of intimate violence against women reported to the police was greater in 1998 (59 percent) than in 1993 (48 percent). There was no significant difference in the percentage of reporting by male victims of intimate partner violence between 1993 and 1998.

In 1997 and 1998, a significantly higher percentage of intimate partner violence against females was reported to the police than in earlier years, when the percentage not reported was similar to the percentage reported.

With the exception of 1997, during the 1993–1998 period, approximately half of victimizations against males were not reported to the police; that year, the percentage unreported was slightly more than half. Half of male victims and a third of female victims state as their reasons for not reporting violence to the police their belief that it was a “private or personal matter.” Although this reason was the most frequently stated by both male and female victims, it was cited by male victims at a significantly higher percentage.

Fear of reprisal by the perpetrator accounted for 19 percent of the reasons women gave for not reporting their victimization to police. About 1 in 10 male victims and fewer than 1 in 10 female victims said they did not report the crime to police because they did not want to get the offender in trouble with the law.

Discussion

Although not included in this paper, a comparison of the NCVS estimates presented above with estimates from the NVAWS and NCWSV would show many similarities, but also many differences, especially in estimates of rates or magnitude of violence against women. How does one reconcile the differences across the various estimates of violence against women? As discussed above, several methodological differences among the surveys can explain some portion of the differences in estimates of the magnitude of the problem. The estimates from NVAWS and NCWSV may be higher than those from NCVS, in part because the two focused studies include a larger universe of events than NCVS. For example—

Among women who were categorized by NCWSV as victims of a completed rape based on the characteristics of the incidents, almost half did not consider themselves to be the victims of rape.

As shown in exhibit 3, the percentage of NVAWS and NCWSV victims of violence who reported the crime to the police was extremely low, much lower than NCVS.

Exhibit 3. Percent of Victims of Violence Against Women Who Say They Reported to Police

	NCVS	NVAWS	NCWSV
Rape	28	17	4
Assault	40	—	27

Note: — no estimate available

These differences are indications of the effect of NCVS's crime focus. Violent acts or threats that victims do not believe are criminal are not as likely to be reported to police as are those acts that victims believe to have been crimes. There are many reasons victims do not report violent acts to police. They may be afraid or unable to report the violence, or they may believe that the police will not improve their situation. The NCVS estimates of the percentage of intimate violence reported are much higher than those of the other two surveys, which indicates substantive differences between the types of behaviors estimated by the various surveys.

Although many factors contribute to the differences between NCVS and other violence against women surveys, the impact of contextual differences has not received the attention it warrants. The NCVS focus on crime acts as a filter in that some victims of violence may not report the incident to the survey because they did not perceive what happened to them as a crime. The other surveys do not have a crime focus and may include some violence that victims did not consider criminal. This is neither bad or good, nor does it indicate a flaw in NCVS. The survey's purpose is to measure the kinds of events likely to come to the attention of the criminal justice system, and it does so.

Implications for Practitioners

The disparity among the three surveys' findings suggests that a great deal of violence suffered by women is not viewed by victims as criminal. Thus we are challenged to continue to press the message to men and women that violence is a crime, and that using force to have sex is a crime.

It is possible that the recent downward trends in intimate partner violence are indications that attitudes are changing. As the data presented at the workshop show, intimate partner violence rates have not declined as steeply as overall crime rates during the past several years. The downward trend may indicate an actual leveling off, but it could also be an indication of a change in attitude by some victims about what they have experienced. That is, victims may have become more likely to report these incidents to surveys like NCVS.

Implications for Future Research

It is imperative that researchers not get lost in issues about whether one study is right and another wrong and which study presents the “truth.” The truth is that the issues are exceedingly complex and the extent of violence against women extremely difficult to measure. It requires gathering information in a variety of ways to fully capture the nature and extent of a variety of acts subsumed under the heading “violence against women.” Only by approaching this problem using all tools available and from many different angles can we hope to further our knowledge. By understanding the differences between estimates from different studies, we take full advantage of the opportunities for enhancing our understanding of the problem.

Notes

1. Many of the findings presented below were drawn from Callie Rennison and Sarah Welchans, *Intimate Partner Violence*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2000, NCJ 178247.
2. As defined in this paper, intimate relationships involve current or former spouses, boyfriends, or girlfriends. These individuals may be of the same gender. Violent acts examined include murder, rape, sexual assault, robbery, aggravated assault, and simple assault.

**Intimate Partner Violence and Injury
in the Lives of Low-Income
Native American Women**

By Lorraine Halinka Malcoe and Bonnie M. Duran

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Since the mid-1970s, an increasing number of national, community, and clinic-based studies have investigated the prevalence of intimate partner violence against women in the United States. However, few studies have focused on violence against Native American women (Chester et al., 1994; National Research Council, 1996). The lack of prevalence data specific to Native women is particularly problematic because current levels of violence in Native American communities may be largely a consequence of colonial and U.S. governmental policies. Native peoples in the United States have been subjected to a long history of colonization, resulting in massive loss of lands and resources, and in severe disruption of traditional gender roles and family structures (Brave Heart and DeBruyn, 1998; Duran and Duran, 1995; LaRocque, 1994, pp. 72–89; McEachern, Van Winkle, and Steiner, 1998). Although documentation is insufficient to gauge the exact extent of violence against women in precolonial Native societies, most scholars argue that colonization greatly exacerbated the problem (Allen, 1986; Brave Heart and DeBruyn, 1998; LaRocque, 1994, p. 75; McEachern, Van Winkle, and Steiner, 1998).

Furthermore, there are more than 500 recognized tribal entities in the United States, with distinct customs, languages, and traditions (Chester et al., 1994; Norton and Manson, 1997). Without historically and culturally specific data on intimate partner violence against the 1.5 million Native women ages 15 and older in the United States (U.S. Census Bureau, 2001), it is not possible for tribes, Native American urban organizations, practitioners, and researchers to design effective prevention or intervention programs to address their needs.

The authors conducted an extensive search of several databases and found seven published studies that report prevalence data on intimate partner violence against Native women in the United States (Bachman, 1992, pp. 89–108; Bohn, 1993; Fairchild, Fairchild, and Stoner, 1998; Hamby and Skupien, 1998; Norton and Manson, 1995; Robin, Chester, and Rasmussen, 1998; Tjaden and Thoennes, 2000). However, three of these studies had very small samples (fewer than 100 women). Still, the available data suggest that rates of intimate partner violence against Native American women are substantially higher than the national average.

Recent national telephone survey data indicate that 22.1 percent of U.S. women are physically assaulted and 7.7 percent are sexually assaulted by an intimate partner in their lifetime (Tjaden and Thoennes, 2000). The few larger studies of lifetime intimate partner violence against Native American women suggest even higher rates. Hamby and Skupien (1998) conducted in-person interviews with 117 women living on the San Carlos Apache reservation and found that in their current relationship, 75.2 percent had experienced physical partner violence and 61.5 percent had been injured by their partner. In addition, a recent study of 341 women who visited health clinics located on the Navajo reservation found that 41.9 percent had been physically assaulted and 12.1 percent had been sexually assaulted by a partner in their lifetime (Fairchild, Fairchild, and Stoner, 1998). Tjaden and Thoennes (2000) also found higher lifetime physical (30.7 percent) and sexual (15.9 percent) intimate partner violence among the 88 Native American women in their national sample.

Together, these three studies suggest that lifetime rates of physical and sexual intimate partner violence are higher among *some* Native women than the national average and that wide variations exist in lifetime rates of physical partner violence among Native women. However, a number of methodological issues should be considered before formulating solid conclusions.

First, although the three studies all used intimate partner violence measures based on the Conflict Tactics Scales (CTS) (Straus et al., 1996; Straus, 1990), the lifetime measures were not comparable across the studies. For example, Tjaden and Thoennes (2000) used a five-item measure of sexual partner violence that included attempted or completed forced vaginal, oral, or anal sex; whereas, it is unlikely that Fairchild, Fairchild, and Stoner (1998) used such a comprehensive measure (no information on the sexual partner violence measure was provided). Likewise, Hamby and Skupien (1998) measured physical intimate partner violence within a single relationship, but Tjaden and Thoennes (2000) and Fairchild, Fairchild, and Stoner (1998) measured lifetime physical partner violence across all intimate relationships. In addition, Hamby and Skupien's (1998) study was the only one to report intimate partner injury rates.

Second, the studies differed in sampling and survey administration methods. Tjaden and Thoennes (2000) used a telephone survey with random-digit dialing to select participants. Fairchild, Fairchild, and Stoner (1998) used in-person interviews conducted among medical clinic populations. Hamby and Skupien (1998) used in-person interviews, but recruited volunteers through several public-advertising venues.

Third, the sampling frames for the three studies were different. Tjaden and Thoennes sought a nationally representative sample but in effect excluded many Native Americans living on reservations or in rural areas who did not have telephones. The other two studies were each conducted among a specific tribe. In addition to differences in tribal affiliation, the three studies included populations of varying ages and socioeconomic circumstances. For example, the San Carlos Apache study (Hamby and Skupien, 1998) included mostly younger women who had very low incomes, whereas the Navajo study (Fairchild, Fairchild, and Stoner, 1998) included more older women who had somewhat higher incomes. Thus, none of these studies should be viewed as representative of all Native American women in the United States.

Many more studies are needed that investigate the extent and nature of intimate partner violence among diverse samples of Native American women in the United States. The authors' study was designed to address this need and, specifically, to determine lifetime and 1-year prevalence rates of various types of partner-perpetrated violence and injury in a sample of Native women from western Oklahoma. This paper will describe the lifetime prevalence findings.

Methods

Study Design and Population

The study was conducted in two phases. In phase one, semistructured, indepth qualitative interviews were conducted with 37 Native American women. Women who had experienced physical or sexual intimate partner violence were compared with those who had no history of such violence. The primary purpose of the qualitative study was to generate culturally, historically, and socially specific hypotheses regarding risk and protective factors for intimate partner violence against Native American women. A secondary purpose was to examine the words Native women used to describe their victimization experiences to determine which commonly used quantitative instrument(s) would best assess partner violence against Native women, as well as how these instruments should be modified for this population.

In phase two, a cross-sectional survey was conducted with 431 Native American women to assess lifetime and past-year prevalence of intimate partner violence and related injury and to test etiologic hypotheses generated in phase one. A large sample was sought that would be reasonably representative of Native women of childbearing age in western Oklahoma. Several obstacles to obtaining such a representative sample existed. Because the State has no reservations, Native Americans in western Oklahoma live in numerous small towns and rural areas spanning a wide geographic area, making a household-based survey too costly. In addition, because many rural households in Oklahoma do not have telephones, a population-based telephone survey would not have been representative of the target population. After discussion with tribal and community representatives, two sample sources were selected. First, participants were recruited from tribally operated WIC clinics in western Oklahoma. The WIC clinics serve low-income (less than 185 percent of the Federal poverty level) women who are pregnant, lactating, or up to 6 months postpartum, and infants and children less than 5 years of age. Eligible participants consisted of all Native American women and teens who visited the clinics during a 6-month period in 1999 to pick up vouchers for themselves and/or their children. Second, a convenience sample of Native women ages 18 through 45 was recruited from fliers describing the *Native Women's Health Survey*, which were placed in tribal facilities and at a local vocational school.

Data Collection

The study protocol was approved by the pertinent tribal leaders and by the Institutional Review Board of the University of Oklahoma Health Sciences Center. In-person interviews, lasting 40 to 70 minutes, were conducted in private office settings by one of two Native American women interviewers who obtained written informed consent from each participant before the interviews. Women were paid \$15 cash for their participation and were offered information on available local counseling and family services. A total of 431 interviews were completed, but because 9 surveys had missing information on lifetime intimate partner violence, the final sample size for analyses is 422 women (see exhibit 1). The final sample consisted of 245 WIC clients, who represented 79.3 percent of all WIC-eligible women, and 177 other volunteers, who represented 79.7 percent of eligible non-WIC women who inquired about the survey.

Measures of Lifetime Intimate Partner Violence

The survey asked separately about lifetime and past-year intimate partner violence. The standard CTS introduction was not used. Instead, for lifetime intimate partner violence, women were asked to think about—

all of the intimate or romantic relationships you've had with men in your lifetime, including when you were a teenager. This includes past husbands, boyfriends, or men or boys you've dated, as well as your (current partner). I'm going to read through some items and I'd like you to tell me, yes or no, if you *ever* had a boyfriend, husband, or date (including your current partner) do any of these things to you, even if it only happened one time.

Lifetime intimate partner violence was measured using modified 16-item revised Conflict Tactics Scales (CTS2) (Straus et al., 1996). The scales assessed minor and severe physical and sexual intimate partner violence in which severity was defined in accordance with Straus et al., (1996). With the exception of small wording changes and the addition of one item (being dragged or thrown across the room), the physical assault scale items were similar to the CTS2 items. However, the seven-item CTS2 sexual coercion scale was reduced to a three-item scale because the latter was judged to be more culturally appropriate. Individual scale items are listed in exhibit 2.

Women who reported lifetime intimate partner violence (see exhibits 2 and 3) were asked to view a card listing 13 different types of injuries and to indicate all of the injuries they had received in their lifetime from fights with a partner. The severity of injury types was determined in consultation with emergency room and trauma physicians and was based on the likelihood of requiring medical assessment and treatment and on the probable amount of resulting morbidity. Specific injury items and their assigned severity are listed in exhibit 4. Women who reported lifetime injuries were also asked how many different times they had been injured by a partner in their lifetime.

Sample Characteristics

Socioeconomic and demographic information was collected for individuals and the household. Each woman was asked about her relationship status, tribal enrollment, educational attainment, past-year employment status, and age. Household data included receipt of various types of public assistance in the past 12 months, monthly family income, and number of adults and children supported by this income. Household income data were used to compute the ratio of the family's income to the 1999 Federal poverty level. Women also reported on whether they currently had a working telephone in their home.

Statistical Analyses

Survey data were entered into an EpiInfo Version 6.04C database and validated to minimize errors. Except where noted, Statistical Analysis Software® (SAS) Version 8.01 was used for analyses. Lifetime prevalence and associated 95-percent confidence intervals (*CI*s) were computed for intimate partner violence and intimate partner injury by type and severity. The chi-square statistic was used to test for associations between categorical variables, the Mantel-Haenszel chi-square statistic to test for linear associations among ordinal variables, and the non-parametric Wilcoxon Sum Rank Test to assess associations between continuous variables and intimate partner violence. Confounding was assessed by comparing unadjusted and adjusted estimates using logistic regression modeling techniques.

Findings

Socioeconomic and demographic sample characteristics are presented in exhibit 1. More than half (58.3 percent) of study participants were clients of the Women, Infants, and Children (WIC) Program and the remaining 41.7 percent comprised the convenience sample (see Methods). Participants ranged in age from 14 to 45 years ($O = 28.8$). WIC participants were significantly younger ($O = 26.2$) than other study participants ($O = 32.5$) ($p < 0.001$). At the time of the

Exhibit 1. Socioeconomic and Demographic Characteristics of Native American Women Study Participants (*n* = 422), Oklahoma, 1999

Characteristic	Value
Sample Source, Percentage	
WIC clinics	58.3
Tribal facilities/other	41.7
Age, y, Median (range)	28 (14–45)
Relationship Status, Percentage	
Married	27.6
Common law	31.0
Separated/divorced	11.9
Single	29.5
Enrolled Tribal Member, Percentage	99.3
Education, Percentage	
< High school graduate	23.5
High school graduate/GED	51.7
Some college courses	18.7
Associate/bachelor's degree	6.2
Employment Status, Percentage	
Employed full time	27.3
Employed part time	12.3
Employed intermittently	18.7
Unemployed	41.7
Federal Poverty Level, Percentage	
# 50%	12.9
51–100%	41.0
101–185%	40.1
> 185%	6.1
Public Assistance in Past 12 Months	
Food stamps, %	48.9
TANF ^a , %	18.3
Tribal housing assistance, %	38.5
No Functioning Telephone in Home, Percentage	41.9

^aTemporary Assistance to Needy Families.

interview, 58.6 percent of women were married or in common-law relationships and 11.9 percent were separated or divorced. The vast majority (85.6 percent) of women had a relationship with a man in the previous year. All but 3 women were enrolled members of 1 of 36 tribes, and most (89 percent) were members of 1 of 8 tribes located in western or southwestern Oklahoma. Although all of the women were Native American, 32.5 percent of those in current relationships had non-Native partners.

Socioeconomic characteristics of study participants are also shown in exhibit 1. Most participating women (76.5 percent) had at least a high school degree, but only 6.2 percent had earned a 2- or 4-year college degree. In the year before the survey, 27.3 percent of women were employed full time, 41.7 percent were unemployed, nearly half (48.9 percent) had received food stamps, and 18.3 percent had received Temporary Assistance to Needy Families (TANF). A total of 53.9 percent of women lived below the Federal poverty level. In addition, 41.9 percent of women did not have a working telephone in their home.

Lifetime Prevalence of Intimate Partner Violence

The vast majority (82.7 percent, 95 percent *CI* [confidence level] = 78.7, 86.1) of study women had experienced physical or sexual intimate partner violence in their lifetime (exhibit 2). Two-thirds (66.6 percent) reported severe physical partner violence and one-fourth (25.1 percent) reported severe sexual partner violence. Common forms of severe partner-perpetrated physical assault included being punched or hit with a fist or something that could hurt (57.8 percent), slammed against a wall (49.3 percent), dragged or thrown across a room (40.3 percent), kicked (39.1 percent), and choked (35.4 percent). Approximately half (49.3 percent) of participants reported being beaten up by a boyfriend, husband, or date in their lifetime, and one in six (17.1 percent) women reported that a partner had pulled or used a knife or gun on them. Lifetime prevalence of forced sex by a partner was 20.9 percent (95 percent *CI* = 17.1, 25.1). A strong association was found between lifetime experiences of severe physical and severe sexual intimate partner violence (chi-square = 49.0; $p < 0.001$): More than one-third (35.6 percent) of women who reported severe physical partner violence also reported being threatened or physically forced to have sex with a partner, compared with 4.3 percent of women who reported no severe physical partner violence.

Lifetime prevalence of severe partner violence varied by certain sample characteristics (exhibit 3). As expected, lifetime reports of severe sexual and physical intimate partner violence increased with the participant's age ($p < 0.001$). Likewise, women who received TANF in the year before the interview had substantially higher rates of lifetime severe physical and sexual partner violence than women who did not receive TANF ($p < 0.01$). Although the sample source was significantly associated with severe physical ($p < 0.001$) and sexual ($p = 0.035$) intimate partner violence in univariate analyses, these associations were no longer significant after controlling for a participant's age ($p_{\text{physical}} = 0.09$; $p_{\text{sexual}} = 0.41$). No significant differences were found in rates of severe partner violence by family poverty level, participant's education, employment status, tribal affiliation, or whether there was a telephone in the home.

Exhibit 2. Lifetime Prevalence of Intimate Partner Violence Against Native American Women Participants (*n* = 422), Oklahoma, 1999

Type of Intimate Partner Violence (IPV)	Lifetime Prevalence	
	%	(95% CI)
Any Physical and/or Sexual IPV	82.7	(78.7, 86.1)
Minor only	14.7	(11.5, 18.5)
Severe	68.0	(63.3, 72.4)
Any Physical IPV	81.3	(77.2, 84.8)
Minor only	14.7	(11.5, 18.5)
Severe	66.6	(61.8, 71.0)
Any Sexual IPV	49.1	(44.2, 53.9)
Minor only	23.9	(20.0, 28.4)
Severe	25.1	(21.1, 29.6)
Physical Assault Scale Items ^a		
Throw something at you that could hurt ^b	52.0	(47.1, 56.9)
Twist your arm or pull your hair ^b	59.1	(54.3, 63.9)
Push or shove you in anger ^b	73.7	(69.2, 77.8)
Grab you in anger ^b	73.4	(68.9, 77.5)
Slap you ^b	57.8	(52.9, 62.6)
Punch or hit you with his fist or something that could hurt ^c	57.8	(52.9, 62.6)
Kick you ^c	39.1	(34.4, 44.0)
Choke you ^c	35.4	(30.9, 40.2)
Slam you against a wall ^c	49.3	(44.4, 54.2)
Beat you up ^c	49.3	(44.4, 54.2)
Burn or scald you on purpose ^c	4.8	(3.0, 7.4)
Pull or use a knife or gun on you ^c	17.1	(13.7, 21.1)
Drag or throw you across the room ^d	40.3	(35.6, 45.2)
Sexual Assault Scale Items ^a		
Insist on any type of sex with you, when you did not want to, but did not use physical force ^b	45.5	(40.7, 50.4)
Use verbal threats to make you have any type of sex with him	16.1	(12.8, 20.1)
Use force, like hitting you, holding you down, or using a weapon, to make you have any type of sex with him	20.9	(17.1, 25.1)

^aNot mutually exclusive categories; women were asked: "Did any boyfriend, husband, or date EVER ...?"

^bClassified as minor violence according to Straus et al. (1996).

^cClassified as severe violence in accordance with Straus et al. (1996).

^dAdded item; not in CTS2; classified as severe violence.

Exhibit 3. Lifetime Prevalence of Severe Intimate Partner Violence (IPV) by Violence Type and Sample Characteristics, Native American Women Participants, Oklahoma, 1999

Sample Characteristic	Severe Physical IPV		Severe Sexual IPV	
	% ^a	(95% CI)	% ^a	(95% CI)
Participant's Age, Years				
#22	52.2	(42.7, 61.5)	15.7	(9.8, 23.9)
23–34	66.5	(59.6, 72.8)	24.3	(18.7, 30.8)
35+	83.2	(74.1, 89.6)	37.6	(28.3, 47.9)
Received TANF ^b in Past Year				
Yes	83.1	(72.5, 90.4)	39.0	(28.3, 50.8)
No	63.0	(57.6, 68.1)	21.9	(17.7, 26.7)
Sample Source				
WIC clinic	59.2	(52.7, 65.3)	21.2	(16.4, 27.0)
Other	76.8	(69.8, 82.7)	30.5	(23.9, 37.9)

^aPercentage of women in each stratum reporting intimate partner violence.

^bTemporary Assistance to Needy Families.

Intimate Partner Injury

The authors examined the occurrence of intimate partner injuries among women who reported any partner violence (see exhibit 4). Most (88.8 percent; 95 percent *CI* = 84.9, 91.8) women who had experienced physical or sexual partner violence had also been injured by a partner, and 72.5 percent reported moderate or severe injuries. Although the most common injuries were minor scratches and cuts (84.1 percent), more than half of assaulted women reported injuries to their face (e.g., 49.9 percent had a black eye), and nearly one in five (18.6 percent) reported a broken bone or nose. Other severe injuries included reports of chipped or knocked out teeth (14.4 percent) and being knocked unconscious (15.2 percent).

The number of different times women were injured by a husband, boyfriend, or date also was investigated. Injured women reported being injured by a partner between 1 and 500 (median = 6) times in their lifetime. Nearly one out of four women (22.2 percent) reported more than 20 different injury incidents. Occurrence of lifetime injuries was highly correlated with injury severity. All women who had received only minor injuries were injured 10 or fewer times. In contrast, 27.4 percent of moderately injured women and 63.6 percent of severely injured women had been injured on more than 10 occasions. Moreover, 21.7 percent of severely injured women, representing 6.6 percent of all study participants, reported being injured by an intimate partner more than 50 times.

Exhibit 4. Intimate Partner Injury Among Native American Women Reporting Lifetime Intimate Partner Violence (*n* = 349), Oklahoma, 1999

Type of Intimate Partner Injury	% (95% CI)
Any Intimate Partner Injury, Prevalence ^a	88.8 (84.9, 91.8)
Highest Injury Severity ^b	
Minor	16.3 (12.7, 20.7)
Moderate	35.5 (30.6, 40.8)
Severe	37.0 (31.9, 42.3)
Type(s) of Intimate Partner Injury, Prevalence ^{a, c}	
Small scratches, scrapes, bruises, cuts, welts, or rug burns ^d	84.1 (79.8, 87.7)
Sore muscles, sprains, strains, or pulls ^d	73.1 (68.0, 77.6)
Bruising or welts on neck ^d	37.5 (32.4, 42.8)
Irritation or bleeding in genital area ^d	5.8 (3.6, 8.9)
Severe bruising ^e	54.5 (49.1, 58.8)
Deep cut or burn ^e	19.3 (15.4, 23.9)
Bloody lip or welts on face ^e	52.4 (47.1, 57.8)
Black eye ^e	49.9 (44.5, 55.2)
Knocked unconscious or passed out ^f	15.2 (11.7, 19.5)
Chipped or knocked out teeth ^f	14.4 (11.0, 18.7)
Broken or fractured bones or broken nose ^f	18.6 (14.8, 23.2)
Internal injuries ^f	1.4 (0.5, 3.5)
Miscarriage or complications of pregnancy ^f	10.7 (7.7, 14.5)
Total times injured by intimate partner in lifetime ^g	
1	14.2 (10.6, 18.7)
2–4	25.2 (20.5, 30.4)
5–10	18.7 (14.6, 23.6)
11–20	15.2 (11.5, 19.8)
21–50	11.6 (8.4, 15.8)
>50	10.6 (7.5, 14.8)
Unknown	4.5 (2.6, 7.6)

^aAmong women reporting any IPV.

^bMutually exclusive categories based on the most severe injury reported, e.g., women reporting only moderate and minor injuries are included in the moderate injury stratum.

^cNot mutually exclusive categories.

^dClassified as minor injury.

^eClassified as moderate injury.

^fClassified as severe injury.

^gAmong participants (*n* = 310) reporting any intimate partner injury.

Discussion

This study contains the largest sample of any published investigation of lifetime rates of intimate partner violence against Native American women. It is the first to examine rates of lifetime physical and sexual intimate partner violence and related injury in a sample of Native American women from western Oklahoma. The authors found exceedingly high rates of lifetime physical and sexual partner violence: Two-thirds of the women had been severely physically assaulted,

one-half had been beaten up, and one-fourth had been raped by a partner. The lifetime rates of intimate partner violence in this sample are among the highest reported in the literature, comparable only to those reported for San Carlos Apache women, homeless women, long-term welfare recipients, and women on public assistance (Hamby and Skupien, 1998; Tolman and Raphael, 2000). Still, even within this low-income sample, significantly higher rates of severe physical and sexual partner violence were observed among women receiving TANF.

Implications for Researchers

These findings have significant implications for researchers. First, the rates of lifetime intimate partner violence observed in this study further suggest that at least some Native American women are at increased risk for physical and sexual partner violence. Lifetime rates in the sample are substantially higher than those observed among a nationally representative sample of U.S. women (Tjaden and Thoennes, 2000). They are higher, as well, than rates among women ($n > 1,600$) ages 18 through 39 visiting community hospital emergency departments in Pennsylvania and California (Dearwater et al., 1998) and rates among a large random sample of non-Latina white, African-American, and Latina women ages 18 through 45 visiting public clinics in San Francisco (Bauer, Rodriguez, and Perez-Stable, 2000).

Second, the results support the hypothesis that rates of intimate partner violence vary substantially among different populations of Native women. The current study's rates are similar to those observed in a sample of San Carlos Apache women of similar age and socioeconomic circumstances (Hamby and Skupien, 1998). However, they are substantially higher than those found for a sample of Navajo women (Fairchild, Fairchild, and Stoner, 1998) and for a sample of Native American women who participated in a national telephone survey (Tjaden and Thoennes, 2000).

Further research is needed to determine rates of intimate partner violence among other populations of Native American women. In addition, longitudinal or life history studies are needed to examine intimate partner violence among Native American women throughout their lifecourse. For example, the current study could not determine whether the observed high rates of lifetime intimate partner violence reflect victimization over many years and across multiple relationships, or whether the violence occurred more intermittently. Future studies should—

- ◆ Include sufficiently large samples of Native women to provide relatively precise rate estimates.
- ◆ Seek samples that are representative of particular tribes or groups of Native women.
- ◆ Include measures of physical, sexual, and emotional intimate partner violence.
- ◆ Assess the medical and social consequences of partner violence against Native American women.

It is unclear whether the differences in rates of intimate partner violence against Native women observed among the few studies conducted thus far are due to methodological differences in study protocols, socioeconomic differences among the samples, or true differences among the

populations studied. Future studies also will need to assess the validity and reliability of their intimate partner violence measures for use in Native American populations, using both qualitative and quantitative techniques, and to examine socioeconomic variability in violence rates within their samples.

Finally, although the precise magnitude of the problem of violence against Native American women is not yet known, all available data indicate that a large proportion of Native women experience violence from their intimate partners. Thus, there is an urgent need for research on the causes of intimate partner violence against Native women, as well as on the effectiveness of different violence intervention and prevention strategies for Native women. Both etiologic and prevention/intervention research will need to take into account the social and historical context of Native American women and their families. The authors believe this research will require a theoretical basis that addresses the brutality of U.S. colonization of Native Americans and its aftermath, as well as the varied responses of Native people to their oppressive conditions. Current theories of intergenerational trauma and historical unresolved grief offer such a potential grounding for etiologic and intervention research on intimate partner violence against Native women (Brave Heart and DeBruyn, 1998; Duran et al., 1998; Duran and Duran, 1995).

Implications for Practitioners

This study's findings have implications for tribes, Native American urban organizations, and other criminal justice, medical, and social service personnel who provide services and support to Native women. In particular, the finding that the vast majority of Native American women sampled had experienced severe physical and sexual intimate partner violence underscores the need for programs and services designed to address the needs of abused Native women. Anecdotal data and the authors' qualitative interview findings suggest that Native American women would prefer intimate partner violence services run by and for Native women. In western Oklahoma, there are exceedingly few such services, and most Native women who were interviewed did not access the other limited services available in the region. Accordingly, more tribal and Federal money should be allocated for intimate partner violence prevention and intervention programs for Native American women.

Nationally, intimate partner violence programs and services have focused on a combination of strategies, including—

- ◆ Immediate shelter (and shelter-based services such as counseling and long-term self-sufficiency planning) for abused women and their children.
- ◆ Criminal justice interventions such as protective orders, arrest and prosecution of perpetrators, and legal advocacy for abused women.
- ◆ Telephone hotlines for emergency assistance.
- ◆ Batterer treatment programs.
- ◆ Universal screening to identify victims of intimate partner violence in medical care settings.

Tribes and Native American advocacy groups will need to assess the applicability of these approaches for Native women. For example, more than 40 percent of the women in this study did not have a working telephone in their homes; thus, innovative programs are needed to assist these women in obtaining access to emergency services (including urgent medical care). Likewise, jurisdictional issues (e.g., tribal versus State) and severe lack of policing resources on reservations and in remote rural areas make criminal justice responses problematic. It is possible that intimate partner violence programs for Native women would be best placed within other programs that Native American women are already accessing, such as WIC and primary care clinics, as long as women's confidentiality and safety can be maintained. Moreover, many scholars and practitioners concerned with contemporary health and social problems among Native Americans are calling for a return to interventions based on traditional Native American spirituality and cultural practices (Brave Heart, 1999; Brave Heart and DeBruyn, 1998; Duran and Duran, 1995; Norton and Manson, 1997; Parker, 1990). The authors advocate long-term partnerships among tribes, Native American urban agencies, researchers, and practitioners so that a range of innovative intervention and prevention programs can be developed, funded, implemented, and rigorously evaluated to determine the most effective strategies for addressing the problem of violence against Native American women.

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Note

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**Physical Violence Among White, African
American, and Hispanic Couples:
Ethnic Differences in Initiation, Persistence,
and Cessation¹**

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More than 20 years of research, together with media attention, has created an image of intimate violence against women as a single pattern of violence escalation and persistence that is stopped only by the termination of the relationship or some outside intervention (Pagelow, 1981; Walker, 1984). More recent research, however, suggests that this is only one of several patterns of violence against women (Aldarondo, 1996; Aldarondo and Kaufman Kantor, 1997; Aldarondo and Sugarman, 1996). Although more and more researchers are beginning to focus on the possibility and importance of different patterns of intimate partner violence, the literature in this area is still lacking. Of the studies that have considered patterns of persistence and cessation, relatively few have used large samples (Wofford, Mihalic, and Menard, 1994). In fact, many of what can be considered landmark studies in this area have relied on very small samples (Aldarondo and Sugarman, 1996; Feld and Straus, 1989; Kaufman Kantor and Aldarondo, 1997). Moreover, previous research has relied on information from only one of the individuals in the intimate relationship. A growing body of research suggests that more reliable data can be obtained when information on violent behavior comes from both individuals (Bohannon, Dosser, and Lindley, 1995; Szinovacz, 1983; Szinovacz and Egley, 1995). Existing research on patterns of intimate partner violence has also all but ignored the issue of race/ethnicity. This neglect results, in part, from the small sample sizes in many studies that would make analyses by racial or ethnic group impossible. By using a larger sample and information from both members of the couple, the current study addresses many of these limitations and asks two questions: Are there racial/ethnic differences in patterns of male violence against women? And, do these differences remain when other theoretically relevant variables are introduced into the model?

Data

The data used for this study come from the first and second wave of the National Survey of Families and Households (NSFH), conducted by members of the Center for Demography and Ecology at the University of Wisconsin–Madison (Sweet, Bumpass, and Call, 1988; Sweet and Bumpass, 1996). NSFH was designed to cover a broad range of family structures, processes, and relationships with a large enough sample to permit subgroup analysis (Sweet, Bumpass, and Call, 1988; Sweet and Bumpass, 1996). The first wave of NSFH (NSFH1) was conducted in 1988 and included a national probability sample of 13,017 respondents. Interviews were conducted with a cross-sectional sample of households and an oversample of blacks, Puerto Ricans, Mexicans, single-parent families, families with stepchildren, cohabiting couples, and recently married persons. One adult in each household was randomly selected as the primary respondent. Five years after the original interview, the first wave sample was reinterviewed. The second wave consisted of face-to-face interviews with surviving members of the original sample and a personal interview with the current spouse or partner. The sample used for the current study consisted of all couples who were either married or cohabiting at the time of the first wave and who were still together at the time of the second wave ($n = 3,584$).

Measurement of Key Variables

Violence. NSFH uses several questions to assess intimate partner violence. Responses to the following two questions were used to create a violence variable:

There are various ways that married (cohabiting) couples deal with serious disagreements.

1. When you have a serious disagreement with your husband/wife (partner), how often do you end up hitting or throwing things at each other?
2. Sometimes arguments between partners become physical. During the past year has this happened in arguments between you and your husband/wife (partner)? During the past year, how many fights with your husband/wife (partner) resulted in YOU hitting, shoving, or throwing things at him/her?

If either the male or female partner or both indicated that the male partner had used physical force, the violence variable was coded as violent. Violent behavior consisted of hitting or throwing things and/or physical arguments by the male partner against the female partner. Answers to these questions at both survey administrations made it possible to create a violence typology that included four categories: persistently violent, newly violent, violence cessation, and nonviolent.

Race. Race/Ethnicity was a self-identification measure assessed with the following question: “Which of the groups on this card best describes you?” The response choices were black; white, not of Hispanic origin; Mexican American; Chicano; Mexican; Puerto Rican; Cuban; other Hispanic; American Indian; Asian; or other. For this study, only those individuals that self-identified as either black, white but not Hispanic, or as one of the Hispanic national origin groups were included. The race of the male partner was used because only a very small percentage (3.6 percent) of the couples were mixed race.

Findings

Ethnic Differences in Sample Characteristics

Exhibit 1 presents the results of analyses that look at ethnic differences in selected sample characteristics and illustrates the necessity of considering race and ethnicity in any analysis. Caucasian individuals in this sample were least likely to be cohabiting with a partner compared with African-American and Hispanic/Latino individuals. Consistent with Census data, Hispanic men were younger than either white or African-American men. Although no significant ethnic differences in total couple income were evident at either wave 1 or wave 2, there was a significant relationship between ethnicity and income change. Specifically, Hispanic couples were the only ones to experience a significant increase in income between the first survey and the followup survey.

Exhibit 1. Sample characteristics

	Caucasian (<i>n</i> = 3,473)	African American (<i>n</i> = 235)	Hispanic/Latino (<i>n</i> = 240)
Working fewer weeks at wave 2	13.6	14.8	19.2
Working more weeks at wave 2	12.5	12.3	15.2
Cohabiting	3.2	6.8	7.1 ^{***}
Male partner age wave 2	51.6	49.6	46.6 ^{***}
Income wave 1 (in dollars)	62,399	45,049	30,688
Income wave 2 (in dollars)	56,209	42,002	38,070
Income change (in dollars)	-5,152	-1,904	4,673 [†]

* *p* < .05
 ** *p* < .01
 *** *p* < .001

Demographic Differences in Violence Patterns

The data presented in the top section of Exhibit 2 show the results of separate chi-square tests evaluating the relationship between each violence category and several demographic characteristics. Several variables were significantly associated with each violence category.

Cohabiting individuals were significantly more likely than married individuals to persist in using violence and to have initiated violence between the first and second wave. Compared with men who had worked the same amount or more hours in wave 2 than in wave 1, male partners who worked fewer hours at wave 2 were significantly more likely to become violent. Males who were working more hours at wave 2 were significantly more likely to cease violent behavior by the second survey administration.

Race/ethnicity was also significantly associated with the violence category. Specifically, black men were more likely to have stopped violent behavior, but Hispanic men were significantly more likely to have started. Consistent with existing violence research, men in all three violence categories were significantly younger than nonviolent men (Aldarondo and Sugarman, 1996; Kaufman Kantor and Aldarondo, 1997). Income was significantly associated with one violence type only. Couples with lower incomes were significantly more likely to have stopped the violence compared with couples in which no violence was reported at either wave 1 or wave 2.

Exhibit 2. Associations between selected demographic variables and violence category

	Violence Category					
	Persistently Violent		Violence Cessation		Newly Violent	
Male partner working less	2.9		8.6		8.3	
Other	3.3		6.9		4.3	
Male partner working more	4.9		10.1 [*]		4.2	
Other	3.0		6.7		4.8	
Married	2.8 ^{**}		6.4		3.9 ^{***}	
Cohabiting	8.3		8.3		13.2	
White	2.8		6.2 [*]		3.8 ^{**}	
Black	3.9		11.0		5.8	
Hispanic	4.1		7.3		9.7	
	Persistently Violent		Violence Cessation		Newly Violent	
	Yes	No	Yes	No	Yes	No
Male partner age (years)	36.4	45.3 ^{***}	40.2	45.3 ^{***}	36.7	45.3 ^{***}
Wave 1 income (in dollars)	50,613	62,226	51,865	62,226 ^{***}	57,817	62,226
Wave 2 income (in dollars)	52,724	57,539	54,808	57,539	56,443	57,539

Note: The omitted group is the nonviolent group. The top half of the exhibit represents chi-square analyses. The bottom half of the exhibit represents tests of differences in means.

* $p < .05$

** $p < .01$

*** $p < .001$

Multivariate Analyses

Multinomial logistic regression was used to examine which risk factors were significantly associated with a particular violence category (see exhibit 3). In contrast to the bivariate results (see exhibit 2), ethnicity was not a significant predictor of all of the violence categories. Black men were more likely to have ceased violent behavior between wave 1 and wave 2. At the same time, they were at a greater risk of initiating violence. The age of the male partner was negatively related to all violence categories. In other words, younger men were at an increased risk of being persistently violent, stopping violent behavior, or initiating violence compared with the likelihood of being in the nonviolent group. Employment status was significantly associated with starting and stopping violence. Men who were employed fewer weeks at wave 2 were at more than twice the risk of first engaging in violent behavior between wave 1 and wave 2, but they also had greater odds of stopping their violence compared with men who worked the same or greater number of weeks.

**Exhibit 3. Multinomial logistic regression predicting male partner violence category
(n = 2,409)**

Violence Category	Relative Risk Ratio	Standard Error	p Value
Persistently violent			
Male Hispanic	1.65	.68	.22
Male black	.99	.47	.99
Male employed less	1.11	.43	.79
Male employed more	1.40	.42	.27
Income difference	1.00	.00	.58
Male age W2	.95	.01	.00
Cohabiting	1.10	.49	.82
Violence cessation			
Male Hispanic	.76	.31	.50
Male black	1.76	.45	.03
Male employed less	1.84	.42	.01
Male employed more	1.47	.32	.08
Income difference	1.00	.00	.65
Male age W2	.97	.001	.00
Cohabiting	1.12	.35	.71
Newly violent			
Male Hispanic	1.30	.48	.48
Male black	1.78	.52	.05
Male employed less	2.15	.52	.00
Male employed more	.82	.24	.49
Income difference	1.00	.00	.81
Male age W2	.95	.01	.00
Cohabiting	1.62	.49	.11
Likelihood ratio χ^2 (df, 21) = 85.29			
Prob > χ^2 = 0.0000			
Log likelihood = -1404.80			

Note: Nonviolent is the comparison group.

* $p < .05$

** $p < .01$

*** $p < .001$

Discussion

Previous research considering patterns of persistence and cessation of intimate partner violence has not been able to distinguish any consistent risk markers for a particular type of behavior. However, this research has also been limited by small sample sizes and a reliance on information from one person in the couple (Aldarondo and Sugarman, 1996; Wofford, Mihalic, and Menard, 1994). The current study used the National Sample of Families and Households (Sweet,

Bumpass, and Call, 1988; Sweet and Bumpass, 1996) to examine ethnic differences in the types of violent behavior. At the multivariate level, youth was significantly associated with all violence categories. This suggests several different ways in which age and violence intersect. Those men who stopped their violent behavior between wave 1 and wave 2 may have, in fact, aged out of such behavior. Analyses of the age of men in each of the violence categories indicated that men in the persistently violent and newly violent categories were, on average, the youngest; men who were never violent were the oldest. Men who had ceased violent behavior between the first and second waves of the survey were on average 5 years younger than those who were never violent and 4 years younger than both those who were continually violent and those who initiated violence during the same time.

Being employed fewer weeks at the time of the second wave was also significantly associated with two of the violence categories: violence cessation and initiation. A curvilinear relationship may exist between level of employment and violence. For example, working overtime may be a source of stress (Hochschild, 1997) that increases the risk for violence. Once that stress is relieved (by working less), the risk for violence may decrease. On the other hand, working fewer weeks directly affects income, which may also increase stress levels and result in an increased risk for violence (Straus, Gelles, and Steinmetz, 1980). Different types of stressor mechanisms may influence different individuals in a variety of ways. The relationship between race/ethnicity was also somewhat complex. African-American men were more likely than white men to stop their violent behavior. However, African-American men were also more likely to have engaged in violence for the first time between the first and second waves. Because of the complex interpretations of the impact of both employment level and race/ethnicity on violence category, separate analyses were conducted for each racial/ethnic group.

What emerged from these analyses were slightly different patterns of risk markers for each group. Among Hispanic couples, cohabitation and being employed more hours at wave 2 were both significantly associated with persistent violent behavior, while being employed fewer weeks at the time of the second wave was associated with greater risk of violence initiation. Among African-American couples, youth was associated with both persistent violence and the initiation of violence, while being employed fewer weeks at wave 2 was associated with both violence cessation and initiation. Finally, among white couples, younger men were at a greater risk of being in all three of the violence categories than with being in the nonviolent group. White men who were employed fewer weeks by the time of the second wave were also at a greater risk of initiating violent behavior. These results should be interpreted with some caution, however, because of the relatively small Hispanic and African-American samples.

Although this study improves on existing research, it has limitations. Specifically, because the Conflict Tactics Scales (Straus, 1990a; Straus, 1990b) were not the violence measure used, comparison with research that uses this measure is difficult. In addition, although the sample could be broken down by racial and ethnic groupings, the African-American and Hispanic samples were very small relative to the Caucasian sample. Furthermore, the cell sizes were too small to consider Hispanic national origin groups, the importance of which has been demonstrated by prior research (Kaufman Kantor, Jasinski, and Aldarondo, 1994). Finally, information is available about only two points in time separated by 5 years. Although behaviors

may have changed from the first to the second wave, not enough is known about what happened during that 5-year period to understand the factors that may have influenced a change in behavior.

Implications for Research

Despite these limitations, the current study addresses the multidimensional nature of violent behavior and suggests that, not only do batterers differ in type, but that different mechanisms may lead to particular types of behaviors. Future research should continue to examine the changing dynamics of intimate partner violence. In addition, researchers should consider using larger sample sizes or targeted samples that make it possible to consider racial and ethnic differences, something that has been addressed in a limited manner in other research of this type. Finally, the ability to use information obtained from both members of a couple may be of vital importance for more reliable and valid research on male violence against women.

Implications for Practice

The impact of research that demonstrates both different patterns of violent behavior and different risk markers for each violence type can provide a more focused approach for prevention and intervention efforts. Acknowledging that a one-size-fits-all approach is not sufficient has implications for how practitioners deal with intimate partner violence. The results from this study, for example, suggest that level of employment is related in different ways to different patterns of violence for different racial/ethnic groups. Individuals who design and implement prevention and intervention efforts should be aware of these differences and respond accordingly. This may entail stress reduction programs offered through employers for individuals working overtime, or perhaps lobbying for better-paying jobs or more full-time employment for individuals who are underemployed.

What is important for one pattern of violence against women may not be relevant for another pattern. This point is especially important for the enhancement of treatment programs and better targeting of intervention efforts. In this study, social structural characteristics were not significantly related to persistent violence; however, they were important risk markers for violence initiation. Regardless of the specific prevention or intervention effort, the results from the current study suggest that the same factors that might increase the initial risk for violent behavior may not affect whether or not this behavior continues. Therefore, it may be most important to target intervention and prevention efforts specifically toward those factors that are most applicable to the behavior that is being addressed.

Note

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Measuring Rape Against Women: The Significance of Survey Questions

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In the early 1980s, estimates of rape against women were derived from two primary sources, the nationwide crime victimization survey (the National Crime Survey [NCS]) and the “official” statistics from the Uniform Crime Report (UCR) (for exceptions, see Kirkpatrick and Kanin, 1957; Kanin, 1957; Kanin and Parcell, 1977; Russell, 1982). Scholars claimed, however, that these data sources substantially underestimated the true incidence of rape. UCR, for example, relied on reported crimes, but many rapes are not reported to the police. Two methodological reasons led NCS to underestimate rape. First, its definition of rape was considered too narrow because it included only carnal knowledge and, therefore, excluded “many acts within the scope of contemporary rape statutes, such as offenses other than penile-vaginal penetration” (Koss, 1996, p. 58). Second, critics contended that NCS was poorly designed to elicit reports of rape from interviewees who had in fact been raped (Gordon and Riger, 1989; Koss, 1992, 1993a, 1993b; Russell, 1982). The crux of this criticism was that NCS did not ask directly about rape (Eigenberg, 1990; Bachman and Taylor, 1994; Koss, 1993a, 1993b; Lynch, 1996a, 1996b). The critical issue was how to develop measurement strategies that would reveal the real extent of not only rape but also other forms of sexual victimization in American society.

Aware of the measurement limitations inherent in these two sources of rape estimates, Koss and her colleagues (Koss and Oros, 1982; Koss and Gidycz, 1985) built on Russell’s work (1982) and developed the Sexual Experiences Survey (SES) to overcome the problem of underestimating the true extent of rape and other forms of sexual victimization. SES pioneered several methodological advances. It—

- ◆ Used legal statutes as a basis for developing measures of rape.
- ◆ Included “behaviorally specific” questions that used graphic language to describe the elements of the criminal victimization and to cue the respondents to recall experiences of victimization.
- ◆ Assessed a wide range of victimization (e.g., unwanted sexual contact, sexual coercion, and attempted and completed rape) (see Fisher and Cullen, 2000a).

Koss, Gidycz, and Wisniewski’s (1987) groundbreaking national-level study of college women was among the first studies to employ SES (see also Koss, 1985). Their study sparked the exponential growth of rape research that used the original or a modified SES to provide lifetime and annual rape estimates for various samples (e.g., navy recruits, precollege-age women) in specific situations (e.g., dating) (see Fisher and Cullen, 2000a). This body of research ignited a longstanding debate between feminist scholars and their critics over whether the extent of women’s rape is a true social problem or a misguided social construction of reality (see Fisher, Cullen, and Turner, 2000; Gilbert, 1997, 1995, 1994, 1992; Koss, 1996, 1992; Roiphe, 1993). In particular, critics contend, the definitions of rape and the survey questions used by SES to measure rape, are so broadly or poorly phrased that they “pick up” and count as rape a wide range of conduct, most of which could hardly be considered criminal in a legal sense. This is why many women who answer “yes” to questionnaire items purporting to measure rape do not, when asked subsequently in the same survey, report that they have been raped (Gilbert, 1992, 1994, 1995;

1997; compare with Koss, 1996, 1993a, 1993b, 1992). Consequently, the critics steadfastly have maintained that SES *overestimates* the extent of rape.

The measurement of rape has evolved into one of the leading issues in rape research. The debate about the measurement of rape has contributed to several methodological advances. First, several studies have examined the effects of different research designs, operationalizations of rape, and wording in survey questions. As a consequence, they have provided methodological explanations for why such widely diverging estimates of the level of rape occur (see Bachman, 2000; Lynch, 1996a, 1996b; Schwartz, 2000).

Second, the redesigned NCS—now called the National Crime Victimization Survey (NCVS)—was administered in 1992. This survey addressed many of the methodological shortcomings inherent in NCS, such as the need for a broader definition of rape and the use of additional screen questions to uncover incidents of rape and sexual assault (Bachman and Taylor, 1994).

Third, Bachman (2000) statistically compared annual rape estimates from two different national-level studies: NCVS and the National Violence Against Women Survey (NVAWS).¹ To do so, Bachman made NCVS “as comparable as possible” to NVAWS (Bachman, 2000, p. 839).² Given that the two studies were not originally designed to be compared, she could not make comparable several methodological eccentricities that other researchers have argued are reasons for diverging rape estimates (see Fisher and Cullen, 2000a). For example, NCVS uses a two-stage measurement process: screen questions and incident reports. An incident is classified into a crime category in the second stage (i.e., the incident report). In contrast, NVAWS uses a one-stage measurement process: behaviorally specific questions (see Tjaden and Thoennes, 1998). Despite the previously noted changes in NCVS, Bachman concluded that, “the NVAWS has a greater likelihood of capturing incidents of intimate-perpetrated rape . . . compared to the NCVS” (Bachman, 2000, p. 860). Her conclusion supports the critics who first argued that NCS, the precursor to NCVS, underestimates rape.

To date, there are no published studies designed to test how methodological differences among the surveys affect rape estimates (specifically, how rape is operationalized). One of the goals of the two projects described in this paper—the National College Women Sexual Victimization Study (NCWSV) and the National Violence Against College Women (NVACW) Study—was to use a quasi-experimental research design to compare self-reported rape estimates from two nationally representative samples of college women.

NCWSV and NVACW Research Designs

Administrative decisions concerning the two studies created a unique opportunity to compare rape estimates generated from a quasi-experimental research design. This design addressed several methodological issues (e.g., sampling design, question wording) that previous scholars had speculated influenced diverging estimates of rape. Some attributes of the design were identical across the two studies, while others were manipulated so that they differed (see Fisher, Cullen, and Turner, 2000). Exhibit 1 details the research design attributes for NSVCW and NVACW.

Exhibit 1. Overview Comparison of the National College Women Sexual Victimization Study and National Violence Against College Women Study

Research Design Attribute	National College Women Sexual Victimization Study	National Violence Against College Women Study
Sampling design		
Sampling frame	4-year and 2-year institutions of higher education in the United States that had a total student enrollment of at least 1,000 students	4-year and 2-year institutions of higher education in the United States that had a total student enrollment of at least 1,000 students
Sampling design	Two stages: (1) stratified institutions of higher education by total student enrollment and location of school, and (2) randomly selected women enrolled in selected institutions of higher education	Two stages: (1) stratified institutions of higher education by total student enrollment and location of school, and (2) randomly selected women enrolled in selected institutions of higher education
Sample size: schools	233 institutions of higher education total: 194 4-year institutions of higher education and 39 2-year institutions of higher education	233 institutions of higher education total: 191 4-year institutions of higher education and 42 2-year institutions of higher education
Sample size: students	4,446	4,432
Context of study in the cover letter		
Title of survey	The Extent and Nature of Sexual Victimization of College Women	Victimization Among College Women
Description of study context	Unwanted sexual experiences that women may experience during college ¹	Criminal victimization that women may experience during college
Interviewing		
Survey firm	Schulman, Ronca, and Bucuvalas, Incorporated (SRBI)	SRBI
Interviewers	Professionally trained women	Professionally trained women
CATI	Yes	Yes
Average interview time	25.9 minutes	12.7 minutes
Field period	21 February 1997 to 5 May 1997	27 March 1997 to 14 May 1997
Response rate ²	85.6%	91.6%
Introduction to survey		
Wording used in introduction to telephone interview	As you may recall, the purpose of the study is to better understand the extent and nature of criminal victimization among college women. Regardless of whether or not you have ever personally been victimized, your answers will help us to understand and deal with the problem of victimizations at your campus and nationally.	As you may recall, the purpose of the study is to better understand the extent and nature of criminal victimization among college women. Regardless of whether or not you have ever personally been victimized, your answers will help us to understand and deal with the problem of victimizations at your campus and nationally.
Definition of rape		
Completed rape	Unwanted completed penetration by physical force or the threat of physical force. Penetration includes penile-vaginal, mouth on your genitals, mouth on someone else's genitals, penile-anal, digital-vaginal, digital-anal, object-vaginal, and object-anal. ³	Forced sexual intercourse, including both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s). This category also includes incidents where the penetration is from a foreign object such as a bottle. ^{4, 5}

Research Design Attribute	National College Women Sexual Victimization Study	National Violence Against College Women Study
Attempted rape	Unwanted attempted penetration by force or the threat of force.	Attempted forced sexual intercourse, including both psychological coercion as well as physical force.
Threat of rape	Threat of unwanted penetration with force and threat of force.	Threatened forced sexual intercourse, including both psychological coercion as well as physical force.
Operationalizing rape		
Measurement approach	Two stages: (1) screen questions and (2) detailed incident report	Two stages: 1) screen questions and 2) detailed incident report
Screen questions cueing strategy	Behaviorally specific	Short cue, direct, broad net
Incident questions	Multiple questions concerning (1) type of completed, attempted, and threatened penetration, and (2) physical force used or threatened with physical force	Multiple questions concerning (1) what actually happened, how attacked, how tried to attack, how threatened, and (2) clarification if raped, attempted to rape, or unwanted sexual contact with force
Reference period	Since school began in fall 1996	Since school began in fall 1996
Victimization Categorization criterion	Hierarchical scoring procedure	Hierarchical scoring procedure

¹ Examples, such as sexual harassment, stalking, and sexual assault, were provided.

² For both samples, we summed the total number of respondents completing the survey and the total number of respondents that were screened out and divided this figure by the total number of potential respondents contacted by SRBI.

³ This definition for penetration is used by NCWSVS for attempted and threat of rape.

⁴ This is the definition used in the National Crime Victimization Survey, see Bureau of Justice Statistics. (2000). *Criminal Victimization in the United States, 1995: A National Crime Victimization Survey Report*. Washington, DC: U.S. Department of Justice, page 175.

⁵ This definition for forced sexual intercourse is used by NVACWS for attempted rape and threat of rape.

Sampling Design

The sampling designs employed in NCWSV and NVACW were identical (see exhibit 1, rows 2–5). The population included all 4-year and 2-year institutions of higher education that had a total student enrollment of at least 1,000 students. The sampling frame for both studies was provided by the American Student List Company.

Both studies used an identical two-stage sampling design. First, a total of 233 respective institutions of higher education were selected from 12 strata (3 categories of locations and 4 categories of total student enrollment). Institutions in each stratum were selected using a probability proportionate to the size of the female enrollment. Second, within each selected institution, female students were randomly selected. For each stratum, the sample size for institutions of higher education and students was determined based on a standard acceptable margin of error. The total sample size for NCWSV and NVACW is large—4,446 and 4,432 college women, respectively.

Study Context: Informing Respondents

A cover letter was sent to each sample member at her school address approximately 2 weeks prior to a telephone interview (see exhibit 1, rows 7– 8) to inform her about the context of either the NCWSV or NVACW studies. Both the title and description of the two respective studies’ contexts were worded somewhat differently in the cover letter. NCWSV referred to “unwanted

sexual experiences,” whereas NVACW referred to “criminal victimizations.” Other than these two wording differences, the content of the cover letters was the same. Each letter provided information about the sponsor of the respective study, whom to contact if the sample member had questions about the legitimacy of the study and/or wanted a copy of the results (e.g., an 800 number and e-mail address were provided), and indicated that participation was voluntary.

Interviewing

Interviewing for both studies was conducted by female interviewers who were hired and professionally trained by Schulman, Ronca, and Bucuvalas, Inc., to administer the respective surveys using a CATI (computer assisted telephone interviewing) system³ (see exhibit 1, rows 10–15). The two field periods overlapped, but were not identical. NCWSV’s field period began February 21, 1997, and ended May 5, 1997. NVACW’s field period started approximately 1 month later on March 27, 1997, and ended 9 days after the NCWSV’s, on May 14, 1997. The administration of the NCWSV survey took twice as long as the NVACW survey (26 minutes compared to 13 minutes).

Both surveys used identical wording in the introduction to the telephone interview, which interviewers read to all respondents, both those who had and had not recalled receiving the cover letter. After assessing whether the respondent had received the cover letter, if she agreed to participate in the respective study, and if she was eligible to participate,⁴ the interviewers read the same introduction to NCWSV and NVACW respondents. In this introduction, interviewers also explained the context in which information about the respective victimizations was solicited (see exhibit 1, row 16).

Defining Rape

Each study measured completed, attempted, and threatened rape (see exhibit 1, rows 18–20). In their definitions of rape, both studies include forced vaginal, anal, or oral penetration by the perpetrator(s), which could also include penetration from a foreign object. Both definitions of rape explicitly refer to physical force and the threat of physical force. The NVACW definition of rape also incorporates “psychological coercion.” Koss (1996) noted that this term “is probably meant to refer to verbal threats of bodily harm or rape, which are crimes” (p. 60). She further noted that it could also suggest verbal strategies to coerce sexual intercourse (e.g., continual nagging), which are undesirable but not crimes.

Operationalizing Rape

There were similarities and differences in how rape was operationalized in the studies (see exhibit 1, rows 22–26). As with NCVS, these studies employed a two-stage measurement process that included screen questions and incident reports. Both studies asked a series of screen questions to determine if a respondent had experienced an act “since school began in the fall of 1996” that could be defined as a victimization. If the respondent answered yes, she was asked by the interviewer to complete an incident report for each time that experience happened. This report contained detailed questions about the nature of the incident. The incident report was used to classify the type of victimization that took place; that is, *responses* to questions in the incident

report—not the screen questions—were used to categorize the type of victimization, if any, that occurred.

Rape was operationalized differently in the NCWSV and NVACW surveys in two ways: the number and wording of the screen questions and the wording of the incident-level questions used to determine the type of incident. NCWSV substantially modified the NCVS format, most notably to include a range of 12 behaviorally specific sexual victimization screen questions (including one for stalking). A behaviorally specific question is one that does not ask simply if a respondent had been raped but rather describes an incident in graphic language that covers the elements of a criminal offense (e.g., someone “made you have sexual intercourse by using force or threatening to harm you . . . by intercourse I mean putting a penis in your vagina”) (see Fisher, Cullen, and Turner, 2000, exhibit 1). Each completed rape screen question asked the respondent about a different form of penetration in which force or the threat of harm was used. A statement defining the type of penetration followed each question. For example, anal sex is defined as “putting a penis in your anus or rectum.” The other screen questions provided examples of the types of behavior that respondents were asked about. The work of Koss, Gidycz, and Wisniewski (1987); Kilpatrick, Edmunds, and Seymour (1992); and Tjaden and Thoennes (1998) was influential in the development of the sexual victimization screen questions.

In contrast, NVACW used a format that was as closely aligned as possible with the survey format of NCVS. All seven individual-level screen questions used in the NVACW study came directly from NCVS, as did the incident-level questions used to determine what type of violent victimization the respondent experienced.⁵ The NCVS screen question that specifically asked about whether a respondent “has been forced or coerced to engage in unwanted sexual activity” was employed, as were questions that asked about having something stolen or experiencing an attempted theft, being attacked, and being threatened (Klaus and Maston, 2000, p. 129). The former NCVS question does not include a behaviorally specific definition or example of “unwanted sexual activity.”

For each study, within an incident, the same categorization criterion was used—a hierarchical scoring procedure. An incident was categorized using the most serious type of victimization reported. For example, if in one incident two victimizations took place—for example, a completed rape and a simple assault or sexual coercion—the incident would be categorized as a completed rape.

The two studies also differed in how rape was operationalized within an incident report. The NCWSV study specifically asked about what acts were completed, attempted, and/or threatened. For each of these three degrees of behavior, respondents were asked multiple response questions to identify which type(s) of penetration they had experienced. After these questions, two questions asked whether physical force or threat of physical force was used. In contrast, if a respondent in the NVACW study indicated in any of the “what happened?” questions (e.g., what actually happened, how did the offender try to attack you, or how were you threatened) that an unwanted, forced sexual contact occurred, she was then asked if she meant forced or coerced sexual intercourse, including attempted intercourse. If she answered “yes,” the incident was categorized as a rape. Also, if the respondent indicated that the offender hit her, knocked her

down, or attacked her, and that among her injuries was rape or attempted rape, she was asked if she meant forced or coerced sexual intercourse, including attempts. The incident was then categorized according to one of three types of rape.

In sum, every effort was made to ensure that, aside from using different screen and incident report questions, the methodology used in NCWSV and NVACW was the same. To date, this is the strongest research design employed to examine how these two differences affect rape estimates.

Estimates of Rape from NCWSV and NVACW

Past studies—mostly recently Tjaden and Thoennes (1998) and Bachman (2000)—have reported that studies using behaviorally specific questions generally find higher levels of sexual victimization than those reported by NCVS (see Crowell and Burgess, 1996). Examining exhibit 2, it is clear that the estimates for completed rape, attempted rape, and threats of rape from the NVACW study are statistically significantly lower than the estimates from the NCWSV study (see footnotes 2, 3, and 4).

Exhibit 2. Estimates From the National College Women Sexual Victimization Study and the National Violence Against College Women Study

Type of victimization	National College Women Sexual Victimization Study		National Violence Against College Women Study	
	Percentage of victims (C) ¹ (n)	Rate of victimization per 1,000 female students (n)	Percentage of victims (C) (n)	Rate of victimization per 1,000 female students (n)
Rape				
Completed rape ²	1.66 (1.29–2.04) (74)	19.34 (86)	0.16 (0.04–0.27) (7)	2.0 (9)
Attempted rape ³	1.10 (0.80–1.41) (49)	15.97 (71)	0.18 (0.06–0.30) (8)	1.8 (8)
Verbal threat of rape ⁴	0.31 (0.15–0.48) (14)	9.45 (42)	0.07 (-0.01–0.14) (3)	0.7 (3)

¹ The confidence interval (C) is based on a critical value of 1.96.

² Comparing the completed rape proportions from the two studies resulted in a $Z = 248.41$. Because the test statistic 248.41 exceeds the critical value of 1.96 ($\alpha = 0.05$), there is a statistically significant difference between the two completed rape proportions.

³ $Z = 83.58$. See note 2.

⁴ $Z = 28.81$. See note 2.

The percentage of victims in the NVACW study who reported experiencing a completed rape was 10 times smaller than the percentage in the NCWSV study (0.16 percent compared with 1.66 percent). The NVACW attempted rape estimate was six times smaller than the NCWSV attempted rape estimate (0.18 percent compared with 1.10 percent). A similar pattern was evident for threats of rape: The NVACW estimate was four times smaller than the NCWSV estimate (0.07 percent compared with 0.31 percent).

What accounts for these differences? Given the other similarities between the two studies, it seems that the NCWSV study's use of a wide range of behaviorally specific screen questions accounts for the difference. Compared with the NCVS screen questions employed in the NVACW study, the use of a number of graphically worded screen questions in NCWSV likely prompted more women who had potentially experienced a sexual victimization to report this fact to the interviewer. Not all of those answering yes to a rape screen question were subsequently classified as rape victims based on their responses in the incident report (see Fisher and Cullen, 2000a).⁶ Even so, it appears that behaviorally specific screen questions are more successful in prompting women who have in fact been sexually victimized to answer in such a way that they are then "skipped into"⁷ the incident report by the interviewers on the victimization survey. Therefore, supportive of results reported by Tjaden and Thoennes (1998) and Bachman (2000), it seems likely that NCVS underestimates the true incidence of rape in the United States.

Conclusion

Measuring rape (as well as other forms of sexual victimization) is a complicated and, to a degree, imperfect enterprise. According to Smith (1987, p. 185), it is the "biggest methodological challenge in survey research." The challenges are especially daunting when attempting to discern when, in an intimate encounter, a sexual advance crosses the line from imprudence to criminal behavior. But the salience of the methodology of measuring rape is intensified even further because the findings are integral to the ongoing debate between feminist and conservative scholars over whether the extent of women's rape is a true social problem or a misguided social construction of reality. No single study, including the comparison between NSVCW and NVACW, can fully resolve this debate. However, the comparison of these studies illustrates several points that are noteworthy for researchers and practitioners.

Implications for Researchers

The results have four important methodological implications for the measurement of rape (and by extension, other forms of sexual victimization). First, the importance of behaviorally specific questions cannot be overemphasized, not necessarily because these questions produced larger estimates of rape, but because they use words and phrases that describe to the respondent exactly what behavior is being measured. Using behaviorally specific questions appears to cue more women to accurately recall what they experienced. The use of such questions is not by itself a panacea for addressing measurement error associated with estimating rape (and other forms of victimization), but it is a step forward in understanding how question wording affects self-report survey responses (see Fisher and Cullen, 2000a).

Second, drawing on the strength of NCVS, the two-stage measurement process—screen questions and incident report—appears promising in addressing measurement errors associated with a single-stage measurement process (see Fisher and Cullen, 2000a). For example, of the 325 incidents that screened in⁸ on the rape screen questions, 21 could not be classified because the respondent could not recall enough detail; 59 were classified as “undetermined” because she refused to give an answer or answered “don’t know” to one or more questions in the incident report that would have allowed the incident to be categorized as a rape; 155 were classified as a type of sexual victimization other than rape; and 90 were classified as rape (completed, attempted, or threatened). The other 109 incidents classified as rape incidents screened in from the other sexual victimization screen questions (see Fisher and Cullen, 2000b). These results provide some understanding about how using only behaviorally specific questions would fail to count women whose recall is prompted by other types of screen questions. To date, we have only a preliminary understanding of what sources of measurement error the use of incident reports might introduce. Further research is needed on this issue. One avenue of research might consider how the use of structured qualitative questions that allow respondents to tell their own story helps us to understand the sources of measurement error in both behaviorally specific questions and the incident report.

Third, one other possible factor might have contributed to significant differences between the NCWSV and NVACW studies: the “context” of the two surveys (see exhibit 1, rows 7–8). It is plausible that the NCWSV respondents were sensitized to report a broad range of sexual victimization incidents, while NVACW respondents limited their reports to incidents they defined as criminal. If so, the contextual difference would mean that the NVACW study was measuring a much narrower domain of sexual victimization. One caution in this line of reasoning is that nearly half of the completed rape victims said yes when asked if they considered the incident as a rape. Even when the count of completed rape is limited to this group, the incidence of rape victims is still several times greater in NCWSV than in NVACW. The impact of the survey question context on respondents’ answers to sexual victimization questions warrants further methodological examination.

Fourth, to advance understanding of rape and other forms of victimization, comparative work employing experimental designs should not be overlooked. The strength of these designs allows researchers to manipulate sources of measurement error to measure their effects on estimates of rape and other types of victimization. At present, this type of research is still in its beginning stages and warrants further rigorous research.

Implications for Practitioners

At first glance, some commentators might conclude that the risk of rape for college women is not high, with “only” 2.24 to 3.66 percent of women in the NCWSV experiencing a completed rape, attempted rape, or threat of rape in an academic year. Such a conclusion, however, would rest on a limited view of the study’s results and ignore its potentially disquieting implications.

The estimates from this study measure the victimization women experience for slightly more than half a year (6.91 months). Projecting results beyond this reference period is problematic because it rests on several assumptions (e.g., the risk of victimization is the same in the summer

months and stable over a person's time in college). With this caveat, it can broadly be stated that a 3.07-percent victimization figure, if calculated for 1 year, would mean that just over 5 percent (5.34 percent) of college women are victimized in any given calendar year. During the course of their college careers—which now last an average of 5 years—the completed/attempted/threatened rate for rape victimization might climb from one-fifth to more than one-quarter of the women in institutions of higher education.

From a policy perspective, college administrators might be disturbed to learn that, for every 1,000 women attending their institution, 45 incidents of completed, attempted, or threatened rape may occur in a given academic year (based on a victimization rate of 44.76 per 1,000 college women). For a campus with 10,000 women, this would mean the number of completed, attempted, and threatened rapes would be close to 450. On any one campus, and more broadly, when projected over the Nation's female population enrolled in institutions of higher education, these figures suggest that rape is a potential problem of large proportion and of public policy interest.

The U.S. Congress has maintained a steady interest in campus crime, passing legislation that requires Title IV-eligible institutions to collect and publish campus crime statistics and address the rights of victims of sexual crimes.⁹ In 1999, Congress authorized monies for a national-level study of how these institutions respond to a report of sexual assault. The final report from this study, with its policy recommendation, was released in 2002 (see Karjane, Fisher, and Cullen, 2002). Congress also authorized several million dollars through the U.S. Department of Justice for selected institutions to design, implement, and evaluate innovative programs and policies to combat sexual assault, domestic violence, and stalking. A national evaluation is under way to examine the implemented changes.¹⁰

These studies and evaluations represent new knowledge in an area of practice that is lacking in two basic dimensions. First, to date, little information systematically documents what is being done on college campuses to address rape and other forms of sexual victimization. Second, although several case studies exist, few rigorously evaluate the effectiveness of what institutions of higher education are doing to educate students about awareness, prevention, and reporting of rape and other forms of sexual victimization, or how effectively colleges respond to the report of a sexual assault (see Ottens and Hotelling, 2001). Together, this new information will help to fill the knowledge gaps in these two areas and shed light on “what works” to reduce rape and other types of sexual victimization within a college-student population.

Notes

¹ See Bachman (2000), page 860. For a comparison to NCVS, see Tjaden and Thoennes (1998).

² Bachman noted that several transformations and restrictions were performed in each dataset to make them “as comparable as possible” (p. 847). These transformations and restrictions included (1) selecting only respondents ages 18 years and older, (2) using only those victimizations that had occurred within the past 12 months from NVAWS, (3) using the bounded incidents obtained from NCVS that occurred in 1995, (4) using the series incidents as “*n*” according to the number of times NCVS respondents reported being victimized, (5) constructing different weights for each survey, and (6) using only incidents from NCVS involving one-on-one or lone-offender victimizations.

³ Interviewers for both studies were trained in a general overview of interviewing (e.g., properly recording responses, CATI, callback protocol). Additional training was given that included properly asking sensitive questions and handling respondents who became emotionally upset as a result of the questions and/or memories evoked by the past experiences or who wanted to reschedule the interview. This included providing an e-mail address to the principal investigator so she could send local- and national-level victim services or counseling information via overnight mail to the respondent and/or an 800 number for a crisis services hotline.

⁴ Only women who were currently enrolled at the school, enrolled since the fall 1996 term at the respective school, and employed less than full time at the school were eligible to participate.

⁵ Some of the incident-level questions had to be modified to reflect the characteristics of a college sample. For example, locations where an incident occurred included such on-campus locations as a residence hall room and the library.

⁶ Rape victims also have screened into an incident report based on answering yes to other sexual victimization screen questions (see Fisher and Cullen, 2000a). See note 8.

⁷ This term is used in survey research when a specific response to a question (for example, a yes response) directs or “skips” the respondent into a series of questions that are different from the series that a respondent who responded no is directed into (skips into). In this example, if a woman said yes to any sexual victimization screen question, she then skipped into an incident report. If she said no to all of the screen questions (and hence did not have the experience), she did not skip into an incident report.

⁸ The term “screened in” describes the purpose of a question—to cue respondents so that those who answer in a certain way (for example, say yes to a victimization screen question) skip into the appropriate series of questions. Hence, this type of question is called a screen question.

⁹ Congress passed the Student Right-to-Know and Campus Security Act in 1990. In 1992, Congress amended the act to include the Campus Sexual Assault Victim’s Bill of Rights. The 1998 amendments to the act officially changed its name to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and included, among other requirements, additional reporting obligations (see 20 U.S.C. § 1092).

¹⁰ See Burt et al., 2001, *Evaluation of the STOP Formula Grants to Combat Violence Against Women, 2001 Report*, Washington, DC: The Urban Institute.

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**Pregnancy-Associated Assault Hospitalizations:
Prevalence and Risk of Hospitalized Assaults
Against Women During Pregnancy¹**

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Violence against women during pregnancy is an issue that elicits broad interest. It is disturbing even to imagine that violence can intrude upon this poignant period in a woman's life. But intimate partner violence, if it exists in a relationship prior to pregnancy, does not always stop because a woman becomes pregnant. Furthermore, the answer to the question of whether it is more likely to begin, increase, or decrease during this period has remained elusive.

Violence against pregnant women has received a fair amount of attention in the literature through three perspectives. The most common has addressed issues related to fetal outcome. These studies have examined the impact of violence on fetal outcomes such as low birthweight, prematurity, or mortality (Bullock and McFarlane, 1989; Gazmararian et al., 1996; Parker, McFarlane, and Soeken, 1994; Cokkinides et al., 1999; Berenson et al., 1994; Dye et al., 1995; Campbell et al., 1999; McFarlane, Parker, and Soeken, 1996; Murphy et al., 2001). Complementing these studies are those that explore the impact of violence on maternal health and look at physical, reproductive, and psychological parameters of health and disease (Gazmararian et al., 1995; Campbell, Moracco, and Saltzman, 2000; Campbell, 1998; Campbell et al., 1995; Gazmararian et al., 2000).

Both fetal and maternal perspectives benefit from a third focus that measures the prevalence of violence against pregnant or recently pregnant women to understand whether pregnancy changes the risk or nature of violence. The older literature on violence and pregnancy often reported higher rates of violence against pregnant women than against women who were not pregnant (Gelles, 1974; Eisenberg and Micklow, 1997; Berrios and Grady, 1991). However, these findings began to be questioned when it was found that both violence and pregnancy rates are higher in younger women (Gelles, 1988). Design weaknesses (nonpopulation-based, small shelter- or clinic-based populations, lacking representativeness), differences in definitions of violence (physical, sexual, threats, psychological), different periods of coverage (violence around the time of pregnancy compared with violence during pregnancy), and a lack of comparison populations have left the question of pregnancy and the risk of violence unanswered (Gazmararian et al., 1996; Campbell, 2001; Campbell, Moracco, and Saltzman, 2000; Gazmararian et al., 2000; Ballard et al., 1998).

Although most victims of violence against women are not hospitalized, focusing on hospitalized cases has several advantages. First, it highlights serious injury, not often considered separately in the spectrum of such incidents. This is important because of the severity of the injury to the individual, the increased risk to the fetus, and the cost to society. Second, the existence of large population-based hospital discharge data systems makes it possible to examine the prevalence of violence against pregnant women and make comparisons, even though, relatively speaking, serious assaults to pregnant women make up a small proportion of all injuries. Third, hospital data are standardized across States, making aggregation and comparison on a large scale feasible. Fourth, discharge data contain charge information and can be used to model cost estimates. Finally, unlike clinic and emergency department settings, where the encounter is brief, hospital inpatients have more time to confide in and relate the abusive nature of their injuries to health care personnel.

The first population-based study of hospitalized maternal injury was conducted in 1997 by Greenblatt, Dannenberg, and Johnson, who looked at Maryland hospital discharge data for the

12-year period from 1979 to 1990. Among 80,311 injured women ages 15 to 45, 2.7 percent were reported to be pregnant. Ten percent of the injuries involving pregnant women were assault-related, and the rate ratio (comparing pregnant patients to all women ages 15 to 45) for assault-related hospitalization was 1.14 (not statistically significant). Although this study brought a fresh understanding of this serious problem and used creative methodological approaches, it contained several drawbacks, including incomplete E-coding (external cause of injury codes used for mechanism and intent) and use of screening codes that were not as refined or as expansive as desired. Further, the study was done before accreditation mandates for hospital identification of victims of abuse were common. Recognizing these issues, the authors recommended that their analyses of pregnancy-associated injury hospitalizations be repeated.

This recommendation was taken up in a study by Weiss, who borrowed from the Greenblatt study's methods and applied them to Pennsylvania's 1995 hospital discharge data (Weiss, 1999). This study, which had more diagnosis fields to search and an improved search algorithm, found that 761 (4.6 percent) of the discharges of injured women of reproductive age were associated with pregnancy. Rate ratios were significantly higher for assaults [rate ratio = 3.04, 95 percent confidence interval (CI) = 2.45, 3.78], with the increased risk concentrated in young women. This study recognized the challenge of differentiating between how much of the observed increases were due to increased injury rates compared with increased hospitalization rates because of evidence that pregnant women are more likely than nonpregnant women to be hospitalized for minor conditions (Greenblatt, Dannenberg, and Johnson, 1997; Poole et al., 1996). However, the small numbers of pregnancy-associated assaults in that study (89) limited the utility of trying to adjust for this concern. In addition, there were no perpetrator codes in 1995 from which one might distinguish intimate partner violence from other forms of violence. The current study fills those gaps by focusing on assault-related hospitalizations from a large, population-based, multi-State hospital discharge database.

Materials and Methods

Specific Aims

The study hypothesis was whether the hospitalization rate for assault was higher among pregnant women than among all women of reproductive age (ages 15 to 49), once controlled for age and severity. Secondary aims included quantifying the prevalence of hospitalized assaults in a large population-based sample of pregnant women and comparing and contrasting the patterns of assault injury mechanisms, severity, demographics, and costs.

Data Sources

Data were solicited from States that mandated E-coding for 2 years or more or had an E-code completeness rate of 90 percent or better and at least five diagnosis fields to search for pregnancy-associated codes. Three States that had large populations and fairly good completeness (> 60 percent) but had not mandated E-coding were also included (this lowered the overall E-coding rate but enhanced case finding). The data collection year of 1997 was chosen because it was the first complete year that perpetrator-specific codes and improved ICD-9-CM E-coding guidelines for intent were used (International Classification of Diseases, version 9, Clinical Modification), and it followed by 2 years the adoption of Joint Commission on

Accreditation of Healthcare Organizations hospital screening rules for domestic violence. States were contacted and arrangements were made to receive nonconfidential versions of statewide discharge data. Data were received from 19 States (Arizona, California, Florida, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, Utah, Vermont, Virginia, Washington, and Wisconsin) whose populations made up 51.9 percent of U.S. women ages 15 to 49. These 19 States represented the hospitalization experience of 36 million women who were residents of those States and 1.9 million resident births (National Center for Health Statistics, 1999). The combined dataset covered complete counts from about 2,000 hospitals and 13 million discharges for women, of which 176,267 were injuries to women ages 15 to 49.

Database Preparation and Case Selection

The data underwent extensive editing, filtering, grouping, and development of derived variables to enhance compatibility, ICD coding validity, and usability. Detailed algorithms were applied to identify injuries based on both diagnosis codes and E-codes and to exclude cases of noninjury such as complications of surgical and medical care, injuries coded only by place of injury, adverse effects of therapeutic drugs, and late effects of injury.

Costs were imputed for each record using a model derived from charges listed in the discharge record and diagnosis codes. Inputs into the cost model included data from the National Medical Expenditure Survey (NMES), the National Health Interview Survey (NHIS), Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) [now TRICARE], and national and State hospital discharge systems. Monetary measures in this study included total hospital charges, lifetime medical costs, lifetime productivity loss, and lifetime monetized quality-adjusted life years (QALY). Costs were not assigned to duplicate records, readmissions, or fatalities. Costs were estimated in 1996 dollars separately for medical and other direct costs, and quality-of-life loss (Gold and Siegel, 1996). These methods are detailed elsewhere (Lawrence et al., 2000).

Injury severity was calculated using ICD-MAP (Tri-Analytics Inc., Bel Air, Mississippi), a computerized injury coder that assigns injury severity scores (ISS) based on ICD-9-CM injury diagnoses. ISS is a widely used severity score derived from an anatomically based threat-to-life scale that ranges from 1 (minor) to 75 (unsurvivable) (MacKenzie, 1984). Drug and alcohol involvement were determined by searching for coexisting drug- or alcohol-related diagnoses.

Pregnancy association was defined by examining diagnosis fields for ICD-9-CM diagnostic codes, including 630-669.9 (complications of pregnancy and childbirth) and 760-779.9 (certain conditions originating in perinatal period), and "V" codes, including V22 (normal pregnancy), V23 (supervision of high-risk pregnancy), V24 (postpartum care immediately after delivery), V27 (outcome of delivery), and V28 (antenatal screening).

The above steps were applied to all age- and gender-injury discharges ($n = 1,220,506$). The cases were progressively limited to females ages 15 to 49 ($n = 176,267$) with acute care visits ($n = 156,713$) who had a valid E-code assigned ($n = 144,260$), who were residents of the State ($n = 137,887$), and who had an assault-related hospitalization ($n = 7,402$).

Analyses

Incidence rates were calculated per 100,000 person-years. For the pregnant population, denominators were derived from State-specific birth data and adjusted downward to account for the 9-month period of gestation and the assumption that during the first 2 months of pregnancy the pregnancies would not be detectable in the hospital discharge data. For example, if there were 100,000 live births per year, multiplying 100,000 by 7/12 represents the actual person-years of exposure, i.e., the person-years for which women could have had their pregnancies identified.

Rate ratios were constructed between pregnant women and all women for different comparison groups. This comparison, rather than a pregnant versus “nonpregnant” group contrast, was done for several reasons. After subtracting known pregnant cases, the referent group still contains some pregnant women in the first 2 months of their pregnancy and other pregnant women not detected by the diagnosis algorithm. Thus, it would be a misnomer to label it a nonpregnant group. Second, because the desire is to compare pregnant women to nonpregnant women, the comparison takes into account the 5-month period of every pregnancy year in which pregnant women are not detectably pregnant (i.e., pregnant women contribute person-years to both groups because they are not pregnant over an entire year). In most instances, the issue of comparing the pregnancy-associated injuries to the entire group or the entire group minus the person-years of the pregnancy-associated injuries is academic: The rates for all reproductive age women are similar to nonpregnant women of the same age because, for most comparisons, 80 to 90 percent of women ages 15 to 49 are not pregnant at any given time (Dannenberg et al., 1995).

Rate ratios were calculated by dividing the group-specific (age, race, mechanism, intent, etc.) rate for pregnancy-associated injury discharges by the group-specific injury rate. In accordance with previous methods (Greenblatt, Dannenberg, and Johnson, 1997), consequences of multiple births and spontaneous and induced abortions in the person-year calculations were ignored because of their small impact and the difficulty of obtaining accurate enumerations of these conditions in the study population. Point and 95 percent *CI* estimates of the rate ratio, comparing the pregnant and all injured women ages 15 to 49, were computed according to standard methods (Rosner, 1994).

Two subsets were reported. First, assaults were analyzed to present prevalence rates and rate ratios for specific subgroups. Second, to adjust for the increased propensity of pregnant women to be hospitalized because they are pregnant, assaults were reanalyzed for cases with an injury severity score of four or greater.

Results

E-coding was 92 percent complete among women ages 15 to 49 with an injury-related diagnosis. This left 137,887 resident women ages 15 to 49 discharged from nonrehabilitation hospitals with an acute injury diagnosis and a valid E-code mechanism/intent. There were 7,402 assault-related discharges for a rate of 21/100,000 person-years. Pregnancy-associated cases made up 10 percent of all assaults to women ages 15 to 49.

Among injured females ages 15 to 49 with a pregnancy-associated diagnosis, 14 percent of injuries (745/5,498) were assault related (rate = 65/100,000 person-years); for all injured women, it was 5 percent (7,402/137,887, rate = 21/100,000 person-years). The rate ratio was 3.14 (95 percent CI = 2.04 to 3.39).

Among nonwhite injured females with a pregnancy-associated diagnosis, 21 percent of injuries (427/2,082) were assault related; among whites, 9 percent (235/2,635) were assault related. The rate of pregnancy-associated assaults was almost seven times higher in nonwhites (178/100,000 person-years) than whites (26/100,000 person-years). However, the rate ratio was elevated similarly among both whites (2.65, 95 percent CI = 1.41, 3.03) and nonwhites (3.34, 95 percent CI = 2.55, 3.69). Among nonwhites ages 15 to 19, the rate of pregnancy-associated assaults per 100,000 person-years was 341 (rate ratio = 5.54 (95 percent CI = 4.32, 6.73)).

Those experiencing pregnancy-associated assaults were on average younger compared with all women ages 15 to 49 (mean age = 24.2 versus 30.8 years). The proportion of pregnancy-associated assaults within each age group climbed sharply after age 16, peaked at age 19, and declined slowly thereafter (see exhibit 1). The pregnancy-associated rates and rate ratios were highest in the youngest age group and declined with age (see exhibit 2).

Exhibit 1. Pregnancy-associated hospitalized assaults as a proportion of all assaults by single year of age, ages 15 to 45, 19 States, 1997 (n = 745 pregnancy-related cases).

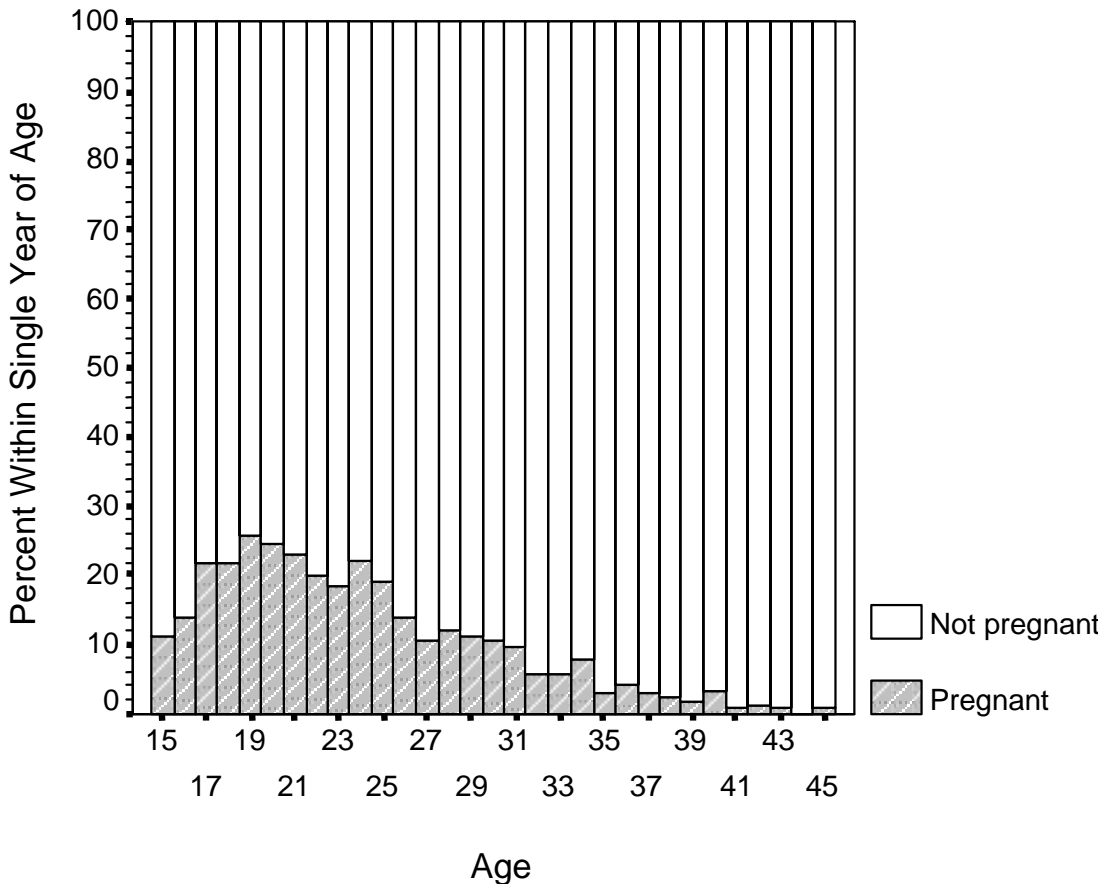
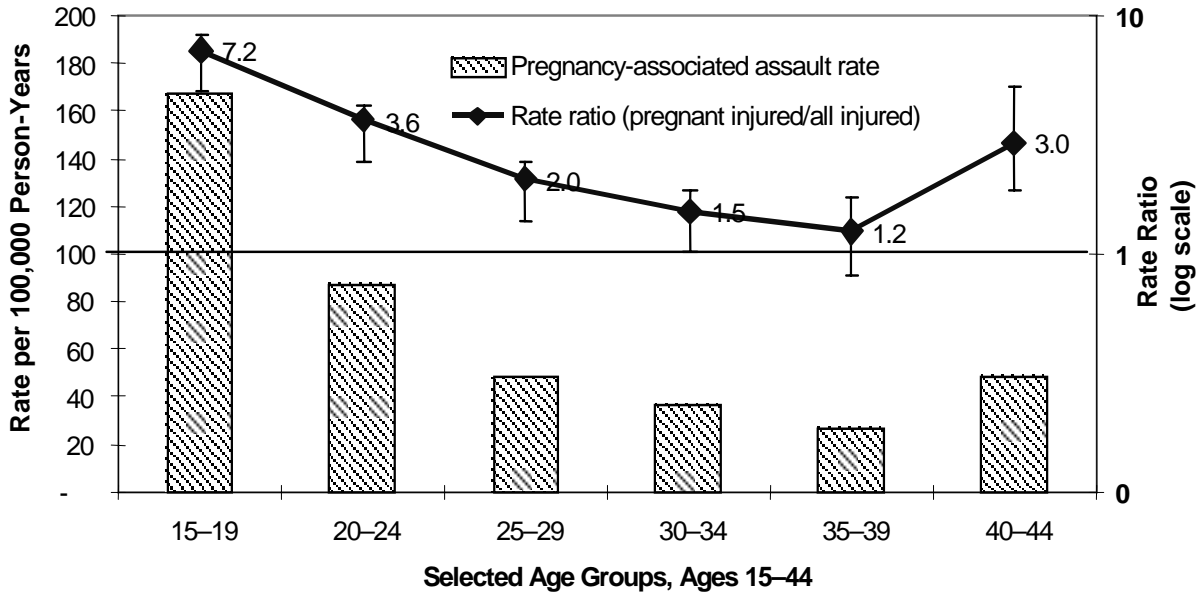


Exhibit 2. Rate of assault-related hospitalized pregnancy-associated injuries per 100,000 person-years and rate ratio (pregnant injured women/all injured women) for ages 15 to 44, 19 States, 1997 (n = 745 pregnancy-related cases, 95 percent CI shown).



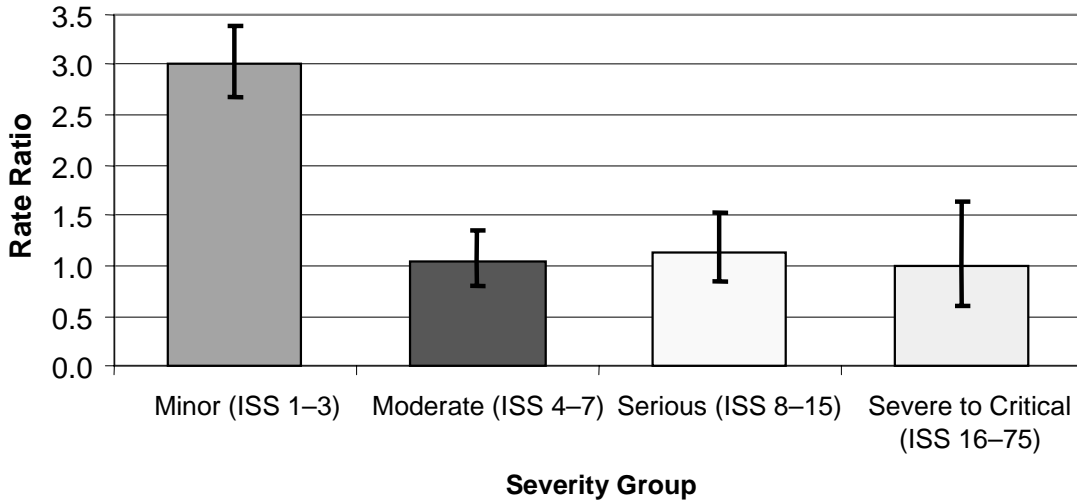
The leading mechanism of assaultive injury was “struck by or against” (46.7 percent, 348/746) with a rate ratio of 3.58 (95 percent CI = 3.20, 4.00). Pregnancy-associated assaults were more likely to be nonfatal (rate ratio 3.13, 95 percent CI = 2.93, 3.41) and to involve a short length of stay (rate ratio for 1-day length of stay = 5.02, 95 percent CI = 4.50, 5.60). The average length of stay was shorter for the pregnancy-associated assaulted women: 2.6 days compared with 4.0 for all women ages 15 to 49.

Pregnancy-associated cases were more likely to be paid for by Medicaid (rate ratio = 4.49, 95 percent CI = 4.06, 4.98). The median charge per visit was \$3,351 for pregnancy-associated women and \$6,775 for all women. Respective total charges for lifetime medical loss sum and lifetime monetized QALY (rounded) were \$4,926,000, \$6,296,162, and \$71,620,000 for pregnancy-associated cases and \$89,245,000, \$111,545,000, and \$1,689,194,000 for all assaults. Among the top three body parts targeted for assault were (pregnancy-associated rates per 100,000 person-years and rate ratios): trunk, 14.7 (rate ratio 19.6, 95 percent CI = 16.2, 23.7); face, 8.9 (rate ratio 2.0, 95 percent CI = 1.6, 2.4); and abdomen and pelvic organs, 8.2 (rate ratio 3.8, 95 percent CI = 3.1, 4.7).

Perpetrator coding was incomplete for both pregnancy-associated and all assaults. Among pregnancy-associated assaults, 22.6 percent were accompanied by a perpetrator-related E-code; for all assaulted women, 8.8 percent were accompanied by a perpetrator-related E-code. Among the cases that were perpetrator coded, 88 percent and 83.7 percent were spouse or partner related among pregnancy-associated and all assaults, respectively.

The mean ISS among the pregnancy-associated assaulted women was 2.5, while the mean ISS among all women was 4.9. Exhibit 3 shows the rate ratio of assault-related hospital discharges by severity group.

Exhibit 3. Rate ratio of assault-related hospitalized pregnancy-associated injuries per 100,000 person-years (pregnant injured women/all injured women) by severity group for ages 15 to 49, 19 States, 1997 ($n = 422$, with 95 percent *CI* shown).



There was a significantly increased rate ratio for minor injuries (ISS < 4) but not for the moderate, serious, and severe injuries. This finding was the basis for the severity adjustment, used below, which eliminated all assault-related cases with minor injuries from rate comparisons.

Assaults With ISS ≥ 4

Exhibit 4 details the frequency, rates, and rate ratios of selected characteristics for hospitalized assaults in the subgroup of seriously injured cases.

By proportionally eliminating the less severe pregnancy-associated cases, most rate ratios were reduced and were not significantly different from 1. The overall rate ratio fell to a nonsignificant 1.07 (95 percent *CI* = 0.57, 1.28). However, rate ratios were significantly elevated for a few subgroups, including the youngest age group (rate ratio = 2.49, 95 percent *CI* = 1.31, 3.63) and firearm-related assaults (rate ratio = 1.55, 95 percent *CI* = 1.07, 2.23).

Among the top four body parts targeted for assault (by frequency), pregnancy-associated rates per 100,000 person-years and rate ratios were as follows: abdomen and pelvic organs, 2.1 (rate ratio 1.6, 95 percent *CI* = 1.1, 2.4); skull and brain, 2.0 (rate ratio 1.0, 95 percent *CI* = 0.7, 1.5); face, 1.4 (rate ratio 0.9, 95 percent *CI* = 0.5, 1.5); and upper extremity, 1.4 (rate ratio 1.1, 95 percent *CI* = 0.7, 1.9).

Exhibit 4. Rates of pregnancy-associated hospitalized assaults and rates for all women of reproductive age (15 to 49) with ISS \geq 4 by selected characteristics, 19 States, 1997

Variable	Value	Pregnant Women No.	Rate	All Women No.	Rate	Rate Ratio	95% CI
Race	White	33	4	1,341	5	0.78	(0.31, 1.10)
	Nonwhite (excludes unknown)	75	31	1,747	25	1.27	(0.85, 1.60)
	Total	108		3,088			
Hispanic	Yes	25	10	407	8	1.20	(0.61, 1.80)
	No	76	8	2,388	8	1.09	(0.54, 1.37)
	Total	101		2,795			
Age	15–19	29	23	431	9	2.49	(1.31, 3.63)
	20–24	30	12	451	10	1.12	(0.61, 1.62)
	25–29	27	8	550	11	0.76	(0.42, 1.13)
	30–34	22	8	625	11	0.68	(0.38, 1.04)
	35–39	7	5	670	11	0.45	(0.25, 0.96)
	40–44	3	*	458	8		
	45–49	–	–	272	6		
	Total	118	10	3,457	10	1.07	(0.57, 1.28)
Age/Race—White	15–19	7	8	138	4	2.08	(0.76, 4.45)
	20–24	10	5	153	4	1.13	(0.45, 2.14)
	25–29	8	3	211	5	0.58	(0.25, 1.17)
	30–34	6	3	223	5	0.51	(0.21, 1.14)
	35–39	1	*	255	5		
	40–44	1	*	230	5		
	45–49	–	–	131	3		
	Total	33	4	1,341	5	0.78	(0.31, 1.10)
Age/Race—Nonwhite	15–19	19	53	239	24	2.17	(1.46, 3.46)
	20–24	17	29	244	26	1.09	(0.75, 1.79)
	25–29	18	29	288	27	1.07	(0.73, 1.72)
	30–34	13	25	326	29	0.87	(0.60, 1.52)
	35–39	6	24	346	30	0.77	(0.54, 1.74)
	40–44	2	*	185	18		
	45–49	–	–	119	14		
	Total	75	31	1,747	25	1.27	(0.86, 1.61)
Severity	Minor (ISS 1–3)	–	–	–	–	–	–
	Moderate (ISS 4–7)	59	5	1,767	5	1.04	(0.80, 1.35)
	Serious (ISS 8–15)	43	4	1,188	3	1.13	(0.83, 1.53)
	Severe to Critical (ISS 16–75)	16	1	502	1	0.99	(0.60, 1.63)
Length of stay	1 Day	31	3	1,081	3	0.89	(0.62, 1.28)
	2–3 Days	38	3	1,032	3	1.15	(0.83, 1.58)
	4–7 Days	14	1	351	1	1.24	(0.73, 2.12)
	8–14 Days	7	1	164	0	1.33	(0.62, 2.83)
	2 Weeks +	1	*	88	0	*	
	Payer source	Medicare	1	*	88	0	*
	Medicaid	65	6	1,298	4	1.56	(1.22, 2.00)
	Worker's Comp	–	–	37	0	–	
	Other Gov't	6	1	217	1	0.86	(0.38, 1.94)
	BC/Commerc/PPO	9	1	482	1	0.58	(0.30, 1.12)
	HMO	8	1	455	1	0.55	(0.27, 1.10)
	Self-Pay	22	2	687	2	1.00	(0.65, 1.52)
	Charity, NoChg	2	*	80	0	*	
	Other	2	*	38	0	*	
	Unknown	–	–	7	0	–	

*Rates and ratios not computed for cells with 5 or fewer observations.

^aRates are presented as discharges per 100,000 person-years.

Cells with no observations indicated by –

Discussion

Implications for Future Research

While hospital discharge data have significant advantages, they also have disadvantages. Waller and colleagues described these as they relate to violence against women (Waller, Martin, and Ornstein, 2000). They include concerns about quality and completeness of intent and perpetrator coding, difficulty detecting conditions that are not injury related (stress, depression, and other diseases), and possible duplicate counts. Although the data suggested that most hospitalized assaults were spouse or partner related, the low percentage of perpetrator-coded cases dictates interpreting this data cautiously. Regarding duplicate counts, individuals would have needed multiple admissions with both a pregnancy and an assault code, rendering multiple admissions in the study population less likely.

Other limitations stem from the etiologic nature of the study design. Individual women were not followed up, thus the study did not elucidate violence patterns before, during, or after pregnancy. The study also failed to describe the relationship of violence to pregnancy intendedness, sexual assault, gestational age, previous births, parity, prenatal care, pregnancy outcome, marital status, or relationship of the fetus to the assailant. Understanding these patterns is important, but it remains for future longitudinal research to characterize.

The assumption that population rates computed for all reproductive-age women are similar to nonpregnant women of the same age slightly lowers the power to show differences in risk between the pregnant and nonpregnant groups and has a potential for introducing bias by age, race, and other factors associated with the probability of being pregnant. Pregnancy-associated cases made up as much as 25 percent of assault cases for some age groups (10.1 percent overall). This was corrected, however, in the severely injured group, where pregnancy-associated cases did not make up such a large proportion (3.4 percent overall).

Hospital discharge data are affected by the quality of coding among contributing hospitals (Smith, Langlois, and Buechner, 1991; Sniezek, Finklea, and Graitcer, 1989; Marganitt et al., 1990). For intentional injuries, methods for screening and documentation are not always specified and may vary among locales. As long as these vagaries are consistently applied within and among hospitals, the results contrasting pregnant women may be more valid from a comparative standpoint but less so from a vantage that seeks accurate prevalence rates. Miscoding and undercounting will occur, but it is difficult to conjecture how systematic inclusions of pregnancy-associated codes among nonpregnant women—the type of error that could most affect the results—would happen. However, it is acknowledged that interhospital coding differences, combined with variation in hospital-specific rates, could lead to some confounding and clustering effects.

Another limitation is that women in early pregnancy are not likely or, at best, are much less likely than women in later pregnancy to have the pregnancy identified and coded during a hospital stay. These cases will be misclassified into the nonpregnant group. Therefore, a diagnosis-based pregnancy definition, such as that used in the current study, is biased toward detection of later gestation pregnancies and does not measure risks in early pregnancy. Future

studies in this area would greatly benefit from routine pregnancy screening among young women and documentation of the results in the summary discharge record and data systems.

Implications for Practitioners

This is the first study to address the prevalence and risk of pregnancy-associated hospitalized assaults in a multi-State population. It describes a significant increase in the rate ratio for pregnancy-associated assaults but demonstrates that age-specific rate ratios are markedly reduced once adjusted for injury severity. Overall, after severity adjustment, there was no significantly elevated rate ratio, but moderate increases remained among the youngest women ages 15 to 19 and for firearm-related assaults.

Most other studies of assault and pregnancy have focused on populations from small clinics or mostly urban populations, which are often overrepresented by socially disadvantaged minorities. Because most severe injuries will be seen in a hospital, regardless of race, social, and economic class, the present findings represent demographic comparisons that cut across all ages, urban and rural areas, socioeconomic groups, insurance coverage, race, and time. Thus, a clearer picture emerges of which population groups are likely to be victims of serious assault.

In conclusion, pregnant women suffer high rates of assault, not because they are pregnant, but because they are likely to be members of a demographic group (young women) that is more vulnerable to violence in general. Pregnancy also lowers the hospital admission threshold for most traumatic injuries, including assaults. It may be helpful for practitioners to think of pregnant women as a “sensitive” population, rather than an “at-risk” population. As a sensitive population, whose extra care means substantially increased health care costs, pregnant women make up a group worth addressing for preventive efforts in conjunction with broader efforts aimed at reducing the differential of the rate of assault during pregnancy by socioeconomic status and race. Although the poor use of perpetrator codes in the data clouds the issue of separating intimate partner violence from stranger assaults, it can also challenge practitioners to improve medical record documentation and screening. Overall, these findings can be used to better prioritize and target effective injury prevention efforts (McFarlane et al., 1998) aimed toward young women for the benefit of both the mother and the fetus.

Note

¹ Reprinted from *Obstetrics and Gynecology*, 100(4) (2002): 773–780, with permission from the American College of Obstetricians and Gynecologists. Portions of this study were presented at the National Institute of Justice Violence Against Women Conference, Washington, D.C., October 2000, and the National Association of Injury Control Research Centers, National Research Symposium, Pittsburgh, Pennsylvania, May 25, 2001.

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Section II: Antecedents to and Consequences of Violence Against Women and Family Violence

Overview

by Bonnie S. Fisher

In *Understanding Violence Against Women* (Crowell and Burgess, 1996), the Panel on Research on Violence Against Women stated that the precursor to preventing violence against women is understanding its causes. Better insight into the sources of violence, the panel argued, is “useful in designing both prevention programs and interventions with offenders” (p. 89). The panel also stated that understanding the consequences of violence “is necessary for planning and implementing interventions to deal with those consequences” (p. 74).

The importance of understanding both the antecedents to and consequences of violence against women and family violence remains a priority for the research and practitioner communities. The two issues are especially salient as researchers and practitioners partner to plan, design, and implement prevention programs and interventions with perpetrators and to address the consequences of violence. Much researcher/practitioner attention has been shaped in part by two considerations: increased recognition of a multitude of interrelated antecedents to being victimized and to offending; and the realization that the consequences of violence extend well beyond the lives of the women victims into the lives of their children and other family members, friends, and society as a whole.

Gaps still exist, however, in what is known about identifying and understanding the interrelationship between antecedents to and consequences of violence against women and family violence. The panel made the following three recommendations about how to fill those gaps.

- , More substantive knowledge is needed regarding precursors to violence, including socioeconomic factors and cultural and ethnic differences among demographic subgroups.
- , Methodological issues directly related to the advance of substantive knowledge should be addressed, such as the limitations of using clinical samples, general population surveys, and cross-sectional datasets.
- , The direct and indirect consequences of violence for women, their families, and society as a whole, including lost productivity, should be explored.

The contributions in section II address the gaps identified by the panel in *Understanding Violence Against Women*. Intertwined with the authors’ substantive contributions are methodological innovations in research design, sample composition, and measurement of key concepts that set these works apart from past methodological strategies. First, the authors present an updated understanding of the antecedents to violence. Their work examines a number of antecedents and demonstrates how they

contribute to the likelihood of committing violence against another person or experiencing violence as a victim.

Research by Patricia Cohen, Elizabeth Smailes, and Jocelyn Brown reinforces the importance of childhood experiences in determining the likelihood of being arrested for a crime. Using data from the Children in the Community cohort born between 1965 and 1974, the authors find that victims of childhood physical and sexual abuse and individuals who experienced above-average use of punishment in early childhood were more likely as adults to have been arrested for crimes against persons.

Research by Amy Salomon and her colleagues supports the theory that childhood risk factors have a significant role in later adult life; they find that extremely poor women who had been sexually abused as children were most at risk of experiencing intimate partner violence as adults.

Contributors also emphasize that deviant behavior and experiences in dating relationships during adolescence can have a profound effect on adult deviant and criminal behavior related to adult dating experiences. Using a sample of men who were married or cohabiting with a partner of the opposite sex (drawn from a longitudinal component of the National Youth Survey), William D. Norwood and his colleagues examined whether committing domestic violence was concurrently related to other deviant behavior and whether past deviant acts were related to committing domestic violence. Their work suggests that both concurrent and past engagement in at least one act of deviant behavior are associated with committing domestic violence. Jacquelyn W. White and Paige Hall Smith examine childhood and adolescent antecedents of dating violence in high school among a sample of college women in a longitudinal study. Overall, their findings suggest that physical and sexual victimization during childhood and adolescence place women at risk for dating violence during the high school and college years. White and Smith report that women who were physically victimized as children were most at risk for physical victimization in dating relationships during adolescence, and women who experienced physical victimization alone or physical and sexual victimization together in high school were most at risk for dating violence in college.

Unfortunately, the antecedents to violence continue to have an effect in adulthood (see also “Using Longitudinal Data to Understand the Trajectory of Intimate Violence Over Time,” by Cris M. Sullivan and Deborah I. Bybee, in section III). Using research based on two waves of the National Survey of Families and Households, Michael L. Benson and Greer L. Fox suggest that periods of male unemployment and feelings of financial strain increase the likelihood of violence against women in an intimate relationship. Their work also draws attention to the influence that neighborhood characteristics might have on the likelihood of experiencing intimate partner violence. Even when controlling for several variables, including demographic characteristics and “a comprehensive set of known precursors of intimate violence,” their results indicate a significant relationship between neighborhood disadvantage and intimate partner violence.

The papers in this section innovatively address some of the methodological limits of previous studies by using strong research designs, new measures and data collection strategies, and both newly created

datasets and secondary datasets that were already available but had not been widely used in previous violence against women and family violence research.

The complexity of the substantive issues that these contributors have addressed has required them to look beyond the usual cross-sectional research designs. Two studies employed case-control research designs. Jacquelyn C. Campbell and her colleagues used a 12-city, case-control design with female homicides by intimate partners as cases and randomly identified abused or stalked women living in the same city as controls to assess particularly dangerous risk factors among the two groups of women. Amy Salomon and her colleagues used randomly selected homeless mothers as the cases and randomly selected mothers who lived in low-income housing as the controls in their longitudinal study of the etiology, course, and consequences of intimate partner violence among extremely poor women.

Some authors moved beyond the secondary data and criminal justice data that traditionally have been employed in studies of intimate partner violence. The Chicago Women's Health Risk Study, headed by Carolyn Rebecca Block, employed two sources of primary data to identify factors associated with significant life-threatening injury or death resulting from abuse by an intimate partner. These sources included a sample of all homicides involving women who had killed or who had been killed by their intimate partners over a 2-year period and longitudinal interviews with a sample of women who sought any type of treatment in two selected health clinics and a public hospital. These studies by Campbell and colleagues and by Block underscore that death is the ultimate consequence many women face as a result of violence at the hands of an intimate partner.

Contributors Lynda A. King and Daniel W. King analyzed a secondary dataset that is not widely used in the violence field: the National Vietnam Veterans Readjustment Study. This dataset enabled them to examine a large yet sometimes overlooked subgroup—male veterans and their female partners. Each of their four studies of male veterans and their female partners examined an aspect of the relationships among veterans' childhood experiences and behaviors, exposure to war-zone stressors, marital and family functioning, current mental status, partners' psychological stress, and family violence.

Some contributors merged secondary and primary datasets for their respective purposes. For example, to identify factors that contributed to the 25-year decline in intimate partner homicide in the United States, Laura Dugan, Daniel S. Nagin, and Richard Rosenfeld aggregated data from the Supplementary Homicide Reports of the FBI's Uniform Crime Reports to the city level. They then merged this information with data from an inventory of police and advocacy resources, prosecutor policies, and content analysis of State statutes. In turn, they used these data in their time-series analysis. Other contributors combined two secondary datasets. Benson and Fox, for example, merged data from the National Survey of Families and Households with U.S. census tract data so they could estimate the relationship of neighborhood contextual characteristics to the incidence of conflict and violence in couples.

The papers also address the gap in documentation of how intimate partner violence affects women's well-being and labor market participation. Using a panel design, Mary Ann Dutton and her colleagues

interviewed women who had experienced intimate partner violence every 3 months over a 12-month period to determine their emotional well-being, level of depression, and employment history.

The authors' findings suggest that the overall consequences of intimate partner violence can be devastating for women. Some women developed greater distress over time. Violence against women causes serious economic harm to victims and their families. Salomon and her colleagues report that poor women who had experienced recent intimate partner violence were less likely to maintain employment than poor women who were not abused. For these women, escaping poverty becomes even more of a challenge. Furthermore, the economic consequences of being battered do not stop with the victimized women; they can extend to the mental, physical, and economic well-being of children in the household.

The contributors in section II have made substantial advances in unraveling the complex interplay of a multitude of antecedents to violence against women and family violence and the consequences throughout the life course of women. Although their work collectively identifies numerous antecedents to violence against women and family violence, the interrelationship and cumulative effects of these antecedents remain topics for further consideration by researchers and practitioners.

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Effects of Childhood Maltreatment on Adult Arrests in a General Population Sample¹

By Patricia Cohen, Elizabeth Smailes, and Jocelyn Brown

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Several studies have found that children and adults with a history of childhood maltreatment are at increased risk of engaging in illegal behavior and being arrested (Geller and Ford-Somma, 1984; Maxfield and Widom, 1996; Smith and Thornberry, 1995; Widom, 1989; Zingraff et al., 1993). These studies used a variety of methods to measure the maltreatment history and illegal and aggressive behavior, each method with certain advantages and limitations. For example, some studies employed self-reports of maltreatment from clinical, justice, high-risk, and general population samples. The difficulties of using such self-reports are well known and include potential self-interest or bias in reports; a failure to report actual maltreatment due to forgetting, embarrassment, or interpretive variation; and potential self-reports of abuse so minor as to be barely distinguishable from normal discipline. On average, self-reported maltreatment is likely to be less severe and long lasting than system-detected and verified maltreatment, so that lesser consequences may be attributable to these factors.

An alternative is to follow up with those who have an official record of childhood victimization. In such cases, the existence of maltreatment is confirmed, although it is clear that not all such maltreatment is detected and recorded. Officially identified cases are generally compared either to population rates of illegal or aggressive behavior or to rates in samples selected for comparability on other relevant risks. In these studies, the attribution of excess delinquent or criminal behavior to maltreatment as such may be in error. It is extremely difficult to match control samples on other relevant risks, especially parental criminal history, family disorganization and conflict, more general maladaptive parenting, child misbehavior prior to the maltreatment, and even associated demographic factors such as parent age, marital status, income stability and adequacy, family health, and family support network. Therefore, one cannot be sure that elimination of childhood victimization would necessarily have an impact on crime.

Studies also vary in their measurement of juvenile and adult delinquent, criminal, and aggressive behavior. Reports of such behavior may come from parents, agency files, youth or adult self-reports, or arrest or detention data. Each of these methods also includes certain measurement risks. For example, such behavior may be unknown to parents, unrecorded by agencies, and unrecalled or otherwise unreported by individuals. There are also serious problems inherent in the use of arrest records as a proxy measure of criminal behavior (Geerkin, 1994). Attention to the widespread practice of racial profiling has directed public attention to the ways in which members of an ethnic or social group may be at excess risk of arrest solely because they are more likely to be subjected to closer police scrutiny. Most officially identified victims of child maltreatment have come to the attention of the police either because of the maltreatment itself or because of parental failure to supervise and control the child. Thus, it is possible that such children may be at risk of becoming a “usual suspect” by the simple fact that they are known to the police.

The current study used longitudinal data on childhood risks and adult outcomes from a sample of randomly selected young people from a mixed urban and rural, demographically diverse population when they were an average of 6 years old. When participants were over 18 years old they were asked to report their history of maltreatment. Thus, it is possible to include comparisons and controls for family risks that may lead to both maltreatment and adult criminal behavior. In addition, it is possible to compare cases officially identified with cases in which the maltreatment is identified only by a

retrospective report from the young adult. However, the low rates of identified childhood victimization and adult arrests for particular charges mean that there is a deficiency of statistical power to detect elevated rates with conventional Type 1 error rates (e.g., $\alpha < .05$). Subsequent reports will compare the findings reported here to those based on self-reported illegal and aggressive behavior.

The study goals were to—

- , Identify higher adult arrest rates in those with a history of maltreatment.
- , Determine the extent to which higher arrest rates may be attributable to common risks for maltreatment and arrest.
- , Estimate the fraction of young adult arrests that may be attributable to child maltreatment and compare that fraction to the fraction attributable to punishment that is more widely employed and considered acceptable in the general population.

Study Sample and Measures

The data were drawn from the Children in the Community (CIC) cohort originally sampled on the basis of residence in two upstate New York counties in 1975 (Kogan, Smith, and Jenkins, 1977). The members of this cohort were born between 1965 and 1974, and data were collected by maternal interview on a range of health, behavioral, and environmental factors. Parents and children were interviewed separately in three followups in 1983, 1985–1986, and 1991–1994. The sample as constituted in 1983 was demographically representative of the sampled areas, and family followup rates have been 95 percent since that time. Full details on the sample characteristics, protocols, and followup are available in earlier publications (Cohen and Cohen, 1996).

Data on abuse history were obtained from the New York State Child Protection Agency, self-reports of abuse from study respondents who were 18 years old or older, and selected maternal responses to questions that researchers judged to be extreme and that might indicate emotional neglect. Of the 35 officially identified cases, 4 were cases of sexual abuse with or without other abuse or neglect, 16 were cases of physical abuse with or without neglect, and 15 were cases of neglect. About one-fourth of the sample had lived a portion of their childhoods in one or more other States, from which no information on officially detected abuse or neglect was obtained. For these and other reasons, the records constitute a minimum estimate of cases with official identification. The overlap between self-reported and official determinations of abuse or neglect history was only nine cases (Brown et al., 1998). The neglect self-report asked only about lack of overnight supervision before the age of 10 and yielded too few positive responses to be analyzed separately. Self-reports of two or more sexual abuse incidents were coded as sexual abuse in order to increase the specificity of this inquiry. Because of sparse data, self-reported sexual abuse cases were combined with officially identified cases. Maternal self-reports of emotional neglect were coded based on extreme responses to parenting items in the early interviews.

The members of the six groups analyzed for this report were assigned hierarchically as follows:

- , Official physical abuse record ($n = 16$).
- , Official or self-reported sexual abuse ($n = 20$).
- , Official neglect record ($n = 15$).
- , Maternal report of emotional neglect ($n = 16$).
- , Self-reported physical abuse ($n = 22$).
- , No detected abuse or neglect ($n = 579$).

Numbers in analyses vary slightly depending on available data.

These groups differ on basic demographic variables. Women predominated in the self-reported abuse groups, especially in the sexually abused group. More than one-fourth of the official cases of abuse or neglect involved black children, while self-reported cases were proportional to the total sample with regard to race. Official cases were more likely to be from a nonintact family, below the official U.S. poverty line, and of very low socioeconomic status (SES) on a standardized measure. Self-reported physical abuse cases were not significantly distinguishable from the noncases with regard to demographics. Self-reported sexual abuse cases were more likely to involve children from a somewhat lower SES, those living in poverty, and those with nonintact families.

Arrest data were combined from New York State and FBI records. Because this was a general population sample, in order to keep numbers sufficiently large for reasonable statistical power, arrests were grouped into the following charge groups, regardless of severity: offenses against people, property offenses, drug offenses, DWI and DUI offenses, weapons possession, offenses against a minor, and other miscellaneous minor offenses.

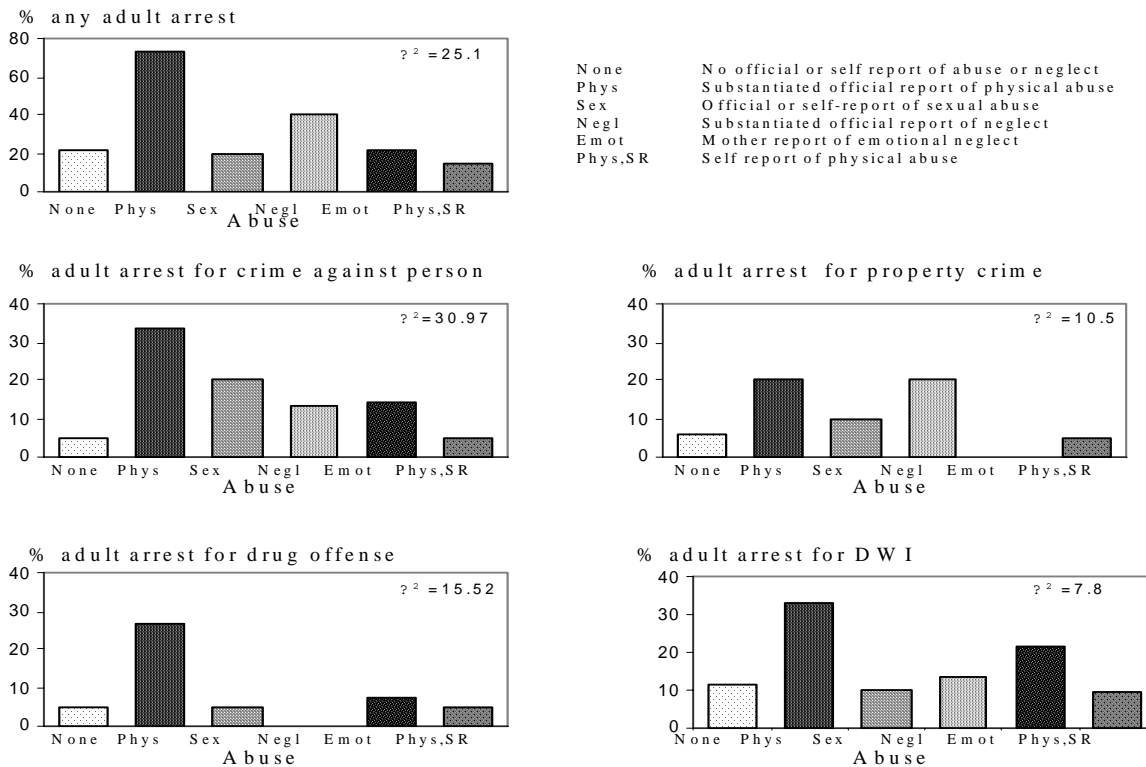
Findings

This study found that victims of officially identified physical abuse were more likely to be arrested as adults and more likely to have been arrested for a variety of crimes, including crimes against persons (“violence”). When combined with other official cases of child maltreatment, they were also more likely to have been arrested for property crimes. The most distinctive findings was that victims of sexual abuse were also more likely to have been arrested for crimes against persons, despite the fact that this group was mostly self-reported. These findings were not erased by controls for demographics risks, or by inclusion of early childhood punishment history. The fact that other self-reported maltreatment was not related to arrests in these data may have been due to low statistical power, or it may raise questions about the influence of official abuse detection on police scrutiny of families and the consequent probability of arrest.

A comparison of the attributable risk of arrest associated with maltreatment history with that of simple above-average use of punishment in early childhood showed the latter to have much greater influence, especially on arrests for crimes against persons.

Arrests for each of the abuse and neglect groups are shown in exhibit 1. Although the proportion of each group ever arrested as an adult varied significantly, the effect is overwhelmingly attributable to high rates among those with an official record of physical abuse, with a lesser elevation among those with an official history of neglect. Among those arrested for a crime against a person (assault, robbery, threats), high rates are seen for the officially identified physical abuse victims and for those with either self-reported or official histories of sexual abuse. The overall differences by maltreatment history in proportion to those arrested for a property offense, a drug offense, or drunk driving were not statistically significant, although significantly more of those with official maltreatment records had been arrested for a property offense than any other group. The most substantial differences were seen in the crimes against people.

Exhibit 1. Childhood maltreatment and adult crime



Exhibits 2 and 3 present the findings from the logistic regression analyses of the odds of being arrested for any offense or for a crime against a person, respectively. Each odds ratio (OR) is a comparison with the reference (no identified maltreatment) group. ORs empirically less than the expected 1.0 are indicated by dashes. The first columns of ORs estimate the effects of maltreatment, controlling only for the known difference in likelihood of arrest of males compared with females. Only those with officially identified physical abuse were more often arrested as an adult, while both that group and sexual abuse victims were more at risk for arrest for a crime against a person. Some other maltreated groups also

had ORs noticeably greater than the expected 1.0 but, given the low statistical power of these small samples, differences were not significant.

Exhibit 2. Odds ratios for any adult arrest from simultaneous logistic regression ($n = 662$)

Predictor	OR controlling only gender	OR controlling demographic and family risks	OR controlling demographic and punishment
Physical abuse record	10.74*	7.57*	7.46*
Sexual abuse	1.27	1.27	1.01
Neglect abuse	2.73	1.65	1.58
Emotional neglect (MR)	–	–	1.13
Physical abuse (MR)	–	–	–
Gender (male)	3.34*	3.52*	3.64*
Demographic risk index		1.26*	1.17*
Childhood punishment			1.25*

* $p < .05$

Exhibit 3. Odds ratios for adult arrest for crime against person from simultaneous logistic regression ($n = 662$)

Predictor	OR controlling only gender	OR controlling demographic and family risks	OR controlling demographic and punishment
Physical abuse record	9.91*	4.14*	9.53*
Sexual abuse	7.12*	7.27*	9.45*
Neglect record	3.33	–	2.10
Emotional neglect (MR)	3.24	3.79	5.03
Physical abuse (SR)	1.16	1.11	1.54
Gender (male)	2.95*	3.05*	3.45*
Demographic risk index		1.93*	1.77*
Childhood punishment			1.74*

* $p < .05$

The next columns of ORs in exhibits 2 and 3 add a demographic risk index to the prediction equation to determine whether it may account for the excess arrests in these groups. The demographic risk measure developed in this study was designed to determine whether abuse could be detected by measures generated in the early childhood data (Brown et al., 1998). It includes poverty, young maternal age at first childbearing, welfare support, nonwhite race, large family size, and low maternal education. Additional risks reflecting parental characteristics, parenting patterns, and child characteristics that

predicted one or another kind of maltreatment were not employed in these analyses, as they did not influence the findings.

Adding the demographic risk index to the equations lowered the estimated effects of officially detected physical abuse but did not change the significant predictors. On the other hand, for each additional demographic risk, the odds of ever being arrested increased by 26 percent (OR = 1.26), and the odds of ever being arrested for a crime against a person nearly doubled (OR = 1.93).

The final OR column includes a measure of punishment techniques reported by mothers in interviews when the children were an average of 6 years old. Forty sample members were missing some data, so these estimates are not quite comparable to those in the other two columns. The estimated significant effects of childhood maltreatment were not negatively influenced by inclusion of this variable, and each increase of one standard deviation in this measure was independently associated with a 25-percent increase in the odds of arrest and a 74-percent increase in the odds of arrest for a crime against a person.

Exhibits 4 and 5 combine the maltreatment groups and compare rates of arrest both by maltreatment status and by whether punishment in early childhood was above or below the sample mean. The likelihood of having been arrested was about 50 percent higher for those with an abuse history, regardless of the punishment history. Among those without a maltreatment history, those who experienced more punishment than average had arrest histories 38 percent more often than those who experienced less punishment. The impact of these two variables on the total likelihood of arrest, however, gives a very different picture. If the whole sample had been equivalent to the nonabused sample, the arrest history would have been 6 percent lower. On the other hand, if the rate of the below-average punishment had characterized the whole sample (in the absence of abuse, although this does not affect the answer), the proportion arrested would have been 21.6 percent lower. Thus, the attributable risk or effect on the total population rate is influenced more by the more prevalent risk of higher-than-average punishment than by the groups of children who were frankly maltreated.²

Exhibit 4. Percent arrested as an adult by maltreatment and punishment history

	Childhood punishment	
	Below average	Above average
Any abuse or neglect		
None known	16%	22%
Present	24%	34%

Attributable risk: Maltreatment = 6%, Childhood punishment (among nonabused) = 21.6%

Exhibit 5. Percent arrested for offense against person by maltreatment and punishment history

	Childhood punishment	
	Below average	Above average
Any abuse or neglect		
None known	1.6%	14.3%
Present	5.4%	19.1%

Attributable risk: Any abuse or neglect = 24.5%, Childhood punishment (among nonabused) = 56%

These estimates are even more startling when the rates of having been arrested for a crime against a person are examined. The likelihood of such an arrest history was more than three times as high among the abused whose mothers reported below-average punishment and also elevated in the higher punishment group. On the whole, the risk of having been arrested for a crime against a person that is attributable to a history of maltreatment is estimated at 24.5 percent. On the other hand, the rates of such arrest were also strongly related to maternal reports of punishment in early childhood. If the entire nonabused population had experienced punishment below the sample average, the risk of arrest for a violent offense (a crime against a person) might decline 56 percent. This estimate is not made with a presumption that such punishment would entirely disappear, but only that it is equivalent to the lower half of this general population sample.

Implications for Future Researchers

Data on maltreatment, both by self-report and by official record, are critical to understanding the underpinnings of adult antisocial behavior, particularly adult interpersonal aggression. Inclusion of such data in future research, however, does not eliminate the need to consider other demographic and childhood risks.

Implications for Practitioners

Histories of physical and sexual abuse are common among those who exhibit violent behavior as adults, but such a history does not account for all of the relationship between demographics and crime or between parenting and crime. These findings suggest that it may be useful for prevention efforts to focus on the negative effects of punishment, which may be largely replaced by parental preventive interventions, clear standards for behavior, and positive reinforcement of prosocial behavior. Although frank maltreatment clearly deserves ongoing attention, punishment is such a prevalent, although less potent, risk that improvements in this area could potentially have an even larger positive impact on the violent behavior of offspring.

Notes

1. This report is a summary of a presentation at the NIJ conference, Violence Against Women and Family Violence, October 1–3, 2000.
2. This estimate is not materially affected by restricting the abuse group to the more extreme groups (e.g., officially identified) because while the differences increase, the size of the group declines.

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A Longitudinal Perspective on Physical and Sexual Intimate Partner Violence Against Women

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There is mounting evidence (Desai et al., 2002; Koss, Gidycz, and Wisniewski, 1987; Roodman and Clum, 2001) that the onset of serious acquaintance violence begins in early adolescence and tends to persist into adulthood. Physical and sexual assault mark the lives of a significant segment of American teenagers and young adults; early victimization, whether by a family member, other adult, or peer tends to lead to repeated victimization later in life.

Yet little is known about how acquaintance violence begins, how patterns of victimization and perpetration are formed, or what risk and protective factors influence the path of acquaintance violence and its adverse consequences. Although the prevalence of intimate partner violence is well documented, its precipitants are less well understood.

What is known about the precipitants of acquaintance violence is largely derived from cross-sectional analyses. These studies have been more successful in identifying possible risk factors than they have at assessing the predictive power of those factors. Our understanding of violence against women has been hampered by—

- ◆ The largely atheoretical nature of prior investigations.
- ◆ The inability of cross-sectional designs to discern the relative predictive power of previously identified risk factors for victimization and perpetration.
- ◆ A lack of consideration of the changes in risk factors for victimization and perpetration across developmental stages (childhood, adolescence, and early adulthood).
- ◆ Inattention to the predictors of multiple victimizations and perpetrations.
- ◆ The lack of analysis of the co-occurrence of physical and sexual assault.

The analyses conducted in the present project were designed to address some of these gaps in our knowledge of violence against women.

This study examined experiences with interpersonal violence in childhood, adolescence, and early adulthood. Childhood and adolescent data were retrospective; data collected across the 4 collegiate years were prospective. The investigation focused on physical violence against women among acquaintances, paralleling existing analyses of experiences with sexual coercion (Humphrey and White, 2000). The co-occurrence of sexual and physical assault and the relationship between experiences of sexual and physical violence as a victim were also addressed. Specific goals were to explore whether and how the characteristics of the victim and the environment (situational/contextual effects) individually and in combination affect the risk of physical victimization during adolescence and young adulthood, and to examine how these factors evolve from one developmental stage to the next to predict the onset of victimization and the occurrence of revictimization.

Sample and Methods

In 1990, the National Institute of Mental Health awarded Drs. Jacquelyn White and John Humphrey a grant to conduct a 5-year longitudinal study (1990–1995) of the risk of sexual and physical assault among university students (see White and Humphrey, 1997, for a further discussion of the conceptualization and methods). The study was designed to examine prospectively the relationship among the major risk factors that retrospectively have been identified as the best predictors of sexual victimization and perpetration among university undergraduates. The project involved obtaining permission from the university administration to survey students during the first day of orientation. Orientation leaders were trained to administer the survey, thus making participation in the study an integral part of the student orientation activities. This ensured almost 100 percent compliance (approximately 50 percent of all incoming students attended orientation). Students who did not attend orientation, which was not required, were contacted by phone. The overall participation rate was approximately 83 percent. According to the Carnegie Foundation for the Advancement of Teaching (1987), the chosen university is considered representative of State colleges, which are attended by approximately 80 percent of all college students.

Before the initial survey was administered, its purpose and methods were explained and signed consent was obtained from the students. Students also provided contact information to enable followup by the researchers. To ensure confidentiality and still permit the matching of surveys across time, each survey and corresponding contact sheet was assigned a random code number. Only code numbers appeared on surveys and answer sheets. To further ensure confidentiality of the data and to bolster students' confidence in the researcher's commitment to protecting confidentiality, a Federal Certificate of Confidentiality was obtained.

Toward the end of each spring semester, students were contacted and asked to complete a followup survey during one of several sessions held at various locations around campus (i.e., student center, dormitories, classrooms). Postcards were sent to remind students of the followup survey and to announce times and locations for the sessions. These sessions were conducted by trained undergraduate psychology majors and graduate students. Students who did not attend one of these sessions were contacted by telephone and invited to participate. They were given the option to attend a session being held on campus or to receive the survey in the mail. This was particularly useful for students who had withdrawn from the university and resided out of town. All students who participated in the followup surveys received \$15 each time they participated. Students who had withdrawn from the university were also resurveyed. During the first 3 years of the project, 300 students (150 women and 150 men) also participated in one-on-one interviews.

Two incoming classes of women (1990 and 1991) were surveyed regarding a variety of social experiences (see exhibit 1). Approximately 83 percent of the 1990 class ($n = 825$) and 84 percent of the 1991 class ($n = 744$) provided usable surveys. Of the women surveyed, 24.3 percent were African-American, 72 percent were white, and 3.6 percent were from other ethnic groups. Successive retention rates for each followup survey for the 1990 sample were, 88.2 percent, 83.2 percent, 83.6 percent, and 78.1 percent (47.9 percent of the original sample participated in the entire project; this number is only slightly lower than the percentage of students who remain in

the university during a 5-year period, which is 55 percent). For the 1991 sample, successive retention rates were 90.2 percent, 83.9 percent, 77.9 percent, and 77.1 percent (45.4 percent of the original sample were retained throughout the entire project).

Exhibit 1. Incoming Women Students

	Cohort 1 (1990)	Cohort 2 (1991)	Total
Sample size	825	744	1569
African-American	24.3%	20.3%	22.3%
White	72.0%	76.6%	74.3%
Other ethnic groups	3.6%	3.2%	3.5%
Year 1 retention % (<i>n</i>)	88.2% (728)	90.2% (671)	89.2% (1399)
Year 2 retention % (<i>n</i>)	83.2% (605)	83.9% (563)	83.5% (1168)
Year 3 retention % (<i>n</i>)	83.6% (506)	77.9% (439)	80.9% (945)
Year 4 retention % (<i>n</i>)	78.1% (395)	77.1% (338)	77.6% (733)
Total retention % (<i>n</i>)	47.9% (395)	45.4% (338)	46.7% (733)

Three incoming freshmen classes of men (1990, 1991, 1992) were also administered a survey of a range of social experiences (*n* = 835). Of the total number of incoming men, 65 percent completed the first survey and the yearly retention average was 71 percent. Twenty-two percent of the original sample completed all five phases of the study. Of the original sample, approximately 87.4 percent were white; 9.3 percent were black; and 3.3 percent belonged to other ethnic groups. Data from the male participants are not discussed in this report. (For information on male participants, see White and Smith, 2004.)

A classic longitudinal design was used and replicated over two cohorts (those born in 1972 and 1973), who were each assessed first at 18 years old, and again at 19, 20, 21, and 22 years old. It was assumed that there would be no significant time-of-measurement effects. Each survey covered a non-overlapping year in the student’s life. Students were given a fixed reference point that limited the recall interval to the previous year.

Findings

Physical and sexual dating violence are normative—fully 88 percent of the women indicated having experienced at least one incident of physical or sexual victimization between adolescence and their fourth year of college. Only 12 percent of the women indicated no incidents of physical or sexual victimization between age 14 and the end of the fourth year of college. The proportion of women experiencing any physical victimization (77.8 percent) and any sexual victimization (79.2 percent) was nearly identical.

Analyses indicated that young women were at greatest risk for physical dating violence in high school, paralleling Humphrey and White’s (2000) finding that sexual assault was also greater during adolescence than during college. Just under half of the women (42.9 percent) were physically victimized in adolescence; this dropped to 27.2 percent the first year of college,

24.3 percent in the second year, 22.7 percent in the third year, and 18.6 percent in the fourth year of college. For young women who were not victimized in high school, the risk of first victimization in college was low.

Analyses further indicated that the co-occurrence of physical and sexual victimization was common and exceeded the rates expected given the base rate of each. By the end of their fourth year in college, 63 percent of the women had experienced both physical and sexual victimization. Covictimization was highest in high school, with 26.1 percent of the women reporting both physical and sexual victimization. For all time periods, women who experienced one form of dating victimization were at much greater risk for experiencing the other form. This risk increased over time so that by the fourth year of college, women who experienced one form of victimization were 4.5 times more likely to experience the other also.

The timecourse of victimization indicates that childhood victimization increases women's risk of high school victimization and that different types of childhood victimization place women at risk for different types of dating violence. For example, being physically abused as a child and witnessing domestic violence in the home were both associated with an increased risk of adolescent physical victimization in a dating relationship, but childhood sexual abuse was not. In contrast, childhood sexual abuse increased young women's risk of sexual victimization in adolescence. Furthermore, high school women who experienced physical victimization alone or physical and sexual victimization together, but not sexual victimization alone, were at increased risk for physical victimization in college. In the absence of dating victimization in high school, young women who experienced or witnessed family violence or who experienced childhood sexual abuse were not at increased risk for dating violence in college. Hence, although young adults who experienced childhood victimization were, in general, at greater risk for dating violence victimization in high school, those who had been victimized as children but were not victimized in high school were no more likely than those not abused as children to experience physical or sexual victimization in college.

Although injury reports declined over time, women who had experienced covictimization during adolescence and the first year of college remained at higher risk for further injury in subsequent college years relative to women who had experienced no victimization or sexual victimization only. Additionally, women who experienced covictimization reported higher levels of psychological distress than other women in the study did. This difference was maintained over time. By the fourth year in college, women who had experienced covictimization in both adolescence and the first year of college or who had been sexually assaulted continued to suffer higher levels of psychological distress than other women. During the fourth year of college, women's ratings of their overall physical health and their reported number of visits to a medical doctor in the past 6 months indicated that the experience of sexual and physical assault during adolescence and the first year of college had a significant effect. Women who experienced covictimization at both points in time reported more visits to the doctor than women who reported no assaults did.

In general, women who had repeatedly experienced physical assault alone rated their overall health lower than other women did. Women who experienced covictimization during adolescence were more likely to report suicidal thoughts during adolescence, but suicidal

thoughts in subsequent years were unrelated. With regard to sexual behaviors, an increased number of sex partners was associated with all types of victimization. Women who had experienced covictimization and those who had been only sexually victimized during adolescence had the greatest number of sex partners during adolescence, followed by those who had been only physically assaulted. These patterns were maintained during the college years.

Also, by the end of the fourth year of college, women who had been victimized in adolescence or during the first year of college were more likely to have engaged in unprotected sex at some time during college; the likelihood was greatest for those who had experienced covictimization.

Finally, covictimization had a significant effect on alcohol use. Alcohol use was highest for women who experienced covictimization in adolescence and the first year of college, while women with no history of victimization reported the lowest rates of alcohol use, and other victimized women reported intermediate use. Although alcohol use declined across time, this same ordering persisted.

Implications for Future Research

There are three key findings from this research:

- ◆ Dating violence victimization is normative and affects many women who have no identifiable risk factors (e.g., exposure to violence in the home, risky sexual behavior, etc.).
- ◆ Women who experience one type of dating violence victimization (e.g., physical assault by a boyfriend) are at greater risk for victimization of the other type (e.g., sexual assault).
- ◆ Prior victimization places women at risk for future victimization.

Women at highest risk for dating violence victimization during adolescence were those who were victimized as children; women at highest risk for victimization in college were those who were victimized in adolescence, independent of their childhood victimization status.

Hence, this study indicates a need for research that addresses the normative nature of dating violence victimization and seeks a better understanding of covictimization and revictimization.

The study recommends further research addressing three specific areas. First, because so many victims are from low-risk populations, research that addresses factors that place all women at risk for victimization is suggested. The integrative contextual model of violence against women (White and Kowalski, 1998) provides a useful conceptual framework for formulating hypotheses about factors (including the sociocultural, social network, dyadic, situational, and intrapersonal) that may increase the risk for victimization. White et al. (2000) recently extended this model to the study of stalking.

Second, research is needed that recognizes how sexual and physical victimization by dating partners co-occur in women's lives. Such research must link the often-distinct literatures on these two forms of victimization. A better understanding is needed of the factors that place women

who are the victims of one type of violence at greater risk for another type, by different perpetrators, in the same year. Similarly, more research on the co-occurrence of different types of victimization in the same relationship is needed. In addition, these studies should expand their scope to include battering as a distinct type of partner victimization (Smith, Smith, and Earp, 1999; Coker, et al., 2000).

Third, we need to better understand revictimization. Specifically, research that seeks to understand the factors that mediate the relationship between childhood victimization (broadly defined to include sexual abuse, physical abuse, and witnessing domestic violence in the home) and later adolescent victimization is needed, as well as studies that investigate the relationship between women's experiences with adolescence victimization and their revictimization in college.

Implications for Practitioners

Overall, this study supports a multipronged approach to primary, secondary, and tertiary prevention that includes programs that target both the general population and high-risk populations and that seek to change the social environments that support violence and improve social supports for young victims.

Suggestions for primary prevention that emerge from this study include:

- ◆ Targeting young men and women in high school and college, as well as others who are in positions to help potential victims (e.g., parents, teachers, churches).
- ◆ Working to modify factors at the dyadic, situational, social network, and sociocultural levels that support or condone physical and sexual violence against women.
- ◆ Integrating gender-based violence prevention activities into other programs that target adolescent boys and girls, such as substance abuse and pregnancy prevention programs.
- ◆ Evaluating the impact that nondating, violence-specific programs for adolescents have on gender-based violence.
- ◆ Educating professionals who have contact with adolescents (including those in schools, churches, social groups), as well as parents, about the importance of taking seriously any violence that occurs during adolescence.

The findings that women who were physically or sexually abused or who witnessed domestic violence in childhood are at greater risk for physical and/or sexual victimization in high school and that women who were victimized in high school are at greater risk for physical and/or sexual victimization in college highlight the importance of directing targeted interventions toward these high-risk groups. The limited evaluation literature to date suggests that the interventions currently being implemented to prevent dating violence are, by and large, school-based educational programs targeted to the general population and designed to change norms and attitudes regarding the use of violence in relationships.

Although the literature indicates that these interventions do result in some changes in attitudes and beliefs, at least in the short term, only one study has reported short-term changes in victimization and/or perpetration and even these changes were not sustained. It is not clear how effective education-only approaches are in preventing dating violence in high-risk populations. It is important that interventions with abused children incorporate issues related to gender-based violence perpetration and victimization to help prevent revictimization in young adulthood.

Secondary prevention strategies also need to be developed for young women who have been victimized in adolescence that—

- ◆ Encourage them to report the violence;
- ◆ Support them when they report the violence;
- ◆ Promote better psychological healing and social resolution; and
- ◆ Help women reduce their risk for revictimization in college.

Finally, the finding that women who experience one form of victimization are at elevated risk for experiencing another form suggests that better community and school-based services are needed to address the physical and psychological health consequences of cumulative and episodic victimization.

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Concentrated Disadvantage, Economic Distress, and Violence Against Women in Intimate Relationships

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Criminologists long have known that crime rates tend to be higher in neighborhoods that are socioeconomically disadvantaged (Shaw and McKay, 1942; Bursik, 1988; Sampson and Groves, 1989). Neighborhood socioeconomic disadvantage also appears to be related to rates of intimate violence (Miles-Doan, 1998). Studies of calls to the police indicate that domestic violence calls tend to come disproportionately from disadvantaged areas (Sherman and Berk, 1984; Miles-Doan, 1998). But the significance of these findings is not clear. The association of intimate violence with neighborhood socioeconomic conditions may result from the structural features of neighborhoods, the composition of their resident populations, or finally, reporting differences between advantaged and disadvantaged communities.

Although intimate violence is found among all social classes, rates tend to be higher in families of lower socioeconomic status who are experiencing underemployment or unemployment (Straus, Gelles, and Steinmetz, 1980). Recent research has found that economic distress predicts individual and family outcomes, including marital dissatisfaction and family conflict (Conger et al., 1990; Fox and Chancey, 1998; MacMillan and Gartner, 1999). The significance of the connection between economic distress and intimate violence, however, is uncertain. Does economic distress motivate intimate violence as some have hypothesized (Fagan and Browne, 1994) or are economic distress and intimate violence simply different manifestations of some underlying individual characteristic such as low self-control (Gottfredson and Hirschi, 1990)? Longitudinal research on violent street crime indicates that cross-sectional correlations between violence and other individual-level characteristics, such as employment status and educational attainment, often are substantially reduced in size if prior propensity to violence is controlled (Sampson and Laub, 1993; Wolfgang, Figlio, and Sellin, 1972; Nagin, Farrington, and Moffitt, 1995).

Social disorganization theory suggests a number of reasons why neighborhood context may be related to patterns in intimate violence against women. Disorganization theorists argue that ecological correlations between neighborhood characteristics and violence result from variation in the relative effectiveness of neighborhood informal and formal social control mechanisms (Sampson and Groves, 1989; Bursik, 1988; Kornhauser, 1978). Disadvantaged areas are thought to have low levels of informal social control, and this condition may provide a fertile soil in which violence against women can flourish. Abusive men who reside in these areas are not constrained by strong normative expectations against violence. Hence, they are free to commit violence against their spouses and cohabitators without fear of social disapproval. Residents of disadvantaged areas also are more likely to have weak social bonds to their neighbors (Sampson, Raudenbush, and Earls, 1997). Thus, women involved with potentially abusive partners are more likely to be isolated and at greater risk of violent victimization (Stets, 1991). Women in disadvantaged areas are likely to live in overcrowded households, which often leads to pathological consequences for family relationships (Gove, Hughes, and Galle, 1979). Finally, official forms of social control are thought to be weaker in disadvantaged areas (Stark, 1987). Despite suggestive empirical findings and theoretical plausibility, little is known about how community context affects intimate violence and even less about how community context interacts with economic distress to influence the risk of intimate violence against women (Sampson and Lauritsen, 1994). This project was designed to investigate these issues.

Study Design

Research Questions

This report focuses on three specific research questions:

- ◆ Does the correlation between neighborhood socioeconomic disadvantage and intimate violence represent a contextual effect or is it the result of compositional or reporting differences between neighborhood populations?
- ◆ Does the correlation between economic distress and intimate violence against women represent a causal effect or is it a spurious association?
- ◆ Do community context and economic distress influence the likelihood of intimate violence in a relationship over and above the effects of other known individual and household-level correlates of intimate violence?

Research Methods

This project is a secondary analysis of data drawn from wave 1, completed in 1988, ($n = 13,007$) and wave 2, completed in 1994, ($n = 10,005$) of the National Survey of Families and Households (NSFH) and from the 1990 U.S. Census. NSFH is a nationally representative sample of households and is an extremely rich data source, containing literally thousands of variables on a broad range of individual, couple-level, and household characteristics, events, and experiences. For this project, the authors abstracted variables from NSFH relevant to our research questions. The variables were grouped into three major categories: (1) indicators of conflict and violence in the couple, (2) indicators of the economic status of the couple, and (3) individual-, couple-, and household-level sociodemographic characteristics.

To assess violence, NSFH asks a series of questions of both members of the couple. Both the male and the female are asked if during the past year arguments became physical and, if yes, how often during the past year fights resulted in the male hitting, shoving, or throwing things at the female. Response categories range from zero to four or more times. Followup questions ask whether the female was “cut, bruised, or seriously injured” in a fight with a spouse or partner (yes or no). Because the distribution of responses is highly skewed, the authors constructed dichotomous measures of violence against the female for both waves (0 = no violence, 1 = violence). They also constructed a measure of the severity of violence (0 = no violence, 1 = one-time violence without injury, 2 = violence with injury or repeated violence).

The authors’ conceptualization of *economic distress* was guided by the work of Voydanoff and Donnelly (1988) and reflects both subjective and objective aspects of employment and income. Preliminary analyses revealed that two types of economic distress—employment instability and subjective financial strain—are particularly potent risk factors for intimate violence against women. Hence, this report concentrates on them. *Employment instability* was operationalized as the number of periods of unemployment for the male between waves of the NSFH. *Subjective financial strain* refers to perceptions of financial inadequacy and was operationalized by

combining responses to questions about satisfaction with finances and questions regarding worry about money.

To measure community context, the authors merged the NSFH data with census tract data abstracted from the 1990 U.S. Census. The conceptualization and measurement of community context was guided by recent work on the structural sources of collective efficacy (Sampson, Morenoff, and Earls, 1999; Sampson, Raudenbush, and Earls, 1997). An index of neighborhood disadvantage was created based on where the respondent was living in wave 2 of NSFH. The index includes five census tract measures that reflect *concentrated disadvantage*. It is defined by the percentage of single parents, percentage nonwhite, percentage unemployed, percentage of families on public assistance, and percentage below the poverty line. After transforming the items to z-scores, the authors took the mean of the items to form the index, which has an alpha reliability of 0.92.

Sampson and Wilson (1995) argue that the crime-related effects of community disadvantage are not linear across levels of disadvantage. Rather, they tend only to appear in the most distressed neighborhoods as “concentration effects” (Sampson and Wilson, 1995). The same appears to be true with respect to concentrated disadvantage and the risk of intimate violence. In NSFH, rates of intimate violence are significantly higher among respondents who were located in neighborhoods that score in the upper 30 percent of the index of concentrated disadvantage. Accordingly, the authors collapsed the index of disadvantage into a dichotomous measure at the 70th percentile. Consistent with a long line of research in the social disorganization tradition, a measure of residential instability was included in the analyses.

As control variables in these multivariate analyses, household income-to-needs ratio, number of children under age 18 in the household, age of primary respondent, race, male drinking problems, and violence in wave 1 were included.

Findings

At the bivariate level, neighborhood disadvantage is associated with increased prevalence and severity of intimate violence against women. The rate of violence in disadvantaged neighborhoods is 8.7 percent compared with 4.3 percent in advantaged neighborhoods. Similarly, the rate of serious violence, defined as repeated violence or violence with injury, is more than twice as high in disadvantaged as opposed to advantaged neighborhoods (5.8 versus 2.4 percent). These results confirm those obtained in studies of calls to the police. They indicate that the higher rate of calls to the police for domestic violence in disadvantaged neighborhoods is not simply the result of reporting differences between neighborhoods. Rather, they reflect real differences in the risk of intimate violence against women.

Two indicators of economic distress also are related to the risk of intimate violence against women. First, the rate of violence increases as the number of periods of male unemployment increases. In couples in which the male is always employed, the rate of violence is 4.7 percent. The rate rises to 7.5 percent when the male experiences one period of unemployment and to 12.3 percent when he experiences two or more periods of unemployment between waves. Second, a strong relationship is found between subjective feelings of financial strain and the likelihood of

violence against a woman in an intimate relationship. The rate of violence among couples with high levels of subjective financial strain is roughly three and a half times as high as it is among couples with low subjective strain (9.5 versus 2.7 percent).

The results presented above indicate that in the NSFH, rates of intimate violence against women vary with community-level socioeconomic disadvantage and individual-level economic distress. It is important to keep in mind, however, that individual economic distress and community economic disadvantage are also related to one another, because access to financial resources influences housing decisions. Financially advantaged couples are more likely to live in well-to-do neighborhoods than financially disadvantaged couples. The correlation between couple-level and community-level economic disadvantage raises the possibility that the higher rate of intimate violence in disadvantaged neighborhoods merely reflects a compositional effect. By definition, disadvantaged areas are populated mainly by disadvantaged people.

To investigate this possibility, the authors constructed three-way contingency tables to examine the effects of economic distress in advantaged compared with disadvantaged neighborhoods. For couples with low levels of subjective strain, there is little variation in rates by neighborhood type. Couples with low levels of subjective strain who live in disadvantaged neighborhoods report violence in 3.8 percent of the cases, but only 2.3 percent of the low-strain couples in advantaged neighborhoods report violence. For couples with high levels of subjective strain, however, neighborhood location appears to be much more important. Among couples with high levels of subjective strain, the rate of intimate violence is 13.8 percent in disadvantaged neighborhoods compared with 7.3 percent in advantaged neighborhoods. Within neighborhood types, the relative increase in violence across levels of subjective strain is roughly similar. For couples in disadvantaged neighborhoods, those with high levels of subjective strain report violence at a rate 3.63 times higher than couples with low strain. In advantaged neighborhoods, the violence rate increases 3.17 times between couples with low compared to high levels of subjective strain.

Employment instability is related to intimate violence regardless of neighborhood type. Couples in which the male experienced two or more periods of unemployment between waves have notably higher rates of violence against women than couples in which the male had more stable employment. In advantaged neighborhoods, the rate of violence increases dramatically from 4 percent for males with stable employment to 10.6 percent for males with unstable employment. In disadvantaged neighborhoods, the percent reporting violence increases from 8.2 percent to 15.6 percent. The results of the three-way analysis of community context, economic distress, and intimate violence indicate that higher levels of individual economic distress in disadvantaged neighborhoods do not account entirely for the association of neighborhood economic disadvantage and intimate violence. Rather, the association appears to represent in part a contextual effect of neighborhoods on intimate violence.

Other compositional differences between neighborhood types that are unrelated to economic distress, however, may account for the higher rate of intimate violence in disadvantaged neighborhoods. To test for this possibility, the authors used logistic regression to analyze a model that included concentrated disadvantage, residential instability, male employment instability, subjective financial strain, and a comprehensive set of known precursors of intimate

violence, including age, race, education level, alcohol use, and number of children in the household.

The effects of concentrated disadvantage and economic distress remain significant even after all of the control variables are included in the model. Thus, the aggregate correlation between concentrated disadvantage and intimate violence appears to reflect a contextual effect. The measures of individual economic distress—subjective strain and employment instability—also are significant in the full model. At both the aggregate and the individual levels, then, socioeconomic disadvantage increases women’s risk of intimate violence.

It is possible that prior violence may account for the apparent effects of community context and economic distress on intimate violence. If men with prior histories of intimate violence are more likely to locate in disadvantaged neighborhoods and to experience economic distress, then the correlations observed in this study may yet be spurious.

To test this possibility, the study focused on continuing couples, defined as those who were married or cohabiting in wave 1 and who were still together in wave 2. The authors knew whether the men in these couples were violent in wave 1; hence, they added violence in wave 1 to the model tested above. As expected, violence in wave 1 has a sizable and positive effect on the likelihood of violence in wave 2. Concentrated disadvantage, employment instability, and subjective financial strain, however, continue to have significant effects on the likelihood of violence against women. This result confirms the importance of both neighborhood socioeconomic disadvantage and individual-level economic distress for the problem of violence against women.

Implications for Researchers

This project is the first ever to conduct contextual and individual-level analyses of intimate violence against women in a longitudinal framework. Despite its uniqueness as a data set, NSFH has several problems that researchers should seek to correct in the future. One general shortcoming of NSFH for longitudinal analyses is the relatively long gap of 6 years between waves 1 and 2. Couples may have exhibited violence between waves that the survey items did not detect. In addition, NSFH focuses on physical violence related to arguments and does not capture violence by men that does not arise out of arguments, for example, when a male gets drunk and attacks his partner without provocation. The NSFH items also are poorly suited to identifying nonphysical forms of violence against women, such as verbal or emotional violence.

In addition to improving the measurement of violence, researchers should also try to investigate whether the connection between neighborhood characteristics and intimate violence is mediated by the same social organizational processes that appear to mediate the effect of neighborhood characteristics on street violence. Concentrated disadvantage may be related to intimate violence through the processes associated with collective efficacy; unfortunately, the data available in NSFH are insufficient to construct measures of this intervening concept. Hence, the exact nature of the mechanism that connects neighborhoods and intimate violence is unclear.

Implications for Practitioners

A long tradition of research shows that community socioeconomic disadvantage and economic distress can have pathological consequences for couples and individuals across a broad range of personal outcomes. With respect to intimate violence, however, little is known about the effects that community context and economic distress can have on victimization risks. Little is known about the ways in which community context may influence the reasons why women stay in abusive relationships or why they leave them. This project was designed to shed light on these issues and to help articulate the relationship between community context, economic distress, and intimate violence. While the nature of our data and analyses do not lend themselves to specific policy recommendations, we hope our results will enable policymakers to better target the types of communities in which intervention and prevention programs are most likely to be needed.

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Risk Factors for Death or Life-Threatening Injury for Abused Women in Chicago*

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Purpose

The Chicago Women's Health Risk Study (Block, Devitt, Fugate et al., 2000) was designed to give nurses, patrol officers, and other primary support people the information they need to help women who are experiencing violence at the hands of an intimate partner lower their risk of life-threatening injury or death. Previous research did not provide this practical information. The purpose of the study was to identify risk factors for life-threatening injury or death in situations in which an intimate partner is physically abusing a woman.

Although previous research focused on who in the general population was most likely to be abused, it did not tell practitioners about risk patterns for women who were experiencing violence. Previous research also tended to measure only one or two factors and did not consider the interaction of events and circumstances as they change over time. Practitioners need to know how changing factors, such as attempting to leave, pregnancy, having children at home, or firearm availability, may affect the risk of a lethal outcome.

Field practitioners also need to know whether risk patterns differ for different racial or ethnic groups, for women in same-sex relationships, or for pregnant women, and they need to be able to respond to women who may be in high-risk situations but have not sought help from helping agencies or support networks. Prior to the study, information about the needs and best interventions for these groups was very limited.

The Study Methodology

The Chicago Women's Health Risk Study compared longitudinal data on abused women with similar data on women who had been killed by or who killed their intimate partners. The study design had a "homicide sample" of all intimate partner homicides involving a woman that occurred in Chicago over a 2-year period, and a "clinic/hospital sample" of detailed, longitudinal interviews with women sampled as they came into hospitals and clinics in Chicago neighborhoods where the risk for intimate partner violence was high.

Clinic/Hospital Sample

The study conducted domestic violence screening for 2,616 women as they came into a hospital or health care clinic for any kind of treatment. The screening, given as part of the clinic or hospital routine, included three short questions regarding current violence, current sexual abuse, and whether the woman was afraid to go home. Women aged 18 or older who were in a relationship and who answered "yes" to at least one question screened positive and those who answered "no" to all questions screened negative. An attempt was made to interview all women who screened positive and about 30 percent of the women who screened negative. In addition, about 66 percent of the abused women who were interviewed were reinterviewed at least once during the following 12 months.

The staff of each study site (two health clinics and a public hospital) worked hand in hand with the interviewers and project staff to ensure that safety and privacy standards were upheld. To ensure that high-risk but understudied groups, such as women who were at high risk but who

were not known to be at risk by any helping agency, would not be excluded from the sample, instruments and procedures were designed to minimize selection bias.

Homicide Sample

The homicide sample included all of the 87 intimate partner homicides in 1995 or 1996 that had a woman victim or offender age 18 or older. Up to three people who knew about the relationship (friends, family, the woman herself) were interviewed (Block, McFarlane et al., 1999), using the same questionnaires as for the clinic/hospital sample (to the extent possible). Information was also gathered from the Chicago Homicide Dataset, medical examiner's office records, court records, newspapers, and other sources.

Questionnaires

Members of the collaborating team developed study instruments over many months of intense work. Advocates, activists, community members, academics, and researchers all took an active role in finding, evaluating, and devising scales for the various dimensions researchers hoped to capture, including household composition, mental and physical health, substance use, firearm availability, social support network, power and control, harassment or stalking, and help-seeking. Women who had experienced violence in the past year developed a "calendar history" of every violent incident and other important events that had happened in the year. The followup interview included a calendar history for the period from the first interview.

The study covered highly sensitive topics, and there was a possibility that women from different cultural backgrounds could have different perceptions of these sensitive issues. The collaborators invested a great deal of effort to word questions carefully and to provide a context that would encourage women to disclose their sensitive experiences. They tried to keep the questionnaire short enough so that the women would not be fatigued, and to build in enough flexibility to encourage a natural flow of talk. The study design and the dedication of the collaborators who made the design a reality produced a rich dataset with the necessary detail and accuracy to answer the questions practitioners ask.

Findings

Findings revealed the combinations of factors that indicate that a woman in an abusive situation is at high risk for serious injury or death. Although practitioners working with women will not be surprised by most of the study's results, the data provide measurable confirmation of knowledge gained in the field. Other results, however, may challenge commonly held beliefs.

Past Violence as a Risk Factor for Homicide

The conventional wisdom that violence in the past predicts violence in the future was borne out by the Chicago Women's Health Risk Study. The majority of women who were killed or who killed their partners had experienced violence at the hands of their partners in the previous year (85 percent of homicide victims and 80 percent of offenders). Of the abused clinic/hospital women who were reinterviewed, 29 percent experienced an incident in the followup period that the study defined as "severe or life threatening" (permanent injury; being completely "beaten up," being choked or burned; or suffering an internal injury, a head injury, broken bones, or a

threat or attack with a weapon), and another 25 percent experienced other physical violence.

However, the study results go beyond conventional wisdom to reveal three specific aspects of past violence that make some women's situations more risky than others:

- ◆ Type of past violence (threat or use of a weapon, having been choked or strangled).
- ◆ Recency (number of days since the last incident).
- ◆ Frequency or an increase in frequency.

In addition to weapon use, attempted strangulation or choking were also important risk factors. In 20 percent of the homicides committed against a woman intimate partner, the man strangled his partner, and in an additional 4 percent, he smothered her. Of all the women killed by a male partner, those who had been choked or grabbed around the neck in the previous year were more likely to have been strangled or smothered in the fatal incident than those who had not (40 percent compared to 20 percent). In addition, when a partner had tried to choke or strangle clinic/hospital women, followup incidents were more likely to be severe or life threatening (63 percent compared to 40 percent).

Regardless of the severity of the last incident, the more recently it had happened, the higher the woman's risk. Half of the women homicide victims and 75 percent of the women offenders had experienced violence within 30 days of the homicide, some within a day or two beforehand. Frequency was important for all women, but especially for abused women who killed their partners. For 71 percent of women offenders, the violence had been increasing in frequency, compared to 44 percent of abused women homicide victims and 38 percent of abused clinic/hospital women.

The First Incident Can Be Fatal

For a substantial minority of study participants, a fatal or life-threatening incident was the first physical violence they had experienced from their partners. For 27 percent of the 143 clinic/hospital women who experienced only one incident in the previous year, that incident was life threatening. In 15 percent of the 74 homicides for which the study had good information, the fatal incident was the first incident. The important risk factors for these women were—

- ◆ Their partner's controlling behavior (especially jealousy).
- ◆ Their partner's drug use.
- ◆ Their partner's violence outside the home.

In 40 percent of female homicides by a man where there was no prior violence, the fatal incident was sparked by his extreme jealousy (compared to 28 percent with prior violence). Almost a quarter (24 percent) of clinic/hospital women with one incident that was very severe answered "yes" to all five "power and control" questions, but only 9 percent of other women with one incident did so.

More than half (56 percent) of clinic/hospital women who had experienced one incident that was very severe said their abusers used drugs, compared to 20 percent of other women; 41 percent compared to 21 percent said that the abuser was violent outside the home.

Leaving or Trying to End the Relationship

The connection between serious violence and the woman leaving or trying to end the relationship will be familiar to field-level workers. The potential gain from leaving is substantial, because a woman's risk of being seriously injured or killed by an intimate partner declines if the partner has no more contact with her. The potential risk is also substantial because the partner may use increased violence to keep her from leaving.

Women do try to escape abusive relationships. When people hear about a severely abused woman, many ask, "Why doesn't she leave?" Women do try to leave abusive partners. Most clinic/hospital women in this study (85 percent) who had experienced severe violence in the previous year had left or tried to end the relationship in the previous year, and most women homicide victims (75 percent) had left or tried to end the relationship in the previous year. In contrast, 66 percent of clinic/hospital women who had experienced less severe incidents and only 25 percent who had not experienced violence in the previous year had left or tried to leave.

Leaving can be related to a lower chance of future violence. In reinterviews over a period of 1 year, only 47 percent of women who had experienced less severe violent incidents and had tried to leave in the previous year told of any additional violent incident, compared with 67 percent of women who also had experienced less serious violence but had not tried to leave.

Leaving can be fatal. In 45 percent of the homicides in which a man killed a woman, an immediate precipitating factor of the fatal incident was the woman leaving or trying to end the relationship. For clinic/hospital women who were abused on followup, 69 percent of those who had left or tried to leave an abuser in the previous year but whose abuse continued despite their attempted departure experienced severe incidents compared to 44 percent of women who had not left or tried to leave.

Risk Factors for the Fatal Incident

Many study participants were in high-risk situations but did not experience a fatal or life-threatening incident. Sometimes the only difference between women who were killed and women who were not lay in aspects of the specific incident. Someone was more likely to die when one of the following factors was present in the violent situation:

- ◆ The partner threatened to use or used a knife or gun.
- ◆ The woman was being choked, grabbed around the neck, or strangled.
- ◆ The woman, the partner, or both were drunk.

Risk Factors for Abused Women Becoming Homicide Offenders

Abused women who killed their partners differed from abused women who were killed and from abused clinic/hospital women in the following ways (Block, Devitt, Donoghue et al., 2000):

- ◆ Abused women who killed their partners had experienced more severe and increasing violence in the previous year.
- ◆ They had fewer resources, such as employment or high school education.

- ◆ They had a more traditional relationship (e.g., they were married, had children, or were in a long-term relationship).

Seeking Help

Even when they had experienced severe violence, clinic/hospital women were less likely to consult a counselor or agency (24 percent) than to seek medical help (41 percent) or to contact the police (53 percent). However, 34 percent of severely abused Latina/Hispanic women had consulted a counselor or agency in the past year, while 29 percent had sought medical help and 43 percent had contacted the police. In contrast, none of the 11 women who were severely abused by a woman had contacted the police, although 45 percent sought medical care, and 18 percent talked to a counselor.

More than 30 percent of the clinic/hospital women who had experienced severe or life-threatening violence in the previous year had not sought any kind of formal help (medical, counseling, or contacting the police). Ten percent of severely abused clinic/hospital women and abused homicide women had sought neither formal nor informal help (talking to someone) in the previous year.

Implications for Researchers

Study researchers offer three suggestions:

1. Recognize the complexity of women's lives. The study asked women to discuss the real circumstances of their lives, provided many opportunities for them to describe their relationships, and avoided constraining language and predetermined categories. This interview style was comfortable and appropriate for women from a wide variety of cultural and racial/ethnic backgrounds and for women in nontraditional intimate relationships.
2. Add a separate category for strangulation as a method of attack or cause of death to law enforcement and public health datasets to improve preventive policies and interventions for intimate partner homicides. Currently, these cases are scattered under various weapon categories (e.g., belt or scarf) or as "hands, fists, and feet."
3. Develop a collaborative culture. A collaborative culture is a climate characterized by shared standards for research and practice, equalized power, permeable roles, group decisionmaking, and the assumption of good will (Block, Engel et al., 1999a; 1999b). This was the foundation of the high quality of study data.

Implications for Practitioners

Clinic/hospital women who had experienced severe violence were more likely to have sought help than other abused women. Women who were killed or who killed their partners were even more likely to have sought help. Seeking help, by itself, indicates that a woman's situation may be serious.

Study researchers found the following questions to be important to ask a woman to assess her risk for lethal or life-threatening violence. (Most of these questions are part of the Campbell [1986; 1995] Danger Assessment.)

- ◆ When a woman is being physically abused by an intimate partner, ask her—
 - When did the last incident happen?
 - Did your partner ever threaten you with a gun or knife or try to strangle or choke you?
 - Has the violence been increasing in frequency?

- ◆ When a woman is not experiencing physical violence, ask her—
 - Is your partner violent outside the home?
 - Does your partner use drugs?
 - Does your partner control all or most of your daily activities?
 - Is your partner violently and constantly jealous of you?

Abused women often consult medical staff or call the police before they go to a counselor or agency for help. Medical staff and the police should recognize their pivotal gatekeeping role. They may be able to refer abused women to counseling or other resources.

When a woman is being physically abused, both partners are at risk for homicide. Women who kill a partner tend to be severely abused, to be in a marital or other long-term relationship, and to have few material resources. They are much more likely than women who are killed or than clinic/hospital women to contact the police after an incident. Law enforcement agencies need to develop a protocol for linking women in this situation to places where they can get help.

Note

*Although most of the collaborators of the Chicago Women's Health Risk Study were silent partners in writing this report, they were equal partners in the project. They include Olga Becker, Nanette Benbow, Jacquelyn Campbell, Debra Clemons, James Coldren, Alicia Contreras, Eugene Craig, Roy J. Dames, Alice J. Dan, Christine Devitt, Edmund R. Donoghue, Barbara Engel, Dickelle Fonda, Charmaine Hamer, Kris Hamilton, Eva Hernandez, Tracy Irwin, Mary V. Jensen, Holly Johnson, Teresa Johnson, Candice Kane, Debra Kirby, Katherine Klimisch, Christine Kosmos, Leslie Landis, Susan Lloyd, Gloria Lewis, Christine Martin, Rosa Martinez, Judith McFarlane, Sara Naureckas, Iliana Oliveros, Angela Moore Parmley, Stephanie Riger, Kim Riordan, Roxanne Roberts, Martine Sagan, Daniel Sheridan, Wendy Taylor, Richard Tolman, Gail Walker, Carole Warshaw, and Steven Whitman. Collaborating agencies in the study were the Mayor's Office on Domestic Violence; the Chicago Police Department Domestic Violence Unit; the Erie Family Health Center; the Chicago Department of Public Health; the Cook County Medical Examiner's Office; the Cook County Hospital; the Chicago Abused Women Coalition; and the Illinois Criminal Justice Information Authority.

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Research Results From a National Study of Intimate Partner Homicide: The Danger Assessment Instrument¹

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The majority (67 to 80 percent) of intimate partner murders of women by a husband, boyfriend, or ex-husband or boyfriend involve physical abuse of the female by the male prior to the murder, no matter which partner is killed (Greenfield et al., 1998; Moracco, Runyan, and Butts, 1998; McFarlane et al., 1999; Pataki, 1997; Campbell, 1995). To prevent this form of homicide, therefore, the battered women most at risk need to be identified. The Danger Assessment (DA) is a short (15 items) yes/no instrument that was developed in 1986 to help women assess the risk of lethality in their abusive intimate partner relationships. It has been used in many domestic violence programs by shelter advocates, criminal justice practitioners, and health care professionals as well as in prior research (Campbell, 1995; Campbell, Sharps, and Glass, 2000). Two small, independent evaluations of the DA showed that it is also useful in predicting repeat arrest in battering relationships (Bennett, Goodman, and Dutton, 2000; Weisz, Tolman, and Saunders, 2000).

The purpose of this study was to test the ability of the DA to predict intimate partner homicide among women in violent relationships in a large national study. A group of researchers in 12 cities across the country partnered with police departments, district attorney offices, domestic violence shelters, and medical examiners to conduct the study. A case control design was used with interviews of proxy informants for females killed by an intimate partner (cases) compared with information from abused women (abused controls).

Methods

A 12-city²¹ case-control design was used with consecutive intimate partner homicides as cases and randomly identified abused women living in the same metropolitan area as controls. Sampling quotas for cases and controls for each city were determined by annual rates of intimate partner homicides. Institutional review board approval was obtained as required by each site.

Homicide Cases ($n = 220$). Police or medical examiner records were abstracted at each site, and at least two potential proxy informants for the victim were identified from the records and contacted by mail or phone. When a proxy informant knowledgeable about details of the relationship was found, informed consent was obtained. In 373 of the 545 (68 percent) total homicide cases, a knowledgeable proxy was identified and located. Proxies agreed to participate in 82 percent (307/373) of those cases. Cases (87) were excluded from the analysis if the victim did not meet the age inclusion criteria (18 to 50 years) or if the proxy reported no prior abuse by the perpetrator. Telephone or in-person interviews lasting 60 to 90 minutes were conducted by researchers and doctoral students who were experienced in working with victims of domestic violence.

Abused Control ($n = 356$). Stratified random digit dialing was used to select women ages 18 to 50 years who had been in a relationship in which they were “romantically or sexually involved with someone” at some time in the past 2 years in the same cities as the intimate partner homicides occurred. A woman was considered abused if she had been physically assaulted, threatened with serious violence, or stalked by a current or former intimate partner during the past 2 years, as determined using a modified Conflict Tactics Scale (CTS) with stalking items added (Straus and Gelles, 1990). English- and Spanish-speaking telephone interviewers from an experienced telephone survey firm completed sensitivity and safety protocol training (Johnson

and Sacco, 1995). Of the 1,954 women who met the age and relationship criteria and were read the consent statement, 845 (43 percent) agreed to participate. Of these, 356 had been abused by a current or recent intimate partner.

Risk Factor Survey Instrument

As well as the DA, the interview included demographic and relationship characteristics including type, frequency and severity of any violence, psychological abuse and harassment, alcohol and drug use, and weapon availability. Scales measuring partners' controlling behaviors and stalking were constructed based on factor analysis of the risk factor items. Each scale was internally consistent ($\alpha = .83$ and $.75$, respectively).

Analysis Plan

Bivariate logistic regression was used to estimate the independent association between each of the hypothesized risk factors from the DA and the risk of intimate partner homicide. Psychometric analysis of the DA included internal consistency and discriminant group validity using mean scores. In addition, the sensitivity and specificity for a series of cutoff scores were calculated as a beginning step toward establishing a usable cutoff score for the DA for practitioners.

Results

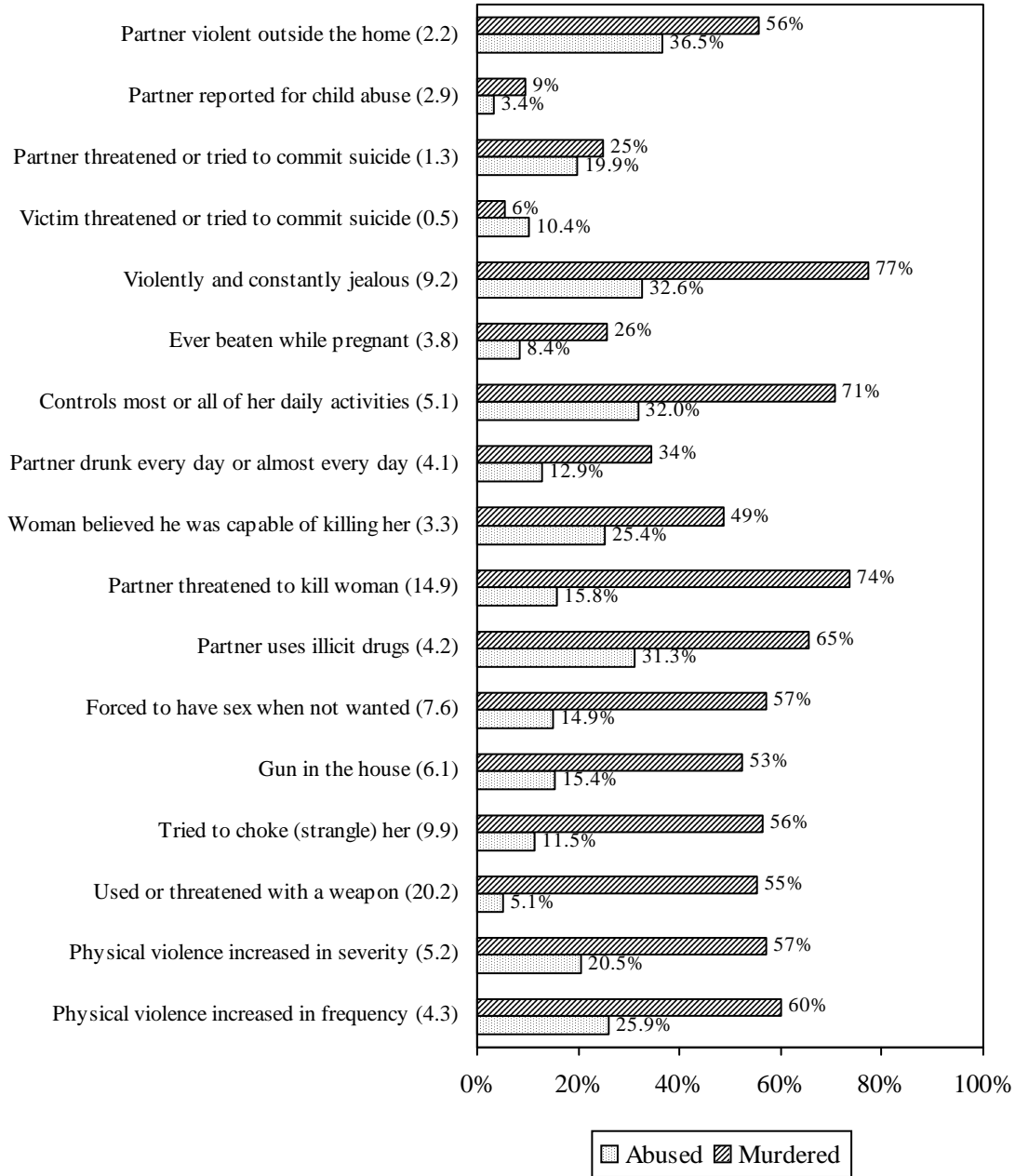
Danger Assessment Risk Factors

In our analysis of the DA risk factors, 15 of the 17 items distinguished intimate partner homicide victims from abused women (see exhibit 1). The factor with the strongest risk (highest odds ratio) was use (or threatened use) of a weapon. Those women were 20 times more likely to be killed as other abused women. Women who had been threatened with being killed were almost 15 times more likely to be among the homicide victims rather than among the abused controls.

Perpetrator drug abuse and serious alcohol abuse (drunkenness every day or almost every day) (Sharps, Campbell, Campbell, et al., 2001) also differentiated batterers who killed from those who did not, as did prior gun ownership. One item on the DA asks about the presence of a gun in the house when perhaps the more important risk factor is whether or not the perpetrator owns a gun or, if he is separated from the victim, has access to a gun. Exhibit 2 demonstrates the difference between perpetrator and victim gun ownership between cases and controls. Gun access became even more dangerous when the partners were living apart (Campbell, Webster, Koziol-McLain, et al., 2003).

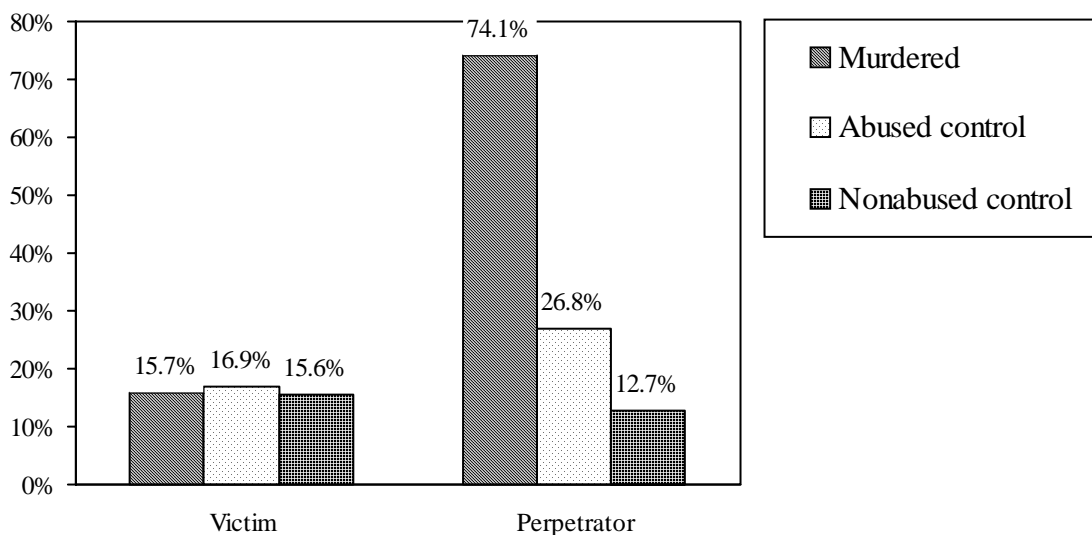
To avoid making child abuse reports, researchers did not ask if the perpetrator was currently violent toward the children (the item on the DA), but whether he had ever been reported for child abuse. Even so, almost 10 percent of the intimate partner homicide cases had a history of such reports. Practitioners may also want to word the item to ask about prior reports, unless the respondent is clear that attesting to violence toward the children will necessitate a child abuse report.

Exhibit 1. Danger Assessment Risk Factors Among Murder Victims and Abused Women (Odds Ratios)



Note: All items had significant odds ratio (95% confidence interval excludes the value of 1) except last two (partner and victim suicidality).

Exhibit 2. Victim and Perpetrator Gun Ownership



The two items on the DA that did not significantly differentiate intimate partner homicide victims from abused women regarded suicidality. Approximately one-third of the cases were homicides followed by perpetrator suicides and researchers are examining those cases to see if perpetrator suicidality was more of a risk factor in those particular circumstances. Victim suicidality was included on the DA because of its association with battered women who killed male abusers (Browne and Williams, 1998). The DA was originally developed to assess the risk of intimate partner homicide, regardless of the gender of the perpetrator. The present study did not assess the risk of male victims of intimate partner homicide and therefore, the importance of this item was not really tested. Even so, victim suicidality is important in preventing mortality and should be retained on the DA.

Danger Assessment Psychometrics

Internal consistency (alpha coefficient) of the DA was acceptable among the homicide cases (0.73) and among the controls (0.76). In the completed analyses the average scores (obtained by adding yes answers) on the DA were 7.4 for the cases and 3.2 for the controls. This significant difference ($p = .004$) supports the validity of the instrument in discriminating between battered women who are likely to be killed and those who are not (discriminant group validity).

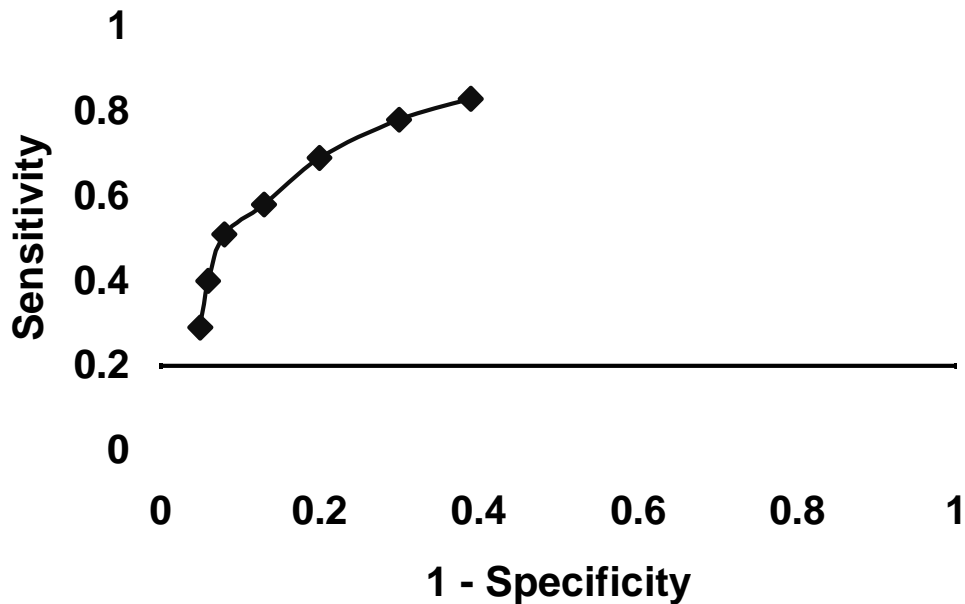
Researchers are continuing to analyze the data to determine a DA cutoff score. Cutoff scores on a lethality risk instrument need to be evaluated in terms of their ability to correctly identify those who end up being killed or “true positives” (sensitivity), as well as their ability not to put women in that category who do not belong there (1-specificity) (Webster, Harris, Rice, Cormier, and Quinsey, 1994). Both of these are important because if the cutoff score is too high, practitioners will fail to predict lethality in too large a percentage of women who are indeed in extreme danger. If the cutoff score is too low, too many women can be frightened unnecessarily, and the criminal justice system may take measures to restrict the liberty of perpetrators unfairly. Thus, determining cutoff scores is both extremely difficult and extremely important.

Exhibits 3 and 4 show the sensitivity and specificity at various scores as a preliminary analysis of various scoring options on the DA. In this beginning cutoff score analysis, researchers found that 83 percent of the women who were killed had a score of 4 or more (greater than 3), which indicates a high level of sensitivity. However, at that score, specificity is relatively low, with almost 40 percent of the abused controls who were *not* killed also at this score. At a cutoff score of 9 (more than 8), specificity is good, with 94 percent of the women who were below that score in the control group. However, only 40 percent of the murders scored that high on the DA (sensitivity). At a cutoff of 7 (greater than 6) both sensitivity (58 percent) and specificity (87 percent) are fairly good, but the 42 percent of women in extreme danger who would be missed at that cutoff are a matter of concern.

Exhibit 3. Sensitivity and Specificity of Various Danger Assessment Cutoff Scores

Cutoff Score	Percent Scoring Above Cutoff	Sensitivity	Specificity
> 3	55.2	83.4	60.8
> 4	47.2	77.9	70.2
> 5	38.0	69.1	79.6
> 6	29.2	58.0	87.1
> 7	23.8	50.8	91.5
> 8	18.4	39.8	93.7
> 9	13.4	28.7	95.3

Exhibit 4. Receiver Operating Characteristics of Various Danger Assessment Cutoff Scores



Implications for Practitioners

Almost half (49 percent) of the women who were killed did not accurately perceive their risk (did not think the perpetrator would kill her) according to the proxy who was interviewed. Therefore, an instrument like the Danger Assessment or some risk assessment process is definitely needed for women to be fully aware of their risk. The study found some support for the DA as it is currently published.³² One important aspect of the DA that the study did not address is the calendar portion of the DA. The calendar exercise helps women to recall how much violence is occurring in the relationship and to counteract their normal tendencies to underestimate the violence. This is an important part of the process of risk assessment using the DA.

As indicated in the directions printed on the DA, practitioners and battered women should regard a higher score (adding all yes responses) on the DA as an indication of higher risk. The results of this analysis suggest that for practitioners working with battered women, a score of 4 or higher should be considered as indicating serious risk, and great assertiveness should be used in safety planning. The risk factors of batterer threats or prior use of a weapon and threats to kill should be considered particularly dangerous. Perpetrator access to a gun needs to be assessed and a careful inventory of all guns must be taken. The provisions of the Brady Bill prohibition against gun ownership for those convicted of domestic violence assault become especially important to enforce, and any order of protection should have firearm search and seizure provisions.

For criminal justice practitioners making decisions about batterer bail or sentencing, it should be kept in mind that at a cutoff score of 4 (greater than 3), almost 40 percent of women were not in the homicide group. It is not until a score of 7 to 8 or more is recorded that an acceptable level of correct identification of those who were not killed is reached and the DA can therefore be used in making criminal justice decisions about abusers.

These results indicate that any cutoff score of the DA is suggestive, not definitive, and that practitioners should use the instrument (like all of the intimate partner violence current risk assessment instruments available) within a process of risk assessment rather than as a definitive actuarial⁴³ (Roehl and Guertin, 1998; Quinsey, Harris, Rice, and Cormier, 1998) instrument with established cutoffs. Even so, it should also be noted that scores of 8 or 9 or more suggest both great risk and acceptable accuracy and should be kept in mind when using the DA.

Implications for Researchers

Although the study supported the use of the DA, more precision is needed in predicting abused women's risk of being murdered by their intimate partners. Weighting DA items according to their relative risk is a strategy that is being pursued. Refining assessment questions and perhaps adding others is another strategy. The researchers are examining DA items in light of other risk factors that were collected, such as estrangement, stalking, and partner unemployment. Finally, risk assessment for homicide followed by suicide and the killing of other family members requires further study. Whatever research strategies are undertaken to refine the DA, the items will be validated with battered women and domestic violence advocates before they are finalized. The development of the DA has always been carried out in close collaboration with women and

advocates. The wording of the items and the need for user-friendly administration and scoring will reflect advocate and survivor realities as well as research results.

Notes

¹ Modified text and figures from “Assessing Risk Factors for Intimate Partner Homicide” by Campbell, J.C. et al. (Issue no. 250, 2003) is printed with permission from the *National Institute of Justice Journal*.

² Baltimore, Maryland; Chicago, Illinois; Houston, Texas; Kansas City, Kansas and Missouri; Los Angeles, California; New York, New York; Portland, Oregon; St. Petersburg and Tampa, Florida; Seattle, Washington; and Wichita, Kansas.

³ The DA can be printed from <http://www.son.jhmi.edu/research/CNR/homicide/DANGER.htm>, which also gives directions regarding permission of use.

⁴ An actuarial instrument is one that provides weightings and published scores that have been shown through formal and independent research to actually *predict* violent outcomes.

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The Effects of State and Local Domestic Violence Policy on Intimate Partner Homicide

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In the United States, rates of homicide involving “intimate partners”—spouses, ex-spouses, boyfriends, girlfriends—have declined substantially over the past 25 years. Public awareness of and policy responses to intimate partner violence have increased during the same period. The coincidence of the two trends leads naturally to the question of their relationship: To what extent has the social response to partner violence contributed to the decline in intimate partner homicide? Research evidence addressing that question is highly limited, but the few existing studies suggest that domestic violence resources such as hotlines, shelters, and legal advocacy programs may be associated with lower rates of intimate partner homicide, while controlling for other influences (Browne and Williams, 1989; Dugan, Nagin, and Rosenfeld, 1999).

The authors have assessed the relationship between intimate partner homicide and domestic violence resources for a larger number of places over a longer period of time and with a richer set of outcome and resource measures than used in previous research. That relationship is interpreted in terms of the *exposure-reducing* potential of domestic violence resources. Simply put, those policies, programs, and services that effectively reduce contact between intimate partners involved in a violent relationship reduce the opportunity for further abuse and violence. This perspective on intimate homicide assumes that any mechanism that reduces the barriers to exit from a violent relationship will lower the probability that one partner will kill the other. For example, the availability of welfare benefits, by hypothesis, reduces a woman’s exposure to violence by providing financial support for her and her children to leave an abusive partner.

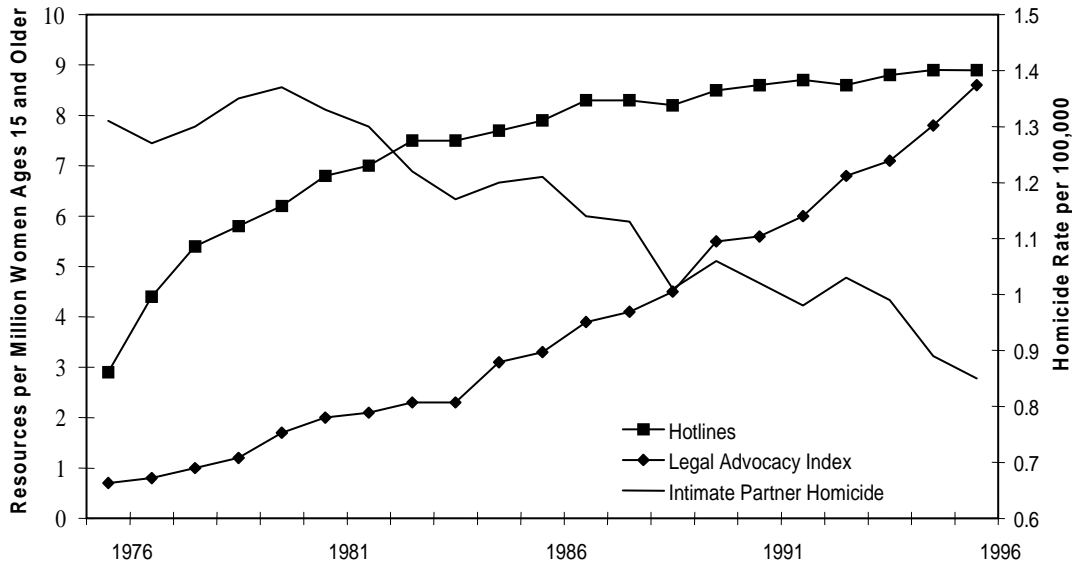
Although the idea of exposure reduction is relatively straightforward, its effects on violence need not be. Substantial evidence shows that the highest homicide risk is during the period when a battered victim leaves the relationship, suggesting a potential “retaliation effect” from exposure reduction associated with domestic violence interventions (Bernard and Bernard, 1983; Campbell, 1992). Such *retaliation effects* could occur if the intervention (e.g., restraining order, arrest, shelter protection) angers or threatens the abusive partner without effectively reducing contact with the victim. The authors evaluated the exposure-reducing and retaliation effects of a broad range of domestic violence resources on levels of heterosexual intimate homicide by victim gender, race, and marital relationship to the offender for 48 large U.S. cities between 1976 and 1996, controlling for changes in marriage and divorce rates, women’s status, and other time- and place-varying influences.

Contrasting Trends

The coincidence of the contrasting trends for decreasing intimate homicide and increasing social response is especially notable because the overall rate of homicide is trendless during the same period. The general decline in intimate homicide varies substantially by victim gender, race, and marital relationship to the offender. Larger decreases have occurred for males, blacks, and married victims (including ex-spouses) than for females, whites, and unmarried intimates (Greenfield et al., 1998; Rosenfeld, 1997, 2000). The differing time trends by victim type highlight the importance of assessing the separate effects of domestic violence resources by victim gender, race, and marital status.

Domestic violence policies and programs in the United States have expanded dramatically since the early 1970s, when the battered women’s movement began pressing for a social response to the needs of women abused by their spouses (Schechter, 1982). Policymakers responded with enhanced criminal justice sanctions, specialized procedures, and targeted services to accommodate the special needs of victims who are intimately involved with their abusers. Exhibit 1 displays the pronounced growth in domestic violence hotlines and legal advocacy programs in 49 large U.S. cities between 1976 and 1996. The intimate-partner homicide rate, by contrast, dropped to roughly 0.9 from 1.3 victims per 100,000, or by about 30 percent.

Exhibit 1. U.S. Intimate Partner Homicide Rates and Domestic Violence Services, 1976–1996



Source: FBI Supplementary Homicide Reports, 1976–1996, and the authors

Domestic Violence Resources

Exposure reduction can come in many forms. This research focuses on State laws governing protection orders and associated local implementation and enforcement policies. It considers whether States allow the courts to order *no contact* with the victim, whether *eligibility* is expanded to cover victims who do not live with the abuser, and whether the court is authorized to award temporary *custody* of children to the victim. Further, it considers whether the State statutes allow for a *warrantless arrest* when a protection order is violated and if the State *mandates* arrest. Finally, once an arrest is made, the study documents whether violators may be charged with *contempt* (either civil or criminal), a *misdemeanor*, or a *felony*.

Local policy reinforces State law by affirming its importance to local police and prosecutors, by providing specific implementation procedures, or by augmenting statutory requirements where such discretion is permitted. *Proarrest* and *mandatory arrest policies* encourage or require officers to arrest an individual who violates a protection order. Police departments may have specialized *domestic violence units* and *training*. The effectiveness of the criminal justice response to domestic violence also depends on local prosecutorial policy, including the

willingness to prosecute domestic violence cases, written policies for these cases, specialized domestic violence units, legal advocates on staff, and a “no-drop” policy. Community-based legal advocacy programs for victims of domestic violence may facilitate access to police and prosecutorial resources, especially if they have *dedicated funding* for personnel and employ *lawyers on staff*. One additional type of domestic violence resource is included in this analysis—the prevalence of *hotlines* for abuse victims. Finally, previous research has documented higher levels of violence in the lives of women on welfare (Allard et al., 1997; Browne and Bassuk, 1997; Tolman and Rosen, 2001). The authors, therefore, incorporate in their analysis benefit levels for Aid to Families with Dependent Children (AFDC).

Hypotheses

The researchers expect that State laws with provisions for no contact between victims and abusers and for warrantless and mandatory arrest of abusers will be associated with lower rates of intimate partner homicide. The exposure-reduction effects of State statutes should be strengthened, in turn, by aggressive and specialized local enforcement and strong legal advocacy services. However, the researchers do not expect that each of these factors will have similar effects for all victim types, for at least five reasons. First, discrepancies in implementation of policy or services can limit exposure reduction. Second, not all victims of domestic violence have equal access to the types of protection mandated by law and policy. For example, protection orders were originally restricted to women who were married to their abuser. Third, victims may perceive barriers preventing access to legal protection. This may be more common for women of color and low economic status (Peterson, 1999). Fourth, violent relationships between unmarried partners may be more sensitive to outside intervention because the partners typically have fewer legal and financial dependencies than spouses, and therefore are freer to leave. Finally, some interventions may increase the risk of lethal violence for intimate partners if they increase strain in the relationship or anger batterers without reducing contact, and the increased risk of retaliation may vary by marital status, race, and gender.

Data and Methods

Homicide Data

The homicide data were extracted from the Supplementary Homicide Reports (SHR) of the FBI’s Uniform Crime Reporting program (UCR) (Federal Bureau of Investigation, 1998). The authors aggregated to the city level for each year the number of homicides by the victim’s gender, race, and marital relationship to the offender. Married persons include ex-spouses and common-law; unmarried persons include the SHR categories of “boyfriend” and “girlfriend.” The small number of intimate partner homicides involving a victim and offender of the same sex were excluded from the analysis.

Domestic Violence Resources

The crux of the data collection strategy was to seek out informants within the local agencies of the 50 largest cities and ask them to complete a survey inventorying policies or activities by type and year of implementation. All resource data were collected by legal experts and practitioners. Even though repeated callbacks were required in some cases, response rates were impressively

high, especially given the long timespan for which detailed information was requested. The researchers received completed surveys with no missing data on prosecutor policies for all but two of the cities, yielding a final sample of 48 cities. (The survey instruments for the local agencies and the coding protocol for the State statutes are available from the authors by request.)

The authors formulated 11 indicators of domestic violence resources. Four are measures of State statutes, including provisions for warrantless and/or mandatory arrest, an index of the legal consequences for violating a protection order (contempt, misdemeanor, or felony), and an exposure reduction index that increases in value with provisions for no-contact orders and custody relief. Five of the indicators measure components of local policy, including police arrest policies, the presence of domestic violence units and training in police agencies, the willingness of prosecutors' offices to take domestic violence cases and the use of written policies for prosecuting them, the presence of domestic violence units and legal advocates in prosecutors' offices, and whether the prosecutor's office has a "no-drop" policy. Two final indicators measure the strength of legal advocacy programs and the prevalence of hotlines in the city.

Control Variables

The authors followed conventional practice in welfare analysis of measuring AFDC benefit levels in constant dollars based on the benefit received by a family of four persons (House Ways and Means Committee, 1996). Also included were race-specific marriage and divorce rates for each city and year and the ratio of the proportion of women to the proportion of men age 25 or older with at least 4 years of postsecondary education. Other controls are the overall change in adult homicide (not including adults killed by their intimate partner), a variable to capture any bias introduced by the adjustment procedure for underreporting of SHR data, and, to measure potential risk for homicide, the natural logarithm of the number of persons in the relevant demographic subgroups (e.g., married white males, married black males). See Dugan, Nagin, and Rosenfeld (2000) for explanations for the choices of control variables.

Methods

Because the dependent variable is a count of homicide victims within a discrete period, and rare events such as these likely conform to a Poisson process, the authors use the Poisson likelihood function to estimate models, with each observation weighted by the 3-year average of the city's population. Additional methodology was also used to address issues common to longitudinal analysis and to assure robustness. For a detailed methodological discussion, see Dugan, Nagin, and Rosenfeld (2000).

Findings

Consistent with previous research, the authors found that much of the decline in intimate-partner homicide over the past 25 years is associated with declining marital domesticity (defined as decreasing rates of marriage and increasing rates of divorce). A full description of the results is in Dugan, Nagin, and Rosenfeld (2000). In this paper, researchers focus on the more policy-relevant results. A summary of the robust findings for the domestic violence resources and

AFDC is displayed in exhibit 2. Each column represents a victim type while each row represents a type of resource. Listed in each cell is an indicator of whether the finding supports the hypothesis of exposure reduction (ER), or suggests retaliation (RET). Blank cells indicate no association that passed the researchers' several robustness tests.

Exhibit 2. Findings Supportive of Exposure Reduction (ER) or Retaliation (RET)

	Married				Unmarried			
	Male		Female		Male		Female	
	Black	White	Black	White	Black	White	Black	White
Warrantless Arrest				ER	ER			ER
Mandatory Arrest		ER		RET				RET
Violation Index			ER				RET	
Exposure Reduction			ER		RET		RET	
Legal Advocacy				ER			RET	
Hotlines							RET	
Police Arrest Index		RET			ER		ER	
Police Commitment							RET	
DA Willingness		RET		RET	RET		RET	RET
DA Specialization						RET		
No-Drop Policy								
AFDC	ER				ER	ER	ER	

In total, there are 28 robust policy-related findings. Of those, 13, or 46 percent, support the predictions of the exposure reduction theory. These results suggest that increases in alternatives to living with, or depending upon, an abusive partner contribute to the decreasing homicide rates of intimate partners. The remaining findings support the retaliation hypothesis: Resources that are intended to reduce exposure to violence are associated with higher levels of intimate homicide. One interpretation of this result is that batterers increase their violence once their partners try to leave.

Two findings consistently support the exposure reduction hypothesis: those for AFDC benefit levels and warrantless arrest law. As AFDC benefits decline, more men, particularly black men, are killed by their girlfriends. An interpretation of this result is that reductions in AFDC limit financial opportunities for unmarried women with children to live independently of their abusers,

thereby increasing the likelihood of unmarried women killing their abusers or, in the case of black women, being killed by them. However, white women are unaffected, suggesting that African-Americans are more sensitive to variations in AFDC (see also the results for married men). That interpretation is consistent with the higher rates of AFDC participation of blacks compared with whites (House Ways and Means Committee, 1996).

The findings for warrantless arrest law are consistent with exposure reduction for white women in both marital and nonmarital intimate relationships. A warrantless arrest law gives officers more discretion to arrest immediately after a protection order is violated. This reduces the period that the victim is exposed to the offender by the amount of time that it would take the officer to obtain a warrant. This period is also the most dangerous, because the batterer is likely to be antagonistic after police intervention.

Two findings consistently support retaliation predictions—those for prosecutor willingness and specialization. As the willingness of prosecutors to take cases increases, so does homicide for married white and unmarried black partners. Prosecutor willingness to take cases is also associated with higher levels of victimization among unmarried white women, and the measure of prosecution specialization is associated with greater victimization of unmarried white men. These results imply that the willingness and capacity to prosecute cases of protection order violation may aggravate already tumultuous relationships.

The remaining robust findings are less consistent across victim type. Increased strength of legal advocacy, for example, is associated with fewer killings of white wives but more deaths of black unmarried females. The most pronounced contrast in the remaining results is between married and unmarried homicide victimization. With few exceptions, these results show retaliatory effects for unmarried partners resulting from access to domestic violence resources—especially for black women.

Discussion

The goal of this project was to identify factors that have contributed to the 25-year decline in intimate partner homicide in the United States. The researchers hope that the conclusions drawn from this work will assist policymakers and service providers in designing more effective prevention strategies. The research was premised on a theory of exposure reduction, predicting that any factor that shortens the time that violent intimates are exposed to one another will reduce the probability that the relationship ends in homicide. Investigation produced mixed support for the theory. Clearly, domestic violence prevention resources are not uniformly associated with reductions in intimate-partner homicides, and some may result in increased victimization. Support for the latter interpretation is most evident in the findings for unmarried partners.

Implications for Researchers

More research is needed to better understand the dynamics of successful exposure reduction compared to unsuccessful cases, so policymakers and practitioners can reduce prevention failures. Much research has already been conducted on failed efforts to leave abusers. Homicide case reports and interviews often provide rich details of the events leading to the homicide. Yet,

that is only half the story. For comparison, researchers need to understand how severely violent relationships avoid lethal consequences.

Progress is being made with longitudinal research on battered women by Campbell and colleagues that examines how women who differ in individual and relationship attributes respond to partner abuse and compares battered women, including homicide victims, to other women in several cities (Campbell et al., 1998; Campbell and Soeken, 1999; see, also, Block, 2000). It is only with more research documenting successful and unsuccessful cases of relief from partner violence for a heterogeneous group of women that we will be able to design policy customized to meet their safety needs.

Implications for Practitioners

The findings suggesting a retaliatory effect do not mean that designing prevention strategies based on exposure reduction is a bad idea, but rather that prevention should be tailored to the particular needs and situations of different groups. The results also imply that a little exposure reduction, or unmet promises of exposure reduction, can be worse than the status quo for severely violent relationships. Absolute reduction of exposure in such relationships is an important policy objective. Without any contact, neither partner has the opportunity to kill the other. But achieving this type of protection is not easy. A starting point suggested by the research is case-by-case review of local prosecution policy and practice, with special attention to the needs of victims who are not married to their batterers.

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Male-Perpetrated Domestic Violence: Testing a Series of Multifactorial Family Models

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Background, Rationale, Purpose, and Conceptual Framework

There is no shortage of statistics to document that violence is a serious problem in our society and that much of this violence occurs in the home. The likelihood of experiencing a traumatic event in general and the prevalence of postevent psychological disturbance are not trivial. One possible result of trauma exposure is the condition known as posttraumatic stress disorder (PTSD). According to the *Diagnostic and Statistical Manual of Mental Disorders*, PTSD is an anxiety disorder observed in persons who have been exposed to an extreme stressor that evokes feelings of “intense fear, helplessness, or horror” (American Psychiatric Association, 1994). Symptoms include reexperiencing the traumatic event through frightening dreams and intrusive recollections, avoidance of circumstances that might trigger a reexperiencing episode, emotional numbing and retreat from intimate relationships, and increased arousal. The condition frequently coexists or is comorbid with alcohol abuse. PTSD has been documented in victims with various traumatic experiences, including veterans of military combat.

This research project, funded by the National Institute of Justice (NIJ), sought to demonstrate the connection between two important social and health problems—domestic violence and trauma-related psychological disturbance—and that trauma and its consequences (PTSD and alcohol abuse) serve partially to explain aggressive behaviors in families. The goal of the project was to gain a better understanding of risk factors associated with male-perpetrated domestic violence and accompanying partner mental distress and child behavior problems using family data from the National Vietnam Veterans Readjustment Study (NVVRS) (Kulka et al., 1990a, 1990b).

The NVVRS was congressionally mandated and conducted in the mid- to late 1980s. Its primary purpose was to document rates of PTSD and other adjustment difficulties among veterans who fought in the Vietnam War. The NVVRS had more than 4,000 participants and involved a number of components, one of which was an extensive assessment of family life among community-residing male veteran-female partner dyads. Using this subset of the larger database, the NIJ-funded project tested a series of models to gain information about the antecedents, correlates, and consequences of violence against women.

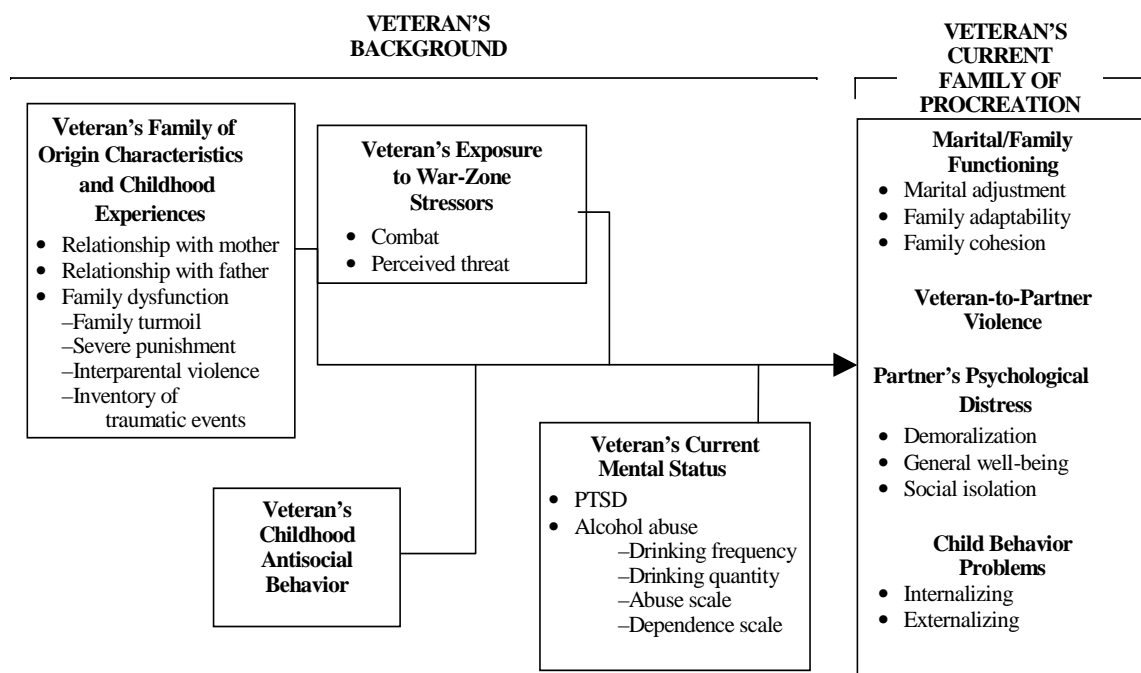
Exhibit 1 presents the conceptual framework for the project. Emphasis was placed on four categories of variables related to the veteran’s background:

- ◆ The veteran’s accounts of his own family of origin characteristics and childhood experiences.
- ◆ The veteran’s conduct and behavioral problems prior to age 15 (childhood antisocial behavior).
- ◆ The veteran’s exposure to war-zone stressors in Vietnam.
- ◆ The veteran’s mental status as represented by PTSD symptomatology and associated alcohol abuse.

The project incorporated four clusters of variables describing the veteran’s current family of procreation:

- ◆ Marital and family functioning.
- ◆ Veteran-to-partner violence.
- ◆ The partner’s psychological distress.
- ◆ Child behavior problems.

Exhibit 1. Conceptual Framework



Component Studies and Hypotheses

The research project was organized into a sequence of four studies, each of which addressed a specific objective and subsumed hypotheses concerning the patterns of relationships among critical variables.

Variables Characterizing Veteran’s Family of Procreation

Study 1 sought to determine the pattern of relationships among variables representing marital and family functioning, veteran-to-partner violence, partner’s psychological distress, and child behavior problems. This initial study laid a foundation for the full project by documenting associations among the key variables that provide a contemporary portrayal of the veteran’s family of procreation. For this segment, a working hypothesis was that the veteran’s perspective on the quality of marital and family functioning and his violent behaviors toward his partner have direct effects on the partner’s psychological distress and on child behavior problems and indirect effects on these outcomes.

Veteran's Early Background and Trauma History

Study 2 aimed to establish the degree to which the veteran's family-of-origin characteristics, childhood experiences (including severe punishment and other forms of childhood trauma) and antisocial behavior, and exposure to stressors in the Vietnam war zone and subsequent PTSD symptomatology related to veteran-to-partner family violence. Researchers predicted main effects for the background and trauma variables emanating from the family of origin, childhood antisocial behavior, and war-zone stressor categories to the violence variable. They also predicted that PTSD would serve at least as a partial mediator of these relationships.

Veteran's Current Mental Status

Study 3 examined how the veteran's current mental status is associated with marital and family functioning, violence, and his partner's current psychological distress. This phase of the research program highlighted the role of stress disorder symptomatology and alcohol abuse in accounting for family violence. Hypotheses included the following:

- ◆ A relationship between the veteran's mental status (PTSD and alcohol abuse) and his partner's psychological distress.
- ◆ A direct effect between the emotional numbing aspect of PTSD and marital and family functioning.
- ◆ A direct effect between the hyperarousal feature of PTSD and violence.
- ◆ A disinhibition hypothesis that the presence of the veteran's alcohol abuse exacerbates domestic turmoil and aggression.

Developmental and Intergenerational Perspective on Violence

Study 4 aimed to model a network of relationships explaining the potential transmission of violence across generations, commencing with the veteran's accounts of violence within the family of origin and terminating with reports of child behavior problems (delinquency, aggression, and other externalizing tendencies) within the family of procreation. The evaluation of this model, with mediational influences capturing important stages and events in the life of the veteran and with child behavioral problems as the outcome, was intended to emphasize the relative influence of leading risk factors and suggest mechanisms by which they operate.

Methodology

Sample Description

The NVVRS and the data it produced have much to recommend them. A large multidisciplinary team of researchers and consultants assured a wealth of expertise from diverse perspectives, including psychology, psychiatry, sociology, nursing, epidemiology, and biostatistics. The national area probability sampling approach afforded comprehensive coverage of the full Vietnam veteran population. Response rates were quite good (82 percent), and the data obtained from each participant were extensive. Face-to-face, structured interviews, with some

supplementary self-report paper-and-pencil measures, were administered to participants throughout the United States. Interviews of veterans averaged more than 5 hours; separate spouse-partner interviews averaged more than 1 hour. For the family subsample, the intent was to include families of all veterans who scored high on measures of combat exposure, PTSD, or general psychological distress. Some families were included specifically to represent veterans who did not meet these criteria, thereby enhancing dispersion or score variability in the family subsample while maintaining a focus on high-risk family units.

For the current project, there were 376 male veteran-female partner dyads; 261 dyads had one or more children between the ages of 6 and 16 residing in the home. Data were collected from partners on selected background characteristics of the partner and couple, the partner's perspective on the veteran's mental health and functioning, the partner's own psychological and emotional well-being, interaction problems and violence in the family, and behavior and adjustment problems for all 6- to 16-year-old children in the household.

The original NVVRS researchers were particularly attuned to including sufficient numbers of minority veterans in their sample. As a result of their oversampling strategies, approximately 25 percent of the male Vietnam veteran participants identified themselves as black and 24 percent identified themselves as Hispanic. One can conclude, therefore, that the primary study from which this proposal drew its data was well grounded in its concerns for inclusiveness based on minority status, at least with regard to the two largest minority groups in the United States. In turn, the current project benefited. The racial or ethnic identity for male veterans whose partners provided data for the family interview was distributed as follows: black, 24 percent; Hispanic, 29 percent; and white/other, 47 percent. The partners of these veterans had a fairly comparable distribution: black, 23 percent; Hispanic, 22 percent; and white/other, 55 percent.

The composition of the sample relied on the initial descriptive profiles for the male veteran-female partner units developed by Jordan and colleagues (1992). Almost 33 percent of the veterans in these families scored high on PTSD, and 51 percent scored in the medium to high range on the measure of general psychological distress. With regard to marital problems, Jordan and colleagues (1992) reported that 61 percent of the PTSD-positive veteran families and 44 percent of the total sample had partner-generated marital problem scores in the medium to high range. Thirty-four percent of women with PTSD-positive, male veteran partners reported at least one violent incident in the past year (1–2 incidents, 6.8 percent; 3–5, 10.6 percent; 6–12, 7.3 percent; 13 or more, 9.3 percent). For the full sample, 21 percent reported one or more incidents in the past year, including the complement of tactics on Straus's Conflict Tactics Scales (Straus, 1979) and additional items reflecting extreme threats of violent acts. Another important risk factor for domestic violence, and one that was investigated in this project, is alcohol abuse. For this sample, the lifetime rate of alcohol abuse for veterans was 42 percent, and the current rate was 15 percent.

For studies 1 and 4, in which ratings of child behavior problems were involved, sample sizes were 260 and 254, respectively; for studies 2 and 3, in which all couples were eligible (both those without and those with children in the home), sample sizes were 367 and 372, respectively.

Analytic Approach

Structural equation modeling was the primary analytic strategy. This approach involves solving a series of simultaneous equations that represent associations among variables. Structural equation modeling has two components: the measurement component and the structural component. The measurement component, also known as confirmatory factor analysis, defines latent variables or factors in terms of their observed or manifest indicators. In this project, the latent variable labeled *partner's psychological distress* had three observed or manifest indicators:

- ◆ Scores on the demoralization scale from the Psychiatric Epidemiology Research Interview (PERI) (Dohrenwend, 1982).
- ◆ A general well-being scale (reverse scored).
- ◆ An index of the partner's social isolation.

Latent variables are considered reliable because measurement error is specified and therefore estimated in the analysis. Thus, when latent variables are employed in the subsequent structural component, which tests hypotheses about the relationships among variables, their regression or path coefficients are unbiased (see Bollen, 1989; Hoyle, 1994; Joreskog and Sorbom, 1993). Furthermore, the full-information estimation procedures of structural equation modeling yield parameter estimates that are efficient. Their standard errors are as small as they can be, thereby providing more stable values and a more accurate representation of the pattern of relationships among the variables. This methodology gives researchers more flexibility and powerful tools to enhance measurement precision and to understand complex associations among constructs.

Latent Variables and Their Indicators

Exhibit 2 identifies the sets of latent variables for the project and presents a brief description of how each of their indicators was measured. When possible (e.g., the measures of PTSD and veteran-to-partner violence), existing, well-regarded scales were used. In other instances, conventional psychometric procedures were used to develop content-valid, reliable measures from the existing NVVRS survey data.

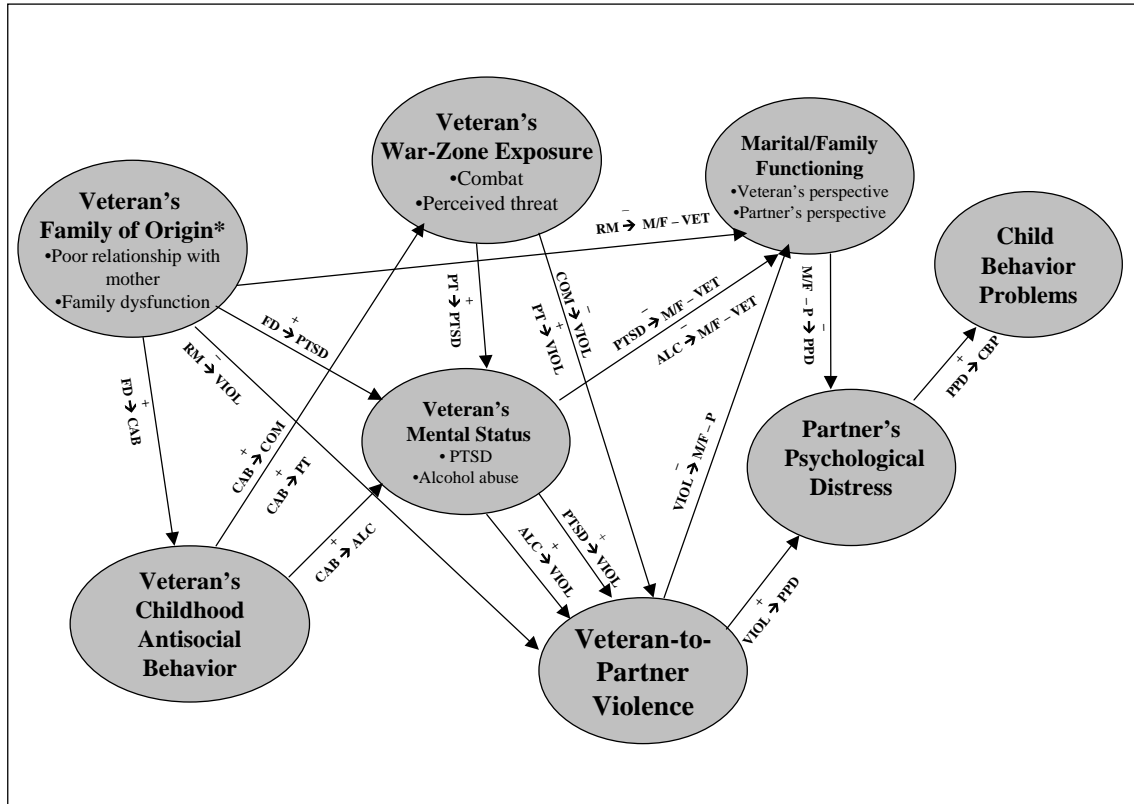
Findings

Exhibit 3 is a simplified and integrated representation of the findings across all four studies in this project. The results offered support for the guiding trauma-focused perspective, that exposure to highly stressful life events in a man's childhood or early adulthood and their psychological consequences may explain later partner battering and concomitant partner psychological distress and child behavior problems. As a general statement, there appeared to be a "chaining" of variables depicting pathways by which a man's adverse childhood experiences are linked to difficulties in his subsequent marriage and family life. In our studies, the veteran's own family background characteristics and childhood experiences contributed to early acting-out behaviors; these experiences were influential in terms of his subsequent exposure to high levels of combat (study 2, especially). Of course, there is the link between trauma exposure (combat

Exhibit 2. Variables

Variable	Description of Measure
Veteran's Family-of-Origin Characteristics and Childhood Experiences	
1. Relationship with mother	6-item measure of closeness of primary mother figure (e.g., time spent together, ability to confide in parent, quality of relationship)
2. Relationship with father	6-item measure of closeness of primary father figure
3. Family dysfunction	
(a) Family turmoil	9-item measure of veteran's disruptive home environment (e.g., serious illness, problem drinking, or substance abuse among family members)
(b) Severe punishment	2-item index of veteran's physical abuse as a child
(c) Interparental violence	Single-item inquiry about parents hitting one another
(d) Inventory of traumatic events	5-item measure of veteran's traumagenic or early life-threatening experiences
Veteran's Childhood Antisocial Behavior	
4. Childhood antisocial behavior	17-item measure of veteran's early behavioral problems (e.g., excessive fighting, school truancy, substance abuse), per Diagnostic Interview Schedule (Robins et al., 1981)
Veteran's Exposure to War-Zone Stressors	
5. Combat	36-item measure of self-reported exposure to circumstances or events considered stereotypical warfare experiences (e.g., firing a gun, seeing wounded or dead bodies)
6. Perceived threat	9-item measure of appraisals of how harmful war-zone events were to personal safety (e.g., fear of bodily injury, judgment of danger)
Veteran's Current Mental Status	
7. PTSD	35-item Mississippi Scale for Combat-Related PTSD (Keane, Caddell, and Taylor, 1988); assesses the core reexperiencing, avoidance, numbing, and hyperarousal symptoms of PTSD, plus associated features of depression, guilt, and suicidality
8. Alcohol abuse	
(a) Drinking frequency	3-item index of how often veteran consumed beer, wine, or liquor
(b) Drinking quantity	3-item index of how much beer, wine, or liquor was consumed on a typical drinking occasion
(c) Abuse scale	10-item measure reflecting problem drinking behaviors (e.g., job troubles due to alcohol, family objections to drinking, incidents of drunk driving), per Diagnostic Interview Schedule (Robins et al., 1981)
(d) Dependence scale	13-item measure of very serious drinking behavior (e.g., binges, early morning drinking, blackouts), per Diagnostic Interview Schedule (Robins et al., 1981)
Marital/Family Functioning (measured from both the veteran and partner perspective)	
9. Marital adjustment	15-item measure assessing general satisfaction with the marital relationship (e.g., marital happiness, companionship, and compatibility)
10. Family adaptability	11-item measure of flexibility of family roles, responsibilities, and operating principles, per Family Adaptability and Cohesion Evaluation Scales (FACES) II (Olson, Bell, and Portner, 1978)
11. Family cohesion	13-item measure of closeness and affiliation among family members; taken from FACES II (Olson, Bell, and Portner, 1978)
Veteran-to-Partner Violence	
12. Veteran-to-partner violence	8-item physical violence subscale per Conflict Tactics Scales (Straus, 1979)
Partner's Psychological Distress	
13. Demoralization	27-item measure of depression, dread, anxiety, hopelessness, and poor self-esteem, per PERI (Dohrenwend, 1982)
14. General well-being	2-item index assessing sense of personal well-being (reverse-scored)
15. Social isolation	4-item measure of social isolation (e.g., lack of close friends, relatives, and confidants)
Child Behavior Problems	
16. Internalizing	internalizing score on the Child Behavior Checklist (Achenbach, 1978, 1991)
17. Externalizing	externalizing score on the Child Behavior Checklist (Achenbach, 1978, 1991)

Exhibit 3. Simplified Representation of Findings



Notes: *The latent variable labeled *relationship with father* was not retained in the final models produced in this project because it was not uniquely related to other variables. Although not depicted in this simplified representation, study 3 of the project demonstrated that the two latent variables within the veteran's mental status category (PTSD and alcohol abuse) were jointly implicated in the prediction of violence; that is, they operated synergistically to increase the incidence of veteran-to-partner violence. Important associations are noted by the codes (e.g., $FD \rightarrow CAB$) on each major pathway line, with the associated sign or direction of the association recorded as positive (+) or negative (-).

**ALC = alcohol abuse; CAB = childhood antisocial behavior; CBP = child behavior problems; COM = combat; FD = family dysfunction; M/F-P = marital/family functioning, partner's perspective; M/F-VET = marital/family functioning, veteran's perspective; PPD = partner's psychological distress; PT = perceived threat; PTSD = posttraumatic stress disorder; RM = relationship with mother; VIOL = violence.

and threat in the war zone) and postwar PTSD and alcohol abuse. The synergistic effects of these two latter variables on violence and partner psychological distress are especially tragic (study 3), and the chain extends to negative child behavior in general (study 1) and aggressive, delinquent, and other externalizing behaviors in particular (study 4).

Implications for Practitioners

The pattern of associations among the veteran's family-of-origin dysfunction, childhood antisocial behavior, combat exposure, and perceived threat in the war zone were particularly noteworthy, especially in light of a revictimization interpretation. This network of relationships suggests that early distress and troublesome experiences in the family of origin may lead to the propensity for risky, destructive, and perhaps illegal activities, which then place the individual in

jeopardy for exposure to additional serious life stressors in late adolescence and early adulthood. In the context of this study, these later stressors are war-zone-related combat and the accompanying fear of bodily harm or death, and they have been discussed previously as a selection bias (see King and King, 1991), drawing the more vulnerable members of society into harm's way. Moreover, King and colleagues (1996) noted that male soldiers in Vietnam who reported earlier childhood behavior problems were more likely to have encountered exposure to combat than those who did not have a history of such antisocial behavior, a likely reflection of the selection bias within the military that places those with more limited skills and abilities into combat-related positions. These findings are consistent with other trauma contexts, including rape (e.g., Kilpatrick et al., 1998), wherein the individual's early exposure seems to signify increased risk for later victimization.

Extrapolating these results to persons in distressed childhood environments within chaotic communities may point to a need for enhanced anti-risk-taking training for youth, especially those with documented exposure to traumatic events. Such training might emphasize personal safety education to include the avoidance of potentially dangerous environments, compensatory behaviors to quell sensation-seeking, and alternatives to violent responses to threatening stimuli. The goal would be to break the cycle of vulnerability.

The associations among early adulthood trauma (combat exposure and perceived threat), PTSD symptomatology, and veteran-to-partner violence are also interesting (see exhibit 3). First, there are the expected positive relationships between PTSD and violence and between perceived threat and violence: Those who exhibit more symptomatology or who manifested more fear in the war zone tended to be more violent toward their partners. Yet the direct path between combat exposure and veteran-to-partner violence carries a negative sign, such that those exposed to high levels of combat perpetrated less violence on their partners. This finding may appear counterintuitive. Indeed, consideration of the negligible bivariate association between combat and violence suggests a suppressor effect (Cohen and Cohen, 1983). On further reflection, however, it may impart a message of hope. That is, by controlling for, taking into account, or removing the psychopathological consequences of combat (threat and PTSD), at least some who experience traumatic events may be less inclined to perpetrate violence on their partners.

PTSD is a critical gatekeeper variable through which various factors in the veteran's background make their impact on the family. Indeed, PTSD symptomatology appears to have a pervasive influence on other variables. In addition to positive paths to alcohol abuse, veteran-to-partner violence, and then to partner's psychological distress, its association with the veteran's perspective on marital and family functioning was strong and negative: the greater the level of PTSD symptoms, the less positively the veteran viewed his family situation. PTSD appeared to function as predicted, serving as a pivotal intermediary variable leading to violent behaviors and then to partner and child distress.

Even more intriguing were the findings involving PTSD when it was disaggregated into its component symptom categories and the focus became the emotional numbing and hyperarousal features of the condition (study 3). Examining PTSD in this manner offered insight into the mechanisms by which it may influence different aspects of the marriage and family. As hypothesized, emotional numbing was particularly salient in its association with the veteran's

perspective on marital and family functioning, suggesting that this aspect of stress symptomatology inhibits positive interactions, interpersonal satisfaction, and feelings of warmth and intimacy with the veteran's partner and children. The chain of associations extends through the partner's perspective on marital and family functioning, then to the partner's psychological distress, and subsequently to child behavior problems (exhibit 3).

Also, as hypothesized, hyperarousal was the feature of PTSD (when the condition was disaggregated) that appeared most critical to reports of violence in the family. This conclusion is qualified on the basis of a significant interaction effect between hyperarousal and alcohol abuse. Thus, as proposed, alcohol abuse seemed to be a key exacerbating factor, and the effect of hyperarousal was stronger in the presence of higher levels of alcohol consumption. PTSD symptomatology, in and of itself, is harmful and places the partner at risk, but when coupled with alcohol, male PTSD victims become more likely to batter their partners. Interventions in domestic violence cases should recognize that the veteran's symptoms of PTSD and comorbid substance abuse might be appropriate targets for treatment.

Two final observations deserve mention. First, in the models tested in this project, the partner's (mother's) psychological distress was strongly associated with the child's behavior problems. In fact, this was the sole path that linked all of the other variables to the offspring's behavior. This finding points to the importance of the mother's well-being, or lack thereof, in accounting for the well-being, or lack thereof, of her child. Additionally, the veteran's relationship with his mother emerged as a possible influence on two important variables in his family of procreation: a relatively weak relationship with veteran-to-partner violence and a somewhat stronger relationship with the veteran's perspective on his own marital and family functioning. This latter association suggested that a higher quality relationship with his mother made it more likely that a veteran would be less violent with his wife. Therefore, it appears that the mother plays a substantial role in safeguarding the mental health of her child in the midst of highly stressful life events and negative family experiences, and perhaps the effect carries forward into the next generation. This interpretation reinforces advocacy for shelters and other programs that provide support services to battered women and their children.

If generalized very cautiously, these findings may not be limited to war veterans and their families. The resulting paradigm could be applicable to families in economically depressed neighborhoods in our Nation's larger cities, where, for example, men may be exposed to intensely stressful events in adolescence or early adulthood. If so, these findings have implications for ongoing community and domestic violence. Also, other occupational groups exposed to alternating periods of routine boredom and high stress, like law enforcement officers, may mirror this sample to some degree. Interestingly, these implications may be doubly meaningful because a significant portion of police, security, emergency, and other public safety occupational groups are military veterans. Findings might very well inform targeted employee assistance programs.

The researchers recommend a strong alliance between the criminal justice community and the mental health services community. Such an alliance should recognize the importance of trauma exposure and subsequent PTSD symptomatology and associated alcohol abuse in accounting for the perpetration of violence against women. The results clearly suggest that current batterer

treatment programs can be designed to consider the findings of this study. In this regard, experts in PTSD and comorbid substance abuse may be able to offer training and consultation services that are explicitly targeted at the recognition of classic signs and symptoms among perpetrators and appropriate avenues for effective intervention and treatment.

Implications for Future Research

The research reported here concerns families of survivors of one type of traumatic experience: exposure to the stressors of a war zone. Future research might test components of this study's conceptual framework with other trauma survivors. Moreover, the model prescribes PTSD and comorbid alcohol abuse as primary mediators between veteran characteristics and experiences and outcomes within the family context. Other psychological consequences of exposure to trauma, such as depression, are worthy of future inquiry. Finally, and perhaps most important, the design of this study was retrospective and cross-sectional, leading to necessary ambiguities regarding the direction of causality among variables (King and King, 1991). Future research should apply aspects of this conceptual framework to more rigorous longitudinal designs.

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Domestic Violence and Deviant Behavior

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Theoretical Overview

Physical violence against women by their male intimate partners is a public health problem of enormous importance. From infrequent slaps, pushes, grabs, or shoves to frequent and severe life-threatening assaults, intimate violence in its various forms has significant individual and social consequences. Fear, depression, intense anxiety, and social isolation are common among battered women, and the collateral damage that follows from domestic violence extends beyond the individual suffering of victims (Holtzworth-Munroe et al., 1998; National Research Council, 1996; Stephens, McDonald, and Jouriles, 2000). For example, children of battered women are at high risk for being victimized (Appel and Holden, 1998), suffering significant emotional and behavioral maladjustment (Holtzworth-Munroe et al., 1998; Jouriles et al., 2001; Ware et al., 2001), and perpetuating violence in their interpersonal relationships (O'Leary, 1988).

At the community level, the burden occasioned by violence against women includes lost work time and wages, reduced productivity, and costs associated with the provision of health care and social services for victims and their families (National Research Council, 1996). In short, the individual and social consequences of intimate partner violence are great. A better understanding of the development of domestic violence and its causes and correlates should be a national scientific and public policy priority.

Theories of the development of domestic violence differ in how they conceive of the relation between domestic violence and "other forms of deviance." (Such deviancy encompasses behavior other than domestic violence, such as theft, fraud, violence toward nonfamily members, and illicit substance use that is criminal, antisocial, or otherwise in violation of the prevailing community norms.) Some theorists and researchers have speculated that men's domestic violence is but one expression of a general tendency to engage in deviant behavior (see Simons et al., 1995). Rooted in general theories of crime (Gottfredson and Hirschi, 1990), this view maintains that domestic violence, like other criminal or antisocial behavior, might best be explained by theories that invoke general explanatory principles such as low self-control or antisocial behavior traits. Such theories suggest that domestic violence and other forms of deviant behavior (though not necessarily any *specific* form of deviant behavior) should be associated. Such an association would be indicated by a greater prevalence of deviant behavior among men who engage in domestic violence compared with those who do not.

This theoretical approach contrasts with the argument that domestic violence is a unique form of deviance, distinct in cause and correlates from other forms of deviance, and thus requires its own special theories for adequate explanation. According to proponents of this view, domestically violent men are expected to differ from other men and from one another in a variety of important ways (Gordon, 2000; Holtzworth-Munroe et al., 1997). However, a tendency to engage in criminal, antisocial, or other deviant behavior is not expected to be one of the ways that *most* domestically violent men differ from nonviolent men. That is, men who engage in the most common forms of domestic violence (relatively infrequent slaps, pushes, grabs, and shoves) are expected to be indistinguishable from other men in terms of other deviant behavior (Holtzworth-Munroe et al., 2000; Gordon, 2000). Those men who *do* engage in frequent and severe domestic violence (who are often found in clinic or court-referred samples) also engage in high levels of

other deviant behavior. But these men constitute only a tiny proportion of all domestically violent men and are thought to be very different from men who engage in the most common forms of domestic violence (those men often found in representative community samples). Thus, the high levels of other deviant behavior found among the subset of the most violent abusers are not expected to characterize domestically violent men in general. In short, this theoretical approach suggests that the prevalence of deviant behavior in a representative community sample of domestically violent men should not differ from the prevalence of deviant behavior among men who are not domestically violent.

Exploring the General Deviance Explanation

This research is the first step in an investigation to determine whether domestic violence, as it most commonly occurs in community samples, and other forms of deviance are related in a manner consistent with a general deviance explanation of domestic violence. Although the findings of much previous research appear consistent with a general deviance explanation and suggest that further study is warranted, existing research fails to address the issue directly for several reasons: The nature of the samples selected, the range of deviant behaviors investigated, and other methodological idiosyncrasies create interpretive ambiguity or limit generalization. It is unclear, for example, whether the co-occurrence of domestic violence and other specific forms of deviant behavior (e.g., violence toward strangers) found in clinic or court-referred samples (see Gondolf, 1988; Shields, McCall, and Hanneke, 1988) is likely to be true for community samples as well. It is also unclear whether the relations obtained for specific deviant behaviors are likely to reflect the relation between domestic violence and deviant behavior in general. The few studies that report an association between domestic violence and other forms of deviant behavior in community samples correlate this association in a way that precludes determining the comparative *prevalence* of deviant behavior among men who do or do not engage in domestic violence (see Simons et al., 1995; Magdol et al., 1998).

The present research defines deviance broadly and examines the co-occurrence of domestic violence and other forms of deviance, instead of analyzing the correlation between them. The authors consider the occurrence of one or more of a wide variety of deviant acts rather than one or two specific types, using a community sample of young men rather than a clinic or court-referred sample, so that “typical” rather than extreme domestic violence can be investigated. A longitudinal component is included that accounts for past deviant behavior as well as deviant behavior that is concurrent with the domestic violence. Support for a general deviance explanation of domestic violence as it occurs in the community would increase if the following hypotheses were confirmed:

- ◆ Domestic violence and other forms of deviant behavior are associated concurrently, as indicated by a higher concurrent prevalence rate of deviant behavior among men who engage in domestic violence compared with men who do not.
- ◆ Domestic violence and other forms of deviant behavior are associated prospectively, as indicated by differing past prevalence rates of deviant behavior. That is, men who have

engaged in domestic violence would be more likely to have engaged in deviant behavior in the past than men who have not.

Methods

Data for this research was taken from the National Youth Survey (NYS) and consists of a national probability sample of continental U.S. households that had a youth between the ages of 11 and 17 as of December 1976. This dataset has been widely researched, and the sample characteristics and sampling strategy are presented in other reports (see Huizinga, 1978). This study concentrates on just two of the multiple waves of data that were collected: Wave V (1980) when the participants were between 15 and 21, and Wave VI (1983) when the participants were between 18 and 24. More specifically, it focuses on Wave VI men who were married or cohabiting with a partner of the opposite sex and who completed a measure of domestic violence ($n = 176$).

Measures

Domestic Violence. Men's violence toward their female partners was measured using the eight physical aggression items from the Straus Conflict Tactics Scales (CTS) (Straus, 1979). Men who had engaged in one or more of these behaviors in the year prior to assessment were classified as domestically violent; those who refrained from such behavior were classified as not domestically violent.

Deviant Behavior. Men's general deviance (defined as acts other than domestic violence) was measured by participants' responses to 44 items at Wave VI and 40 items at Wave V that describe illegal or socially proscribed behavior. Items at both waves sampled a range of deviant behavior, from relatively minor (e.g., stole something worth \$5 or less) to more serious deviant acts (e.g., set fire to a building, car, or other property). Most items, however, fell between these extremes (e.g., snatched someone's purse or wallet or picked someone's pocket; stole money, goods, or property from employer). Several of the deviance items differed at the two waves to reflect the age differences of the groups, but most were the same. Illicit substance use was included in this measure of deviance at both waves. Questions about the use of specific substances (e.g., marijuana, cocaine, and heroin) were combined into a single item and scored present (the use of at least one illicit substance) or absent (no report of illicit substance use). Participants were classified according to the number of different types of deviant acts they had engaged in (i.e., none, one or more, two or more, three or more). Deviance data were missing for 13 men at Wave V, reducing the sample size for analyses using Wave V to 163.

Findings

Domestic Violence

Of the 176 married or cohabiting men in the Wave VI sample, 66 (37.5 percent) reported engaging in one or more acts of physical violence against a female partner (as measured by the CTS) in the year prior to assessment. The 1-year prevalence rate for domestic violence (37.5 percent) is comparable to rates obtained from other large samples of young couples (see Magdol

et al., 1997; O’Leary et al., 1989). As expected, the levels of domestic violence in this sample were relatively low, with the domestically violent men reporting, on average, three to four violent acts ($M = 3.7, SD = 3.67$) in the year prior to assessment. This is comparable to the frequency of husbands’ violent acts in other nationally representative community samples (see Straus, 1990). The highest number of acts reported by any participant was 18.

These numbers contrast with the levels of violence typical of clinic, court-referred, or shelter samples. Women in shelter samples, for example, typically report experiencing more than 60 acts of husband-to-wife violence in a year, with the majority reporting severe violence such as repeated beatings and threats with knives or guns (Jouriles et al., 1998; Jouriles et al., 2000).

Deviant Behavior

To measure the co-occurrence of domestic violence with other forms of deviant behavior, the authors created a dichotomous variable to indicate whether the men reported engaging in one or more deviant acts in the year prior to assessment. At Wave VI, 66 percent of the total sample reported engaging in one or more deviant acts; at Wave V, conducted 3 years prior to Wave VI, 75 percent of the total sample reported engaging in one or more deviant acts.

Given the high rates of deviant behavior that were reported using this arguably liberal operationalization of deviance, two additional variables were created: one to reflect whether or not the men reported engaging in two or more deviant acts in the past year; the other to reflect whether or not the men reported engaging in three or more deviant acts in the past year. Sixty percent of the Wave V sample and 54 percent of the Wave VI sample reported two or more acts. Three or more acts were reported by 48 percent of the Wave V sample and 38 percent of the Wave VI sample. The authors examined the co-occurrence of domestic violence and other acts of deviance using each of these increasingly conservative operationalizations of deviance.

Exhibit 1. Co-occurrence of Domestic Violence and Concurrent Deviant Behavior (Wave VI)

Conceptualization of Deviant Behavior	Number Engaging in Deviant Acts (<i>n</i> = 176)	Prevalence of Deviant Behavior		χ^2
		Domestically Violent (<i>n</i> = 66)	Not Domestically Violent (<i>n</i> = 110)	
> 1 act	116 (66%)	76%	60%	4.56*
> 2 acts	95 (54%)	65%	47%	5.31*
> 3 acts	66 (38%)	53%	28%	10.87*

* $p < .05$

The co-occurrence of domestic violence with current deviant behavior (based on the Wave VI sample) is presented in exhibit 1. Seventy-six percent of domestically violent men reported engaging in one or more concurrent deviant acts. Chi-square analyses indicate that a greater proportion of domestically violent men engaged in other deviant behavior than men who were not domestically violent, $\chi^2(1, n = 176) = 4.56, p < .05, \phi = .16$. This was also true for the more conservative definitions of deviance: two or more acts, $\chi^2(1, n = 176) = 5.31, p < .01, \phi = .17$; and three or more acts, $\chi^2(1, n = 176) = 10.87, p < .01, \phi = .25$.

The co-occurrence of domestic violence with past deviant behavior (based on the Wave V sample) is presented in exhibit 2. Eighty-nine percent of domestically violent men reported engaging in one or more deviant acts at the Wave V assessment. Chi-square analyses indicated that domestic violence at Wave VI was predicted by deviant behavior at Wave V, $\chi^2(1, n = 163) = 10.21, p < .01, \phi = .25$. This was also true for the more conservative definitions of deviance: two or more acts, $\chi^2(1, n = 163) = 8.95, p < .01, \phi = .23$; and three or more acts, $\chi^2(1, n = 163) = 12.50, p < .01, \phi = .28$.

Exhibit 2. Co-occurrence of Domestic Violence and Past Deviant Behavior (Wave V)

Conceptualization of Deviant Behavior	Number Engaging in Deviant Acts (<i>n</i> = 163)	Prevalence of Deviant Behavior		χ^2
		Domestically Violent (<i>n</i> = 62)	Not Domestically Violent (<i>n</i> = 101)	
> 1 act	122 (75%)	89%	66%	10.21*
> 2 acts	97 (60%)	74%	50%	8.95*
> 3 acts	79 (48%)	66%	38%	12.50*

* *p* < .05

Discussion

This research investigated whether domestic violence as it typically occurs in the community is associated with other acts of deviance in a way that is consistent with a general deviance explanation of domestic violence. Results indicate that most of the men who had engaged in domestic violence (76 percent) also reported engaging in one or more other deviant acts concurrently. An even larger proportion (89 percent) reported a history of deviant behavior 3 years earlier. Although the rates of deviant behavior among men who were not domestically violent were also high (60 percent and 66 percent, respectively), the rates for men who had engaged in domestic violence were significantly higher.

The high base rates (concurrent and past) reported for deviant behavior across the entire sample indicate that deviance is rather common during adolescence and young adulthood. To determine whether the relationship between domestic violence and other deviant behavior would hold under more stringent definitions of deviance, the authors reanalyzed the data with increasingly conservative operationalizations of deviance: two or more deviant acts in the past year, and three or more deviant acts in the past year. The pattern of results, however, did not change. Domestic violence and other deviant behavior were associated both concurrently and prospectively, regardless of the operationalization of deviance used.

Implications for Researchers

These findings are consistent with a general deviance explanation of domestic violence and suggest a potentially fruitful area of future study. These preliminary but provocative results underscore the need for further investigation of potential developmental antecedents of the most

common forms of domestic violence. The authors intend to follow up these preliminary analyses to clarify the relation between domestic violence and other acts of deviance.

Implications for Practitioners

The nature of the relation between domestic violence and other acts of deviance, and the developmental model of domestic violence this relation may suggest, has important policy and practice implications. If a general tendency to engage in deviant behavior accounts for a significant proportion of domestic violence as it typically occurs in the community, interventions designed to prevent or reduce deviant behavior in general may similarly prevent or reduce domestic violence. However, if the general deviance explanation does *not* account for a significant proportion of domestic violence as it typically occurs in the community, interventions designed to address other distinguishing characteristics of men who engage in this form of domestic violence—perhaps with greater attention to the unique context of intimate partner violence—may be more effective.

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Secondary Data Analysis on the Etiology, Course, and Consequences of Intimate Partner Violence Against Extremely Poor Women

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Although much research has been done over the past 20 years on violence by intimates, research on the impact of partner violence on women who are poor has been limited. Until the mid-1990s, there were few inquiries into the prevalence and severity of intimate violence in community-based samples of low-income women (see Browne and Bassuk, 1997, for review). Although physical abuse of women and children is found at all socioeconomic levels, studies began to focus on poverty as a serious risk factor for interpersonal violence (Wolfner and Gelles, 1993; Hotelling and Sugarman, 1990; Kaplan, 1997). Most recently, and largely in response to Federal welfare policy, a growing body of literature has consistently documented high rates of intimate partner violence among impoverished women on welfare (Browne, Salomon, and Bassuk, 1999; Allard et al., 1997; Browne and Bassuk, 1997; Lloyd and Taluc, 1997; Curcio, 1997).

The current study, conducted by researchers at the National Center on Family Homelessness (formerly The Better Homes Fund), found that nearly two-thirds of impoverished women, most on public assistance, reported at least one episode of severe partner violence. Rates of childhood physical abuse and sexual molestation were also startlingly high, at 63 percent and 42 percent, respectively. When all family/intimate violence was combined across the lifespan, more than 8 in 10 low-income single mothers were found to have experienced some form of severe violence (see Bassuk et al., 1996 for overview).

With prevalence rates at this magnitude, a better understanding of impoverished women's risk for partner violence, its course over time, and its impact on work and substance abuse is critical. The limited research on the impact of trauma on participation of women in the labor force and their economic well-being is a serious gap in knowledge, especially in view of welfare reform's emphasis on putting poor women to work (Crowell and Burgess, 1996; Salomon, Bassuk, Brooks, 1996). Victimization, poverty, and the use of addictive substances among poor mothers may also have profound effects on the children in their care. Study findings provide important insight for policymakers and practitioners in designing strategies for protecting women and children at greatest risk of partner abuse and creating preventive and responsive interventions to help them escape poverty.

Study Purposes

This secondary data analysis project seeks to increase understanding of risk markers for adult partner violence, the effect of partner violence on the use of addictive substances, and the effect of partner violence on the capacity to maintain work among impoverished single mothers. Researchers have completed three papers addressing each of the three project aims (Bassuk, Dawson, and Huntington, submitted; Salomon, Bassuk, and Huntington, 2002; Browne, Salomon, and Bassuk, 1999), which include:

- ◆ **Aim 1.** Describe patterns of partner violence in the lives of poor single mothers and delineate childhood and adult risk markers for partner violence. Researchers hypothesized that childhood molestation and inadequate nonprofessional support in adulthood would be associated with increased risk of partner violence.
- ◆ **Aim 2.** Evaluate the relationship between partner violence and substance abuse among poor mothers, exploring the joint and independent contribution of childhood physical and sexual

abuse, posttraumatic stress disorder (PTSD), and partners' substance abuse. Researchers hypothesized that women who experienced intimate partner violence would have increased odds of subsequently abusing alcohol or illicit drugs.

- ◆ **Aim 3.** Evaluate the relationship between partner violence and women's capacity to maintain employment over time. Researchers hypothesized that experiencing intimate partner violence would decrease a woman's capacity to maintain employment over time.

Research Design and Methods

Description of the Data Set

Data for these analyses are drawn from the Worcester Family Research Project (WFRP), a comprehensive inquiry into the lives of 220 homeless and 216 low-income housed (never homeless) single mothers living in Worcester, Massachusetts (Bassuk et al., 1996). Funded by the National Institute of Mental Health and the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services, this longitudinal study interviewed women at three points in time—at baseline and at approximately 12 months and 24 months. Baseline interviews covered a broad range of domains and lasted 10 to 12 hours over multiple sittings. Followup interviews took about 2 hours. Detailed information was available on interpersonal violence in the lives of extremely poor women across their lifespan.

Respondents

Using a case-control design, homeless mothers were randomly enrolled from Worcester's emergency and transitional shelters and its two welfare motels (3.2 percent of the sample) between August 1992 and July 1995. All homeless women who had been in a shelter for at least 7 days and were pregnant or had custody of at least one dependent child younger than 17 were asked to participate in the study. The comparison group of low-income housed mothers was randomly selected from women who visited Worcester's Department of Public Welfare. To be eligible, comparison mothers had to have no history of homelessness; be pregnant or have custody of at least one dependent child younger than 17; and be currently receiving public assistance. Of the 436 women in the baseline study, 356 were reinterviewed between May 1994 and November 1996 (followup 1), and 327 were again reinterviewed between September 1995 and August 1997 (followup 2).

At baseline, mothers were on average 27 years old; 37 percent were Hispanic (primarily Puerto Rican), 39 percent were non-Hispanic white, and 17 percent were African-American. The mean number of children was 2.2; two-thirds of women had never been married. The mean annual income for homeless mothers was \$7,910; housed mothers had an annual income of \$9,988.

Analysis

For this project, each of the three reports focused on a slightly different subset of women and used various analytic methods relevant to the questions at hand. In general, researchers first explored bivariate relationships to identify crude associations between variables and then used logistic regression modeling techniques to clarify the multivariate relationship between major predictors and outcomes. Researchers also took advantage of the longitudinal design to establish

temporal ordering and ensure that predictive variables preceded outcomes of interest. Covariates for housing status at baseline and ethnicity were included in all models to control for important design and background factors.

Findings

The first report describes patterns of partner violence longitudinally and uses multivariate analyses to delineate *childhood and adult risk markers for partner violence among poor and homeless women* (Bassuk, Dawson, and Huntington, submitted). Researchers found that impoverished women who experienced childhood sexual abuse were significantly more likely to experience intimate partner violence as adults. Child sexual abuse remained the only significant childhood risk marker in multivariate modeling. Two aspects of women's social supports in adulthood were significantly associated with increased risk of partner violence in the multivariate model. Women who experienced no partner violence had significantly higher levels of emotional support from nonprofessional network members and significantly less conflict in their nonprofessional network than women who reported partner violence. In addition, women with lower self-esteem were more likely to be victimized by abusive partners. Women were at greatest risk for partner violence (nearly five times the odds) when their partners had substance abuse problems, however. A partner's poor work history also predicted increased risk for partner violence, but at a less pronounced rate.

Study findings also indicate that although lifetime prevalence of intimate partner violence is high among poor women, most experiences were episodic and limited over time. Following women over four timeframes (i.e., age 17 until 1 year prior to the baseline interview, the year prior to the baseline interview, the year prior to the second interview, and the year prior to the third interview), the study found that less than 2 percent of women reported intimate partner violence across all four timeframes. Among the large group of women whose violence had stopped at some time before the last timeframe, about 28 percent returned to violent relationships.

The second set of analyses focused on the *relationship between intimate partner violence and the subsequent use of addictive substances* by poor and homeless single mothers (Salomon, Bassuk, and Huntington, 2002). It builds on a literature that has documented strong associations between interpersonal violence and substance abuse, although it neither fully clarified causal relationships nor tested more nuanced explanatory theories. The study addressed two major questions: 1) Do poor women who experience intimate partner violence have increased odds of *subsequently* abusing alcohol or illicit drugs? And 2) What role, if any, do childhood victimization, adult PTSD, and partners' substance abuse have in the relationship between adult partner violence and subsequent substance abuse in poor women?

The study found that intimate partner violence is predictive of subsequent drug, but not alcohol, abuse in poor women. Controlling for all factors of interest (including age, ethnicity, education, marital status, homelessness, history of child sexual molestation, PTSD, partner's alcohol/drug abuse, and respondent's baseline drug use), women with a history of adult partner violence had nearly three times the odds of using illegal drugs during the subsequent study years than did women who had not experienced partner violence as adults. Reverse causation (i.e., that women's substance abuse increases the likelihood that they will become involved in physically

violent relationships) did not account for the strong association. Adjusting for past drug abuse did not eliminate the observed association and it was much stronger among women with no history of drug abuse at baseline. The study found a striking interaction between childhood sexual molestation and PTSD (i.e., the effect of each on subsequent drug use depended strongly on the presence of the other), but no interaction between partner violence and PTSD. Finally, women whose partners were substance abusers were twice as likely to subsequently use illicit drugs.

The third paper explored the *impact of recent partner violence on poor women's capacity to maintain work over time* (Browne, Salomon, and Bassuk, 1999). Prior empirical studies focused either on poor women's desire to work or on employment history. Most found that women victims of partner violence were no less likely to have worked or to express a desire to work (Brooks and Buckner, 1996; Lloyd and Taluc, 1997). However, past research did not define work in terms of duration of work experience or hours of work per week. The prominent question for these analyses was whether extremely poor women at recent risk of partner violence are less likely to maintain work over time than are extremely poor women without such experiences. The study found that women who had experienced recent intimate partner violence had less than one-third the odds of maintaining work over time (i.e., for at least 30 hours per week for 6 months or more). Recent experiences with partner violence (in the past 12 months), rather than partner violence prior to baseline, predicted reduced capacity to maintain work during the subsequent year. Although alcohol/drug problems did not independently predict limited capacity to maintain work, mental health variables remained negatively associated with the capacity to maintain work. Job training, job placement services, and past employment experience were highly predictive of enhanced ability to maintain work over time. Controlling for multiple factors, a woman was about seven times more likely to be working if she received job training and four times more likely to be working if she received job placement services. Histories of childhood physical and sexual abuse were significantly associated with partner violence, but did not differentiate women who held jobs over time from those who did not, nor, in the final modeling, were they independently predictive of limited capacity to work.

Implications for Researchers

The three studies outlined above suggest a number of directions for future research. In the first study, for example, the limited influence of the individual-level factors measured by WFRP suggests that future research should consider contextual factors, such as policing practices (e.g., arrest rates of the perpetrator), as well as the complex interplay of economic, social, and cultural factors, in delineating risk factors for adult partner violence. The second study suggests that there are multiple pathways from adult partner violence to poor women's substance abuse, supporting the need for further research that examines other theoretical models. Although the authors confined their analysis to PTSD, future research might explore other indicators of emotional distress that are potentially associated with both partner violence and substance abuse, such as depression, anxiety, or helplessness. Although this study looked exclusively at illicit drug use, the use and abuse of prescription drugs, especially as they relate to health and mental health consequences, including later illicit drug abuse, should also be examined. Finally, the third study suggests the need for further analyses of the mechanisms by which recent partner violence affects women's ability to work and a better understanding of the dynamics that limit women's

stay in jobs over time. Also, future research needs to include the characteristics of children in the household in analyses of mothers' work patterns and the circumstances that affect them.

Implications for Practitioners

As the results of this research using the WFRP data set indicate, women and children who live in poverty are at extremely high risk of physical and sexual victimization by intimates. For thousands of women, a lack of economic resources has devastating consequences for their ability to alter their environments or to live in safety, particularly if they have dependent children. For the subset of women addressed in these reports, issues related to partner violence may make it especially difficult to escape poverty or make the transition to independent employment as mandated by current welfare reform law.

As these reports demonstrate, women who are involved with abusive partners are at significantly increased risk for subsequent illicit drug use and have limited capacity to maintain employment over time. Both these factors have a profound effect on women's ability to be financially self-sufficient, escape violence, and live in safety. Although substance abuse did not independently predict incapacity to maintain employment, the authors found that when controlling for potentially confounding variables, women who experienced recent partner violence were far less likely to hold jobs over time. The significant effects of partner violence on work emerged only when the level and duration of work was defined more specifically. For women who are unable to hold jobs over time, escaping poverty through work becomes even more challenging. Low-wage entry-level employment can be transformed into work that produces true economic independence only when workers are able to invest enough time in the workplace to secure promotions or to move progressively to new and higher paying jobs.

In addition to the contribution of abuse by partners to women's illicit drug use, the current report indicates that substance abuse by partners independently contributes to women's later drug and alcohol abuse. Understanding these joint and independent contributions to women's substance abuse is an important step in structuring treatment and policies that respond to women's real needs. Drug involvement of young women is a major contributor to their increased incarceration over the past 15 years and has other devastating consequences for families and society (Beck and Gilliard, 1995). Health and mental health risks, economic deprivation, loss of child custody, mounting stigma—all have been identified as long- and short-term consequences of drug abuse for women (Maher, 1992, Brown et al., 1994; David and Lucile Packard Foundation, 1999; Blume, 1992; Finkelstein et al., 1998). Practitioners report that use of illegal drugs can negatively affect women's sense of self and their ability to take charge of their lives. Drug involvement may thus make it more difficult for women to leave abusive partners due to financial dependence and to protect the children in their care (Finkelstein, 1994; Finkelstein, et al., 1998). Furthermore, understanding the impact of partner substance abuse on a woman's use of illegal substances and on her risk for partner abuse, as well as the risk in a partner's poor job history, all underscore the importance of working with the offending partner to prevent further violence and drug abuse.

As we also learn from these reports, children who grow up in abusive, threatening, and unpredictable environments are less able to protect themselves in adulthood from abusive men.

Specifically, sexual molestation during childhood was most highly associated with the likelihood of adult intimate partner violence. In addition, women with histories of childhood sexual molestation and diagnoses of PTSD are far more likely to abuse drugs. This report's finding that survivors of child sexual molestation are vulnerable to involvement with abusive partners and to subsequent PTSD and drug abuse suggests an important direction for programs and policies. Programs that serve drug-abusing women need to better understand the impact of trauma on health and mental health across the lifespan. Relapse and treatment may be compromised if issues related to childhood sexual molestation, its interaction with PTSD, and adult partner violence are not identified. Targeted treatment and prevention strategies that start in early childhood, including parenting programs designed for survivors of child sexual abuse, are essential.

These reports also suggest the importance of nonprofessional supports, such as family, friends, and neighbors, in protecting women from involvement with abusive partners. Enabling women to sustain work over time may provide an opportunity to develop more robust and protective support systems in the workplace and to escape poverty. The findings reported here demonstrate the positive impact of job training and placement services on women's capacity to maintain employment over time. They also point to the importance of developing job-related supports for welfare-to-work efforts that are sensitive to women's psychosocial needs, especially as they relate to mental health and violence. The episodic nature of partner violence for most of the women in this study also highlights the potential to identify safe times for interventions.

Responding to the complex relationship among childhood sexual molestation, partner violence, substance abuse, and employment is especially important today as thousands of families are forced to leave welfare rolls because of time limits. A subset of families may fall into extreme poverty as a result of the circumstances outlined here and may contribute to an increasing population of women and children at risk for further violence and its aftereffects. These complex relationships call for cross-system solutions that include health, mental health, substance abuse, battered women's services, criminal justice, and child welfare systems. Increasing demands on an already overburdened criminal justice system may risk jeopardizing the well-being of our Nation's most vulnerable families.

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**Longitudinal Patterns of Intimate Partner
Violence, Risk, Well-Being, and Employment:
Preliminary Findings**

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Although much research on intimate partner violence has been conducted over the past 25 years, still relatively little is known about how battered women's experiences of abuse and its consequences change over time, especially during and following specific community and legal interventions. The Panel on Research on Violence Against Women, established by the National Research Council in 1995, recommended that "longitudinal research should be undertaken to study the developmental trajectory of violence against women" (Crowell and Burgess, 1996, p. 90). Despite this recommendation, only a few studies have tracked battered women's experiences of intimate partner violence and its consequences over time, and fewer still have documented factors that predict patterns of reabuse.

Most longitudinal studies of victims of intimate partner violence have focused on patterns of reabuse over time. Feld and Straus's (1990) 2-year panel study represents the largest of these studies. Based on a national probability sample of married and cohabiting couples, the study found that of men who had committed three or more severe acts of domestic assault in the year prior to the first interview, about two-thirds committed additional acts during the following year. A second, smaller longitudinal study found that in a community sample of 51 intimate partner violence victims who responded to advertisements about the study (Campbell et al., 1994), 25 percent of participants reported continued abuse 2½ years later. A third longitudinal study, which focused on batterers under court-ordered treatment (Gondolf, 2000), found that 41 percent of the men committed a reassault during the 30-month followup, according to victims' reports. This represents a 7-percent increase over the 15-month assault rate. Two-thirds of first reassaults, however, occurred within the first 6 months. Finally, findings from a comprehensive longitudinal study of intimate partner violence victims recruited from a shelter in the Midwest, half of whom received volunteer advocacy services, show that median time to first reabuse was 3 months for the control group and 9 months for the advocacy group (Sullivan and Bybee, 1999; Sullivan, 2002). The probability of reabuse in the future leveled off at approximately 15 months for the advocacy group, but continued to escalate to the end of the 24-month followup period for the control group. Altogether, 3 of 4 women in the advocacy group and 9 of 10 women in the control group experienced recurrent intimate partner violence at some point across the 24 months of postintervention followup, either from the original assailant or from a new intimate partner.

These studies underscore the wide variation in patterns of repeat abuse, and they highlight the dangers of generalizing findings based on one type of sample to different populations. They also suggest the need to develop common forms of measurement, followup intervals, and definitions across studies. Although none of these longitudinal studies focused specifically on battered women's emotional well-being over time, Campbell and Soeken (1999) found, not surprisingly, that women who continued to be abused after 3½ years reported significantly higher levels of emotional distress (including depression and stress) than those who remained free of abuse. Furthermore, Sullivan, Bybee, and Allen (2002) found that women who participated in the advocacy intervention reported higher quality of life, higher social support, and fewer depressive symptoms than those in the comparison group; however, both groups reported improvements along these dimensions during the followup period. Although these findings are interesting and important, they do not provide a clear picture of how the emotional well-being of battered women shifts over time.

Furthermore, none of these studies explored the potential contribution of intimate partner violence to women's ability to sustain employment over time. Yet a review of several studies documenting the relationship between domestic violence and welfare concludes, "domestic violence presents a barrier to sustained labor market participation" (Raphael and Tolman, 1997, p. 22). For example, a recent study (Browne, Salomon, and Bassuk, 1999) involving a sample almost exclusively composed of recipients of Aid to Families with Dependent Children found that those who had experienced domestic violence during a previous 12-month period had only one-third the odds of maintaining employment for at least 30 hours a week for 6 months or more compared to those who had not experienced domestic violence during that period. However, this study was not able to examine the temporal relationship between violence and work within the 12-month period or the factors that contribute to battered women's employment difficulties.

Finally, none of these studies thoroughly explored the range of individual, interpersonal, and community factors that might contribute to violence cessation or escalation. Without a deeper understanding of the longitudinal patterns of intimate partner violence and factors that influence these patterns, it will be difficult to develop new methods for combating intimate partner violence, to determine whether specific interventions are working to reduce intimate partner violence and its consequences, or to advise women on which risk factors represent the greatest risk. The longitudinal study described in the next section attempts to address some of these gaps.

Purpose

This study was designed to deepen understanding of the experience of victims of intimate partner violence over time. Specific goals of the study are to examine 1) trajectories of intimate partner violence, including women's subjective appraisal of risk; 2) women's strategies for responding to intimate partner violence over time; and 3) potential predictors of these patterns, identified on the basis of an ecological or contextual model (Bronfenbrenner, 1986). This model situates the individual and her characteristics within her larger social context by investigating the influence of a broader set of factors on individual-level phenomena. Thus, this study goes beyond individual characteristics of the batterer or victim to identify contributors to patterns of intimate partner violence that are rooted in the larger community and the battered women's social support system. Below are preliminary data on patterns of intimate partner violence, subjective appraisal of risk, emotional well-being, and employment.

Methods

Recruitment Procedures and Sample Description

Over 7 months (June 1999 to January 2000), researchers recruited 406 women from one of three sites in a Northeastern city at the point they were seeking help for intimate violence at the hands of a current or former male partner. The first site, the Shelter ($n = 68$, 16.7 percent), is the main crisis shelter for battered women and their children in the city. Participants were recruited within the first 30 days of their shelter stays. The second site, the District Court, Civil Division ($n = 220$, 54.2 percent), offers services to domestic violence victims seeking civil protection orders. Participants were recruited at the point they were seeking an initial temporary restraining order. The third site, the District Court, Domestic Violence Criminal Docket ($n = 118$, 29.1 percent), is

a specialized court that handles all domestic violence misdemeanor cases in the city. Participants were recruited outside the courtroom following the final disposition of the case.

Written informed consent was obtained and participants completed the study questionnaire either through an interview or as a written questionnaire ($n = 294$) at the time of recruitment. Others returned the questionnaire by mail ($n = 112$) if they were willing to participate but unable to do so at the time of recruitment. The overall refusal rate was 28.6 percent.

To participate in the study, a potential participant had to be a victim of violence by a man who was a current or former intimate partner, English speaking, sober, and without significantly impaired mental status at the time of the initial interview. As part of informed consent, each potential participant was advised that a researcher would contact her by telephone every 3 months for the next year. She was asked to provide detailed contact information and to answer a series of questions about how to maximize her safety during followup phone contacts. Participants were paid \$20 for the first interview and for each successive interview, with the exception of the 12-month interview, for which they were paid \$50. At the 1-year point, 80.5 percent of the women in the sample had been retained.

African-American women predominated in the sample (81.2 percent). A large majority were currently separated from their abusive partners (81.5 percent), although most (73 percent) had been living with their partners at the time of the incident that brought them to the shelter or courts. Nevertheless, a significant proportion expected either to have ongoing contact (39.3 percent) or to continue in a relationship (17.3 percent) with their abusive partner. (Exhibit 1 presents demographic and other characteristics.) Although the women were recruited from three different communities or legal systems, many reported involvement with more than one of these communities, as is reflected in the following categories: Criminal Only ($n = 79$, 20.2 percent); Civil Only ($n = 145$, 37 percent); Criminal + Civil ($n = 100$, 25.5 percent); and At Least Shelter (including either civil or criminal, or neither, or both) ($n = 68$, 17.3 percent).

More than one-third of the participants (39.4 percent) reported prior experience with physical violence by another intimate partner. In addition, 53.1 percent of women in the sample reported some form of childhood physical or sexual abuse.

Measures

Intimate partner violence was measured using a modified version of the Revised Conflict Tactics Scales (CTS-2) (Straus et al., 1995). The items in each subscale ask if, in the past year, the participant has experienced specific acts of sexual abuse and physical abuse or specific types of injuries from the abuse. For ease and speed of administration as well as consistency with the rest of the protocol, participants were given a yes/no response choice rather than asked about frequency. Also, the seven sexual abuse items were consolidated into four. Stalking items were included from the National Violence Against Women Survey (Tjaden and Thoennes, 1998). Subjective appraisal of risk was measured using a new 14-item instrument developed for this study. Mean scores reflect overall risk and range from 1 to 5. Items assessed violent, nonviolent, and child-related risks. Emotional well-being was measured using the quality of life measure adapted from Sullivan (Sullivan and Bybee, 1999), the Post Traumatic Stress Disorder (PTSD) Checklist (Blake et al., 1995; Blanchard et al., 1996), and the CES-D (Center for Epidemiological Studies—Depression) scale for depression (Radloff, 1977).

Exhibit 1. Sample Characteristics

	Percent ¹	Mean (S.D.)	Range
Demographic Characteristics			
Ethnicity			
African-American	81.2		
Caucasian	13.0		
Other	5.8		
Length of relationship		72.2 months (72.8)	1–427 months
Age		32.5 years (8.7)	17–65 years
At least one child	90.9		
Number of children		2.2 (1.4)	0–8
Children living in home	78.9		
Children in common with abusive partner	45.4		
Employment			
Unemployed	25.4		
Employed	62.9		
Full time	51.0		
Part time	11.9		
Income			
Less than \$5,000	37.5		
\$6,000 to \$15,000	28.7		
\$16,000 to \$25,000	20.2		
\$26,000 and above	13.4		
Public Assistance			
Any type	35.2		
Public housing	7.0		
WIC	28.9		
Food stamps	65.6		
Education			
Less than high school	27.0		
High school	28.7		
Technical school	7.2		
College	38.1		
Some courses	27.7		
2-year graduate	3.5		
4-year graduate	3.7		
Some graduate	2.2		
Relationship			
Married	42.1		
Boyfriend	57.9		
Living together at time of incident	73.0		
Currently estranged relationship	81.5		
Expect to continue relationship	17.3		
Expect to have contact	39.3		
Protective Services Involvement			
Child removed from home for any reason	8.9		
If removed, removal due to abuser's violence	25.0		

¹ Percent within subcategory reflects percent within parent category

Findings

Violence and Abuse

Exhibit 2 shows the prevalence of different forms of abuse and injury reported by participants at baseline. Eighty-eight percent of participants reported some form of serious violence during the previous year (e.g., slammed against wall, strangled or choked, punched, object thrown at, twisted arm or hair, beaten up, kicked, threatened with or used knife or gun, burned or scalded), 46.9 percent reported some form of sexual abuse, 77.7 percent reported some form of injury, and 82.9 percent reported some form of stalking during the previous year.

Exhibit 2. Frequencies of Physical Violence, Sexual Abuse, Injury, and Stalking in the 12 Months Prior to the Study (n = 406)

	Percent		Percent
Physical Violence		Stalking	
Any serious physical violence	88.1	Any stalking	82.9
Push/Shove	86.3	Destroyed property	57.4
Grab	85.3	Followed or spied on	49.1
Slam against wall	57.6	Unwanted phone calls	49.1
Slap	56.1	Stood outside home, office, work	40.1
Strangle or choke	50.9	Showed up without reason	38.8
Punch	50.6	Sent unwanted letters/note	21.0
Throw object	47.3	Hurt or killed pets	9.8
Twist arm or hair	49.9		
Beat up	41.8	Injury	
Kick	36.0	Any injury	77.7
Use or threaten with knife, gun	35.8	Pain the next day	67.7
Burn or scald	5.8	Sprain, bruise, or cut	64.4
Sexual Abuse		Lost consciousness	13.7
Any sexual abuse	46.9	Broken bone	8.5
Refused to wear condom	31.8	Received medical attention	32.3
Coerced sex – fear	29.9	Needed to, but did not receive medical attention	31.1
Forced sex	27.4		
Coerced sex – explicit threats	21.4		

By the first 3-month followup period (Time 2), nearly one-third (29.6 percent) of the participants reported recurrence of some form of physical violence, 20.4 percent reported an injury, and 18.1 percent reported sexual abuse. Stalking between Time 1 and Time 2 was reported by 46.9 percent of participants. For the subgroup reporting some physical violence at Time 2, 71.6 percent reported severe violence and 55.2 percent reported being injured.

By the 1-year followup (Time 5), 38.8 percent of participants reported at least some recurrence of physical violence within the past year, 24.3 percent some type of injury, 23.4 percent some form of sexual abuse, and 59.1 percent some form of stalking by the original abusive partner.

Appraisal of Violence and Future Risk

Participants were asked to rate on a five-point scale the level of severity of the index violent episode that brought them to the shelter, civil protection order court, or criminal court. Most participants in each site rated the violence as severe (rating 4 or 5): shelter, 73.6 percent; civil court, 63.1 percent; and criminal court, 56 percent. A little more than half (56.8 percent) of the women overall indicated that this was the worst incident and 35.9 percent overall indicated that it was the first. For a significant proportion (43.2 percent), the incident that brought them into contact with these institutional agencies was not the most serious.

Participants also were asked about their appraisal of intimate partner violence-related risks within the next 12 months. At Time 1, a significant number of participants indicated their level of risk as high.² The types of risk most commonly rated as high were the risks that the abusive partner would violate a protection order (44.1 percent), track down the participant and find her (43.4 percent), humiliate her (43.2 percent), create financial problems for her (42.1 percent), and destroy her property (42.1 percent). The percentage of participants rating the risk of being injured (28.1 percent) or killed (25.4 percent) as high also is remarkable.

Participants' mean scores for appraisal of future risk were significantly lower after 3 months (Time 2) ($M = 2.16$ vs. 2.09 , $t = 7.28$, $df = 274$, $p \leq .001$). Nevertheless, at Time 2, a significant portion of participants still perceived as high their risk of being assaulted (15 percent) or injured (12.8 percent). At 1-year followup, the risks of being assaulted and of being injured were both reported as high by 10.2 percent of the sample.

These findings indicate that for many women, exposure to violence and abuse continues past their contact with a community or legal agency. Further, for most of those revictimized, that violence appears to be serious and to result in injury. Taken together, results suggest different trajectories for violence and abuse following participants' involvement with community and legal system interventions.

Emotional Well-Being

Mean scores on each of the measures of well-being indicated an overall improvement in reported quality of life at Time 2 compared to Time 1 (29.5 vs. 33.4, $t = -7.8$, $df = 287$, $p \leq .0001$). Likewise, an overall mean decrease was observed in reported depressive symptoms (29.6 vs. 21.4, $t = 11.33$, $df = 286$, $p \leq .0001$) and PTSD symptoms (47.3 vs. 37.3, $t = 10.53$, $df = 288$, $p \leq .001$).

However, this progress was not uniform. When the proportion of women who reported clinically significant levels of depression was examined (16 or higher on the CES-D scale), 69.2 percent of the 83.4 percent of women who met criteria for depression at Time 1 remained depressed 3 months later. Perhaps more surprising, 18 percent of those *not* reporting clinical levels of depression at Time 1 did so at Time 2. Overall, 60.2 percent reported depression at Time 2.

Of the 70 percent who met diagnostic criteria for PTSD at Time 1, more than half (59.2 percent) continued to do so at Time 2. Furthermore, 26.1 percent of those who did *not* meet diagnostic criteria for PTSD at Time 1 did so at Time 2, indicating an increase in PTSD symptomatology for some participants. Overall, 49 percent of all women met diagnostic criteria at Time 2.

One year after having entered a legal system or shelter because of domestic violence, 46.3 percent of the overall sample met criteria for clinical depression and 29.8 percent met all the criteria for PTSD. More than half of the sample reported experiencing significant posttraumatic symptoms 1 year later: 56.3 percent, 34.2 percent, and 52.5 percent met criteria for intrusion, avoidance, and arousal symptom clusters, respectively. Overall, these findings indicate ongoing distress for a large number of participants. Further, they indicate different trajectories of well-being, with some participants making strides toward improvement and others experiencing greater distress over time.

Employment

Employment patterns indicate a slight increase in employment over the 1-year period. At Time 1, 59.6 percent of the participants reported being employed either full or part time. One year later, 63.4 percent of participants reported having some form of employment. Of those employed at Time 1, 78.2 percent remained employed 1 year later. A substantial proportion of those not employed at Time 1 (41.9 percent) were employed 1 year later.

Implications

Much is yet to be understood about battered women's experience over time, but these results help point to some important considerations for both researchers and practitioners.

Implications for Researchers

These preliminary findings indicate different patterns of revictimization across different types of intimate partner violence acts: physical violence, sexual abuse, and stalking. For researchers, this underscores the importance of including all these categories of intimate partner violence in their protocols. Furthermore, it is desirable that research protocols incorporate variables that measure appraisal of risk along with intimate partner violence acts. Preliminary results suggest that these variables reflect different and important phenomena, which can contribute to a more complete understanding of the long-term consequences of intimate partner violence. A third implication is the importance of including information about how an "index" violence incident (e.g., in this study, the one that brought them into the court or shelter) fits within an overall pattern of intimate partner violence. Failing to recognize this point may result in the failure to understand fully battered victims' behavior or decisionmaking. Finally, these findings support the value of including broadly defined outcomes, such as safety, well-being, and employment, to better understand intimate partner violence aftereffects.

Implications for Practitioners

One of the most important implications for practitioners is similar to that for researchers, but for different reasons. Advocates have recognized for some time that for many battered women, the intimate partner violence that brings them into contact with the legal system or shelter is not the most serious incident. However, other institutional systems (e.g., courts) are more inclined to address the "index" incident without sufficient regard for prior, and sometimes far more serious, incidents that may signal an increased danger. Without this knowledge, a heightened risk may go undetected. A related implication of these results for designing legal and nonlegal interventions

is the importance of recognizing stalking as the type of intimate partner violence most likely to recur.

Another implication of these findings is the recognition that the mental health impact of intimate partner violence may worsen over time, at least in the short term. Although a battered woman may not report serious depression or posttraumatic effects when she enters the legal system or shelter, she may experience greater distress later.

Preliminary findings illustrate the range of abusive behaviors that batterers engage in, including physical violence, sexual abuse, stalking, and psychological abuse. These data highlight the importance of maintaining broad definitions of domestic violence in creating and interpreting existing legal remedies as well as services for victims of domestic violence. Further, some of the demographic characteristics of the 406 women sampled have implications for courts and other systems responding to the problem of domestic violence. Some are important simply because they help to dispel stereotypes of victims (e.g., the large percentage of women who are employed, the wide range of age as well as income levels). Others are important because they help courts and legislatures to focus on areas of particular need in developing and enforcing remedies. For example, 92 percent of the women in the sample had at least one child and almost half had a child in common with the abuser. Some judges, particularly in civil protection order proceedings, are still reluctant to address issues involving children in court hearings. These data suggest that remedies relating to the care, support, and protection of children are central to many civil protection order proceedings.

It is also noteworthy that nearly three-quarters of the participants were living with their abusers at the time of the violent incident that brought them to the attention of the court or shelter intervention, but more importantly, many were planning either to continue in relationships or to have contact with their abusers in the future. Again, these data suggest that courts need to fashion remedies that extend beyond no-contact orders and are designed to promote continued, but safe, contact between the victim and abuser. Such orders include supervised visitation orders, earnings withholding orders for emergency family maintenance, and orders to enforce participation in batterer treatment programs.

Notes

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2. High risk was defined as a rating of 4 or 5 on a 5-point Likert-type scale.

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Section III: Prevention and Intervention: Collaborations, Policies, Programs, and Services

Overview

by Bonnie S. Fisher

In *Understanding Violence Against Women* (Crowell and Burgess, 1996), the Panel on Research on Violence Against Women described in detail prevention and intervention policies, programs, and services directed at both victims and perpetrators of violence. These diverse efforts come from many sources, including the criminal justice system, schools, social services and mental health agencies, advocacy organizations, and coordinated community groups.

The panel made two key observations regarding the extent of researchers' and practitioners' knowledge of the workings and results (both positive and negative) of programs to prevent and intervene against violence against women. First, it described several types of preventive interventions (e.g., date-rape prevention programs, public education programs), individual treatment interventions (e.g., individual counseling and peer support groups for women victims of violence and for perpetrators), and community interventions (e.g., rape crisis centers, shelters, criminal justice system reforms). The panel also emphasized the need for studies that describe current services for victims of violence.

Second, two themes developed throughout the panel's descriptions of preventive interventions: the lack of studies of the discretionary process in the criminal justice and civil systems, including prosecutorial decisionmaking; and the lack of scientifically rigorous evaluations of the outcomes or effectiveness of prevention and intervention programs for victims and perpetrators of violence against women. The evaluative gaps include employing basic methodological components of rigorous evaluations, such as employing randomized, controlled studies; using operationally defined outcome measures to evaluate effectiveness and designated timing intervals in measuring outcomes; and assessing both short-term and long-term effects of an intervention.

The contributions in this section provide a much-needed updated description and understanding of the workings of prevention and intervention policies, programs, services, and collaborative efforts in the United States. They show that numerous prevention and intervention strategies have been implemented both within the criminal justice system and between the criminal justice system and other service agencies. Many of these newly developed collaborations have become institutionalized.

Several papers describe changes made in law enforcement agencies as they respond to incidents of violence against women and family violence. Erin Lane, Rosann Greenspan, and David Weisburd describe the Second Responders Program, which handles domestic violence calls to police in Richmond, Virginia. Traditionally, social workers contacted a victim of domestic violence days after police answered the call for service. With the Second Responders Program, social workers "respond

to scenes of domestic violence (and other human services cases) while the police are still on site.” Arlene N. Weisz, David Canales-Portalatin, and Neva Nahan examine the effectiveness of advocacy services offered to battered women by special domestic violence teams in Detroit police precincts.

Law enforcement agencies are not the only organizations in the criminal justice system to change their handling of violence against women and family violence cases. Prosecutors’ offices also have undertaken innovations in policies and procedures. Barbara E. Smith and Robert Davis offer a comparative perspective on the workings and effectiveness of no-drop policies in prosecutors’ offices in four cities. Debra Whitcomb documents new statutory initiatives that nine State legislatures have adopted to aid prosecutors in responding to cases in which children have been exposed to domestic violence. She offers an indepth study of five jurisdictions to gain a better understanding of the issues facing prosecutors when children are victims of or witnesses to domestic violence.

Innovation has occurred at the court level as well. Susan Keilitz presents a comprehensive discussion of specialized State domestic violence courts. In her analysis, she brings much-needed understanding of the structural and operational changes that State courts have implemented to address domestic violence case management. Lisa Newmark, Mike Rempel, Kelly Diffily, and Kamala Mallik Kane document several innovative structures and practices that the Kings County (Brooklyn) Felony Domestic Violence Court has implemented to respond more effectively to domestic violence cases. Among these innovations are a specialized caseload on a single docket, vertical processing, and standard practices in case management.

Victim service programs for women who have experienced violence have grown as a result of Federal funding directed at State programs. Janine M. Zweig and Martha R. Burt describe the STOP (Services, Training, Officers, Prosecutors) Violence Against Women Formula Grants Program as “a major Federal avenue that has further stimulated the growth of programs serving women victims of violence” in the 50 States, the District of Columbia, and the 5 territories. Lisa Newmark, Blaine Liner, Judy Bonderman, and Barbara Smith provide an overview of State victim compensation and assistance programs established by the 1984 Victims of Crime Act. Cris M. Sullivan and Deborah I. Bybee provide evidence that a “community advocacy project that is short term and based on clients’ strengths can set into motion a trajectory of positive change in the lives of women with abusive partners.”

Numerous projects described in this section have responded to the panel’s appeal and the requirements of the Violence Against Women Act (Title IV of the Violent Crime Control and Law Enforcement Act of 1994) to create collaborative partnerships to respond to violence against women. During the 1990s, such collaborative partnerships increased in number, in part because of such federally funded programs as STOP Formula Grants and the Crime Victims Fund.

Multiagency collaborative partnerships are the focus of many of the projects described in this section. Such partnerships are diverse in their makeup, types of collaborative activities, and goals. Andrew L. Giacomazzi and Martha Smithey provide an indepth analysis of the creation of a Southwestern city police department’s Domestic Violence Prevention Commission. The commission is a public-private,

multilevel collaborative partnership that includes representatives from 18 government and social services agencies and whose purpose is to develop an effective approach to reducing family violence. Lane, Greenspan, and Weisburd explain how the coordinated response of the Richmond Police Department and the Department of Social Services works to ensure the immediate safety of domestic violence victims by offering services when the police are still on site. Newmark and her colleagues describe how a network of criminal justice and social services agencies worked together in Kings County to change how community agencies interacted and to hold offenders more accountable and provide better protection and services to victims. As part of their national evaluation of STOP, Zweig and Burt offer insight into the ways in which victim service programs partner with other community agencies that offer services and support to victims.

In addressing the Panel on Research and Violence Against Women's second concern, the section III contributions provide examples of innovative and rigorous process and impact evaluations. They address the fundamental methodological issues that the panel noted warranted attention: randomized, controlled studies; clearly defined outcome measures; designated timing intervals; and measures of both short-term and long-term effects of an intervention. For example, quasi-experimental research designs were used by Lane, Greenspan, and Weisburd to evaluate the effectiveness of the Second Responders Program in police precincts and by Weisz, Canales-Portalatin, and Nahan to compare domestic violence cases originating in precincts with and without special police domestic violence teams that include advocates.

Other contributors employed experimental designs to evaluate effectiveness. Sullivan and Bybee randomly assigned trained advocates to work one on one with women. Among the most rigorous evaluations in this section are two contributions that examine the effects of treatment on batterers. Both studies employed experimental research designs that randomly assigned batterers to a treatment or control group and used multivariate models to estimate the impact of the intervention. Christopher D. Maxwell, Robert C. Davis, and Bruce G. Taylor evaluate the effects on recidivism of batterer participation in the Victim Services' Alternatives to Violence program in Brooklyn. Among the methodological strengths of their study is that they compared two forms of treatment implemented by the program: an 8-week and a 26-week program. They also developed multiple indicators of new violence by the batterer against the victim to assess the frequency and severity of violence. Lynette Feder and Laura Dugan evaluate the Broward County (Florida) Experiment using a classical experimental design "to test whether courts can effect change in men convicted of misdemeanor domestic violence by mandating them into a [batterer program]." Their multiple outcome measures include offender attitudes, beliefs, and self-reported behaviors; victim reports of offender violence; and police measures of rearrests.

Each contribution that reports on an evaluation of an intervention operationally defines the study's outcome measures and, when appropriate, defines its process measures. To illustrate, Maxwell, Davis, and Taylor used multiple outcome measures, including the Conflict Tactics Scales and several other sources, to measure recidivism. The meaning and source of each of their measures has been clearly

defined. Feder and Dugan also used multiple outcome measures, including the Conflict Tactics Scales 2, attitudinal and belief scales, self-reported behaviors, and official arrest data.

Several studies examined both short-term and long-term effects by interviewing the same respondents at designated intervals. Lane, Greenspan, and Weisburd examined the short-term effects 6 months after the initial interview. Feder and Dugan interviewed respondents at the time of adjudication and at least 6 months after adjudication. Maxwell, Davis, and Taylor used both 6- and 12-month interview intervals. Sullivan and Bybee examined the intervention effects over a period of 3 years after intervention; they interviewed women when they entered the shelter, 10 weeks after the intervention, and five times more at 6-month intervals over the next 3 years. It is noteworthy that 6 months appears to be the interview interval most commonly employed in these evaluation studies.

Smith and Davis's study uses an essential principle of the scientific process: replication. Their evaluation of no-drop policies on court outcomes and victim satisfaction at four sites also encompasses both process and impact components. D. Alex Heckert and Edward W. Gondolf sought to improve prediction of further abuse by batterer program participants. They use a longitudinal database of batterers and their female partners that includes demographic characteristics, relationship status, measures of past behavior, mental health assessments, and multiple outcome variables—repeat assault, one-time assault, threatened reassault, emotional abuse, and no abuse.

The contributors to this section write extensively about newly developed programs and policies. The Panel on Research on Violence Against Women reiterated the need to examine continually the established practices and policies of the criminal justice system and how they affect victims. It is a longstanding practice in the criminal justice system for the prosecutor to make the initial decision whether to prosecute a case. Cassia Spohn and David Holleran enhance the understanding of this decisionmaking role in sexual assault cases by focusing on how victim, suspect, and case characteristics influence the likelihood that a prosecutor will charge. Victoria L. Holt examines policies involving protection orders obtained from the court. She identifies characteristics of women who sought protection orders and examines the effectiveness of obtaining a protection order in reducing the risk of subsequent intimate partner violence and injury.

The contributions in section III add to the understanding of the workings of different responses to violence against women and family violence. Several lessons can be learned from these collaborations. First, responding to violence against women and family violence is not the sole domain of any one agency, in particular, any agency of the criminal justice system. Second, as Newmark and her colleagues Rempel, Diffily, and Kane note, partnerships require the three Cs: active collaboration, communication, and coordination among all the partners. Third, Giacomazzi and Smithey emphasize that barriers may hinder collaboration. Based on their experience, they offer advice about building collaborations that effectively address meaningful, long-term solutions to violence against women and family violence.

Additional knowledge about how to evaluate interventions meaningfully can be gleaned from these contributions. The use of rigorous research designs that employ samples and the assessment of both the short-term and long-term effects of an intervention are ways to begin to build knowledge that is valued and used by both the research and practitioner communities to address violence against women and family violence.

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A Collaborative Effort Toward Resolving Family Violence Against Women

By Andrew L. Giacomazzi and Martha Smithey

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Traditional attitudes and practices of noninterference toward family violence are changing. Multilevel, public-private, collaborative partnerships among the criminal justice system, the medical community, educational leaders, the religious community, human services, and public and private advocates have emerged in an effort to promote the safety and welfare of the victims of family violence and to prevent further abuse.

The collaborative approach to family violence recognizes that crime problems and their effects on victims are not solely a law enforcement matter. Through the formation of partnerships, typically within the context of community policing, a comprehensive, coproductive approach to family violence is currently viewed as a promising way to reduce the occurrence of family violence. For example, Straus (1993:29) emphasizes that “complex, multiparty conflicts require the design and large-scale collaborative problem solving processes.”

Despite the appearance of interagency collaboration, barriers toward effective problem solving exist. The following discussion examines one such approach to interagency collaboration—a domestic violence prevention commission. It then presents focus group and archival data, which highlight the obstacles that face collaborative problem-solving approaches. The researchers conclude by suggesting that participating agencies should examine their own policies and procedures that obstruct or facilitate collaboration. For a detailed evaluation on which this summary is based, see Giacomazzi and Smithey (2001).

The City and the Collaborative Process

The city that serves as the site of this study is a large metropolitan area located in the southwest United States with an estimated population of approximately 500,000. Its corporate limits encompass approximately 250 square miles. According to the 2000 census, this metropolitan area is a minority-majority city; more than two-thirds of the population are of minority descent.

One of the local police department’s most frequent calls for service is for a reactive response to allegations of family violence, with an average of approximately 2,400 such calls per month (Domestic Violence Prevention Coordination Unit, 1999). According to police department records, 81 percent of family violence arrests between 1996 and 1998 were of males who allegedly either committed or threatened acts of violence against women (Domestic Violence Prevention Coordination Unit, 1999).

With funding from the Office of Community Oriented Policing Services, the local police department established the Domestic Violence Prevention Commission for the primary purpose of developing an effective approach to reduce family violence in the city. This public-private, multilevel collaborative partnership includes members of the police department, the district attorney’s office, the county attorney’s office, the city attorney’s office, probation and juvenile probation, parole, the military, the school district, the Council of Judges, State, county, and municipal legal assistance, the battered women’s shelter, the YMCA, the transitional living center, the clergy, and other volunteer services dealing with the problems of family violence.

In addition to formalizing the Commission, the police department established a Domestic Violence Prevention Coordination Unit (DVPCU) for the primary purpose of implementing a multifaceted approach to combating family violence in the city, based on recommendations from the Commission. For example, in conjunction with the Commission, the DVPCU facilitated family violence training for police officers at one of the city's regional command centers. (For evaluation findings of the Duluth model training in this city, see Smithey, Green, and Giacomazzi [2000]).

Research Questions

This study was a process evaluation of a multiagency collaborative. Rather than examine the outcomes of the process, researchers examined the process itself as implemented in this southwestern city. Therefore, the following questions guided the study:

- ◆ Can individuals from relatively autonomous agencies work together to address the problem of family violence?
- ◆ To what extent was “collaboration” realized?
- ◆ What can be learned from this case study that might aid other collaborative efforts at addressing family violence issues?

Research Design

Focus group interviews and archival research were the primary methods used to assess the interagency effort and the extent to which collaboration existed among members of the Commission. According to Stewart and Shamdasani (1990:16), focus group interviews are an ideal way to collect qualitative data. They allow researchers to interact directly with program recipients, obtain large amounts of data in respondents' own words, and further question responses and build on answers for further discussion.

Four focus group interview sessions were conducted at strategic points in the evaluation process: Two were conducted in early 1998, which corresponds with the end of the Commission's planning efforts (phase 1), and two additional focus groups were conducted in early 1999, approximately 1 year into the Commission's implementation efforts (phase 2). Focus group participants consisted of representatives from Commission agencies. For the phase 1 focus groups, a systematic random sampling procedure was used to select 19 agencies from the Commission membership. Fourteen agency representatives agreed to participate in the focus group discussions, and 11 individuals (7 women and 4 men) participated in the scheduled focus group meetings. Although few in number, focus group participants represented the breadth of membership of the Commission: two probation officers, one police officer, one private security officer, two nonprofit advocates, two human service employees, one educator, one municipal court administrator, one military officer, and one legal aid attorney.

The same procedure was used for phase 2 focus groups. Eighteen agencies were randomly selected, and the designated agency member who had been participating in Commission

activities was contacted. All 18 agency members (15 women and 3 men) agreed to participate. As was the case for phase 1 focus groups, participants were representative of the Commission membership.

Meeting notes and other documentation provided information regarding the number of Commission meetings, average attendance at meetings, and agencies participating in Commission activities.

Findings

A total of 22 collaborative meetings took place during the phase 1 planning stage. The average attendance at the meetings was 36. The meetings included the six joint Commission meetings and meetings of the Commission's subcommittees. Also included in the total were four community forums seeking input from citizens regarding family violence interventions.

The Commission represents 88 distinct organizations (not including concerned citizens who have no organizational affiliation), including the clergy, courts, education, law enforcement, medical, nonprofit agencies, private-sector service providers, and public social service agencies. All Commission members were asked to join one of three subcommittees where they could make the greatest impact: law enforcement, judicial/prosecution, or human services. Subcommittees presented progress reports to the Commission during monthly Commission meetings in 1997. The monthly Commission meetings also afforded members the opportunity to hear topical presentations on a variety of family violence issues.

Phase 1 ended when Commission members developed formal recommendations to carry out their mission. The recommendations were organized within six focused areas:

- ◆ Prevention through public awareness.
- ◆ Specialized domestic violence response team.
- ◆ Enforcing domestic violence cases.
- ◆ Victims' assistance.
- ◆ Programs for offenders.
- ◆ Funding.

By early 1998, the Commission undertook phase 2, the implementation of the recommendations. At the first phase 2 Commission meeting, subcommittees were formed to explore the implementation of the phase 1 recommendations. Through October 1999, approximately 10 subcommittees, including the judicial, speakers' bureau, law enforcement, and education subcommittees, met on various occasions and presented reports to the full membership at 8 Commission meetings. The average attendance at the phase 2 Commission meetings was 30.

Despite the high activity of Commission members during phase 1 (and to a lesser extent during phase 2), and the outward appearance of collaboration, focus group data disclose the practical and philosophical problems that may threaten interagency collaborative efforts during both the planning and the implementation phases.

Self-Interest as a Motivation to Participate: Turfism

Focus group data reveal that agency motivations for participation in the Commission's activities are not directly goal oriented. At the very least, focus group responses raise the question of whether agencies are motivated to participate out of self-interest—to protect their “turf.”

Many apparently collaborative endeavors suffer from “turfism”—partners who consciously or unconsciously strive to remain in control, protecting their own interests. The researchers found that the Domestic Violence Prevention Commission was no different. Turfism emerged during the phase 1 focus groups and continued in the phase 2 focus groups. Focus group participants agreed that turf issues remain a stumbling block for true collaboration because they affect each agency's sense of safety, security, and membership in the wider systems represented in the collaborative process.

Leadership and Dominance

Several phase 1 focus group participants were concerned that because the Commission was established by the police department, the police department might control the Commission's activities, which might run counter to true collaboration.

Perceived dominance by the founding agency appears to undermine the necessary conditions of lateralization of power and intra-ownership. According to Straus (1993:31–32), resistance to a collaborative process results from a growing dissatisfaction and distrust with leadership that is fueled by a fear of loss of power and a need to try to solve all the problems by making all the decisions themselves. Persons who are subordinated must therefore “legitimize” their ownership in the solution to the problem by pointing to flaws or omissions by the dominant agency. Flaws or omissions by the police department were articulated by several non-law-enforcement Commission members.

By phase 2, another leadership problem arose. Focus group participants were concerned about the general lack of leadership in the Commission's undertakings regardless of which agency representative took the lead.

Organizational Ambiguity Resulting in Unclear Expectations

A variety of other barriers to the realization of the Commission's goals also were reported, including perceptions of waning interest in the Commission's activities, lack of organization, scheduling of meetings, and unclear expectations of participants. Although collaborative efforts may offer the best hope for long-term solutions to the problem of family violence, loss of interest due mainly to long time frames for the Commission's activities and organizational problems related to the scheduling of meetings and the failure to frame expectations concisely, pose potential threats to collaboration and the realization of the Commission's goals.

Absence of Key Players in the Implementation Phase

The Commission is cochaired by the director of the battered women's shelter, the chief of police, and the president of the local university. Phase 2 focus group respondents were frustrated by the lack of involvement of these and other key leaders in Commission activities. In addition, the chief of the local police department resigned his position in the fall of 1998. Researchers found

that without the involvement and buy-in of key leaders in the representative agencies, implementation becomes problematic. While the product for phase 1 activities simply was a plan that outlined recommendations for change, the product for phase 2 activities was action. It appears the old adage “easier said than done” applies here.

Marginalization of Commission Members From Non-Law-Enforcement Agencies

If the Commission seems to be taking any direction, it is one primarily focused on law enforcement responses to family violence against women. This was manifested in the provision of law enforcement training for handling domestic violence calls for service, prosecutors’ efforts to bring more cases to court, and more programs for offenders.

As such, this direction appears to be marginalizing agency representatives who are primarily concerned with proactively—rather than reactively—preventing family violence against women. Although the researchers have little data to support this assertion, collectively they sense that marginalization of non-law-enforcement agencies is occurring and is a hindrance to interagency collaboration. For example, much of the frustration concerning the Commission activities in both phases has stemmed from focus group participants who represent non-law-enforcement agencies, such as private citizens with no organizational affiliation, educators, and social service agencies in the public, private, and nonprofit sectors.

Those who support a more preventive approach to reducing family violence appear to have been marginalized, given the more “reactive” approach to family violence supported and undertaken by some Commission members and the disproportionate numbers of participants from the public sector. While it remains to be seen whether marginalization continues, it most certainly is negatively affecting a collaborative approach to remedying the problem.

Implications

The Domestic Violence Prevention Commission—as well as other coordinated, multifaceted efforts—is viewed as a promising problem-solving strategy for reducing family violence against women. However, researchers found that the combination of turfism, leadership and dominance, organizational obstacles, the absence of key leaders, and the marginalization of representatives of non-law-enforcement agencies has hindered collaboration in both the planning and implementation phases and has transformed this process into a negotiative one, rather than a collaborative one.

Implications for Researchers

Future researchers should be forewarned about the difficulties of conducting a long-term process evaluation. While researchers took care to collect objective data over the course of this 3.5-year process evaluation, they acknowledge the possibility of errors. For example, the total number of participants for the focus group interviews was rather small in comparison to the total number of Commission participants. This may lead to problems with generalizability. However, random selection procedures and an analysis of the breadth of representation among participants suggest that all viewpoints were captured.

Researchers also recognize other validity and reliability problems dealing with the focus group method per se. These include reactive effects, dominance by one or more participants, and the possibility of leading questions. Despite these legitimate concerns, the researchers have some confidence in their findings, many of which have been corroborated by non-focus-group participants during informal interviews.

Implications for Practitioners

The results of this research suggest that in an era of multiagency collaboration, the personnel of relatively autonomous organizations—both public and private alike—cannot be presumed to have the organizational capacity and/or the willingness among personnel to truly collaborate. Formidable barriers exist here and elsewhere that hinder collaborative efforts and transform the process to one based on negotiation. Agency policies and procedures that either obstruct or facilitate collaboration should be examined, and effective team-building interventions should be planned in an effort to move closer to collaborative problem solving, the approach that offers the most hope for finding meaningful, long-term solutions to social problems.

Despite the barriers to effective collaboration, there are some encouraging signs for this particular Commission. First, focus group respondents overwhelmingly agreed that the Commission's planning and implementation activities have provided an educational forum for its membership. This is a benefit that enhances collaboration. In addition, some phase I recommendations have, in fact, been implemented. For example, a draft of a police officer "checklist" training was finished, a citywide resource directory has been completed, a specialized police department domestic violence response team has been established, and a better working relationship between the police department and the prosecutor's office has developed.

Regardless of whether this interagency, public-private process is collaborative or negotiatory in nature, some positive outcomes will continue to be realized. Further evaluation is expected to show that a collaborative process ultimately will result in more innovative and comprehensive, longer term solutions to the problem of family violence that have greater chances of becoming institutionalized in the region. Further research in this area is warranted.

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**The Second Responders Program:
A Coordinated Police and Social Service
Response to Domestic Violence**

By Erin Lane, Rosann Greenspan, and David Weisburd

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In the past decade, multiagency approaches to problem solving in the criminal justice system have moved into the foreground. Nowhere has an integrative approach been more fully recognized and advanced than in issues relating to violence against women. Scholars and practitioners have stressed that successful approaches against domestic violence should be multidisciplinary and coordinated across agencies (e.g., see Crowell and Burgess, 1996; Hart 1995; Pence, 1983; Pence and Shepard, 1999; Witwer and Crawford, 1995). The Violence Against Women Act (VAWA), Title IV of the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103–322) required “the coming together of various professions and perspectives to forge partnerships in responding to violence against women in all its forms” (Travis, 1996).

As interest in coordinated approaches to domestic violence continues to increase, new interagency programs are developing across the United States. It is important to learn how such programs operate and to evaluate their effectiveness in order to develop successful models that may be adapted in multiple jurisdictions.

The Second Responders Program

Richmond, Virginia, responded to the call for coordinated approaches to public safety with the development of the Second Responders Program, a collaborative effort of the Richmond Department of Social Services and the Richmond Police Department. The Second Responders are a unit of social workers from the Department of Social Services who work out of two (of four) police precincts in Richmond between 6 p.m. and 9 a.m. They respond to incidents of domestic violence (and other human service cases) while the police are still onsite. At the scene, they offer immediate services to victims and their families. Second Responders’ first task is to assess and ensure the safety of the victim. In almost all situations Second Responders provide victims with information about services offered through the Department of Social Services and other agencies and assist in developing a plan to access these services. Second Responders can provide the victim with a wide range of information about such matters as protective orders, court, legal aid, battered women’s shelters, and counseling services. They can place victims in hotels for short periods of time, provide them with food and baby supplies, transport them to safe locations, accompany them to the emergency room, or provide them with bus tickets for getting to and from court or the Department of Social Services. Before going off duty the following morning, Second Responders refer the night’s domestic violence cases to the Family Violence Prevention Program (FVPP) in the Department of Social Services. Each case is assigned to an FVPP worker, who is required to contact the victim within 72 hours.

Program Goals

While other programs have involved coordinating efforts of police and social workers (Davis and Taylor, 1997), the Second Responders Program emphasizes the immediacy of the response to the domestic violence event. By offering assistance while the incident is fresh and undeniable, the city of Richmond hoped that victims would be more likely to succeed in obtaining social and other services, in pursuing their rights and legal remedies, and in improving their situations generally. Although other programs emphasized prosecution (Gamache, Edelson, and Schock, 1988; Pence, 1983; Steinman, 1988, 1990; Syers and Edelson 1992), the Second Responders

Program considers criminal prosecution one among many outcomes of interest. Most important, planners hoped that the Second Responders Program would reduce the incidence of domestic violence in Richmond by reducing repeat victimization.

Research Design

The larger study from which this paper is taken involves evaluation of the Second Responders Program as well as a process evaluation of the researcher/practitioner partnership formed between the Police Foundation and the Richmond Police Department and Richmond Department of Social Services. This paper examines the Second Responders Program and considers several process and outcome measures that the authors assessed at the time of the conference on Violence Against Women and Family Violence: Developments in Research, Practice, and Policy. Findings are based on two waves of victim interviews with women who received Second Responder intervention and women who received only police intervention. Field researchers contacted eligible subjects and attempted to interview them within 1 week of the domestic violence incident to which police were called; the second interview took place 6 months later. A complete analysis of the outcome evaluation, including measures of the impact of the Second Responders Program on repeat victimization, will be provided in the full report to the National Institute of Justice (Greenspan et al., 2003).

Because Richmond implemented the Second Responders Program fully in two of its four police precincts, researchers were able to employ a quasi-experimental design: the experimental group was drawn from the First and Second Precincts, where the program was adopted, and the control group from the Third and Fourth Precincts. Control cases received the conventional police response. The experimental cases received intervention from both the Richmond Police and the Second Responders.

During the sampling period, Police Foundation researchers daily reviewed domestic violence reports routinely submitted by police at the end of each shift to identify eligible subjects, defined as age 18 years or older, a resident of Richmond, and a female victim of abuse by a former or current intimate partner. Only cases that occurred during the Second Responders' working hours—6 p.m. to 9 a.m.—were included to ensure experimental and control group comparability.

Readers who have experience conducting interview-based studies with victims of domestic violence know what a challenge it can be to make initial contact and obtain cooperation, as well as to locate subjects for followup interviews 6 months later. Once researchers reached a potential subject, they achieved a 72-percent cooperation rate on the first interview. Including potential subjects they could not contact, the first-wave response rate was 50 percent. For the second wave, the cooperation rate was a remarkable 92 percent. Including subjects who could not be contacted for the second interview, researchers achieved a response rate of 76 percent. (For a detailed description of case selection methodology and process, contact methods, and interview protocols, see Greenspan et al., 2003.) Researchers conducted a total of 158 first-wave interviews and 120 second-wave interviews, on which the findings in this report are based.

Findings

Interview findings are presented in four general areas: services provided by police and Second Responders, attitudes toward police and Second Responders, the likelihood of receiving followup from an FVPP worker, and the likelihood of obtaining an emergency protective order.

Characteristics of the Sample

Because the experimental and control groups are defined by geographic boundaries rather than random assignment, researchers paid special attention to the comparability of experimental and control subjects. They collected a wide range of (self-reported) demographic data, including age, race, marital status, living situation, education, work status, income, and household size (see exhibit 1). The data revealed no significant differences between groups on any measured demographic variable.

Exhibit 1. Selected Demographic Characteristics of Sample

Characteristic	Experimental	Control	Total
Living together at time of incident	70% (54)	71% (56)	71% (110)
Not married	65% (51)	69% (55)	67% (106)
Living with minor children	76% (65)	65% (53)	71% (118)
18–29 years old	49% (38)	33% (26)	41% (64)
African American	87% (65)	80% (62)	83% (127)
Employed	64% (49)	63% (50)	64% (99)
High school graduate or GED	72% (55)	74% (59)	74% (114)

Second Responders' Services

Did the Second Responders Program provide the wide range of services intended? Although the services provided varied greatly, field observations and victim interviews suggest that this variation depended largely on the perceived needs and desires of individual victims. In most cases, Second Responders provided safety assessments and informational services, including referrals to the Department of Social Services and information on a range of available social assistance and legal protections. Much less frequently, they provided direct services such as vouchers for emergency hotel stays, food, childcare supplies, or transportation. Exhibit 2 shows the services experimental subjects reported receiving from Second Responders and the extent to which they were provided.

Exhibit 2. Services Provided by Second Responders

Service Provided	Percent of Experimental Subjects Who Reported Receiving Service From Second Responders
<ul style="list-style-type: none"> • Refer to social services • Assess safety of subject and others 	>75
<ul style="list-style-type: none"> • Discuss services available from social services • Discuss protective orders (with subject) • Talk with subject about legal rights 	60–69
<ul style="list-style-type: none"> • Provide information about court process • Talk with subject about where she can go/stay 	50–59
<ul style="list-style-type: none"> • Provide victim service referral card • Ask if medical attention needed 	40–49
<ul style="list-style-type: none"> • Refer to legal services • Provide crisis counseling 	30–39
<ul style="list-style-type: none"> • Develop a safety plan with subject 	20–29
<ul style="list-style-type: none"> • Help contact places where subject can stay • Discuss alarm systems 	10–19
<ul style="list-style-type: none"> • Transport subject somewhere to stay • Provide bus tickets • Remove a child from the home • Provide food or food vouchers • Provide a cellular phone • Contact a mental health worker 	<10

Very few of the victims in either the experimental or the control group had had contact with an FVPP worker prior to this incident (12 percent and 14 percent, respectively). An important aspect of the program design was assignment of an FVPP worker, who would contact the client within 72 hours of assignment to the case. Findings on this dimension are somewhat mixed (see exhibit 3). Many more experimental subjects were contacted by an FVPP worker shortly after the incident than were control subjects (55 percent compared to 4 percent). On the other hand, 45 percent of experimental subjects said that they were not contacted by an FVPP worker. Through discussions with practitioners, researchers learned that the Second Responders were promptly passing the referral to FVPP, but followup efforts by FVPP often were not successful. Nevertheless, more than half the women in the experimental group were contacted by a FVPP worker; most of them would not have had this followup without the Second Responders’ intervention.

Exhibit 3. Contact With Family Violence Prevention Program (FVPP)

FVPP Contact	Experimental (N = 78)	Control (N = 80)	Total (N = 158)
Contact with FVPP prior to incident	12%	14%	13%
Contact with FVPP since incident*	55%	4%	29%

* $p < .01$

Subjects' Assessment of Second Responders

For the program to succeed, it is important that subjects perceive the Second Responders in a positive light. Researchers asked a number of four-point Likert-like scale questions, which respondents answered by expressing their views of the Second Responder(s) who came to the scene on the night of the incident. Exhibit 4 reports on the numbers that rated them in the highest category for six different measures. For most of these questions, far more than half the subjects ranked the Second Responder service in the most positive category.

Exhibit 4. Attitudes Toward Second Responder Service

Measure of Attitude Toward Second Responder	Percent of Responses	Number of Responses
Reported that Second Responders "really wanted to help"	92	70
Reported that Second Responders listened "very carefully"	88	65
Reported that Second Responders took situation "very seriously"	82	61
Would recommend Second Responders "very strongly"	79	60
Reported being "very satisfied" with Second Responders	73	54
Reported that Second Responders were "very useful"	51	38

Attitudes Toward the Police

It is reasonable to expect that domestic violence victims will be less likely to contact the police for assistance if their previous experiences have been negative. Consequently, a positive encounter can enhance victim safety by encouraging the victim to reach out for help.

The data suggest that subjects who received Second Responder assistance had much more positive views of the police encounter than control subjects did (see exhibit 5). This view may reflect the influence of Second Responders on officers to provide better service to victims. A number of officers remarked that the presence of Second Responders in their precincts led to casual conversations about domestic violence and greater awareness of the problem. Positive experiences with Second Responders also may generate a halo effect that elevates victims' opinion about the police response in general. Whether the police in fact do better or are only perceived to do better when accompanied by Second Responders, a victim's improved view of the police may lead to increased victim safety.

Exhibit 5. Attitudes Toward the Police

Attitude Toward Police Encounter	Experimental	Control	Total
Very satisfied with the way police handled the situation***	64% (49)	38% (30)	50% (79)
Police officers took situation very seriously**	71% (55)	55% (42)	63% (97)
Police officers listened very carefully to my side*	75% (58)	57% (45)	66% (103)

*** $p < .01$ (analysis based on all response categories)

** $p < .05$ (analysis based on all response categories)

* $p < .10$ (analysis based on all response categories)

Services Provided by Police

Subjects also describe significant differences in the types and extent of services provided by the police in the experimental and control groups. Again researchers cannot be certain whether the police in fact offered far more assistance when Second Responders were present or whether a halo effect allowed police to receive credit for services provided by Second Responders. Exhibit 6 shows the services subjects reported receiving from the police.

Exhibit 6. Services Provided by Police

Service Provided by Police	Experimental	Control
Assess safety of subject and others***	74% (55)	53% (38)
Ask if medical attention is needed	65% (51)	59% (43)
Discuss protective orders (with subject)***	64% (48)	37% (28)
Talk with subject about legal rights	46% (35)	39% (30)
Provide information about going to court	44% (34)	32% (24)
Refer to social services***	41% (32)	3% (2)
Discuss services available from social services***	30% (23)	4% (3)
Tell about places to go and stay**	27% (21)	13% (9)
Provide referral card	15% (12)	6% (5)
Help contact places to stay*	14% (5)	0% (0)
Refer to legal services**	12% (9)	3% (2)
Take somewhere to stay	7% (4)	4.3% (1)
Transport to medical facility	7% (5)	5% (4)

*** $p < .01$

** $p < .05$

* $p < .10$

Obtaining Emergency Protective Orders

Is the presence of Second Responders instrumental to the victim in obtaining legal protections? In Richmond, emergency protective orders (EPOs), good for 72 hours, must be obtained before a judicial officer either by the victim herself or by a police officer on her behalf. The analysis shows that victims in the experimental group are more likely to have obtained emergency protective orders the night of the incident (see exhibit 7). Forty-seven percent of experimental cases compared to 25 percent of control cases obtained EPOs the night of the incident ($p = .01$). The higher proportion of EPOs reflects a higher proportion of police obtaining the orders rather than more victims themselves. Police obtained EPOs for the victims in 33 percent of the experimental cases, but in only 19 percent of the control cases.

Exhibit 7. Emergency Protective Orders

Did You Get an Emergency Protective Order (EPO) That Night?			
	Experimental ($N = 73$)	Control ($N = 75$)	Total ($N = 148$)
Obtained EPO**	47%	25%	36%
EPO obtained by police*	33%	19%	26%
EPO obtained by victim	9%	5%	7%

** $p < .01$

* $p < .05$

Conclusions

Reported here are some preliminary findings of this study of the Second Responders Program. These results indicate significant promise for the program and for similar interventions that bring social workers and police together to the scene of a domestic violence incident. Subjects expressed very positive views about their experience with Second Responders and reported receiving a range of information and services from them. Perhaps more important, subjects who received intervention from both the police and the Second Responders were significantly more likely to rate the police very highly across several measures. Whether this difference is due to better police service or a more positive opinion of service because of Second Responders' presence, the beneficial effects may be the same—increased willingness to seek assistance.

Experimental subjects express significantly more positive attitudes toward the police, are significantly more likely to be protected with EPOs, and are significantly more likely to have contact with social services. Together, these findings suggest the possibility that victims served by Second Responders *and* police have an increased chance of avoiding future incidents of domestic violence. The final report explores this question in depth, examining the 6-month period after the initial incident on a broad range of dimensions, from the domestic situation to types of services obtained to legal actions and, importantly, to a detailed analysis of repeat victimizations (Greenspan et al., 2003).

Implications for Researchers

The richness of data obtained in interviews with victims of domestic violence cannot be matched by any other method of data collection. Nevertheless, obtaining sufficient cases for analysis is a long and arduous process. The best advice the authors can offer is—patience!

Implications for Practitioners

The researcher/practitioner partnership, which has not been examined in depth in this paper, faced some difficult issues, especially concerning program implementation. For most of this study, the police officer who responded to a domestic violence call for service was solely responsible for calling the Second Responders. Implementation was initially far from complete—a fact that was very important to the researchers, but initially of less concern to the Second Responders and the police. The advice the authors offer is to collaborate.

An immediate combined social service and police response to incidents of domestic violence may be so promising that the authors cannot but urge further experimentation and analysis.

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An Evaluation of Victim Advocacy Within a Team Approach

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In response to the scarcity of published research about advocacy services for battered women (Edleson 1993; Weisz, Tolman, and Bennett 1998) and about services for African-American battered women (Buzawa and Buzawa 1990; Coley and Beckett 1988; Pinn and Chunko 1997; Sullivan and Rumpitz 1994), this study evaluated advocacy services for battered women in Detroit. Although the study focused primarily on advocacy services provided by the police department and the prosecutor's office, other aspects of coordinated community responses to domestic violence were also investigated. Advocacy was defined as services provided to support victims during the legal process or to enhance their safety. The researchers chose to focus on advocacy partly in response to a police department supervisor's question, "How do we know that the advocates are doing any good?"

Description of the Collaboration

Because the lieutenant in charge of Detroit's Domestic Violence Unit initiated the evaluation, the stage was set for collaboration between researchers and practitioners. In addition, the researchers had previous relationships with several of the collaborating organizations. To accommodate advocates' schedules, the researchers also held several meetings in advocates' offices.

Six meetings were held with the researchers and representatives of the Detroit Police Department, the Rape Counseling Center, the Wayne County Prosecutor's Office, and the domestic violence programs that employed the legal advocates. The average attendance was 12 people. These meetings enabled researchers to monitor and improve their collaboration and data gathering process and to clarify the complex procedures for handling domestic violence cases in Detroit. The meetings also enabled researchers to monitor the usefulness of their data for practitioners.

Researchers included the telephone interviewers in one meeting to help advocates feel more comfortable with how the surveys might affect their clients. Practitioners helped researchers to ensure the welfare of the women studied by developing a way for phone interviewers to contact victims safely without revealing the purpose of the call to anyone else. A newsletter was also developed and sent to collaborators before each subsequent meeting.

Research Questions

The evaluation used official records to address questions that were important to criminal justice personnel. It investigated whether advocacy at the precinct and/or prosecutor's level was associated with a higher rate of completed prosecution of batterers, a higher rate of guilty findings against batterers (or guilty pleas), or decreased rates of subsequent violence. The evaluation also addressed victims' assessment of safety, their views of how the criminal justice process met their needs, and help-seeking patterns.

Methods

The project was a quasi-experimental comparison of cases originating in precincts with and without special police domestic violence teams that include advocates. Researchers gathered a

random sample of police incident reports (PCRs) from three precincts with domestic violence teams. They selected two comparison precincts that were not served by domestic violence teams but closely resembled the precincts with teams. They gathered 563 PCRs from precincts with onsite advocates and 494 from precincts without onsite advocates, for a total of 1,057.

The sample differed from many studies of women in shelters or of partners of men charged with domestic violence in that researchers focused on women named as victims in police reports, the vast majority of whom were African-American. Most of the couples had never been married.

Researchers also examined the effectiveness of advocacy associated with the prosecutor's office. Telephone interviews with victims provided data about victims' perceptions of services and their help-seeking patterns. Researchers also conducted process evaluations, which documented who was involved, what processes were established to deliver the intervention, what problems or issues arose during implementation, how problems were resolved or interventions were adjusted, and how implementers assessed the process.

The domestic violence teams participating in the study included specially trained police officers, police department advocates, legal advocates and, in one precinct, an onsite prosecutor. Three types of advocates assisted victims by offering information about the legal system, referrals, and safety planning. Police precinct advocates, employed by the Detroit Police Department, worked with victims who walked into the precincts and contacted by telephone victims named on police reports. The precinct legal advocates, employed by local domestic violence programs, worked in two precincts and focused primarily on helping women obtain protective orders. The advocates did not do telephone outreach. The county prosecutor's office employed advocates to work with victims coming in for warrant interviews with prosecutors and provided support to victims in court during prosecution.

A team of trained, experienced, female African-American interviewers administered three questionnaires developed by the researchers. The team completed 242 initial interviews from the PCR sample, for a response rate of 22.8 percent. Six months later, they completed 63 followup interviews of women who were interviewed initially and 23 interviews of women not reached initially. The survey instruments inquired in detail about the police, advocates, and prosecution services that victims received related to the focal incident; previous incidents of violence between the respondent and the man who abused her during the focal incident; and why victims felt services were or were not helpful.

As a measure of recidivism, researchers continued to collect police incident reports from the five precincts for 6 months after the intake of their last focal PCR. Researchers were unable to gain access to advocates' records about contacts they had with victims, so advocates were given a "contact form" to fill out after contact with a victim. However, the advocates did not consistently fill out these forms. Researchers conducted a computer search about the outcomes of the cases stemming from the focal police incident reports.

Findings

African-American women were by far the largest group of victims (96 percent) named on the 1,057 focal incident police reports. Although 81.2 percent of Detroit's population is African-American (Hill 2001), a disproportionate number of African-American women appeared as victims in these police reports. Only a small proportion of the sample were currently or formerly married (24.8 percent). Researchers coded the majority of initial and subsequent police reports as severe physical or sexual violence (81.6 percent). One hundred and twenty women (11.3 percent of the sample) were involved as victims on one or more subsequent PCRs.

Twenty-three percent of the victims identified in the police report sample (242 women) were interviewed initially. Ninety-seven percent of the respondents were African-American. Fifty-four percent of respondents were employed, but their annual household income was low, with only 14.1 percent having an income of more than \$30,000 per year. Only 24 percent of the respondents were married.

Women who were interviewed were significantly less likely than noninterviewed women to report that they experienced severe physical violence during the focal incident ($\chi^2 = 17.32$ [3, $n = 963$] $p = .001$) or to be living with partners ($\chi^2 = 17.56$ [3, $n = 982$] $p = .001$). Interviewees were significantly more likely to be African-American ($\chi^2 = 4.39$ [1, $n = 1026$] $p = .036$) and to have a child with the perpetrator than noninterviewees were ($\chi^2 = 8.63$ [2, $n = 983$] $p = .013$).

Because advocates substantially underreported their services on the contact sheets, interviewees' and advocates' reports of advocacy services were combined to develop the best proximal count. Twenty-four percent of the 1,057 women received some type of advocacy, and 4 percent had contact with at least two types of advocates. Women who received any advocacy were more likely to have focal police reports that reported severe physical abuse ($\chi^2 = 8.87$ [3, $n = 963$] $p = .031$), and African-American women were more likely to receive advocacy than European-American women were ($\chi^2 = 6.84$ [1, $n = 1026$] $p = .009$). Women who were currently married were significantly less likely to see an advocate ($\chi^2 = 6.88$ [2, $n = 976$] $p = .032$).

All three types of advocates gave women information about protective orders, but followup rates were low. The initial interviews suggest that precinct and prosecutor's advocates did not help all women plan for their safety, even when those women experienced severe physical violence during the focal incident. Advocates made referrals for other services to 29 women, and 8 women (27.5 percent) followed up on those referrals.

According to the police reports, arrests occurred in 313 cases (30 percent of the 1,057 police incident reports), and a warrant was issued in 148 cases (14 percent). The rate of issuance of warrants and the proportion of arrests resulting in warrants did not differ significantly between precincts with and without domestic violence teams. Receiving advocacy services, especially from the prosecutor's office, was associated with issuing a warrant ($\chi^2 = 79.53$ [1, $n = 1056$] $p = .000$).

One hundred and thirty-five of the initial interviewees (64.9 percent) said they thought it was a good idea for the prosecutor to press charges against their partners. The most common reasons

for favoring prosecution were that the partner's behavior was illegal and not acceptable and that abusers should not violate or touch women. The most common reasons for opposing prosecution were that the woman believed the incident was not serious or that this was the first time her partner was violent.

There were 102 perpetrators charged with misdemeanors (9.6 percent of total PCR sample) and 46 charged with felonies (4.4 percent). Forty-six percent of all resolved prosecutions resulted in a guilty plea or a verdict of guilty after a trial. Cases from precincts with domestic violence teams or in which victims received advocacy services were no more likely to result in a guilty verdict or plea than others.

Forty-nine cases (41 percent of the total completed cases) were dismissed. Thirty-five of the dismissed cases (29 percent of the resolved cases) were noted as "witness failed to appear." There was no association between receiving advocacy and the reasons why cases were dismissed. There were no significant associations between guilty pleas or verdicts, reasons for dismissal, and a woman's positive response toward prosecution in the first interview.

Because almost all subsequent incidents involved severe physical violence or sexual assault, researchers used the presence or absence of any subsequent police reports as the outcome variable in analyses of recidivism. There was no relationship between whether victims came from precincts with or without domestic violence teams or received advocacy and whether there was a subsequent police report.

Overall, between 60 and 100 percent of interviewees rated all three types of advocates as very helpful or somewhat helpful. The most common reasons women rated advocates as helpful were that they received information, were emotionally supported, and believed advocates actively did something to help. Women who gave advocates low helpfulness ratings (between 20 and 40 percent) described them as not doing enough, unavailable, unsympathetic, or not giving enough information.

According to the interviewees, police officers from domestic violence team precincts and comparison precincts did not differ significantly in their responses to the focal incidents, and interviewees reported high levels of satisfaction with police from all precincts. The most common reasons for satisfaction were that the police "did their job," stopped the violence, or removed the abuser. Women who were not very satisfied with the police most commonly believed that the officers did not do enough to help them or did not come fast enough.

Interviewees were asked separate questions about whether they received each of several potential forms of help from their contact with the criminal justice system. Using only the first interview because it had the most respondents, 41.7 percent of the 242 interviewees reported that the criminal justice system did not do any of the following: decrease abuse, help them leave their partners, keep the abuser away from them, or give them information or referrals. The most common ways the criminal justice system did help were to decrease abuse (32.6 percent) and help the respondent leave her partner (27.7 percent). Satisfaction with the criminal justice system at the second interview was not associated with whether the victim received advocacy, but it was associated with issuance of a warrant for the focal incident ($\chi^2 = 8.67$ [2, $n = 60$] $p = .013$).

Implications for Researchers

This study's somewhat low interview response rate may have been because many women in Detroit do not have telephones, many move often, and some give police false telephone numbers. Researchers could not pay victims for interviews because the prosecutor was concerned that abusers' attorneys might use those payments to undermine prosecution. However, the sample's demographics suggest that telephone interviews, if carefully and sensitively done, represent a promising method of obtaining the views of battered women who are underrepresented in research.

Because they were based partly on advocates' underreporting, the findings that advocacy did not affect victims' safety or participation in prosecution may be erroneous. Researchers were only able to interview women who could be reached by telephone. Although many interviewees viewed the interview as rewarding in itself, financial incentives are probably necessary to encourage interviewees to keep researchers informed about correct contact information. Researchers were not able to investigate whether advocacy provided by domestic violence programs is more victim centered and effective than advocacy sponsored by police or prosecutors. Another weakness was the lack of knowledge of the prior criminal histories of the offenders, because the criminal justice system, victims, and abusers all respond differently when there is a prior criminal history. Interviewees were not asked directly about the role of culture or about their concerns for their children in their assessment of their situations and of advocacy. Women also were not asked why they did or did not follow up on advocates' referrals.

Implications for Practitioners

A number of women had contact with more than one type of advocate, which might be viewed as an overlap and lack of coordination of services. Alternatively, it may be advantageous for victims to have access to more than one kind of advocate, because some advocates have specialized knowledge, and a woman in crisis might not absorb information the first time she hears it.

Because women who received advocacy services were more likely to experience severe violence during the focal incident than women who did not, advocates might have been effective in their outreach to women who needed their services the most. It also might mean that women who experienced the most severe violence were more eager for help. Advocates suggested that a possible reason African-American women were more likely to receive advocacy services than European-American women is that European-American battered women in Detroit may have more resources and do not have to rely on advocacy for help. However, no data support this explanation. Women who were married were less likely to receive advocacy services than unmarried women, possibly because they were afraid to talk to advocates or had a stronger investment in maintaining the marriage without seeking help.

Safety planning is intended as a large portion of advocates' jobs, but many interviewees who said they needed help with safety planning did not remember that advocates helped them with it. This is a serious gap in services because advocates might have effective safety planning ideas that are new to victims. Interviewees also reported low rates of followup on advocates' referrals. They

might not have believed the referrals would meet their needs, or they might have been afraid to contact the resources provided. Practical burdens, like childcare and financial difficulties, might also lead to a lack of followup on referrals.

The research suggests that further training of officers or increased advocacy for victims is needed if domestic violence units want to increase the number of prosecutions. Officers might be trained to increase their rapport with victims or to discuss more thoroughly the importance of appearing for a warrant interview. If advocates are able to engage victims successfully soon after the incident and provide meaningful safety options, they might encourage victims to appear for warrant interviews.

Interpreting the lack of association between advocacy and recidivism is a complex task. Women who receive advocacy services may call the police more often, because advocacy increases their trust in the legal system. Because there were no associations between arrests, warrants, or protection orders and rates of subsequent PCRs, the social class and usually unmarried status of the abusers might have contributed to a sense that they had little to lose if the legal system intervened.

Victims' high level of satisfaction with advocacy suggests that victims may interpret the provision of advocacy as a sign that the legal system is concerned about them. After a history of being overlooked or mistreated by the criminal justice system, African-American women may be grateful for any legal advocacy that is both accessible and culturally sensitive.

The process evaluation yielded a recommendation to establish a common information system to share records about victims among advocates. Program administrators articulated the need to expand police advocacy services to cover the entire city so that all victims can have access to advocacy at the point of entry into the system. Another approach would be to increase funding to domestic violence programs so that they could hire advocates who would do outreach to victims. Advocates pointed out that their services would benefit from having private counseling space, childcare, and child supplies (e.g., diapers), as well as clerical support.

The research suggests that special domestic violence teams and advocacy as they exist in Detroit are not sufficient to overcome the multiple vulnerabilities of battered women when they lack economic resources and may have had a history of painful interactions with the police and social service agencies. Instituting new programs is not a panacea if the programs do not have the resources to make a difference. First, researchers and practitioners must learn from battered women what would make a difference. Then realistic program planning and coordination must take place. For women with multiple needs, like many women in Detroit, services clearly must be intensive and sensitive to cultural and economic issues. Training should focus on increasing the service providers' awareness of these multiple needs.

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An Evaluation of Efforts to Implement No-Drop Policies: Two Central Values in Conflict

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During the late 1980s and 1990s, the law enforcement response to domestic violence changed remarkably. Legal impediments were removed for police officers making warrantless arrests for misdemeanors they did not witness. They were replaced by presumptive arrest statutes, under which police were encouraged to make arrests, or statutes making arrest mandatory when probable cause existed. Many victim advocates were pleased with these changes, arguing that taking the decision to arrest away from victims shielded them from possible retaliation by batterers.

The changes in police practices regarding domestic incidents were paralleled by changes in the prosecution of these cases. Many jurisdictions changed their prosecution policies to ensure that *all* legally sufficient domestic cases would be prosecuted whether or not victims were fully cooperative, to drop the requirement that victims sign a complaint, or to forbid victims from dropping charges once they were filed. Other jurisdictions facilitated the process of obtaining restraining orders; established special domestic violence courts staffed with personnel trained to handle domestic cases; or established better coordination between police, prosecution, judicial, and probation agencies.

Some prosecutors adopted a policy that paralleled mandatory arrest policies of the police. So-called no-drop or evidence-based prosecution was pioneered in places such as Duluth, Minnesota, and San Diego, California, in the late 1980s in response to the high dismissal rate of domestic violence cases. Until then, it had been the practice of most prosecutors and judges to dismiss domestic cases in which the victim was unwilling to come to court or to testify against the defendant. Because many victims failed to cooperate for a variety of reasons, domestic violence cases had dismissal rates many times higher than other crimes.

In particular, the San Diego City Attorney received a lot of national press about evidence-based prosecution. The office realized that forms of evidence other than the testimony of victims could be collected in domestic violence cases. Advocates convinced the office to treat domestic violence like any other crime and not rely solely on the victim to determine how to proceed. Statements made on 911 tapes or to responding police officers could be admissible under certain circumstances. Photos of injuries could be taken and the testimony of medical personnel entered. Physical evidence could be collected from the household. The statements of witnesses could be used. San Diego prosecutors fought hard to convince judges to accept these forms of evidence. Over time, with the passage of key statutes on admissibility of evidence, the city attorney's office prevailed and was able to win convictions in a large percentage of cases, even without (or in spite of) the testimony of the victim.

San Diego's success convinced other prosecutors to follow suit. Some advocates argue that no-drop policies are victim-friendly because they take the burden of continuing a prosecution away from the victim and decrease the abuser's power to force the victim to drop charges. By contrast, others have argued that no-drop policies take away power from the victim and assume the State's interests should supersede those of the victim. The present study looked at the impact of no-drop policies on the victim and the criminal justice system.

Purpose of the Research

The researchers wanted to learn if prosecution without the victim's cooperation was feasible with appropriate increases in resources. They identified three sites where the Office of Justice Programs had awarded funds for no-drop prosecution under the Office on Violence Against Women's (OVW) grant program to encourage arrest policies. Included were Everett, Washington, Klamath Falls, Oregon, and Omaha, Nebraska. San Diego was added to the list because of its historic importance, even though it had not applied for funds under the arrest policies grant program. San Diego was the first place to institute a no-drop policy and is widely respected as being the most successful no-drop site. The researchers felt they could not conduct a study of no-drop policies without including the longest-running and strongest program.

The study was designed to examine the effects of no-drop policies on court outcomes and victim satisfaction with the justice system and feelings of safety. Four research questions were addressed:

- ◆ Did implementing a no-drop policy result in increased convictions and fewer dismissals?
- ◆ Did the rate of trials increase in jurisdictions where no-drop was adopted as a result of the prosecutor's demand for a plea in cases in which victims were uncooperative or unavailable?
- ◆ Did prosecutors have to downgrade sentence demands to win the willingness of defense attorneys to negotiate pleas in the new context of a no-drop policy?
- ◆ What was the impact on victims? Did victims who did not want their intimate partners prosecuted eventually come to believe prosecution was a good thing, or did prosecution without the victim's consent result in angry victims who were discouraged from calling the police in the future?

Methods

The study evaluation encompassed process and impact components. During the process component, the researchers collected data on no-drop program implementation through a review of written materials, interviews with local officials, and onsite observations. The impact evaluation assessed the overall effect of the coordinated approach to domestic violence implemented at each site. At the three sites that had recently implemented no-drop policies (Everett, Klamath Falls, and Omaha), researchers attempted to collect samples of 200 domestic violence court cases during the year before implementation of the no-drop policy and 200 cases after its implementation. That was not possible in Omaha because domestic violence cases were prosecuted by the city attorney before the no-drop policy and by the county attorney afterward. Thus, a pre- and post-comparison of office processing was not possible.

In San Diego, which has had a no-drop policy since the mid-1980s (and thus a pre-/post-sample was not feasible), the researchers examined the effects of two State laws favorable to prosecutors. These statutes were designed to make it easier to admit certain types of evidence and thereby increase the prosecutor's chances of succeeding in trials without victim cooperation.

To assess the impact of the statutes on domestic violence cases in San Diego, samples were collected of 200 cases before and 200 cases after the new statutes took effect.

For sampled cases, the researchers collected information on charges, defendants' criminal histories, relationships between victims and defendants, court outcomes, sentence and special conditions of sentence, issuance of protection orders, prosecution of violations of protection orders, contacts with victims by phone or in person, assessments of victim willingness to prosecute, subpoenas or body attachments issued for victims, and victims' attendance in court.

For cases resolved under the no-drop policy, telephone interviews with victims were attempted to ascertain their desires about what should have been done with the case (from dropping charges to sentencing batterers to jail terms), their willingness to cooperate with criminal justice officials, their contact with victim advocates, their belief that their views were heard and considered by criminal justice officials, their satisfaction with officials and with the case outcome, their beliefs about whether the criminal justice outcome had increased or decreased their safety, and the level of violence experienced after the case was resolved in court.

Findings

San Diego

San Diego's no-drop policy is the model others have copied. Because the policy began so long ago, an archival comparison was not possible in San Diego. However, researchers did study the impact of the 1997 changes in legislation regarding admissibility of evidence. Analysis revealed the following:

- ◆ Researchers found differences in case processing between 1996 and 1999. The processing time declined from an average of 91 days in 1996 to 32 days in 1999. The rate of adjudications of guilt was an amazing 96 percent in both years.
- ◆ No differences were found in the proportion of guilty defendants whose sentences included jail time, probation, or batterer treatment. However, a significant difference was found in the proportion of offenders whose sentences included a no-contact provision. In 1999, 61 percent of offenders were ordered to stay away from victims, up from 38 percent in 1996.
- ◆ None of the changes found between 1996 and 1999 was related in an obvious way to the new legislation. Rather, they seem to be the result of changes in implementation of a specialized domestic violence court.
- ◆ If the legislation made a difference in whether important evidence was admitted during the course of trials, then there should have been a difference in conviction rates after passage of the new laws. However, no difference in trial conviction rates was found between the two samples.
- ◆ Both samples were examined for differences in whether judges admitted prosecution evidence in trials. Three categories of evidence were examined: (1) *statements*, which

included statements and admissions made by defendants, statements by victims to the police, and statements to 911 operators; (2) *witnesses*, which included eyewitness testimony, police witness testimony, medical testimony, and expert witness testimony; and (3) *corroborating evidence*, which included physical evidence, photographic evidence, medical records, copies of restraining orders, and prior violence by the abuser. Researchers found that witness testimony and corroborating evidence were almost universally accepted by judges in both samples. In 9 cases out of 10 or better, judges allowed prosecutors to introduce these forms of evidence at trial. Prosecutors were less successful with defendant or victim statements in 1996, when they were admitted in only 72 percent of cases. In 1999, however, statements were admitted in 89 percent of cases in which prosecutors tried to introduce them.

- ◆ Because San Diego had a large trial sample ($N = 90$), the researchers were able to examine the effects of evidence on trial outcomes in ways not possible in the other sites. They found that *none* of the forms of evidence significantly influenced the outcome of trials among the entire sample or among no-drop cases.

Everett

In 1997, the Everett Police Department received a Violence Against Women Act (VAWA) grant that created a domestic violence unit that brought together prosecutor, police, and victim services coordinators under one roof to increase collaboration. An experienced domestic violence prosecutor was hired to introduce a more aggressive style of prosecution and teamed with specialized domestic violence police officers and a victim coordinator.

The researchers examined data from a sample of 156 cases before and 200 cases after the start of the policy. They compared processing time, trial rates, and guilty plea rates. The pre-no-drop case files did not contain data on sentences, so researchers were not able to compare rates of jail terms, no-contact orders, or conditions of probation. Key findings in Everett showed that—

- ◆ Processing time declined from 109 days to 80 days after the formation of the special domestic violence unit.
- ◆ Dismissals declined from 79 percent of dispositions to 26 percent of dispositions. Conversely, adjudications of guilt (by plea or trial) increased from 19 percent to 53 percent and diversion dispositions increased from 2 percent to 22 percent.
- ◆ The implementation of the no-drop policy resulted in a large increase in trials, from 1 percent before formation of the unit to 10 percent after. Prosecutors won four in five of the trials held after the shift in policy.

Klamath Falls

In 1996, Klamath Falls received a grant from OVW's pro-arrest program to implement a no-drop policy. A subsequent grant was received the following year. In the first year, the grant supported a full-time deputy district attorney, two probation and parole officers, two victim advocates, a unit coordinator, and a member of the clergy. In the second year, Klamath Falls added a second full-time deputy district attorney, an attorney to supervise the unit, and an investigator. The

analysis of case outcomes before and after the 1996 no-drop policy revealed findings similar to those in Everett:

- ◆ Dismissals and acquittals dropped from 47 percent before the policy change to 14 percent after.
- ◆ The proportion of diversion dispositions dropped from 6 percent before no-drop to 0 percent after.
- ◆ Adjudications of guilt rose from 47 percent to 86 percent.
- ◆ The proportion of cases resulting in trials jumped from 1 percent before the no-drop policy to 13 percent after. The prosecutor in Klamath won 63 percent of trials after the no-drop policy was put into effect.

Omaha

VAWA grant funds were used to establish a special prosecution unit in the county attorney's office to aggressively prosecute domestic violence cases. Staffed by five persons, the unit adopted a no-drop policy so that cases would be pursued even when victims refused to cooperate with officials. In addition, grant funds were used to create a specialized unit in the police department to conduct followup investigations on domestic violence calls. The unit also uses the police department's victim advocates in domestic violence cases.

In Omaha, the researchers were unable to obtain information on case dispositions before and after implementation of the no-drop policy. A shift in responsibility for prosecuting misdemeanor domestic violence cases from the city attorney to the county attorney coincided with a major improvement in recordkeeping.

A different question, therefore, was asked in Omaha. The researchers had heard from Omaha officials that judges differed widely in their willingness to admit evidence in the absence of victims on the trial date. Some judges were said to be receptive to admitting hearsay evidence while others were described as reluctant. The researchers analyzed dispositions in cases in which victims were absent on the trial date according to the perceived receptivity of judges to a no-drop policy. They expected to find more frequent use of no-drop (i.e., fewer trial date dismissals) when judges sympathetic to no-drop policies presided. Instead, they found little difference in dismissal rates between judges rated as sympathetic and those rated as hostile to no-drop. The major finding was that *roughly four in five cases were dismissed when victims were absent on the trial date* for both groups of judges. No-drop efforts largely failed in Omaha.

From Victim Interviews Across the Four Sites

- ◆ Seventy-nine percent of victims wanted the defendant to be arrested.
- ◆ Seventy percent of victims were satisfied with the police, 4 percent reported feeling somewhat satisfied, and 26 percent were dissatisfied. Satisfaction with the prosecutor was slightly less but still substantial. Sixty-four percent were satisfied, 9 percent were somewhat

satisfied, and 27 percent were dissatisfied. Similar marks were awarded to judges. Sixty-seven percent were satisfied, 8 percent were somewhat satisfied, and 25 percent were dissatisfied. Case outcome satisfaction rates were ranked lower. Fifty-nine percent were satisfied, 13 percent were somewhat satisfied, and 29 percent were dissatisfied.

- ◆ Eighty-three percent of victims reported that they had seen or heard from the defendant since the disposition of the case. With the important exception of verbal abuse, most victims had not been bothered by the defendant.
- ◆ Most victims interviewed had positive things to say about the wisdom of prosecuting. In hindsight, 85 percent of victims said they came to see the prosecution as helpful. Only 10 percent said prosecution was not a good thing, and 5 percent said it was both good and bad.
- ◆ Seventy-nine percent of the victims said they would call the police if reabused in the future. Only 11 percent said they would not call and 10 percent said it would depend on the circumstance.

The victim interview results have to be treated cautiously. Victim response rates were low (21 percent in Omaha, 20 percent in San Diego, 17 percent in Klamath Falls, and 14 percent in Everett). Domestic violence populations are notoriously hard to reach, especially using a retrospective design as was employed in this study. The researchers attempted to reach victims several months after disposition of their case. The design was selected to allow questions to be asked about a victim's satisfaction with the case and officials and about renewed problems with the abuser. But the researchers found that many victims had changed their phone numbers sometime after arrests were made (actual refusal rates were small *if* victims could be reached by phone).

Compared with other studies, the response rate in this study was very low. Because researchers were able to interview less than one-fifth of the sample, it is unlikely that the victim interview results are representative of the population of victims in the four study sites. It is probable that the victims who remained in one place and kept the same phone number are different in fundamental ways from those who relocated or changed their numbers. Those who make themselves hard to find may be hiding from the defendant or from the prosecutor. If that were the case, then these victims would have a quite different perspective from the victims researchers contacted.

Implications for Researchers

The victim interview data suggested that victims may view prosecution as beneficial, even those victims who initially did not want any criminal justice action beyond arrest. However, the researchers stressed that they were unsuccessful in locating most of the victims they sought to interview, making it very unlikely that the interview results are representative of the victim populations in the study sites. Therefore, researchers found it difficult to conclude whether victims benefit when criminal justice professionals assume the exclusive right to decide when to prosecute and what outcome to seek. Further study of the impact of no-drop policy on victims is needed.

Implications for Practitioners

The researchers drew several implications and lessons from the study for practitioners. First, no-drop is more a philosophy than a strict policy of prosecuting domestic violence cases. No prosecutor pursued every case he or she filed. Prosecutors were rational decisionmakers who were most likely to proceed without the victim's cooperation if they had a strong case based on other evidence. Of course, definitions of what constitutes strong evidence varied from site to site, and some prosecutors were more likely to persist in the face of an unwilling victim than others were. None chose to proceed with every case in which the victim was unwilling to cooperate.

Second, adopting a no-drop policy can boost convictions dramatically. In the two sites in which pre- and post-implementation data were available, extraordinarily large increases in conviction rates, declines in processing time, and large increases in the number of trials were found.

Third, implementing no-drop policy requires significant case screening up front. Arrests with weak evidence need to be rejected by prosecutors so that they can credibly claim that they can prosecute the remainder of cases regardless of what the victim wants or does. All the sites engaged in significant screening of domestic violence cases, refusing to file as many as 30 percent.

Fourth, a successful no-drop policy requires judges who are willing to admit hearsay or excited utterances from victims, statements from defendants, or documentation of prior bad acts.

Fifth, no-drop prosecution is expensive. Successful implementation of no-drop policy involves significant training of police in evidence gathering, a realization that more cases will go to resource-intensive trials, and the energy to persuade judges to accept forms of evidence that historically have been considered controversial. Moreover, it is not enough to encourage arresting officers to do a better job gathering evidence; it is also necessary to have specialized officers (working closely with prosecutors) to conduct followup investigations. Intensive training, special units, and thorough investigations require substantial resources.

**Prosecuting Sexual Assault: A Comparison of
Charging Decisions in Sexual Assault Cases
Involving Strangers, Acquaintances, and
Intimate Partners***

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The prosecutor plays a key role in the criminal justice system. She or he decides who will be charged, what charge will be filed, who will be offered a plea bargain, and the type of bargain that will be offered. The prosecutor also may recommend the offender's sentence. Although each of these decisions is important, none is more critical than the initial decision to prosecute or not to prosecute. Prosecutors have broad discretion at this stage in the process. There are no legislative or judicial guidelines about charging, and a decision not to file charges ordinarily is immune from review. According to the Supreme Court, "So long as the prosecutor has probable cause to believe that the accused committed an offense defined by statute, the decision whether or not to prosecute, and what charge to file or bring before a grand jury generally rests entirely in his discretion" (*Bordenkircher v. Hayes*, 434 U.S. 357, 364 [1978]).

The fact that the "prosecutor controls the doors to the courthouse" (Neubauer, 1988, p. 200) may be particularly important in cases in which the credibility of the victim is a potentially important issue, such as sexual assault cases. Studies of the charging process conclude that prosecutors attempt to avoid uncertainty (Albonetti, 1987) by filing charges in cases in which the odds of conviction are good and by rejecting charges in cases for which conviction is unlikely. These studies suggest that although prosecutors' assessments of convictability are based primarily on legal factors such as the seriousness of the offense, the strength of evidence in the case, and the culpability of the defendant, legally irrelevant characteristics of the suspect and victim also come into play. In fact, Stanko (1988, p. 170) concludes that "the character and credibility of the victim is a key factor in determining prosecutorial strategies, one at least as important as 'objective' evidence about the crime or characteristics of the defendant."

In sexual assault cases, the victim's character, behavior, and credibility may play an especially important role in charging decisions. In these types of cases, little physical evidence may be present to connect the suspect to the crime, and typically eyewitnesses who can corroborate the victim's testimony may not be available. The likelihood of conviction depends primarily on the victim's ability to articulate what happened and to convince a judge or jury that a sexual assault occurred. Thus, prosecutors' assessments of convictability and their charging decisions rest on predictions regarding the way the victim's background, character, and behavior may be interpreted and evaluated by other decisionmakers and potential jurors. Frohmann (1997, p. 535) notes that this "downstream orientation" leads prosecutors to rely on stereotypes about "genuine victims" and appropriate behavior. Victims whose backgrounds and behavior conform to these stereotypes will be taken more seriously, and their allegations will be treated more seriously than victims whose backgrounds and behavior differ from these stereotypes.

Although some researchers contend that victim characteristics come into play in all cases of sexual assault, others argue that their effect is conditioned by the nature of the case. For example, Estrich (1987, pp. 28–29) maintains that "all women and all rapes are not treated equally." Instead, criminal justice officials differentiate between the "aggravated, jump-from-the-bushes stranger rapes and the simple cases of unarmed rape by friends, neighbors, and acquaintances." This is consistent with the assertions of Black (1976) and Gottfredson and Gottfredson (1988), who argue that the offender-victim relationship is an important predictor of the outcome of legal proceedings and that crimes between intimates are perceived as less serious than crimes between strangers.

If, as these scholars contend, crimes involving strangers are viewed as more serious than crimes involving nonstrangers, victim characteristics—particularly those relating to victim credibility—should be

better predictors of case outcomes in sexual assault cases in which the victim and the defendant are intimates or acquaintances than in cases in which the victim and defendant are strangers. Previous research has demonstrated that in more serious cases the outcome is determined primarily by legally relevant factors (Kalven and Zeisel, 1966; Spohn and Cederblom, 1991). In these types of cases, criminal justice officials have relatively little discretion and thus few opportunities to consider the victim's background or behavior at the time of the incident. On the other hand, in less serious cases the appropriate outcome is not indicated clearly by the nature of the crime or other legally relevant factors. This may leave criminal justice officials, including prosecutors, more disposed to take extralegal factors into consideration.

This study addressed that issue. The researchers examined the effect of victim, suspect, and case characteristics on prosecutors' charging decisions in three types of sexual assault cases: those involving strangers, acquaintances, and intimate partners. They tested the hypothesis that the effect of victim characteristics is conditioned by the relationship between the victim and the suspect. They hypothesized that the victim's character, reputation, and behavior at the time of the incident would not affect charging decisions in cases involving strangers but would affect charging decisions in cases involving acquaintances and intimate partners.

Research Design

The study analyzed data on sexual assaults that resulted in arrests in Kansas City and Philadelphia. The data file included 259 cases in Kansas City and 267 cases in Philadelphia. In Kansas City, selected cases met the following criteria:

- , The defendant was arrested in 1996, 1997, or 1998 for rape, forcible sodomy, sexual assault, deviate sexual assault, first-degree statutory rape, or first-degree statutory sodomy.
- , The case was referred to the Office of the Prosecuting Attorney for the Sixteenth Judicial Circuit of Missouri by the Kansas City Police Department.
- , The victim was age 12 or older.

In Philadelphia, selected cases met these criteria:

- , All cases of rape, involuntary deviate sexual intercourse, and sexual assault that resulted in an arrest during 1997 were selected.
- , The victim was age 12 or older.
- , Cases that involved male victims and female suspects were eliminated.

Researchers examined the effect of victim characteristics, offender characteristics, and case characteristics on charging decisions in cases involving strangers, acquaintances, and intimates. Victim characteristics were subdivided into background factors (i.e., the victim's gender, race, and age) and "blame and believability" factors, which are characteristics of the victim that might cause criminal justice officials to blame the victim and/or question her credibility. The researchers controlled for whether the victim physically resisted her attacker or made a prompt report to the police, whether the victim's "moral character" was in question, and whether the victim engaged in any type of risk-taking activity at the time of the incident. The moral character variable was coded 1 if the police file contained information about the victim's prior sexual activity with someone other than the suspect, out-of-wedlock pregnancy or birth, pattern of alcohol and/or drug abuse, prior criminal record, work as a prostitute, or work as an exotic dancer or in a massage parlor. The risk-taking variable was coded 1 if the police file indicated that at the time of the assault the victim was walking alone late at night, was hitchhiking, was in a bar alone or was using alcohol or drugs, or if she willingly accompanied the suspect to his residence or invited him to her residence.

The suspect's age, race, and prior criminal record were included in the analysis. The analysis also included several case characteristics that reflect either the seriousness of the offense or the strength of evidence in the case. Measures of offense seriousness include whether the suspect used a gun or knife during the assault and whether the victim suffered collateral injuries, such as bruises, cuts, burns, or internal injuries. The strength of evidence in the case was measured by the existence of a witness to the assault and the presence of physical evidence, such as semen, blood, clothing, bedding, or hair, that could corroborate the victim's testimony.

The study used logistic regression to model the relationship between victim, suspect, and case characteristics and the decision to file charges in sexual assault cases. To test for the effect of type of relationship, the researchers first estimated a model for the entire sample. This stage in the analysis included two dummy variables (acquaintance and intimate partner) that measured the type of relationship between the victim and the offender; the stranger category was omitted. The researchers then estimated separate logistic regression models for each of the three types of relationships to test their hypothesis concerning the contextual effects of victim characteristics.

Findings

Examination of prosecutors' charging decisions for sexual assault cases confirmed that the "prosecutor controls the doors to the courthouse" (Neubauer, 1988, p. 200). Within the two large urban jurisdictions included in this study, approximately half of the sexual assault cases that resulted in an arrest were prosecuted. The decision to charge was found to be based on a combination of victim, suspect, and case characteristics. Prosecutors were more likely to file charges if there was physical evidence to connect the suspect to the crime, if the suspect had a prior criminal record, and if there were no questions about the victim's character or behavior at the time of the incident. This suggests that prosecutors' concerns about convictability lead them to file charges when they believe the evidence is strong, the suspect is culpable, and the victim is blameless.

The results also revealed that the relationship between the victim and the suspect had no effect on the decision to charge. This finding is consistent with the results of a recent study about sexual assault case processing decisions (Kingsnorth, MacIntosh, and Wentworth, 1999), but the results are inconsistent with the assertions of Black (1976) and others who contend that the victim-suspect relationship is an important predictor of case outcomes and that crimes between intimates are perceived as less serious than crimes between strangers.

The fact that prosecutors were equally likely to file charges in all three types of cases does not mean, however, that they used the same criteria to determine the likelihood of conviction for sexual assault cases in each category. As shown in the exhibit, the presence of physical evidence to connect the suspect to the crime had a strong and statistically significant effect on charging in all three types of cases, but it had a more pronounced effect in cases involving strangers than in cases involving acquaintances or relatives. Moreover, the other predictors of charging were not invariant. Consistent with our hypothesis, in cases involving strangers, the decision to charge was determined primarily by legally relevant factors. In these cases, the odds of charging were increased if there was physical evidence and if the suspect used a gun or knife.

The study's findings regarding the influence of victim characteristics also are consistent with its premise. With the exception of the victim's race (which influenced the decision to charge in cases in which the victim and suspect were strangers), victim characteristics affected charging only in cases that involved nonstrangers. In cases that involved friends, acquaintances, and relatives, prosecutors were significantly less likely to file charges if the victim engaged in risk-taking behavior at the time of the incident or if her reputation or character were questioned. If the victim and suspect were or had been intimate partners, prosecutors were less likely to file charges if the victim engaged in risky behavior or physically resisted the suspect but were more likely to file charges if the victim was injured.

Implications for Researchers

Previous research provides contradictory evidence concerning the factors that affect prosecutors' charging decisions in sexual assault cases. Although there is general agreement that prosecutors' attempts to avoid uncertainty (Albonetti, 1986; 1987) and "downstream orientation" to judges and juries (Frohmann, 1997) lead them to file charges only when the odds of conviction at trial are high, less agreement can be found on factors that define or determine convictability. Most empirical studies of charging decisions in sexual assault cases find that legally relevant factors—particularly the strength of evidence in the case—play an important role. Evidence concerning the role of victim characteristics is mixed, however. Some studies conclude that victim characteristics—particularly the relationship between the victim and the suspect and the victim's behavior at the time of the incident—play either a primary or a secondary role, and other studies conclude that victim characteristics are largely irrelevant.

Exhibit. Logistic Regression Results for Prosecutors' Decision to File Charges for Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners

	Stranger			Acquaintance			Intimate Partner		
	B	SE _B	Exp(B)	B	SE _B	Exp(B)	B	SE _B	Exp(B)
Victim Characteristics									
White victim (white = 1)	1.49*	.75	4.47	-.11	.46	.89	.79	1.08	2.20
Victim's age	.02	.02	1.02	.00	.01	.99	.02	.04	1.02
Risk-taking by victim (yes = 1)	-.27	.58	.76	-.66*	.29	.52	-1.93*	.58	.14
Questions about moral character (yes = 1)	-.47	.62	.62	-.71*	.30	.49	.72	.52	1.91
Victim physically resisted (yes = 1)	-.08	.62	1.07	-.40	.30	.67	-1.44*	.66	.24
Incident reported in one hour (yes = 1)	.88	.57	2.41	.11	.33	1.11	.97	.52	2.65
Suspect Characteristics									
White suspect (white = 1)	.24	.82	1.27	.08	.50	1.08	-1.41	1.12	.24
Suspect's age	.02	.03	1.02	.01	.01	1.01	.00	.04	1.00
Any prior felony convictions (yes = 1)	-.17	.56	.84	.59*	.29	1.80	.30	.49	1.34
Case Characteristics									
Gun/knife used (yes = 1)	1.72*	.65	5.62	.24	.47	1.27	-.29	.64	.75
Injury to victim (yes = 1)	.51	.59	1.67	-.10	.41	.90	1.01*	.53	2.76
Physical evidence available (yes = 1)	2.07*	.66	7.90	.62*	.29	1.85	1.33*	.51	3.77
Witnesses to incident (yes = 1)	.22	.54	1.24	.13	.26	1.14	.30	.51	1.35
Philadelphia (Philadelphia = 1)	-.74	.58	.48	-.06	.29	.94	-.80	.53	.45
Constant	-3.57	1.53	----	.02	.51	----	-.64	1.34	.53
Cox and Snell R ²			.34			.11			.32
Nagelkerke R ²		.47		.14			.42		
Chi-square/df		46.73/14*		31.77/14*			43.38/14*		
Number of Cases		109		277			114		

*p < .05

Some commentators contend that these inconsistent study results reflect a failure to differentiate between aggravated and simple rapes or between cases that involve strangers and nonstrangers. They argue that victim characteristics come into play primarily in the “less serious,” simple rapes—that is, cases in which the victim and the suspect are acquainted, the suspect did not use a weapon, and the victim did not suffer collateral injury. Although this proposition is consistent with previous research that explores the effect of legally irrelevant factors on decisionmaking by juries and judges and with anecdotal evidence regarding prosecutorial charging decisions, it is not supported by empirical research designed to test its applicability to charging decisions in sexual assault cases. As noted above, such studies generally conclude that the effect of victim characteristics is not conditioned by the nature of the case or by the relationship between the victim and the suspect.

The current study suggests that these results may reflect the fact that researchers typically classify the relationship between the victim and the suspect in only two categories: strangers and nonstrangers. Doing so ignores the diversity in these relationships and, as Decker (1993, p. 585) asserts, “mask[s] important within-group differences.” The nonstranger category, which includes both close and distant relationships, is particularly problematic; it includes victims and suspects who are intimate partners, relatives, good friends, and casual acquaintances. Although consent is more likely to be the defense in each type of nonstranger case than in cases that involve strangers, it does not necessarily follow that victim characteristics play an identical role in each type of case. This study demonstrates that cases that involve intimate partners are qualitatively different from those that involve friends, relatives, and acquaintances. Therefore, future research should abandon the stranger/nonstranger dichotomy and use more refined measures of the victim-suspect relationship.

Implications for Practitioners

The study’s results have important policy implications. The relationship between the victim and suspect was found to have no effect on the likelihood of charging: Prosecutors were no more likely to file charges whether the victim and suspect were acquaintances, relatives, or intimate partners than if the victim and suspect were strangers. This finding clearly contradicts assertions that sexual assaults that involve acquaintances are not regarded as “real rapes” (Estrich, 1987) and that women victimized by these crimes are not regarded as “genuine victims” (LaFree, 1989).

This result may be attributed to the rape law reforms enacted during the past three decades. Beginning in the mid-1970s, most States adopted reforms designed to shift the focus in a rape case from the victim’s character and behavior to the offender’s behavior (see Spohn and Horney, 1992). The most common reforms included changes in the definition of rape, elimination of the resistance and corroboration requirements, and enactment of rape shield laws, which were designed to preclude testimony concerning the victim’s sexual history. As Spohn and Horney (1992) note, these reforms were designed primarily to increase the odds of successful prosecution in cases in which the victim and the suspect were acquainted and the suspect claimed that the victim consented. Although research evaluating the impact of the rape law reforms generally concludes that the statutory changes did not produce the widespread instrumental changes that reformers anticipated, there is evidence that the

reforms did encourage arrests and prosecutions in borderline cases. This study's finding that prosecutors were no more likely to screen out cases involving acquaintances and intimate partners than cases involving strangers is consistent with other research on this point.

However, this study also found that legally irrelevant victim characteristics did influence the decision to charge in cases in which the victim and the suspect were acquaintances, relatives, or intimate partners. In these types of cases, prosecutors' anticipation of a consent defense and downstream orientation toward judges and juries apparently leads them to scrutinize more carefully the victim's character and behavior. Evidence that challenges the victim's credibility or fosters a belief that she was not entirely blameless increases uncertainty about the outcome of the case and thus reduces the odds of prosecution. Notwithstanding the rape law reforms promulgated during the past three decades, victim characteristics continue to influence charging decisions in at least some sexual assault cases.

Note

* See Spohn, Cassia, and David Holleran. 2001. "Prosecuting Sexual Assault: A Comparison of Charging Decisions in Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners," *Justice Quarterly* 18: 651–688.

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Children and Domestic Violence: The Prosecutor's Response

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Violence against women and violence against children are not isolated phenomena. Rather, such violence often coexists in families. Household telephone surveys reveal that frequency of child abuse doubles among families experiencing intimate partner violence, compared to families with nonviolent partners, and that the rate of child abuse escalates with the severity and frequency of a child's mother's abuse (Straus, Gelles, and Steinmetz, 1980).

Domestic violence is also a known risk factor for recurring child abuse reports (English et al., 1999) and for child fatalities (U.S. Advisory Board on Child Abuse and Neglect, 1995). In addition, domestic violence frequently coexists with substance abuse, so children are concurrently exposed to dangerous substances and their adverse effects and parental neglect due to addiction (U.S. Department of Health and Human Services, 1999). In fact, one large study involving 9,500 HMO members revealed that the 1,010 people who reported that their mothers had been treated violently also reported exposure to the following other adverse childhood experiences (Felitti et al., 1998):

Substance abuse	59%
Mental illness	38%
Sexual abuse	41%
Psychological abuse	34%
Physical abuse	31%

Children who witness domestic violence often manifest behavioral and emotional problems, poor academic performance, and delinquency (Edleson, 1999).

Although it is generally recognized that the well-being of children who witness domestic violence is tied closely to that of their mothers (Osofsky, 1999), the interests of battered women and their children are not always identical or even compatible. Mothers may have realistic and practical concerns about their financial and physical well-being should they separate from violent partners, and believe that they and their children are better off staying despite the violence (Hilton, 1992). They may lack resources or social networks to extricate themselves from dangerous relationships; the community's support system may be inadequate; and help seeking may be thwarted by waiting lists, lack of insurance, or high fees for services.

Meanwhile, children remain in perilous living environments. Child protection agencies may feel compelled to intervene proactively in these cases to forestall the escalating risk of harm to children, applying categories like "threat of harm," "emotional maltreatment," or "failure to protect." Similarly, prosecutors may file child abuse or endangerment charges against mothers who appear unwilling to take steps to protect their children or who decline to support prosecution of the batterers. Unfortunately, these measures tend to fix responsibility for children's safety disproportionately on their mothers and not on the batterers, where it clearly belongs.

New Initiatives to Address Challenges

In efforts to shift the focus from mothers to batterers and to underscore concern for children exposed to domestic violence, some States have enacted new laws. As of 1999, nine relevant statutes were identified:

- ◆ Two States (Alaska and Minnesota) defined exposure to domestic violence as a form of child maltreatment to meet child abuse reporting requirements (although Minnesota's law was repealed in April 2000).
- ◆ Two States (Utah and Georgia) made exposing children to domestic violence a new criminal child abuse offense.
- ◆ Five States (Florida, Hawaii, Idaho, Oregon, and Washington) enhanced criminal penalties for domestic violence offenses when children are present.

Even though these new laws may have been passed with good intentions, there is concern that they may impose new risks. Battered women may be increasingly subject to charges of criminal child abuse or failure to protect their children, and risk losing custody. Children who are exposed to domestic violence may be forced to testify and, therefore, to “choose sides” in domestic violence cases. Child protection agencies may be overwhelmed by the huge influx of new cases: Minnesota has already repealed its short-lived law making domestic violence a “reportable condition” for child abuse.

Research Questions

With support from the National Institute of Justice, an exploratory study was conducted to address the following research questions:

- ◆ What are the challenges facing prosecutors when children are exposed to domestic violence?
- ◆ How are new laws, now effective in a small number of States, affecting practice?
- ◆ What can prosecutors do to help battered women and their children?

Research Method

The study relied on two sources of data: a national telephone survey of prosecutors and field research in five jurisdictions. Each component is described briefly below.

National Telephone Survey

A national telephone survey of prosecutors was undertaken to describe current practice and to identify promising practices in the response to cases involving domestic violence and child victims or witnesses. Surveys were completed with 128 prosecutors, representing 93 jurisdictions in 49 States. Nearly half (48 percent) of these jurisdictions had units or prosecutors responsible for all family violence cases, about one-third (38 percent) had separate domestic violence and child abuse prosecutors or units, and the rest represented the single perspectives of domestic violence (10 percent) or child abuse (4 percent).

Survey Findings

Most jurisdictions lack a systematic way for prosecutors and investigators to identify co-occurring cases of domestic violence and child maltreatment.

- ◆ Of the 35 responding offices with separate domestic violence and child abuse units, *none* had protocols directing prosecutors in these units to inquire about co-occurrence or to communicate with one another when relevant cases arise.
- ◆ About half of the responding offices were aware of protocols directing law enforcement officers to ask about child victims or witnesses when investigating domestic violence reports.
- ◆ About one-fourth knew of protocols directing investigators to inquire about domestic violence when responding to child abuse reports.

Most respondents (78 percent) agreed that the presence of children provides added incentive to prosecute domestic violence cases. A few individuals pointed to the children's capacity to testify as an important factor in their decisions.

A majority of prosecutors' offices (58.5 percent) aggressively pursue enhanced sanctions for domestic violence offenders when incidents involve children as victims or witnesses. Most commonly, prosecutors argue for harsher sentencing or file separate charges of child endangerment. Those offices where prosecutors had received at least some training about the co-occurrence of domestic violence and child maltreatment (65 percent) were significantly more likely to employ these avenues in applicable cases.

Survey respondents were given three different scenarios involving children and domestic violence:

- ◆ A battered mother is alleged to have abused her children.
- ◆ Both mother and children are abused by the same male perpetrator.
- ◆ Children are exposed to domestic violence but are not abused themselves.

For each scenario, respondents were asked (a) Would your office *report* the mother to the child protection agency? and (b) Would your office *prosecute* the mother?—in the first scenario, for the abuse of her children; and in the latter two scenarios, for failure to protect her children either from abuse by the male perpetrator or from exposure to domestic violence.

The results suggest that these three scenarios represent decreasing degrees of culpability on the part of mothers for the danger to their children (see exhibit 1). Many respondents noted the lack of statutory authority in their States to prosecute mothers for failure to protect their children, especially from exposure to domestic violence. Some explained that they consider the mothers' experience of victimization before reporting or prosecuting them. Factors in these decisions commonly include the severity of injury to the child, chronicity of the domestic violence, the degree to which the mother actively participated in the abuse of her child, and history of failure to comply with services or treatment plans.

Exhibit 1. Prosecutors' Responses to Issue of Children and Domestic Violence

	Would Report At Least Sometimes			Would Prosecute At Least Sometimes		
	n	Percent- age	Total Respondents	n	Percent- age	Total Respondents
Mom Abuses Children	85	94%	90	82	100%	82
Mom Fails to Protect From Abuse	55	63%	87	62	78%	80
Mom Fails to Protect From Exposure to Abuse	34	40%	86	18	25%	73

Prosecutors who indicated that their States had laws either creating or enhancing penalties for domestic violence in the presence of children were significantly more likely to report battered mothers for failure to protect their children from abuse or from exposure to domestic violence, but there was no significant difference in the likelihood of prosecution.

Field Research

To gain a better understanding of the issues facing prosecutors when domestic violence cases involve children as victims or witnesses, five jurisdictions were selected for indepth site visits. Three jurisdictions (Salt Lake County, Utah; Houston County, Georgia; and Multnomah County, Oregon) were in States with legislation explicitly addressing the issue of children who witness domestic violence; the others (Dallas County, Texas, and San Diego County, California) lacked specific laws yet apply creative strategies. The observed impact of new laws in Utah, Georgia, and Oregon is described below, followed by a brief discussion of pertinent activities in Dallas and San Diego.

Utah

Utah was the first State to enact legislation specifically addressing the issue of children who witness domestic violence. Utah's statute (U.C.A. § 76-5-109.1) took effect May 1997 and—

- ◆ Created a crime of child abuse, not domestic violence.
- ◆ Did *not* require the physical presence of a child during the incident of domestic violence.
- ◆ Required at least one previous violation or act of domestic violence in the presence of a child, unless the precipitating domestic violence incident is quite severe.

Although criminal justice agencies in Salt Lake County were not able to provide statistical data, anecdotal evidence suggests that—

- ◆ The law is applied to mothers only if they are arrested in the underlying incident of domestic violence.
- ◆ The law adds minimal time to the offender's sentence (perhaps 6 months) if the sentences for the domestic violence and child abuse charges run consecutively.

- ◆ The crime is relatively easy to prove, requiring either testimony from the responding officer, testimony or excited utterances from the victim parent, or a 911 tape that records children's voices.

Concurrent with the enactment of the new criminal statute, Utah's Department of Child and Family Services (DCFS) created a new category of child abuse and neglect: domestic violence-related child abuse, defined as "violent physical or verbal interaction between cohabitants in a household in the presence of a child." DCFS also hired domestic violence advocates and developed a protocol to guide child protection workers in their determinations.

During a 1-year period (October 1997 through September 1998) shortly after the new law and policy became effective, DCFS received 1,873 referrals for domestic violence-related child abuse, representing 11 percent of the total referrals statewide. Forty-one percent (773) of the reports of domestic violence-related child abuse were substantiated, constituting 18 percent of the total number of substantiated reports.

Domestic violence-related child abuse was the second largest category of substantiated cases, surpassed only by physical neglect cases. In the following year (October 1998 through September 1999), it represented an even larger proportion of the DCFS caseload: 15 percent of referrals and 21 percent of substantiated cases. Two-thirds of the children involved in substantiated cases remained in their homes with no DCFS supervision. Fewer than 6 percent were placed in foster care or group homes; the rest were placed with neighbors, friends, or relatives.

Georgia

Prosecutors in Houston County, Georgia, used new provisions of Georgia's "cruelty to children" statute that pertain to domestic violence committed in the presence of children. These provisions state that any person commits the offense of cruelty to children in the second degree when that individual, as the primary aggressor, either "intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery, or family violence battery," or has knowledge that a child "is present and sees or hears the act" (O.C.G.A. § 16-5-70).

Conviction for cruelty to children makes little difference to the penalties imposed on a batterer because the sentence typically runs concurrent with the underlying domestic violence charge. However, the law does give prosecutors a stronger argument for no contact as a condition of bond. Violations of no-contact orders are charged as aggravated stalking, a felony offense in Georgia. Prosecutors perceive the severe consequences of violating no-contact orders as perhaps the most effective response to domestic violence among the sanctions available to them.

By identifying children as victims of family violence, the new law—

- ◆ Helps to counter batterers' threats to gain custody of a child.
- ◆ Makes the child eligible for crime victims' compensation.
- ◆ Enables the court to impose no-contact orders on the child's behalf.

Oregon

Unlike Utah and Georgia, which included exposure to domestic violence within their criminal child abuse statutes, Oregon enacted legislation upgrading certain assault offenses from misdemeanors to felonies when a child witnesses the crime (O.R.S. 163-160). The felony upgrade applies only to assault in the fourth degree, a misdemeanor offense that applies to many incidents of domestic violence.

As shown in exhibit 2, the felony upgrade law has had a noteworthy impact on the district attorney's office. The number of felonies reviewed more than tripled in 1998 (the year in which the law became effective), while the number of misdemeanors reviewed remained nearly constant. Also, the number of felony charges issued exceeded the number of misdemeanors for the first time.

Exhibit 2. Domestic Violence Caseload Statistics—Oregon

	1996	1997	1998*
Total Domestic Violence Cases Reviewed	3,791	3,244	4,214
Felonies reviewed	382 (10%)	437 (13%)	1,371 (33%)
Misdemeanors reviewed	3,409 (90%)	2,807 (87%)	2,843 (67%)
Total Domestic Violence Cases Issued	1,268	1,065	1,175
Felonies issued	274 (22%)	265 (25%)	653 (56%)
Misdemeanors issued	994 (78%)	800 (75%)	522 (44%)

*In 1998 Oregon enacted a law upgrading certain assaults from misdemeanors to felonies when a child witnesses the crime.

In that same year, the proportion of domestic violence cases that prosecutors initiated declined. This pattern was true for misdemeanors as well as felonies. Prosecutors may have imposed higher standards as they began to interpret and apply the new law. Case outcome data were not available at the time of this study.

Dallas and San Diego

Prosecutors in Dallas try to coordinate cases with concurrent charges of domestic violence and child abuse to optimize both the sanctions against the offender and the safety of the mother and children. For example, the family violence prosecutor can use child abuse cases to support the domestic violence charge. Even if the child abuse is a felony and the domestic violence is a misdemeanor, prosecutors may accept a plea to jail time on the domestic violence charge and a 10-year deferred adjudication on the child abuse charge, which typically carries with it numerous conditions (e.g., no contact, participation in substance abuse treatment). This avenue ensures a domestic violence conviction while imposing strict court oversight on the child abuse charge.

Prosecutors in San Diego aggressively and creatively seek ways to enhance sanctions for perpetrators of domestic violence and child abuse. For example, domestic violence offenders can be charged with child endangerment when a child—

- ◆ Calls 911 to report domestic violence.
- ◆ Appears fearful, upset, or hysterical at the scene.
- ◆ Is an eyewitness to the incident.
- ◆ Is present in a room where objects are being thrown.
- ◆ Is in a car during a domestic violence incident.
- ◆ Is in the arms of the victim or suspect during an incident (Gwinn, 1998).

Anyone convicted of child endangerment and sentenced to probation is required to complete a yearlong child abuser's treatment program.

Through a collaboration with the San Diego Police Department and Children's Hospital Center for Child Protection, the San Diego City Attorney's Office reviews reported incidents of abuse, neglect, exploitation, or domestic violence with an eye toward any angle that might support a misdemeanor prosecution and with the goal of creating an avenue for service delivery. Most defendants plead guilty and receive informal probation with referrals to parenting and counseling programs.

Discussion and Implications

How Are New Laws Affecting Practice?

In 1998, when the felony upgrade law took effect, the Multnomah County, Oregon, District Attorney's Office issued nearly 150 percent more felony domestic violence cases than in the previous year (see exhibit 2). In both Salt Lake County, Utah, and Houston County, Georgia, prosecutors tend to use new child abuse charges as bargaining chips to exert leverage to win guilty pleas on domestic violence charges. In all three States, the new laws remind law enforcement investigators to document children as witnesses and to take statements from them wherever possible. Such evidence may strengthen prosecutors' domestic violence cases even if the children cannot testify.

The more tangible benefits of the new laws, particularly those in Utah and Georgia, may accrue to the children. By identifying children as victims, these statutes—

- ◆ Allow children access to crime victims' compensation funds.
- ◆ Enable the courts to issue protective orders on a child's behalf, potentially affording prosecutors another tool for monitoring offenders' behavior.
- ◆ Signal a need to file a report with the child protection agency, even in the absence of laws naming domestic violence as a condition of mandatory reporting.

Unfortunately, many child protection agencies are not equipped to respond to the sheer volume of reports they receive when exposure to domestic violence is defined as a form of child maltreatment by law or policy. Elsewhere, critics charge, protective services workers are too quick to remove children from violent homes, inappropriately blaming women for the actions of their abusive partners.

Implications for Researchers

Additional research is needed to understand the impact of criminal justice and social service interventions for domestic violence offenders, victims, and their children. For example—

What happens when domestic violence comes to light during an investigation of child abuse allegations? Are these children more likely to be removed from their homes? What kinds of services are offered to mothers? Are the domestic violence allegations brought to the attention of the criminal justice system? What is the impact of new legislation?

What happens when the domestic violence perpetrator is also charged with child maltreatment? Again, are these children more likely to be removed from their homes? What kinds of services are offered to mothers? What is the impact of new legislation?

What other adverse conditions (e.g., substance abuse, other criminal behavior, or mental illness) co-occur with domestic violence and child maltreatment? How do these conditions affect criminal justice and social service interventions?

How does the criminal justice and social service response differ when a battered mother is criminally charged with abusing, neglecting, or failing to protect her children? How do the consequences for accused mothers compare with those for accused partners? Again, what is the impact of new legislation?

What are the long-term consequences for children who remain in a violent home compared with children who are placed in alternative settings?

Close examination of the existing response and delivery system is essential to identify problems and propose appropriate solutions.

Implications for Practitioners

This exploratory research suggests that prosecutors can find ways to help battered women and their children even in the absence of specific legislation. For example, prosecutors can—

- ◆ *Seek training on domestic violence, child abuse, and the impact of domestic violence on children* for all prosecutors, victim advocates, and other court personnel whose job responsibilities include responding to allegations of family violence.
- ◆ *Institute protocols to encourage information sharing* among prosecutors with responsibility for domestic violence and child abuse caseloads.
- ◆ *Identify avenues for earlier intervention* (e.g., by placing greater emphasis on misdemeanor prosecution).
- ◆ *Train law enforcement investigators to note the presence of children in domestic violence incidents and to take statements from them whenever appropriate to do so.* Develop policies

or protocols to ensure that children receive needed services and to guide law enforcement officers' reports to child protection agencies.

- ◆ *Prosecute domestic violence offenders, wherever possible, on concurrent charges of child endangerment, emotional abuse, or another available charge that reflects the danger to children who witness violence. These additional charges can be used to argue for stricter conditions of pretrial release or probation or perhaps for upward deviation from sentencing guidelines.*
- ◆ *Employ every available avenue to enforce the terms of no-contact orders and probationary sentences.* Field research suggests that these measures may offer the most powerful means of holding domestic violence offenders accountable for their behavior.
- ◆ *Promote increased attention to services for battered women.* Particular attention should be paid to substance abuse treatment. One recent study suggests that substance abuse predicts noncooperation with prosecution among battered women (Goodman, Bennett, and Dutton, 1999).
- ◆ *Ensure that social service agencies will connect with families that have been reported for domestic violence, both to offer referrals for needed services and to monitor future incidents.*
- ◆ *Advocate for needed change, whether legislative, fiscal, or programmatic in nature.* As political leaders in their communities, prosecutors can bring together people with disparate views and direct their energy toward a common goal: protecting battered women and their children.

Given what we now know about risks to children from exposure to domestic violence, prosecutors can no longer ignore or minimize this danger. With creativity, sensitivity, and courage, prosecutors can apply the full force of available sanctions against domestic violence offenders while leading battered mothers and their children toward the safety they so desperately need.

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Civil Protection Orders and Subsequent Intimate Partner Violence and Injury

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Every year, more than 1.5 million women in the United States experience intimate partner violence. The use of civil protection orders, which prohibit individuals who have committed acts of intimate partner violence from further contact with a victim is one approach to preventing subsequent violence against women (Finn and Colson 1990). Although several studies have described subsequent intimate partner violence against women who had obtained protection orders, these studies have generally been limited by lack of comparison to victims who did not seek such orders, as well as by methodological issues of small sample size and limited assessment of exposure and further abuse (Harrell and Smith 1996; Chaudhuri and Daly 1992; Keilitz et al. 1998; Horton, Simonidis, and Simonidis 1987; Klein 1996; Grau, Fagan, and Wexler 1985; Isaac et al. 1994; Carlson, Harris, and Holden 1999). Consequently, the effectiveness of protection orders in preventing future violence is unclear.

Availability and Characteristics of Civil Protection Orders

All States have enacted statutes authorizing civil protection orders to provide victims immediate relief from abusive partners as an alternative or adjunct to criminal prosecution (Finn and Colson 1990; Harrell and Smith 1996; Keilitz 1994; Finn 1989). Many statutes have been revised to be more specific and provide comprehensive enforcement procedures for courts and police to follow (Finn and Colson 1990; Keilitz 1994; Finn 1989). Provisions of an order may specify the following: no further abuse, no contact whatsoever, eviction or exclusion from the shared residence, requirements that costs for alternate housing be borne by abuser, assignment of temporary custody of minor children to victim, allowance or denial of visitation of minor children by abuser, temporary child or spousal support, use of specified property, monetary compensation, no disposition of property, and counseling. Most States allow granting a temporary (ex parte) order without the named abuser being present. These temporary orders usually last 2 weeks and allow time for the abuser to be served with the order before the hearing for a permanent order. Approximately 60 percent of women who file a temporary order eventually file a permanent order (Harrell, Smith, and Newmark 1993). If an order is violated, the petitioner must call the police to initiate the enforcement process. The responding officer identifies the appropriate action based on his or her understanding of the law and the violation. The penalties for the violation may be civil or criminal contempt or misdemeanor or felony charges.

Study Hypothesis

The purpose of this cohort study, “Protection of Women: Health and Justice Outcomes,” was twofold: to compare victims of intimate partner violence who obtained protection orders with those who did not to determine characteristics that might alert clinicians and others to a woman’s readiness to obtain such an order and to assess the association between obtaining a protection order and the risk of subsequent intimate partner violence and injury. The study was funded by a grant from the National Institutes of Health and the National Institute of Justice as part of the Interagency Consortium on Violence Against Women and Family Violence Research. Study findings have been published in the *American Journal of Preventive Medicine* (Holt et al. 2003).

Research Design and Rationale

The study population consisted of women residents of Seattle ages 18 years and older who were abused or threatened by male intimate partners. Researchers selected women from two groups: women who reported the incident to the Seattle Police Department and women who obtained intimate partner violence-related civil protection orders in King County, Washington, Superior Court from October 15, 1997, through December 31, 1998 (Wolf et al. 2000). The protection-order group ($n = 477$) included the 214 women who obtained temporary or permanent protection orders during the study period (but who did not have prior permanent protection orders during the previous year) and who had a previous police-reported intimate partner violence incident and 263 women randomly selected from the 583 women who obtained protection orders but did not have a previous police-reported incident. The non-protection-order group ($n = 506$) was a random sample of the 2,590 women who contacted the police because of intimate partner violence during the 15-month study period but who had not had a protection order related to the index incident or in the previous year. The index incident for the study was the incident that led to filing a protection order (protection-order group) or the incident that was reported to the Seattle Police Department (non-protection-order group).

Of the 983 women referred for recruitment to the study, 241 were found to be ineligible, leaving 742 eligible subjects. Structured telephone interviews were conducted with consenting women at baseline (about 1 month after the index incident) and at 4.8 months and at 9.4 months after the index incident. The instruments used included a modified Conflict Tactics Scale, the Center for Epidemiologic Studies of Depression scale, the Short Form Health Survey, the Normal-Eyeopener-Tolerance (NET) alcohol screen (adapted for relevance to women), substance abuse screening questions, and subscales of the Social Adjustment Scale.

Chi-square and t-tests were used to assess the significance of demographic and other differences between the protection-order and non-protection-order groups. Logistic regression was used in multivariate modeling to determine independent significant variables associated with obtaining a protection order. Logistic regression also was used to calculate odds ratios that estimated the self-reported risk of being contacted by the abuser (unwelcome calls, unwelcome visits, verbal threats, or weapon threats); experiencing psychological, sexual, or physical abuse or injury; and receiving medical care after abuse. Women who obtained protection orders after the index incident were compared with those who did not. These risk estimates were calculated separately for the time between baseline and the first followup interview and the time between the first and second followup interviews. In one subanalysis, estimates of risk were calculated separately for those women who had protection orders at both followup interviews and those who had never had protection orders.

Findings

Of the 742 women eligible for the study, 448 (60.4 percent) were enrolled; 124 (16.7 percent) refused to participate, 62 (8.4 percent) agreed to participate but did not complete interviews, and 108 (14.6 percent) could not be contacted (Wolf et al. 2000). Participants and nonparticipants were found to be similar in age, marital status, proportion having a child with the abuser, type of offense reported to the police, and proportion injured in the intimate partner violence incident

that led to the filing of a protection order or a police report (index incident). Participants were more likely than nonparticipants to have obtained protection orders (56.5 percent versus 41.8 percent) and less likely to be living with the abuser at the time of the index incident (26.7 percent versus 36.4 percent) (Wolf et al. 2000).

In multivariate analyses of interview data, the abusers of the women who sought protection orders were found to be significantly older than the abusers of the non-protection-order group. Additionally, women who sought protection orders were significantly more likely than those who did not to be employed, married, pregnant, and severely depressed. They also were more likely to report that they or their families had been threatened with violence by the abuser, that family members or friends were abused on the index date, or that they had been forced to have sexual intercourse with the abuser in the previous year (Wolf et al. 2000). Living with the abuser and being injured during the index incident were associated with a decreased likelihood of seeking a protection order.

Researchers found that women who had protection orders at baseline were significantly less likely than those who did not to be contacted by the abuser, to experience injury or weapons threats, and to receive abuse-related medical care between the first and second followup interviews. Stronger decreases in intimate partner violence risk were seen among women with protection orders at baseline and both followup interviews; these were significant for contact by the abuser, weapon threats, psychological abuse, sexual abuse, physical abuse, injury, and abuse-related medical care between the first and second followup interviews.

Implications for Researchers

Identifying a representative cohort of women who were exposed to intimate partner violence can be a challenge. To improve the generalizability of the study, a population-based approach was used to identify all women in Seattle with police- or court-reported intimate partner violence. Because all the cohort members were identified through the criminal justice system, however, it is not known how they would compare with women who, although victims of intimate partner violence, never report incidents to the police or the courts. Future studies of the relationship between protection orders and intimate partner violence could include cases with unreported violence, but the difficulties in identifying those women in an unbiased manner are considerable and may involve extensive telephone screening of the general population.

Another methodological challenge in interview-based studies of intimate partner violence is difficulty in locating the identified potential participants, who may have moved or changed telephone numbers to increase their safety and, to a lesser extent, difficulty in maintaining contact with participants over time. In this population-based study, only 60.4 percent of the intended cohort were interviewed, which may have introduced bias in the results if the women interviewed differed substantially from those who did not participate. The similarities between participants and nonparticipants in demographic and violence-related characteristics are reassuring, but low participation rates remain an issue in the research community.

When possible, future research on intimate partner violence should attempt to quantify the extent of bias introduced by this level of nonparticipation, using objective outcome assessments (such

as police reports) in addition to self-reported information from participant interviews. Participants' self-reports of intimate partner violence recurrence were included in the study because most criminal justice authorities believe that self-reported data on victimization are at least as valid as data from official reports (Greenfeld et al. 1998; Bachman and Taylor 1994; Bachman and Saltzman 1995). Supplementing these data with criminal justice data, however, may allay concerns about nonresponse bias.

A final challenge in any observational study of protection orders and subsequent intimate partner violence is the interpretation of study results. Women who obtained protection orders, especially those who maintained the orders over time, were found to have substantially reduced risks of future violence perpetrated by the initial abuser. Although the study adjusted for all variables associated with both the likelihood of obtaining an order and risk of intimate partner violence, it is possible that unmeasured characteristics of women who obtain protection orders were responsible for the observed effect, rather than the orders themselves. This concern may be addressed in future research by collecting more extensive information about participants' attitudes and beliefs.

Implications for Practitioners

This study provides a more complete picture of how intimate partner violence victims who seek protection orders differ from those who do not, and this information may be used to help practitioners in contact with abused women to determine a woman's readiness to obtain such an order. Additionally, results indicate that protection orders are associated with a decreased risk of subsequent intimate partner violence, and practitioners may be reassured that recommending this intervention to abused women who are considering it is likely to be beneficial.

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Specialized Felony Domestic Violence Courts: Lessons on Implementation and Impacts From the Kings County Experience

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The National Institute of Justice (NIJ) funded a study by the Center for Court Innovation in New York and the Urban Institute in Washington, D.C., that used process and outcome evaluations to document and evaluate the effectiveness of the implementation of the Kings County (Brooklyn, New York) Felony Domestic Violence Court (FDVC). This paper analyzes some of the goals and strategies of the model under which FDVC and its partner agencies operate. It also gives an overview of the major influences on FDVC's development during its first 4 years of operation, details implementation issues that have arisen and how they have been addressed, and discusses outstanding operational issues.

The study uses qualitative research methods that include interviews with several key court and partner-agency personnel, observations of courtroom proceedings, and attendance at coordination meetings. It also draws on statistical analyses of data provided by the Office of Court Administration on FDVC cases and documents prepared by the Center for Court Innovation and others.

The evaluation of the effectiveness of the FDVC model uses statistical analyses to compare case characteristics, processing, and outcomes for a sample of cases adjudicated in the Kings County Supreme Court before FDVC was established with a sample of cases adjudicated by the specialized court during the early months of its operation.

Key Elements of FDVC

FDVC has been in operation since June 1996. Its goal is to create an effective and coordinated response to felony domestic violence crimes by bringing together criminal justice and social service agencies. The FDVC model operates at both a systemic level (by seeking to change how community agencies work together) and at an individual case level (through efforts to hold offenders more accountable and provide better protection and services to victims). The model features several innovative structures and practices:

- ◆ *A network of criminal justice and social service partner agencies that work together.* The core partner agencies coordinate at a systemic level through regular networking meetings and multidisciplinary trainings. The key agencies consist of FDVC; the Center for Court Innovation (a public/private partnership that develops and implements innovative court programs); the Domestic Violence Bureau and Counseling Services Unit of the Kings County District Attorney's Office; Safe Horizon (a private, nonprofit organization, formerly called Victim Services), which sponsors both the Brooklyn Felony Domestic Violence Unit and the Alternatives to Violence Program (a batterer intervention program); the New York City Department of Probation; the New York Center for Neuropsychology and Forensic Behavioral Science (New York Forensics); and Treatment Alternatives to Street Crime.
- ◆ *A specialized caseload that consists only of indicted domestic violence felonies.* Concentrating all these cases on a single docket has the advantages of efficiently bringing resources together and making it easier to identify and address gaps in the system of services.
- ◆ *Trained and dedicated personnel from court, prosecution, offender intervention and treatment, probation, and victim service agencies.* Most of the personnel involved specialize

in domestic violence cases and have received extensive and ongoing training in domestic violence issues. Judges take a key leadership role in implementing the FDVC model.

- ◆ *Vertical processing and standard practices to ensure consistency in case handling.* Each case is handled by the same judge, prosecutor, and advocate team from the point of post-indictment arraignment in the Kings County Supreme Court (with occasional exceptions for cases that go to trial). Standard practices, such as the routine use of protection orders and FDVC mandates to batterer intervention and treatment programs as needed during the predisposition phase, are employed.
- ◆ *Enhanced case information flow among partner agencies to improve judicial decisionmaking and partner agency operations.* Each judge has a resource coordinator, and the batterer intervention, treatment, probation, and victim service agencies have court liaisons or other dedicated staff to enhance the exchange of information about cases. A grant-funded technology application project has developed an automated system to make communication links faster and more efficient and information more readily available.
- ◆ *An emphasis on defendant monitoring and accountability.* Defendants are routinely ordered to batterer intervention programs during the predisposition period. Those who are sentenced to probation following conviction also must continue to attend these programs. FDVC uses these programs almost exclusively as a means of surveillance; the court tracks attendance at the programs between court appearances to ensure compliance with the terms imposed by the court and provide a mechanism for accountability. Defendants and probationers must also appear regularly in court for monitoring so FDVC can review their compliance with court orders and sanction noncompliance. Both detained and released defendants are monitored throughout the predisposition period. Defendants sentenced to probation and, recently, those released on parole, continue to be monitored following disposition of the case.
- ◆ *Enhanced protection for and services to victims.* Advocates from Safe Horizon and the District Attorney's Office's Counseling Services Unit work with the victims in domestic violence cases from just before grand jury presentation (or earlier for major crimes that receive on-scene intervention) through case disposition and sometimes beyond, particularly if the offender is sentenced to probation. Advocates offer a broad range of assessment, referral, and information services to victims and, with the victims' consent, inform the court of victims' reports of additional threats, intimidation, or abuse by the batterer. The court also offers protection to victims through the routine use of protection orders throughout the adjudication process. In addition, protection orders are generally imposed on the defendant as part of the case disposition.

Development and Implementation of the FDVC Model

Many factors influenced the development of the FDVC model. The partners in the development of the model became increasingly aware of the need for an intensive and coordinated approach to difficult and complicated cases. In addition, pioneering efforts in other jurisdictions nationwide had employed specialized dockets and other critical elements of the model (e.g., coordinated partnerships, specialized prosecution units, and enhanced services for victims and batterers).

Innovative approaches to case handling, such as the District Attorney's Office's evidence-based prosecution policy, vertical prosecution model, and expanded definition of domestic violence, were already being used before FDVC started operation. The Kings County court system had used treatment referrals, monitoring, and resource coordinators in specialized drug courts. The court received the support of the administrative judges, the district attorney, and other influential personnel. A domestic violence homicide was the catalyst for moving up the FDVC starting date.

In its first years of operation, FDVC's caseload grew substantially for several reasons. In the context of the specialized court, the District Attorney's Office became more likely to indict and prosecute cases. Additionally, legislation enacted shortly after the court started operations mandated arrest for domestic violence cases under certain circumstances and upgraded most violations of protection orders from misdemeanors to felonies. Prior to these legislative changes, many domestic violence cases would have been adjudicated solely in lower courts. The court system responded to the increased caseload by recruiting judges from other felony courts to preside over trials and by opening a second felony domestic violence court in April 1998.

FDVC's caseload has diminished since early 1999. This may be due to a drop in the number of arrests, which may reflect decreases in felony domestic violence crimes, lower rates of reporting these crimes, and/or lower arrest rates. Unfortunately, data are not available to test these hypotheses. Whatever the cause(s), the effect has been to relieve some of the pressures on the partner agencies and allow a more faithful implementation of the model (e.g., true vertical adjudication and scheduling monitoring appearances more frequently).

The FDVC model has been expanded in several ways. More agencies have become involved, including mental health service providers and additional batterer intervention programs. The original batterer intervention program stopped receiving clients because of problems in reporting and the court's concerns about how services were delivered. Services have been expanded to Rikers Island to enable detained defendants and offenders serving jail time to receive services as well. The New York City Department of Probation formed a dedicated domestic violence unit that offers intensive supervision, including electronic surveillance for high-risk cases. Links have been established with the State Department of Corrections and Division of Parole to better enforce postdisposition protection orders and allow court monitoring of parolees. Links have also been formed with the Kings County–Brooklyn Family Court and the Administration for Children's Services to improve coordination for families with cases in multiple courts or with child abuse and neglect matters. The technology application noted previously improves communication links among court and partner agencies and streamlines the process of issuing and registering protection orders.

Findings: Impact of the FDVC Model on Early Cases

Quantitative data were analyzed to examine the effects of the FDVC model on case processing, case outcomes, and recidivism. A total of 136 cases adjudicated by FDVC in the first half of 1997 (including 27 cases in which a felony protection order violation was the only felony indictment) were compared with a sample of 93 cases handled by general felony courts in the 18 months before the specialized court was established. These 136 FDVC cases were processed during the early days of the court, which has now disposed of more than 1,100 cases. The data

therefore do not reflect changes in the court and partner agencies from 1998 to 2000. However, the study findings indicate that the use of this court model has made a difference in several key areas:

- ◆ The District Attorney's Office is more likely to indict less serious cases to make use of enhanced defendant monitoring and victim services. Dismissal rates, at 5 to 10 percent of indicted cases, are low. In addition, as noted earlier, a new State law implemented shortly after FDVC began resulted in the prosecution as felonies of many protection order violations that would previously have been misdemeanors. These changes in law and practice meant that cases adjudicated by FDVC varied more in the severity of the criminal incident than did the cases processed by the general felony courts (even when the protection order violations were considered separately). This may in turn have influenced patterns in case processing, disposition, and sentencing (discussed below).
- ◆ Victim services are expanded under the specialized court; all victims are assigned an advocate and receive a protection order during case processing (and often afterward as well). Unfortunately, data describing the nature or impact of advocacy services received were not available.
- ◆ Judicial monitoring of defendant compliance could not be documented because information that distinguished status appearances from other types of court appearances was not available from either predisposition or postdisposition file reviews. Predisposition release was used somewhat more often in FDVC cases than in general felony court, and released FDVC defendants were more likely to be ordered to batterer intervention programs while on release. Many defendants were returned to jail for infractions of release conditions, no matter which court handled their case.
- ◆ On average, FDVC spent slightly more time processing each case from felony arraignment to disposition. However, this increased processing time seems to be related to the greater range in the severity of the crimes charged in FDVC indictments and to an increase in the number of defendants who were released and remanded for infractions. It is difficult but important to strike a balance between the need to give these complex and intractable cases the time and attention they require, the need to provide speedy justice, and the various pros and cons of predisposition release.
- ◆ Conviction rates did not change under FDVC, but methods of reaching disposition did. Convictions by guilty pleas were more common and trials were less common in FDVC cases. Even accounting for other relevant factors, such as those related to evidence, plea bargaining is more likely to result from use of the FDVC model. This represents a cost saving to the court system. Conviction charges were, on the whole, less severe for FDVC cases than cases processed by general felony courts. This may be a product of the greater use of plea bargaining or that less serious cases (based on arrest charges) are more likely to enter FDVC than would have entered felony courts.
- ◆ On the whole, sentencing practices under the FDVC model were neither more punitive (in terms of incarceration) nor more treatment oriented (with treatment mandates as a condition

of the sentence) than before FDVC began. It seems likely that the reasons that sentencing did not become more punitive were related to the referral of less severe cases to FDVC than to general felony courts and to the greater use of plea bargaining. Although FDVC did not order more convicted defendants into batterer intervention programs than the general felony courts did, this may have been because FDVC used those programs much more widely in the predisposition period.

- ◆ Data on probation violations and arrests for additional incidents were analyzed. Because of limitations imposed by the reliability of these indicators as measures of compliance and recidivism (the researchers were limited to official records of reported allegations, which may underestimate actual behaviors and could not differentiate domestic violence from other crimes) and because of the pre- and post-research design, the study findings are open to different interpretations. But the results tentatively suggest that probation violations were reported for about one-third of all probationers under both the old and new court models. Additional arrests for defendants released prior to disposition were even higher under both models, accounting for nearly half of all released defendants. Rates of predisposition repeat arrests did not vary by type of court, but postdisposition arrest rates were double those for cases processed in the general felony court (about one-half versus one-quarter). Limited data were available on the nature of the additional arrest charges, and the researchers could not distinguish domestic violence incidents from other criminal incidents. However, defendants in the presample were most often rearrested for nonviolent felonies, defendants in the FDVC sample were most often rearrested for misdemeanors, and criminal contempt (protection order violation) defendants were most often arrested again for criminal contempt.
- ◆ Criminal history, especially prior convictions for criminal contempt, emerged as one of the most consistent indicators of how well defendants performed in both the predisposition and in postdisposition followup periods. Those with prior criminal convictions, especially for contempt, were less likely to be granted predisposition release, more likely to be jailed for violations after they were released, more likely to be convicted in the current case, and more likely to be arrested on new charges in the predisposition and postdisposition followup periods. These findings suggest that those with prior convictions, especially for criminal contempt, may need the closest monitoring and supervision by the system.

Conclusions: Policy and Operational Challenges

Although the model has thrived and grown, FDVC and its partners still face numerous challenges. FDVC is extremely resource intensive, and it is difficult to provide the breadth and intensity of services specified under the model and demanded by the complexity of the cases while still meeting the Office of Court Administration's standards for speedy case processing. The project director's role is critical in ensuring the success of the model and needs to be sustained over time.

Prosecutors and victim service providers face several operational challenges, including the need to prioritize cases to comply with legal requirements for timely indictments and to provide immediate, comprehensive, and frequent services to all victims. Several initiatives have been

developed to address these concerns. Because of the limited availability of needed community services, victim service providers have restricted options for referring victims.

Community resources that serve batterers are also extremely limited, especially for batterers for whom violence has reached the felony level or is exacerbated by substance abuse or mental health treatment needs.

Finally, defense attorneys have expressed concerns about fundamental issues concerning the court. These include the wisdom of having a specialized docket; the legality of efforts to prevent future offenses, especially predisposition batterer intervention or other treatment orders that seem to imply guilt and impose punishment before a conviction has been reached (a recent ruling upholding this practice, however, has not been challenged by the defense bar); routine use of full rather than limited protection orders (full orders prohibit any contact while limited orders allow some contact); and definitions and procedures that identify cases as domestic violence. The defense bar has also raised other concerns that, although they have little to do with the court model itself, are highlighted in the context of a specialized domestic violence docket. These include the fairness of legislative changes passed shortly before the opening of FDVC that made protection order violations felonies and mandated arrest; exceptions that have been made to evidence exclusion rules in domestic violence cases; and the District Attorney's Office's no-drop evidence-based prosecution policy (the office will proceed with prosecution even without the victim's testimony if it has other evidence with which to go forward).

Implications for Researchers

As the popularity of specialized domestic violence courts grows, additional research should be conducted to document how the approach evolves and evaluate its impact. Further research could benefit from several lessons learned in this study:

- ◆ This study began several years after FDVC started. An evaluation component should be created at the same time a new court is being planned so the evaluation can occur proactively rather than retroactively. This will allow evaluators to develop research materials with which to evaluate the model more thoroughly. In this study, for example, it was not possible to document fully the implementation of defendant monitoring techniques because sufficiently detailed information was not contained in case files and the samples consisted of cases already processed and closed.
- ◆ Because domestic violence is such a notoriously chronic crime and victim safety is a critical concern, evaluators need to address the question of recidivism. It is important to use the most reliable measures of recidivism, going beyond incidents that were reported to and acted on by the authorities. Interviews with victims are the best way to measure both reported and unreported repeat domestic violence (at least against that victim) for which arrests were and were not made. Resources for this critical step were not available for this study, but they should be prioritized for future research efforts.

Implications for Practitioners

Those in other jurisdictions who may be interested in implementing such an approach should consider several key findings from this research. First, it is critical that the leaders and staff of all the community agencies who work with domestic violence cases support the initiative and actively participate in its development and sustenance. Regular meetings and training sessions were critical in coordinating the FDVC model in Kings County.

The exchange of information on a case-level basis is also critical. To hold offenders accountable and protect victims, it is essential that partner agencies provide, obtain, and act on relevant information in a timely fashion. The Kings County initiative created a specialized court position to compile and distribute case information and later developed a secured Internet-based database to enhance the flow of case information among partner agencies.

It would be useful for another jurisdiction seeking to replicate this approach to consider what contextual factors might change along with the new approach to adjudication. For example, in Kings County the District Attorney's Office began indicting a broader range of cases, including less serious cases that would probably have been prosecuted as misdemeanors before FDVC started operation. This affected the number and types of cases the court handled. It would also be important to recognize that felony domestic violence cases are complex and not likely to respond to a "quick fix." Practitioners should anticipate the effects that this resource-intensive approach is likely to have on community resources and case processing time and plan how to balance competing needs for speedy resolution and thorough responses to the issues presented.

The impact evaluation findings suggest that practitioners should not necessarily expect a decrease in the number of probation violations and rearrests for cases adjudicated through a specialized court. As part of preparing for the increased supervision and sanctions specified in the FDVC model, practitioners may want to consider a triage system in which those with prior convictions, especially for violating protection orders, are subject to closer scrutiny than those without prior convictions.

Specialization of Domestic Violence Case Management in the Courts: A National Survey

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Despite the far-reaching roles and responsibilities of courts and judges in domestic violence cases, courts have been the last of the justice system components to engage in institutional reform to improve the system's impact on domestic violence (Buzawa and Buzawa, 1996; Epstein, 1999). Law enforcement and prosecution have made dramatic advances and systemic changes since the early 1970s (Epstein, 1999; Little et al., 1998), but, with a few exceptions, courts did not begin focusing attention on domestic violence cases until the early 1990s. Domestic violence cases now account for a significant and growing portion of State court caseloads. Ten-year trend data from the Court Statistics Project of the National Center for State Courts (NCSC) indicate that from 1989 to 1998 domestic violence filings in State courts increased 178 percent (Ostrom and Kauder, 1999). This rise in court filings contrasts sharply with trend data from the Bureau of Justice Statistics (Rennison and Welchans, 2000), which reported in May 2000 that the rate of intimate partner violence fell by 21 percent from 1993 to 1998.

Specialized Court Processes and Services for Domestic Violence Cases

Since the late 1990s, a key development in State courts has been the institution of specialized structures, processes, and practices to address not only rising domestic violence caseloads but also the distinct nature of these cases and the need to give them special attention. These specialized approaches have collectively come to be called domestic violence courts. There is, however, great variation among these courts and in the specialized processes they use. NCSC designed this study to determine what those variations are and to develop a greater understanding of the structural and operational changes that courts are implementing to address domestic violence. Information from the study is expected to be useful to judges and court managers who plan to institute specialized processes or to change existing ones, to other system practitioners and domestic violence advocates who seek to improve justice system responses, and to researchers and evaluators who need greater clarity about types of court processes and services to develop more appropriate study designs and methodologies.

Benefits of Domestic Violence Courts

Justice system practitioners, victim advocates, and researchers (Fritzler and Simon, 2000; Karan, Keilitz, and Denaro, 1999; Keilitz, Jones, and Rubio, 2000; Tsai, 2000; Winick, 2000) have cited the following major benefits of domestic violence courts:

- ◆ Enhanced coordination of cases and consistent orders in different cases involving the same parties.
- ◆ More comprehensive relief for victims at an earlier stage of the judicial process.
- ◆ Advocacy services that encourage victims to establish abuse-free lives.
- ◆ Greater understanding by judges of how domestic violence affects victims and their children.
- ◆ More consistent procedures, treatment of litigants, rulings, and orders.

- ◆ Greater availability of mechanisms to hold batterers accountable for the abuse.
- ◆ Improved batterer compliance with orders.
- ◆ Greater confidence on the part of the community that the justice system is responding effectively to domestic violence.
- ◆ Greater system accountability.

The specialized processes and services that courts have implemented to achieve these benefits include intake units for protection order cases; service referral processes; case coordination mechanisms to identify, link, and track cases involving the same parties or their children; specialized calendars for protection orders and/or criminal cases; specialized judges to hear domestic violence cases; judicial review calendars or other mechanisms to monitor compliance with court orders; and data systems for improved case coordination, decisionmaking, and compliance monitoring.

Concerns

Although specialization of domestic violence case management holds great potential to address domestic violence effectively and create greater safety for victims, practitioners and advocates have expressed concerns that specialization may, in practice, compromise victim safety, access to justice, fairness, or batterer accountability for the sake of innovation (Epstein, 1999). For example, providing specialized judges to hear domestic violence cases may increase judicial expertise in the dynamics of domestic violence. It may lead, however, to loss of judicial neutrality, to the assignment of judges who are not motivated to acquire the knowledge and skills required to be effective in these cases, or to loss of judicial effectiveness from the stress of fast-paced decisionmaking in difficult and emotionally charged cases every day.

Another concern about specialized court calendars and judges is that prosecution units also may specialize to achieve maximum efficiency in the court at the expense of the domestic violence victims' interests. The pursuit of efficiency can lead to assembly-line justice that ignores the special needs of victims and the nature of the violence perpetrated against them. Batterers can escape appropriate sanctions through plea bargains or diversion to ineffective and unproven treatment programs (Hanna, 1998). Victims can be coerced to participate in defendants' prosecution through threats of sanctions against them (Hanna, 1996). Prosecutors can ignore or act in opposition to victims' concerns about safety or status in the community (Crenshaw, 1991; Epstein, 1999; Richie, 1996).

Perhaps the most detrimental effect of specialized domestic violence case management for victims with children is the information-sharing function designed to promote more consistent and complete relief for them. Violence against women can be enmeshed with child abuse and neglect issues, often because batterers also are abusing children in the home or children are suffering from the secondary effects of the violence committed against their mothers. In systems that screen cases and share information among government agencies, mothers who seek relief from the court risk becoming the target of dependency proceedings that can lead to their losing

custody of their children (Epstein, 1999; Miccio, 1999; Schechter and Edleson, 1999). Word of restrictive and punitive policies to address child abuse and neglect passes through the community, and the fear of losing their children may deter victims from accessing the system for the relief that is their right and that the system intends to offer.

Expected Outcomes

For several reasons, the NCSC study was expected to identify a wide variation in court structures, processes, services, and levels of integration of court processes. Numerous other studies of State courts have revealed significant differences in court size, organization, and jurisdiction. Courts vary greatly in their case management approaches. The level of automation is high in many courts but rudimentary in others. Many courts have judges and court managers who are highly innovative and community oriented; others do not. Laws related to domestic violence vary greatly across the States, and implementation of laws varies within States. Finally, reports from court practitioners and the domestic violence advocacy community indicated that court responses to domestic violence were far from uniform.

Design and Methodology

The implementation of specific court responses to domestic violence is relatively new. Until recently, little was known about the scope and nature of that implementation. The study therefore was designed to identify and describe as many courts with specialized processes as possible rather than to establish and study a representative sample of all courts in the Nation. Courts with specialized processes and services were identified through three primary sources: an initial mail survey of the State court administrator and the State coalitions against domestic violence in each State, an online survey of members of an NCSC court listserv, and NCSC project staff contacts with experts in the field.

This process produced a pool of approximately 200 courts from which project staff identified 160 courts with at least one specialized unit, process, or service for domestic violence cases.

The information reported in the study findings derives from three sources: responses of 106 of the 160 courts to a written questionnaire developed with the assistance of the project's advisory committee and pretested in several courts; followup telephone interviews with representatives of 82 of the 106 courts that responded to the mail survey; and a modified Delphi study (two rounds of questionnaires) with a panel of 27 professionals, including judges and court managers in courts that use specialized processes to manage and adjudicate domestic violence cases as well as other noted domestic violence experts and practitioners.

Findings

Delphi Study

The Delphi study findings indicate considerable consensus on several issues related to court management of domestic violence cases. The areas of accord demonstrate an understanding among those who have experience with domestic violence cases that victim safety, batterer

accountability, and system integrity are essential to an effective system response to domestic violence. The areas in which the study participants' views diverge reflect an uncertainty about the appropriate role of courts in providing services to domestic violence victims, limitations imposed by court jurisdiction and organization, and the issues associated with adapting established systems to address new and different issues. The key areas of consensus that follow indicate that specialization of processing and services for domestic violence cases is essential to managing them effectively (at least 70 percent of the study participants either agree very strongly or agree with the items related to these issues).

- ◆ Effective management of domestic violence cases requires coordination of all cases that involve the parties to the domestic violence case, integration of information in court data systems, and availability of information from all related cases to judges adjudicating the case.
- ◆ Effective management of domestic violence cases requires specialization, including intake for domestic violence cases, court staff, judges, prosecutors, and probation.
- ◆ Victims' access to justice is a primary goal of effective domestic violence case processing. Achieving this goal is facilitated by expedited proceedings, user-friendly directions and forms, assistance to victims by court staff or other personnel, accompaniment of victims by advocates in court proceedings.
- ◆ Court processes should ensure victim safety, both through court orders and service referrals and in the courthouse through such means as metal detectors, separate waiting areas for victims and defendants/respondents, and security officers in courtrooms.
- ◆ Court and judicial resources should be brought to bear on monitoring batterers' compliance with court orders and enforcing those orders to the fullest extent.
- ◆ Courts must address the interests of children involved in domestic violence cases, either as witnesses to or victims of the violence or through custody and visitation disputes between the victim and the offender (guardians ad litem and custody evaluators must have training in domestic violence issues).
- ◆ Domestic violence training for judges should be mandatory and ongoing; judges should be sensitive to the needs of domestic violence victims and understand the dynamics of domestic violence.

National Survey of Courts

The 106 courts that responded to the mailed questionnaire reported having numerous specialized processes and structural components to manage domestic violence cases, including specialized calendars, intake units, case screening, specialized judicial assignment, and court-ordered and -monitored batterer intervention programs. Most of the courts have some of these processes and components, but few of the courts have all of them. Moreover, the combinations and configurations of these processes and structures vary substantially across the courts, and no clear patterns are evident. Although many of these 106 courts have instituted some changes in organization, procedures, or judicial assignment to manage domestic violence cases more effectively,

relatively few appear to have implemented a more comprehensive system for their domestic violence caseloads.

Specialized calendars. Of the 82 courts contacted in the telephone survey, 67 reported having a specialized calendar for at least one type of case within its jurisdiction. Twenty-seven of those courts have specialized calendars for both protection orders and domestic violence misdemeanors, which is the most prevalent pattern of overlap among the three types of cases. Nine of the twenty-seven courts also have specialized calendars for the third case type, domestic violence felonies. The 10 courts that specialize their calendars for domestic violence felonies also handle protection orders on a specialized calendar.

Intake management and services. Among the 106 courts, only 66 have an intake unit or process for domestic violence cases, and practice varies greatly among those courts. Courts most often provide intake for protection orders, followed in frequency by misdemeanors, felonies, custody, child support, and divorce. The types of case processing services provided by intake units also vary. The most prevalent type of service is assistance with protection order petitions (85 percent), followed by screening for other pending cases (50 percent). Few courts assist litigants with other legal or economic matters, such as petitions for divorce/dissolution, child support, or paternity. Management designs also vary across the courts with specialized intake for domestic violence cases. The most common model is court management by court employees only (67 percent). Other management models include multiagency teams with the court as a partner, multiagency teams without the court, and outside agencies.

Case screening and coordination. Among the 106 courts, 68 screen domestic violence cases for related cases. In 48 of those courts, one purpose of screening is to link and coordinate cases for case processing. Fewer courts regularly apply the information obtained from case screening to guide judicial decisionmaking in key areas of victim safety. Forty courts use case screening information to inform bail and sentencing decisions, and 37 draw on this information to develop civil protection orders and safety plans. Only 19 courts use their screening capability for all three of these important purposes.

Judicial assignment and training. Less than one-quarter (22 percent) of the 106 courts assign judges exclusively to domestic violence cases, while in almost half (47 percent), judges have a mixed caseload that includes assignment to cases heard on a dedicated domestic violence calendar. Judicial training in domestic violence issues apparently is given little attention in courts with specialized processes for domestic violence cases. Most of the courts surveyed by telephone reported some type of judicial training on domestic violence, but in half of those courts the training is voluntary. Twenty-two courts require specific domestic violence training for judges. Only six of the courts require judges who have exclusive assignments to domestic violence to participate in any domestic violence training.

Batterer compliance monitoring. Of 82 courts surveyed by telephone, 71 reported that they regularly order batterers to participate in treatment programs, and all but one of the courts have some type of monitoring mechanism. Of the 70 courts that monitor batterer compliance, 43 percent reported having some type of hearings to review batterer compliance. The more common model is to set compliance hearings for individual defendants on mixed calendars that include

other matters. In fewer courts, batterer hearings and status checks are held periodically (e.g., weekly or monthly) on a calendar dedicated to batterer compliance review. Thirty-seven percent of the 70 courts do not regularly hold hearings, but monitoring reports are submitted to the court on a regular basis. In another 20 percent of the courts, batterer compliance is monitored more passively; other agencies are responsible for notifying the court only when the batterer does not participate in the ordered treatment.

Conclusions. Although all of the courts surveyed in this study have instituted some changes in organization, procedures, or judicial assignment to manage domestic violence cases, relatively few appear to have implemented a more comprehensive system for their domestic violence caseloads. Furthermore, the following overall conclusions indicate that courts have not taken the more holistic approach to domestic violence case management needed to fully address the complexities of domestic violence cases or the needs and interests of the victims who seek remedies through the courts.

- ◆ In many courts, screening and case coordination are not standard operations.
- ◆ Many courts do not use available information systems for case screening and tracking.
- ◆ Many courts do not use available information to inform decisions critical to victim safety, such as protection order provisions, safety planning, and bail arrangements.
- ◆ Most courts do not have systematic mechanisms to monitor batterer compliance.
- ◆ Judicial training is severely lacking, even in courts in which judges have exclusive assignments to domestic violence calendars.
- ◆ Few courts provide the full array of services needed to assist victims.
- ◆ Few courts provide access to legal assistance for civil matters and economic support.

Implications for Researchers

Study findings suggest that the implementation of specialized processes for domestic violence cases is proceeding without a common understanding of what components and resources are needed to achieve an effective and safe case management system. In designing future studies, researchers should take into account the great variation in specialized court processes or specialized courts. Understanding the particular process or court characteristics is critical to developing a coherent body of research and evaluation on the effectiveness, efficiency, and safety of specialized domestic violence processes. Researchers also need to account for variations in the context in which specialized court programs operate. (For example, is the court part of a coordinated justice system and community approach? Do one or more components of the system pose significant barriers to success? What type of data system infrastructure supports the program?)

Implications for Practitioners

Judges and court managers should ensure that they have a common understanding of the goals of any court reforms they seek to implement to improve domestic violence case management. The development of goals and of the components, processes, and services to meet those goals should be a collaborative process that involves law enforcement, prosecution, the defense, probation, community and government service providers, and the victim advocacy community. Addressing problems and gaps in the court process only, without consideration for operational, resource, or mission issues in other parts of the system, will frustrate the courts' efforts and limit their effectiveness. Court planners and policymakers also should become informed by the experiences of other courts that have implemented systems to increase victim safety, batterer accountability, and public trust and confidence that the judicial process will benefit domestic violence survivors who seek the remedies it offers. Practitioners in the domestic violence service community and in other parts of the justice system should work cooperatively with judges and court managers to ensure that they understand the needs, limitations, and resources that their potential collaborators bring to the effort.

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Victim Service Programs for Violence Against Women: Links With Other Community Agencies

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This report is based on a full report, *Victim Service Programs in the STOP Formula Grants Program: Services Offered and Interactions with Other Community Agencies*, by M.R. Burt, J.M. Zweig, K.S. Schlichter, and C. Andrews. Washington, DC: Urban Institute, 2000. The full report can be accessed at www.urban.org.

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Public attention to the needs of victims of domestic violence increased dramatically during the 1980s. Estimates show that in the late 1990s, there were about 1,800 programs for women who had experienced domestic violence, of which 1,200 were shelters (Garner and Fagan, 1997). A study by Gornick, Burt, and Pittman (1985) concluded that about 600 victim service programs existed for sexual assault—reduced from a high of about 1,000—after the first 10 years of rape crisis center development. No more recent estimate is readily available.

Despite the large number of victim service programs, little evaluation research addresses the impact of these programs on women (Garner and Fagan, 1997; Koss, 1993). A major goal of such programs is the development of coordinated community approaches to addressing the problem of violence against women (Clark et al., 1996). Victim services expanded before research was conducted on what works best, say Garner and Fagan (1997), who contend that evaluating the impact of victim service programs is crucial if we are to learn how best to serve these women and whether any current practices have unintended negative consequences.

The STOP (Services, Training, Officers, Prosecutors) Violence Against Women Formula Grants Program is a major Federal initiative that has further stimulated the growth of programs that serve women who are victims of violence. Its long-term goal is to promote institutional change so that women will encounter a supportive and effective response from the criminal and civil justice systems and from community service agencies. STOP is authorized by Chapter 2 of the Safe Streets Act, which, in turn, is part of the Violence Against Women Act (VAWA–I), Title IV of the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322).

In 1999, the National Institute of Justice (NIJ) funded a study by the Urban Institute that would assess whether STOP’s financial support for direct victim services offered through private nonprofit victim service agencies improved the well-being of women victims of violence. This project is the only full-scale evaluation funded by NIJ to focus on the impact of STOP-funded victim services. This paper, part of the Urban Institute project, describes how victim service programs interact with other agencies in their community.

Methods

Samples and Procedures

STOP funds are distributed through grants to the 50 States, the District of Columbia, and the 5 territories. States then distribute funds to subgrantees to administer projects. The subgrantees are required to submit a Subgrant Award and Performance Report (SAPR) to the States, which, in turn, submit the report to the Department of Justice’s Office on Violence Against Women. At the time of this study, the States had reported on awards made through approximately 6,500 subgrants. Many STOP programs received additional STOP subgrants in the years following their initial funding, so the 6,500 subgrants translated into significantly fewer discrete projects (Burt et al., 2000).

Victim service programs were sampled from the SAPR database according to a number of criteria:

- ◆ Victim service programs, rather than individual subgrant reports, were sampled because many victim service programs are refunded over a number of years.
- ◆ Only private nonprofit victim service agencies were included.
- ◆ Victim service programs must have had STOP funding to provide direct victim services for at least 2 years and have or had STOP subgrants of at least \$10,000.
- ◆ A subset of victim service programs was sampled so that at least 10 interviews were completed in 8 States (Colorado, Illinois, Massachusetts, Pennsylvania, Texas, Vermont, Washington, and West Virginia).

Representatives from 200 victim service programs with STOP grants participated in an indepth telephone interview and completed a faxed questionnaire. Eighty-six percent of the agencies interviewed focus their services primarily on domestic violence and 13 percent focus primarily on sexual assault. The agencies provide different types of direct services to women victims of violence, such as legal/court advocacy, comprehensive safety planning, counseling, individual advocacy, and medical advocacy.

Measures

Data from the programs in the sample were collected using a telephone interview and a faxed questionnaire. The questionnaire covered such topics as budgets, funding, employees, and number of victims served. The interview covered such topics as the nature of the agency's STOP-funded program, respondents' experiences with State STOP agencies, and changes in the justice system since STOP funding became available. In addition, outreach strategies, the ability of the community to meet the needs of women victims of violence, and the extent to which the STOP-funded victim service program works with other agencies in its community were addressed.

After interviews were completed, two trained interviewers rated each community based on victim service program reports on how well agencies communicate, coordinate, and collaborate in the community and whether or not the agencies in the community work together to provide a coordinated community response.

Findings

Service Networks and Interactions

For this study, respondents were asked to describe the service network in their communities. To do so, they listed all the types of agencies that provide services to women victims of violence, as follows:

- ◆ Law enforcement agencies were mentioned by every respondent.

- ◆ Prosecution agencies were mentioned by 99 percent of respondents.
- ◆ Other public and private nonprofit victim service agencies, such as health care facilities, governmental social services, mental health and substance abuse agencies, or legal aid programs were mentioned by 70 to 90 percent of respondents.
- ◆ Courts, probation/parole offices, or agencies that had a special focus on serving racial/ethnic, language, or other minority populations were mentioned by 30 to 55 percent of respondents.
- ◆ Governmental victim service agencies or arrangements with judges were mentioned by 15 to 25 percent of respondents.

The vast majority of program respondents also reported interacting with key service network players to provide services to women victims of violence: all of them reported interacting with at least one law enforcement agency, 97 percent with at least one prosecution agency, and 95 percent with at least one other victim service agency in the community.

Despite the array of services available to women victims and the interaction of victim service programs with other agencies in the community, not all agencies were involved in close coordination. Respondents were asked to identify two primary partner agencies in their community with which they had the most or most meaningful contact to address violence against women. Law enforcement (named by 65 percent of respondents) and prosecution (named by 42 percent) were identified most frequently. In fact, 26 percent of program respondents named both law enforcement and prosecution agencies as those agencies they partnered with most to help women victims of violence. Other agencies that partnered with victim service programs in the sample included governmental social services (25 percent); other nonprofit, nongovernmental victim service agencies (22 percent); courts or judges (16 percent); legal aid (11 percent); health care agencies (8 percent); and mental health agencies, substance abuse agencies, probation/parole agencies, governmental victim service agencies, and community service agencies (less than 4 percent each).

Respondents were asked about the extent to which they work with law enforcement, prosecution, other victim service programs, and their partner agencies. They described the levels of staff who were involved in the joint work, whether or not the work involved formal procedures, and whether types of interaction with agencies had changed since the introduction of STOP funding. Victim service programs reported that employees at every level (frontline staff, middle management, and agency leaders) interacted with primary partner agencies. Formal policies and procedures were followed most often with law enforcement (51 percent), followed by prosecution (31 percent); somewhat fewer victim service programs had formal arrangements with other victim service agencies (27 percent).

To understand how STOP funding has influenced the interaction between agencies, programs reported on five specific types of interaction: (1) contact of any type, (2) helping women deal with the other agency, (3) referrals of women to the victim service program by the other agency, (4) coordination of work between the two agencies, and (5) joint planning or funding between the two agencies or an institutionalized commitment to work together. Most agencies reported

positive changes in these types of interactions since the institution of STOP funding. Victim service programs reported increased interaction with law enforcement (between 81 to 89 percent reported increases for each of the five types), with prosecution (83 to 90 percent), with other victim service agencies (81 to 85 percent), and with other types of agencies (60 to 95 percent). More than half the reported changes were attributed to the victim service agency's STOP-funded program. Between 11 and 31 percent of the reported changes were attributed to other STOP-funded programs in the community.

Communication, Coordination, Collaboration, and Coordinated Community Responses

Participants were asked to describe the activities they performed with their two identified primary partner agencies to serve women victims of violence. Researchers asked behaviorally focused questions to help narrow and define what activities were included in each level of interaction (communication, coordination, collaboration, and coordinated community response). The terms "communication," "coordination," "collaboration," and "coordinated community response" are often used in the domestic violence and sexual assault field, yet it is often unknown what exactly people mean when they say they "coordinate" activities with another agency.

Almost all respondents *communicated* with their primary partner agencies, regardless of the type of partner agency. They shared general information about violence against women, had frequent phone contact, held informal meetings, and referred clients to one another (86 to 100 percent reported these four measures). After the interview was completed, two members of the research team rated the overall community on how and to what extent victim service programs communicated with other agencies in the community, taking into account answers from both the interview and faxed questionnaire. The communities were rated on a scale of 1 (no communication) to 4 (positive communication existed with most or all other agencies in the community). Sixty-three percent of communities were rated at the highest level of communication, and none was rated at the lowest level.

Victim service programs often *coordinated* their activities with their primary partner agencies. Ninety-four to 99 percent of agencies reported helping primary partners on an as-needed basis with specific cases and facilitating referrals between agencies. Training was also common between agencies. Victim service programs were more likely to *provide* cross-training to law enforcement (95 percent) than to prosecution (73 percent) or other types of agencies (72 percent). But they were more likely to *receive* cross-training from other victim service agencies (78 percent) than from law enforcement (61 percent) or prosecution (56 percent). After the interview was completed, two members of the research team rated the overall community on how and to what extent agencies coordinated with each other in the community, taking into account answers from both the interview and faxed questionnaire. The communities were rated on a scale of 1 (no coordination) to 3 (victim service programs were coordinating with most or all other agencies in the community). Fifty-one percent of communities were rated at the highest level of coordination and 6 percent were rated at the lowest level.

Victim service programs also *collaborated* with primary partner agencies. The majority participated in task forces with their primary partners (80 to 83 percent with law enforcement and prosecution agencies and 91 percent with other victim service agencies) and strategized about how to reach women victims of violence (68 to 83 percent). Fewer victim service programs—although still more than half—influenced one another’s agency protocols, provided integrated services to victims, or employed a regular feedback mechanism to assess their collaborative work that helped them resolve problems and shape new developments. Of those respondents who named law enforcement as a primary partner, 36 percent participated on a first-response team with them. Of those who named prosecution as a primary partner, 26 percent reported interacting with them on a first-response team. Communities also were rated for their success at collaborating on a scale of 1 (no collaboration) to 3 (victim service programs collaborated with most or all other agencies in the community). Only 18 percent of communities were rated at the highest level of collaboration and 36 percent were rated at the lowest level.

Finally, communities were rated as to whether or not they achieved *coordinated community responses*. To be rated as having a coordinated community response for domestic violence—the highest level of interaction—a community’s law enforcement, prosecution, and the victim service program *all* had to be interacting at the level of collaboration. For sexual assault the same criterion applied, but also included the medical community. Only 15 percent of communities were rated as having a coordinated community response.

Role of Task Forces

Researchers examined the relationship between a community’s ratings on “communication,” “coordination,” “collaboration,” and “coordinated community response,” and the extent to which it participated in collaborative activities. Participation in collaborative activities was assessed based on task force participation. Task forces are a common way to promote joint work and activities. Most victim service agencies (72 percent) participated with both primary agencies in some form of a task force that focused on violence against women in their community. Every type of collaborative activity or arrangement (e.g., influencing one another’s agency policies, participating on a first-response team or multiagency team, having joint funding, having joint mission statements, providing integrated services, strategizing about approaches to violence against women, and providing feedback to one another about the functioning of the joint work) was more likely to occur when all three agencies participated on a task force together. Communities rated as having a “coordinated community response” were more likely to cite the presence of each activity or arrangement than were agencies that did not have a coordinated community response or that did not participate on a task force with both primary agencies.

However, more than half of the victim service programs that did *not* serve on a task force with either of their primary agencies still received the highest rating on communication, and about 14 percent received the highest rating on coordination. In addition, between 21 and 25 percent of them engaged in collaborative activities with their two primary agencies, including strategizing about addressing violence against women in the community, influencing one another’s protocols, providing integrated services to women, and providing feedback to one another on their joint work. These accomplishments are not trivial and can be achieved in communities that lack a task force.

Implications for Researchers

The findings demonstrate the advantages in clarity when researchers use behaviorally focused questions in their attempts to understand how communities interact and conduct joint work. By asking about specific activities such as training or facilitating referrals, researchers are able to define coordination, as well as other levels of interaction, specifically.

Implications for Practitioners

Many victim service programs that receive STOP funds work with other agencies in their community to serve women victims of violence, and many work closely with law enforcement and prosecution. Most victim service programs attributed increases in interaction to their STOP-funded program or another STOP-funded program in their community.

Task forces can be useful forums for agencies to work together, particularly in those communities rated as having a “coordinated community response.” However, the existence of a task force does not guarantee joint work or collaborative activities in communities. Likewise, many communities without task forces still participate in collaborative activities.

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**The National Evaluation of State Victims of
Crime Act Compensation and Assistance
Programs: Findings and Recommendations
From a National Survey of State
Administrators**

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The Office for Victims of Crime (OVC), which administers the Crime Victims' Fund established by the 1984 Victims of Crime Act (VOCA), has disbursed more than \$3.2 billion in formula grants to State victims' compensation and assistance programs since 1986. These funds have supported direct payments to victims for crime-related expenses, as well as thousands of local service providers across the Nation who assist victims of a broad range of crimes. OVC provided funding to the National Institute of Justice, which commissioned the Urban Institute, a nonprofit policy analysis group in Washington, D.C., and the San Diego Association of Governments to conduct a national evaluation of State victims' compensation and assistance programs supported in part with VOCA funds.

The evaluation has several phases and will gather information from State administrators, advocates, members of advisory bodies, local service providers, and victims. This paper, drawing on the first of several longer reports from this multiyear study, summarizes important grant administration policy and practice information obtained from a phone survey of State administrators and publicly available data and offers recommendations for improvements to State and Federal policies and operations.¹

Implications for Future Researchers

This ongoing project will examine policy and administration issues in more detail through site visits to selected State and local programs and through phone surveys and focus groups with victims served by compensation and assistance programs. Forthcoming reports will analyze key issues in grant program policy and administration in more detail, examine local service provision issues and practices, and assess how well compensation and assistance services meet victims' needs and how services could be improved. Future research projects should build on the findings from this research to deepen our knowledge of how best to use resources to address crime victims' needs.

Implications for Practitioners

Because State compensation and assistance programs are two distinct types of programs and have unique policy and administration issues, findings and recommendations are presented for each program in turn.

Findings

State Compensation Programs

The findings from program performance data and this survey of administrators indicate that compensation programs are generally financially sound and are functioning in accordance with identified goals and standards (National Association of Crime Victim Compensation Boards, 1996; OVC, 1998). In general, States seem to be performing the most essential activities to implement good financial planning, outreach, claims processing and decisionmaking, coordination with victim assistance programs, program administration, and training. More advanced activities could, however, be implemented in each of these areas to further enhance program functioning and services to victims, in accordance with recommendations from the

National Association of Crime Victim Compensation Board's and OVC's expert panels. Advanced activities include—

Financial planning. State legislatures and advocacy groups should support efforts to expand benefits in States with revenues that exceed payout needs and raise additional funds to better meet victims' needs in States with a funding shortfall.

Outreach to victims. States should consider making greater use of technology and other innovative means to reach out to victims. Efforts should also focus on reaching victim groups (defined by type of crime and victims' characteristics) who have not been well represented in claimant rolls. Working closely with groups who represent or serve these victims may be very useful in identifying and overcoming barriers to accessing compensation. Issues that may arise when one type of provider (e.g., victim/witness staff in prosecutors' offices) is the primary source of help in accessing compensation should be examined and addressed.

Claims processing and decisionmaking. Processing time could be improved by streamlining and resolving delays in verification procedures. Efforts to increase payment caps, where needed, such as for funeral expenses, should be supported. Special efforts may be needed to enhance the general understanding and improve how programs apply the concept of contributory misconduct.

Coordination. Coordination with victim assistance programs should move beyond communication toward active collaboration to further the goal of building a seamless web of support for victims.

Program administration. As State programs expand, additional efforts should be focused on strategic planning, needs assessments, and the promotion of innovative approaches to serving victims. Technical assistance from OVC and others with expertise in these areas may be needed to help administrators explore new areas in productive ways.

Training. Training efforts should continue to include members of the justice system and other professionals who work with victims, such as health and mental health care providers, funeral directors, school personnel, and representatives of Indian tribes and other ethnic or racial minorities. Informing a broader range of professionals about compensation should help reach victims who have not been well represented previously.

These activities could be supported under the VOCA administrative allowance. Increases in this allowance would facilitate States' efforts to undertake these expansions. Success in these activities would certainly produce more demand on funds for awarding claims, suggesting the need to increase overall allocations in conjunction with additional funding to enhance program operations. Better functioning programs would need more funds for awards because they would meet victims' needs more completely.

State Assistance Programs

Findings from the current research, in conjunction with input from State administrators (OVC, 1997), OVC priorities and guidelines, and recommendations from the field (OVC, 1998), indicate that State VOCA assistance programs are generally functioning well in a number of

areas. Although this is commendable, particularly in light of the difficult funding situations under which programs operate, a number of issues related to VOCA assistance program operations and management remain.

Funding allocations. The most pressing problem facing State administrators is the difficulty of long-range planning, given extreme fluctuations in funding levels from year to year. The 4-year obligation period certainly helps to relieve pressures on State administrators to distribute a variable amount of funds. The Federal caps of the past 2 years, although controlling fluctuations, have led to a large amount (more than \$724 million) being set aside for crime victim purposes, although it is not available for allocation. It is critical that policies be developed for putting these funds to work for victims in a timely way and in accordance with the legislative intent of VOCA. These policies should consider the possibility that Congress will continue imposing annual caps, as well as the possibility that the entire pool of funds may become available for allocation. Mechanisms for smoothing allocation fluctuations should be developed as needed. Involving State administrators and other critical stakeholders in policy development efforts might prove useful.

Strategic planning. Many States reported doing needs assessments, coordinating funding sources, working to increase revenues, and other planning-related activities. But only about half the States reported a strategic plan for victim services funding at the time of this survey. Such a plan can assist administrators in managing a complex grant program with a 4-year distribution period for each year's allocation and changing funding levels from year to year. Because strategic planning is clearly a priority for OVC, this seems to be an area in which it could provide critical support. Efforts to encourage those States with plans to share information on the content of their plans, how they were developed, and how they are implemented could be useful to those States without such plans.

Needs assessments. Although most States reported conducting needs assessments, their methods varied widely. Knowing what victims' needs are, and which victims and needs are underserved, is critical for funding decisions. A closer look at how needs assessments are being done, which methods seem more useful than others, and how the results are used could also be helpful to State administrators.

Outreach to service providers and underserved populations. As States' abilities to do long-range planning improve, additional efforts should be made to reach qualified service providers and victim populations not currently served by VOCA funding. Needs assessments should provide useful input on these efforts, and partnerships between State administrators and groups that represent underserved populations should be helpful in identifying barriers to service utilization and finding ways to overcome them.

Coordination. Coordination of the many funding sources available to assist victims of crime is important to eliminate gaps or duplication of services. While coordination mechanisms vary, more than three-quarters of the States make efforts to co-track at least some of the major Federal victim assistance funding streams and find these efforts useful. Coordination with the State compensation program is also common but is mostly limited to training efforts and distributing program materials. Ways in which VOCA and other assistance administrators, compensation

administrators, and Federal victim/witness personnel might work together more closely should be identified and supported.

Support for administration and training. The administrative allowance can and has been used to support many activities that OVC and leaders in the field have identified as crucial (such as strategic planning, needs assessments, coordination, and various outreach activities). Use of this allowance seems to be on the rise, and State administrators have stressed the need for greater support for administrative activities. Many administrators would also like to broaden the use of administrative funds to include prevention activities (which would require a legislative change), among others. Training funds are also being put to use, although some administrators would like them to be made more accessible by reducing or eliminating the 20 percent match requirement. Given the current funding environment and the gaps remaining between recommended and actual practices, OVC should consider the feasibility of increasing these allowances and expanding their uses.

Notes

¹ A copy of the full report is available at www.urban.org/crime/Nat_eval_VOCA.html.

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Using Longitudinal Data to Understand the Trajectory of Intimate Violence Over Time

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Although a great deal of research has been conducted since the early 1980s on intimate male violence against women, we still know very little about the process women go through as they work to free themselves from the violence of partners and ex-partners. We do know woman abuse is pervasive in our society (Browne and Williams, 1993; Straus and Gelles, 1986), and that domestic violence often increases in intensity and frequency over time (Hilbert and Hilbert, 1984; Okun, 1986). Many barriers prevent women from living free of their assailants' violence (Barnett and LaViolette, 1993; Gondolf, 1990; Horton, Simonidis, and Simonidis, 1987; Jones, 1994), and our communities must become more active in preventing intimate male violence against women (Crowell and Burgess, 1996; Gamache, Edleson, and Schock, 1988; Sullivan, 1997).

The National Research Council's Panel on Research on Violence Against Women made several recommendations to increase our understanding of the antecedents of intimate male violence against women (Crowell and Burgess, 1996). The current research responded to a number of these recommendations, including—

- , All research on violence against women should take into account the context in which women live their lives and in which the violence occurs (p. 47).
- , Longitudinal research, with particular attention to developmental and life-span perspectives, should be undertaken to study the developmental trajectory of violence against women (p. 90).
- , Studies that describe current services for victims of violence and evaluate their effectiveness are needed. Studies to investigate the factors associated with victims' service-seeking behavior . . . are also needed (p. 139).

Theoretical Base for the Research

Many individuals believe the myth that battered women can simply leave if they want to. This assumption ignores the structural obstacles that prevent women from leaving abusive partners, as well as the fact that many women do leave their assailants—sometimes only to be beaten even more severely or killed (Jones, 1994; Mahoney, 1991; Stark and Flitcraft, 1988). This myth also presumes that the only option for all women with abusive partners is to leave the relationship—a view that ignores both the agency of battered women themselves in deciding what is best for them and the religious and/or cultural proscriptions many women face when making relationship decisions. The process of becoming violence-free—whether or not by leaving an abusive partner—is complex and is something about which we still know very little. Prior research has found that social isolation and an ineffective community response to domestic violence each contributes to a woman's increased risk of abuse by partners and ex-partners (Aguirre, 1985; Barnett and LaViolette, 1993; Crowell and Burgess, 1996; Greaves, Heapy, and Wylie, 1988).

An effective means of controlling women and assaulting them with less fear of detection is to first socially isolate them (Browne, 1993; Hoff, 1990). Women with abusive partners often report that their contact with family and friends had been cut off or severely curtailed and that they had no one to turn to for help. Conversely, women who have reported receiving help and support from family or friends have rated it as being very helpful in their ability to leave their assailants (Bowker, 1984; Donato and Bowker, 1984).

In addition to social support, many women need a variety of community resources. For example, when describing reasons for remaining with or returning to abusive men, many women have mentioned lack of employment (Hofeller, 1982; Strube and Barbour, 1983) or economic dependence on the abuser (Aguirre, 1985; Johnson, 1988; Rumptz and Sullivan, 1996). Other resources needed by some women with abusive partners include proper medical attention (Dobash, Dobash, and Cavanagh, 1985; McFarlane, Parker, and Soeken, 1995), childcare (Gondolf and Fisher, 1988), affordable and safe housing (Sullivan et al., 1992), and help from social service agencies (Dobash, Dobash, and Cavanagh, 1985).

Although some communities have improved their response to domestic violence, many women still do not receive the services they need to end the violence. Arrest for domestic assault continues to be a rare event (Hirschel et al., 1992), and prosecution is even more infrequent (Buzawa and Buzawa, 1990). Restraining orders are not always enforced (Buzawa and Buzawa, 1990; Youngstrom, 1992), and many women have reported fearing for their lives and the lives of their children if they were to try to escape their assailants (Barnett and LaViolette, 1993; Browne, 1987; Jones, 1994). Although communities with coordinated responses to domestic violence have reported some successes (Gamache, Edleson, and Schock, 1988; Steinman, 1990), a collaborative, structured response continues to be absent in most communities.

Contrary to one view of battered women as dependent victims, ample empirical evidence shows that many women with abusive partners are active helpseekers, fighting for their survival in the face of numerous obstacles. One study of more than 6,000 women from 50 shelters found that the women had made an average of six prior helpseeking efforts (Gondolf and Fisher, 1988). Wauchope's (1988) nationally representative sample of 3,665 women found that two-thirds of those battered had sought help at least once from friends, relatives, and/or agencies in their communities. Three factors appear to influence a woman's decision to seek outside help to end the violence: the severity of the abuse, the number of resources a woman possesses, and the belief that such efforts will succeed (Sullivan, 1991).

The Community Advocacy Project

The current analyses build on the findings from a study of the Community Advocacy Project, a community-based advocacy intervention designed to increase battered women's access to community resources and support. Participants were recruited from a Midwest shelter program for women with abusive partners. Advocates were female undergraduate students from a nearby university who were enrolled in a two-semester course in community psychology. A randomized field trial revealed that

women who worked with advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources even 2 years after receiving the intervention (Sullivan, 2000; Sullivan and Bybee, 1999). More than twice as many women in the advocacy group than in the control group experienced no violence across the 2 years. Moreover, on several outcome measures (difficulty accessing resources, perceived efficacy, intimate violence, and quality of life) advocacy/control differences increased over the 2-year followup, suggesting that the advocacy intervention may have instigated a process of persistent change. These encouraging findings raised a number of additional research questions that exceeded the scope of the original National Institute of Mental Health (NIMH) funding. Funding from the National Institute of Justice (NIJ) allowed for additional analyses to be conducted to answer the following research questions:

- , What are the mediational processes by which the advocacy intervention affected reduction in victimization?
- , Do the promising intervention effects continue to the 36-month timepoint?
- , What antecedents explain differences in victimization over time?
- , What antecedents explain differences in the context of victimization specifically by ex-partners?

The Research Data

Data were gathered from 1989 through 1996, with funding from NIMH. Data were available for 278 women who had been residents of a domestic violence shelter program. Women were interviewed when they left the shelter, 10 weeks later (post-experimental intervention), and at 6, 12, 18, 24, and 36 months later.

The 10-week post-shelter intervention involved randomly assigning trained advocates to work one-on-one with women to help them generate and mobilize the community resources they needed. Such resources included but were not limited to legal assistance, employment, education, housing, and medical care.

Results

Mediational Process Through Which Change Occurred

Overall, the analyses supported the contention that a community advocacy project that is short term and based on clients' strengths can set into motion a trajectory of positive change in the lives of women with abusive partners. The advocacy intervention resulted in immediate positive change in women's lives, as they successfully obtained needed resources from their communities. Increased access to resources and increased social support resulted in women reporting a better quality of life that included self-determination, psychological well-being, life satisfaction, physical and material well-being, and

personal fulfillment (Hughes et al., 1995; Powell et al., 1997). Over time, women who reported having more control over and satisfaction with their lives also reported a decrease in violence. Structural equation modeling determined that quality of life predicted risk of reabuse, as opposed to risk of reabuse predicting quality of life (Bybee and Sullivan, 2002). This finding speaks to the importance of viewing intimate male violence against women as a societal problem and for increasing women's opportunities for self-determination and autonomy to decrease their risk of intimate partner violence.

Effects of Intervention Over Time

Analyses examining women's risk of abuse across 3 years also supported the contention that society's treatment of women influences their risk of intimate partner violence. Women without financial resources and social support had a greater risk of abuse between 2 and 3 years post-intervention compared with women who were economically better off and who had stronger support systems (Sullivan and Bybee, 2000).

Revictimization Over Time

Women who received the intervention and/or who intended to leave the relationship decreased their risk of revictimization over time. The women most likely to experience abuse across any timepoint were those who intended to stay in the relationship and who did not work with advocates. Women working with advocates reduced the risk of reabuse after the 6-month followup timepoint even if they remained in relationships with their abusers (Sullivan and Bybee, 2000).

Predictors of Abuse by an Ex-Partner

While remaining in the relationship increased women's risk of being reabused over time, leaving the relationship did not guarantee safety. More than one-third of the women who ended their relationships also experienced abuse over time. Predictors of abuse by an ex-partner include—

- , Length of the relationship before breakup.
- , His prior threats.
- , His sexual jealousy.
- , His geographical proximity to the woman.
- , Her involvement in a new relationship (Fleury, Sullivan, and Bybee, 2000).

These findings support the argument that domestic abuse is a means of gaining power and control over one's partner. The men who expressed greater threats and sexual jealousy and who remained in the same area as the woman after their breakup were more likely to continue harassing, threatening, and abusing their former partners. When women started new relationships, their risk of violence decreased. Many assailants likely viewed the new partners as protectors of the women, making it more difficult to continue abusing them.

Implications for Researchers

All of the participants in this study had been residents of a shelter program for women with abusive partners. Most were African-American or non-Hispanic white women, and none lived in a rural community. Future studies need to evaluate this type of program with a more diverse sample of participants and a more diverse type of advocate. Although the provision of advocates reduced the risk of further violence by a partner or ex-partner, many women (76 percent in the experimental group, 89 percent in the control group) were abused at least once over the 2-year timespan. No single intervention is a panacea for this immense and complex social problem. Future research efforts must build on the successes of this program to examine its effectiveness with a more diverse population of survivors, and to evaluate additional innovative programs to end intimate male violence against women.

Implications for Practitioners

The Community Advocacy Project can be adapted to meet a variety of community needs. Although it originated in a mid-sized city close to a university campus, it could be modified for larger cities as well as more rural communities.

An important next step is to investigate whether volunteers would advocate for women as effectively as university students did. One reason college students may be preferable to volunteers is that they pay for the experience (through tuition) and earn a grade and potential letter of recommendation for their efforts. This maximizes the likelihood that students will work the required hours and make the intervention a priority. On the other hand, volunteers can become excellent advocates and, with appropriate training and supervision (ideally from a paid staff member), could do as well if not better than university students. The advantage of using volunteers is that they may come from more diverse backgrounds than typical university students. Domestic violence service programs might consider joining forces with church groups, community organizations, or other volunteer programs to obtain a paraprofessional advocacy workforce.

No one solution will end intimate violence against women. This intervention is one response that has helped a number of women. It will not always be successful and it is not necessarily needed by all women with abusive partners and ex-partners. Community-based advocacy interventions should be one component of a larger, coordinated community response to holding perpetrators accountable and ensuring continued safety for survivors and their children.

Note

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Results From the Brooklyn Domestic Violence Treatment Experiment

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Over the past two decades, society has relied increasingly on criminal justice sanctions to control intimate partner violence. Police departments across the country instituted proarrest policies that were strongly promoted by advocates and were consistent with results from the Minneapolis Domestic Violence Experiment (Buzawa and Buzawa 1996). More recently, prosecutors have also pursued conviction regardless of the victim's desires or willingness to cooperate (Rebovich 1996; Hanna 1996). These policies have led to an expanded pool of batterers that the criminal courts have had to meaningfully sanction. As a result, the courts have become increasingly dependent on batterers' group treatment programs as the sanction of choice (Davis, Smith, and Nichols, 1998).

Group treatment programs for batterers are a popular criminal court sanction for several reasons. First, even in cases involving serious felony assaults, many victims choose to stay with their abusive partners for a variety of personal, family, and economic reasons. These victims are interested in sanctions that offer them long-term safety from violence rather than punishments that jeopardize their partner's ability to earn a living or that may lead to more violence. Second, alternative sanctions commonly used to punish other crimes lack validity in rehabilitating those convicted of intimate partner violence. There is little reason to believe, for example, that fines, community service, or traditional probation will help batterers stop abusing their intimate partners. Therefore, batterer treatment programs theoretically provide both safety for victims who want to stay with their partners and realistic help for batterers who want to address their violent behaviors. However, the limited research conducted during the 1980s that assessed batterer treatment programs could not provide satisfactory answers to those who question whether batterers' programs really provide either victim safety or therapeutic help for the batterers (Davis and Taylor 1999).

Purposes of the Brooklyn Study

Because of the lack of rigorous experimental evaluations of batterer treatment programs, the authors sought and received funding from the National Institute of Justice in 1994 to conduct an experimental evaluation of the Victim Services' Alternatives to Violence (ATV) batterer treatment program in Brooklyn, New York. Until the mid-1990s, only one completed experimental evaluation of a batterers' treatment group was published in the literature. This experiment was conducted by Palmer, Brown, and Barrera in 1992. They randomly assigned batterers to either a 10-session psychoeducational group (combining group discussion with information) or a no-treatment control group. The researchers in that study examined police reports 6 months after treatment and found significantly lower recidivism rates for the treatment group compared with the control group. They also attempted to measure violence through surveys of victims and batterers, but because of low response rates and a small sample size ($n = 59$) the analysis of recidivism based on interview data was not completed.

Beyond the Palmer, Brown, and Barrera (1992) experiment, two other experiments were ongoing while the authors conducted the Brooklyn study. One study by Dunford (2000) randomly assigned Navy personnel who committed domestic violence to one of four groups: group treatment for batterers, couples counseling, a rigorous monitoring program (periodic calls to victims and record checks), or a safety planning program for the victim that was intended to

approximate a no-treatment control group. The second study was implemented by Feder and Forde (2000) in Broward County, Florida. In this study, Feder and Forde had domestic court judges randomly assign male offenders who had been convicted of misdemeanor domestic violence to either a 1-year probation and a Duluth-like batterer treatment group (described below) or a control group that received only 1 year of probation. At this time, neither Dunford nor Feder and Forde have reported comparisons between their groups that have produced a statistically significant difference.

Brooklyn Treatment Group

The authors experimentally evaluated the ATV batterer treatment program, which was based on the Duluth model. The Duluth model mandated 26 weeks of attendance at a weekly 1-hour group meeting. The course was rooted in a feminist perspective that assumes domestic violence is a by-product of conventional male and female sex roles. The curriculum included defining domestic violence, understanding the historical and cultural aspects of domestic abuse, and reviewing criminal/legal issues. Through a combination of instruction and discussion, participants were encouraged to take responsibility for their anger, actions, and reactions. Sessions were conducted in either English or Spanish by two leaders, one male and one female.

At the time the evaluation began accepting clients, the ATV program expanded the number of required treatment hours from 1.5 hours once a week for 12 weeks to 1.5 hours once a week for 26 weeks. The change was made to conform with New York State's guidelines and was in line with national trends. This length, however, was problematic for the Legal Aid attorneys who represented the majority of defendants judged to be indigent in the Brooklyn criminal courts. A meeting with Legal Aid attorneys revealed that their objections to ATV stemmed from the increased time their clients were under court control and the increased session fees their clients had to pay for 26 sessions. To remedy this problem, the authors designed a new, 8-week format with the help of ATV administrators. Clients in this new program would complete 40 hours of group treatment through biweekly 2.5 hour sessions with lower fees per session. This condensed format began after the first 129 participants were already assigned to the 26-week groups. The final 61 ATV clients were assigned to the 8-week group, which allowed the authors to compare length of treatment while holding the dosage (e.g., 40 hours) constant across treatment groups.

With regard to the comparison group, an experimental control group is conceived in several ways. The most common procedure is to compare those assigned to the treatment group (such as batterer treatment) with a group receiving no treatment or intervention (such as probation). This option was not available to the study because probation for those convicted of misdemeanor spouse abuse is rare in New York City. Judges are the ones who mandate batterers to treatment, and completion of the program is normally the only condition in plea arrangements. Therefore, an alternative sanction for the control group was needed that was irrelevant to the offenders' battering problem. The authors believed community service was such a sanction because it required only that offenders work at such tasks as renovating housing units, clearing vacant lots to make way for community gardens, painting senior citizen centers, and cleaning up playgrounds. Criminal justice officials also agreed to use this sanction as an alternative to ATV for men assigned to the control group. Therefore, all participants in the experiment were assigned

either to receive 40 hours of group batterers' treatment or to complete 40 hours of community service.

Design of the Brooklyn Experiment

The study randomly assigned male criminal court defendants who were charged with assaulting their intimate female partners to either 40 hours of batterers' treatment or to 40 hours of community service. The design called for treatment assignments to be made during sentencing, after the judge, the prosecutor, the ATV program, and the defendant all agreed to accept batterers' treatment as a sanction if it was available based on random assignment. This sample framework is somewhat different from other experiments that included all or most batterers sentenced to probation, regardless of a batterer's willingness or unwillingness to enter treatment. These results are not as easy to generalize, therefore, as the results from the other three experiments on batterer treatment programs. Because everyone in the sample agreed to treatment, however, the current study presumably included only batterers who were motivated to stop battering. This is a key point, because it has been argued that treatment cannot work for individuals who are in treatment against their will.

To measure recidivism, data from several sources were collected to develop multiple indicators of new violence by the batterer against the victim. These included arrest reports, crime incident complaints (which may or may not result in an arrest), victim reports of violence by the batterer, and batterer reports of assaulting the victim. Batterer and victim reports were gathered from interviews that occurred at the time of sentencing, 6 months after sentencing, and 12 months after sentencing. To assess the frequency and severity of violence through the interviews, the study employed Harrell's (1991) revision of the Conflict Tactics Scale. Harrell's scale measures the frequency of 11 violent acts: (1) Forced you to have sex; (2) choked or strangled you; (3) threatened to kill you; (4) beat you up; (5) threatened you with a knife, gun, or other weapon; (6) used a knife, gun, or other weapon against you; (7) threw something at you; (8) pushed, grabbed, or shoved you; (9) slapped or spanked you with an open hand; (10) kicked, bit, or hit you with a fist; and (11) hit or tried to hit you with something.

In the outcome models, the authors examined the combined frequency of all 11 violent acts reported by the victim at the 6- and 12-month intervals. The reference period for the scale was the previous 2 months because it was believed that treatment would take some time to have an effect. Asking victims to report at the 6-month interval about the entire period could include reports of violent incidents committed shortly after batterers were assigned to treatment. The 2-month reference period would increase the likelihood that reported incidents occurred after the batterers completed approximately 40 hours of treatment. Unfortunately, as in other studies, only the females identified as the victim in the triggering court case were interviewed and not new female intimate partners.

In addition to interviews, the authors also gathered data from the computerized records of the New York City Criminal Justice Agency and the New York City Police Department for incidents that occurred during the study period or arrest reports filed against the batterer during the study period. When new incidents were found, the arrest date and charge were recorded. In addition,

the district attorney’s computer database was searched using the docket number to determine whether the victim in the new incident was also the victim in the original incident. To reduce measurement error and double counting, the arrest reports and the police complaint data were merged into one measure that captured the number of documented criminal justice incidents (e.g., arrests or crime complaints) involving both the defendant and victim after treatment was assigned.

Findings

The study sample contained 376 adult males, which was approximately 3.4 percent of the estimated 11,000 domestic violence defendants adjudicated in the Brooklyn Criminal Courts within the study’s intake period (February 19, 1995 to March 1, 1996). Nearly two-thirds (64 percent) of defendants in the sample were charged with third-degree assault (a Class A misdemeanor), while the remaining third were charged with felonious assault (19 percent), violating restraining orders, menacing, harassment, or other charges. Conditional discharge was the most common disposition for individuals in the sample (76 percent), followed by cases adjourned in contemplation of dismissal (22 percent) and probation (2 percent). A typical subject in this sample was a 30-year-old African-American male (40 percent) who had no prior criminal history (63 percent), no education beyond a high school diploma (7 percent), some but not consistent employment (63 percent), and a personal income of about \$16,000 per year, who was married to (41 percent) or living with his victim (20 percent) at the time of arrest.

Table 1 sets forth the results from both the 6- and 12-month victim interviews and the 12-month followup using police records. The primary outcome measure from the two victim interviews was the frequency of reported aggressive incidents by the suspect against the victim. The study’s analysis finds that at both 6 and 12 months, the average frequency of incidents reported by victims in both the 8- and 26-week treatment groups was substantially reduced compared with victims in the control group. At the 6-month interviews, the frequency of victim-reported incidents dropped by 33 percent for the 8-week group and 36 percent for the 26-week group. At 12 months, the reductions were 46 percent for the 8-week group and 21 percent for the 26-week group.

Table 1. Percent Reductions in the Rate of Incidents, by Assigned Treatment Group

	Victim Interviews (Frequency)		Police Reports and Arrest	
	6 months	12 months	12-month frequency	Time to first incident
Control group compared with 8-week group	67.4%	54.4%	20.9%	14.2%
26-week group	64.0%	79.3%	43.4% *	52.2% *

Note: Estimated differences in the rates of incidents are based on multivariate models that also control for the batterer’s age, marital status, ethnicity, employment, and criminal history record.

* $p < .01$.

Generalizing these results beyond this sample, the authors stress, requires caution for two reasons. First, none of the sizable reductions in aggression reached the generally acceptable levels of statistical significance ($p < .05$). In large part, this was due to the second reason: not all victims were interviewed at either the 6- or 12-month followup periods. The completion rate for the victim surveys was 48 percent for the first followup interview and 50 percent for the second followup interview. Overall, the authors were unable to contact 131 victims (35 percent of the total sample of 376 victims) during the entire followup period. In many cases, they found out from other sources that the victims had moved. Fortunately, the interview completion rates were not significantly different by assigned treatment groups at either the 6- or 12-month followups. Furthermore, no significant differences in interview completion rates were seen across several demographic measures, except for the victim's ethnicity. The authors had better success interviewing Hispanic victims than African-American victims for the 6-month interviews, but they had a higher completion rate for African-American victims than victims from one of the "other" racial groups (mostly whites and Asians) at both the 6- and 12-month intervals. It is not clear how these differences may have affected the results.

With regard to the outcomes based on official police reports, both the 8- and 26-week groups had substantially lower rates of failure than the control group. Over a 12-month period, the 8-week group had 20 percent fewer total incidents than the control group and the 26-week group had 43 percent fewer total incidents. Similar results were also found by examining the time to the first new incident recorded by the police. Compared with the control group, those in the 8-week group were 14 percent less likely to have a new incident any day after treatment was assigned, and the 26-week group was 52 percent less likely. Again, the authors urge caution in generalizing these positive results because only those reductions reported for the 26-week group were statistically different from the control group.

Discussion

The findings from the experimental evaluations of the ATV batterers' treatment program provide useful information and hypotheses for future researchers and practitioners. First, regardless of the source of outcome data, the authors found consistent reductions in the rate of violence by the batterers against their victim who were assigned to the ATV treatment program. Second, in seven of the eight comparisons, the largest reductions were found among batterers who attended the 26-week treatment program. The authors are guarded, however, about claiming unequivocally that treatment worked better than community service at reducing violence or that longer treatment is better than shorter treatment. Only two of the eight comparisons reached statistical significance, and the authors were only able to interview about 65 percent of the victims after treatment. Furthermore, they are not sure whether longer treatment necessarily led to greater reductions in violence or whether violence was reduced only because longer treatment provided greater supervision of the clients in the community. More research is necessary to replicate these positive findings and to explore whether treatment or supervision was the mechanism behind the apparent additional positive effect from the longer treatment.

Implications for Researchers

Future research projects should consider several important lessons from this study. First, as recognized by Fagan (1996) and others, randomized experiments should be the design of choice when asking questions about which alternative batterer sanction is more effective at increasing victim safety. Random assignment of offenders when applied by the judiciary is difficult to implement; however, the study's research as well as Feder and Forde's (2000) shows that an experimental design is still a realistic choice in jurisdictions where treatment is not yet mandated by legislation. Unfortunately, the opportunity to conduct further experimentation is becoming less available as more government organizations institute standards and mandates that reduce treatment options (see Minnesota Center Against Violence and Abuse 2001). An example of this policy change is the Michigan Governor's Task Force on Batterer Interventions Standards' 1998 recommendation that batterers attend 52 or more treatment sessions, while also acknowledging that "research does not necessarily point to a particular length."

Second, the research community should work toward measures and followup intervals that are standardized so that data and results can be compared across studies. For instance, researchers ought to include both victim and batterer interviews and collect documentation to measure complaints made to the courts by the victim as well as police incident and arrest reports involving the batterer, as was done in the National Institute of Justice's Spouse Abuse Replication Project (SARP) studies. In addition, batterers ought to be tracked for at least 18 months, but preferably 2 years, with interview intervals no longer than 6 months. The short-term measures are needed to assess immediate treatment effects and the longer-term followups are needed to determine whether treatment leads to permanent change or is transitory. The use of both short-term and long-term measures is especially important in light of some results from SARP that showed that arrest may have large positive effects early, but these effects are minimal 1 year after arrest (Parmley and Maxwell 2000).

Implications for Practitioners

Practitioners can also ask questions about the effectiveness of their local programs and not just assume that something they may have called treatment is helpful. They should ask the research community for explicit evidence about the extent to which research findings like those reported in this and other papers in this series can be generalized to their locality. When asking for evidence, practitioners should also pay particular attention to the nature of the sample of batterers who participated in a research study. Are the batterers under court supervision? Do they have extensive prior criminal histories? Do defendants have a chance to volunteer for treatment or are they sent to treatment regardless of their willingness to participate? Another important issue is the criminal justice context in which treatment studies are set. Unfortunately, because of the small number of studies little is known about how treatment program effectiveness varies with local court practices, linkages between agencies, sanctions for noncompliance, and so forth.

There are parallels between batterer treatment literature today and the literature on the rehabilitation of criminal offenders 20 years ago. In each literature, the problem is not too few studies, but a paucity of sophisticated research. Recommendations made years ago by the National Academy of Sciences (Martin, Sechrest, and Redner, 1981) for agreement on outcome measures and randomized experiments in rehabilitation are just as relevant today for batterer treatment programs. The evolution in sophistication of batterer treatment studies is encouraging. Using randomized experiments and other designs that have a high degree of internal validity, researchers should soon be able to estimate the extent to which batterer treatment reduces aggression and violence and to specify which program models are relatively more effective.

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**Testing a Court-Mandated Treatment Program for
Domestic Violence Offenders:
The Broward Experiment**

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Over the past 20 years there has been an explosive growth in policies, procedures, and programs aimed at reducing or curtailing domestic violence in the United States. With the rapid increase in proarrest policies, pressure has been placed on the courts to deal with domestic violence offenders (Feder, 1997). The result has been a rise in the use of court-mandated counseling for batterers. These programs, known as spouse abuse abatement programs (SAAPs) or batterer intervention programs (BIPs), now exist in every State (Harrell, 1991).

Soon after SAAPs first appeared, studies evaluating their effectiveness began to be conducted. The first wave of evaluation research on SAAPs indicated high rates of success in reducing the frequency and/or severity of subsequent violence (Deschner and McNeil, 1986; Neidig, Friedman, and Collins, 1985; Rosenfeld, 1992). Several researchers were quick to note that these findings may have more closely reflected the methodological shortcomings inherent in the evaluations rather than the programs' actual effectiveness in reducing violence (Chen et al., 1989; Ford and Regoli, 1993).

As more communities are called on to develop effective responses to domestic violence, jurisdictions will likely see a continued increase in the number of court-mandated treatment programs. Evaluation of these programs therefore becomes increasingly important. In addition, researchers have become increasingly aware that even the best intended programs can have unintended harmful effects (McCord, 2003; Petrosino, Turpin-Petrosino, and Finckenauer, 2000). For this reason, we must be open to the possibility that these interventions may not only be ineffective in reducing violence but may also provide a disservice to victims. To continue to mandate counseling for convicted abusers necessarily means that limited resources will be diverted from programs for battered women and their children (Tolman and Bennett, 1990). Even more problematic is the possibility that ineffective batterer treatment may be more dangerous for the victim than no treatment at all. Research indicates that the most influential predictor of an abused spouse's return to her husband is his participation in counseling (Gondolf, 1987). Yet, if treatment is essentially ineffective in decreasing recidivism, these victims may feel a false sense of security that, in the end, may lead to a higher likelihood of future injury (Harrell, 1991; Hamberger and Hastings, 1993).

The Intervention

The study took place in Broward County, an area encompassing Fort Lauderdale, Florida, in the two courts exclusively charged with handling domestic violence cases. Judges in both courts, on convicting a man of misdemeanor domestic violence, placed him on probation for 1 year and assigned him to one of five local SAAPs. All programs used the Duluth Model, perhaps the most widely used SAAP in the country¹ (Davis and Taylor, 1999). Each of the five SAAPs provided 26 weeks of group sessions and all were county certified prior to the judges' assignment. The county's probation office was charged with monitoring an individual's progress in complying with conditions of the judge's sentence, including attendance at the SAAPs.

Research Design

The study used a classical experimental design to test whether courts can effect change in men convicted of misdemeanor domestic violence by mandating them to participate in an SAAP. All

men ($n = 447$) convicted of misdemeanor domestic violence in Broward County during a 5-month period in 1997 were randomly assigned to either the experimental or control group. The only exceptions were for those couples in which either defendant or victim did not speak English or Spanish; either defendant or victim was under 18 years of age; the defendant was severely mentally ill; or the judge, at the time of sentencing, allowed the defendant to move to another jurisdiction and serve his probation through mail contact. All other defendants ($n = 404$) were included in the study and randomly assigned to one of the two groups. Men in the control group were sentenced to 1 year's probation. Men in the experimental group were sentenced to 1 year's probation and mandated into one of the five local SAAPs.

In an effort to determine the true amount of change in individuals undergoing court-mandated counseling, the researchers included various measures from several sources. Each batterer was interviewed at time of adjudication and again 6 months after adjudication. The victim was also interviewed at adjudication and 6 and 12 months after adjudication. Standardized measures with known reliability were used when possible. Scales included an abbreviated version of the Inventory of Beliefs About Wife Beating and Attitude Towards Women. Additionally, researchers asked whether the batterer believed that the offense should be considered criminal, whether he thought he was responsible for the offense, and how likely he was to engage in physical abuse again. The revised Conflict Tactics Scale (CTS2) (Straus et al., 1996) was also used in the defendant and victim surveys to assess the use of verbal, physical, or sexual abuse in the previous 6 months. Finally, probation records and computer checks with the local police for all new arrests were used to track the defendants for 1 year after adjudication.

The ultimate purpose of the study was to test whether court-mandated counseling reduced the likelihood of repeat violence by men convicted of misdemeanor domestic violence. However, researchers also tested the underlying theory arising from the reanalyses of the Minneapolis experiment and Spouse Assault Replication Programs (SARPs). This theory proposes that having a stake in conformity predicts when an intervention (whether an arrest or court-mandated treatment) will be effective in reducing the likelihood of subsequent violence (Berk et al., 1992; Sherman, 1992). The researchers therefore began with two hypotheses. First, men who are mandated into counseling will demonstrate a lower likelihood of repeat violence compared with men assigned to the control (no treatment) group. Second, men who have a high stake in conformity will have a lower likelihood of recidivism than those with a low stake in conformity.

Results

Experimental Integrity

Random assignment. Given the many problems inherent in running an experiment, it becomes imperative to separately address the question of the integrity of the experiment as implemented. The misassignment rate, or rate of error when an individual was placed in a group that he was not randomly assigned to, was quite low (4 percent). Additionally, a comparison of the men in the control and experimental groups on all variables that probation and the courts had access to at the time of adjudication indicates that the groups were comparable prior to the intervention. There were no significant differences between the two groups in offender demographics, stake in conformity, criminal record, and instant incident, with one exception. The average age of the control group was 2 years younger than that of the experimental group. Because research

consistently shows that younger men are more likely to abuse their partners and recidivate, the difference between these two groups would lead to a positive bias in favor of finding treatment effects. That is, it might lead to a finding of differences between the groups even if the individual intervention had no actual effect on recidivism.

Integrity of experimental and control conditions. The judges had the opportunity to order additional non-SAAP programs that would increase monitoring and/or supervision (and in that way compensate for what those in the control group did not receive). The researchers compared judicial orders for men in the experimental and control groups. They found no differences between groups; that is, the judges assigned evaluations, supervision, and non-SAAP programs equally to men in both groups. Similarly, probation could have increased the monitoring and supervision of the men in the control group in an effort to compensate for the fact that they were not participating in the batterers' treatment programs. Results again suggest that there were no differences in probation monitoring. Therefore, there is no reason to conclude that probation officers treated the two groups differently. An alternative possibility is that probation may not have sufficiently monitored and sanctioned failure to attend the SAAP, thereby nullifying this as a true test of the effectiveness of court-mandated counseling. However, examination of the data indicates that probation adequately monitored and sanctioned men when they failed to comply with the SAAP.

Survey response rates. Although a large percentage of victim nonresponse was due to problems in tracking the victims, a high percentage of defendant nonresponse was due instead to their refusal to be interviewed. The study's low response rate to a large extent reflects the charged environment in which researchers conducted the experiment. Response rates for defendants were 80 percent ($n = 321$) for first surveys and 50 percent ($n = 203$) for interviews 6 months after adjudication. Survey completion rates for victims were even lower, 49 percent ($n = 199$) for first, 30 percent ($n = 122$) for second, and 22 percent ($n = 87$) for third interviews. Sample attrition analyses of defendant and victim surveys indicated equivalent response rates for individuals in the experimental and control conditions. Although such low response rates are common when working with victims of domestic violence (Hirschel and Hutchinson, 1992; Palmer, Brown, and Berrera, 1992; Steinman, 1991; Tolman and Weisz, 1995), the authors believe that the low victim response rates limited the study. To counter this limitation, the study collected information on outcomes from other sources. Specifically, official reports of all arrests during the 1-year postadjudication followup period were collected for all men in both groups.

Outcomes

Offender attitudes, beliefs, and self-reported behaviors. Surveys of offenders were used to compare men in the experimental and control groups. Differences between the groups at time of adjudication (Time 1), at least 6-months postadjudication (Time 2), and changes between Time 1 and Time 2 were examined. At the time of their second interview, the experimental sample had completed an average of 22 of the 26 mandated counseling sessions, or approximately 85 percent of the intended "dosage" of batterers' intervention.

The results from the analyses indicate that men's beliefs about the legitimacy of wife beating, their sense of responsibility for these incidents, and their attitudes regarding the proper roles for women had not changed significantly for those court mandated into the BIPs compared with the no-treatment control group. Furthermore, using the revised Conflict Tactics Scale (CTS2), 30 percent of the men self-reported what Straus and colleagues (1996) would consider a minor abusive action against their partner (e.g., grabbing or slapping one's partner), and 8 percent of the men self-reported severe physical abuse (e.g., choking, beating up, or using a knife or gun on one's partner) within 6 months after adjudication. Again, the researchers found no differences between groups or within groups over time in men's self-reported likelihood to engage in any of the five subscales listed in the CTS2 (negotiation, psychological coercion, physical abuse, sexual coercion, and injury). The researchers used regression analysis to determine the effects of treatment assignment, treatment received (number of domestic violence classes attended), and stake-in-conformity variables (marital status, residential stability, employment, and age) on men's self-reported use of severe physical violence. Consistent with the results from the study's analysis of attitudes and beliefs, these results indicated that neither assignment to an SAAP nor attending the classes significantly explained any differences in individual men's likelihood to self-report engaging in further severe physical violence. Instead, stake in conformity was important in accounting for this variation. Specifically, younger men with no stable residence were significantly more likely to self-report acts of severe physical violence against their partners.

Victim reports on partner violence. The study found no difference between groups or within groups over time in women's reports of their partners' likelihood to engage in any of the five subscales listed in the CTS2. Fourteen percent of the women reported an act of severe physical violence occurring during the followup period. Using regression analysis to determine the effects of treatment group assigned, treatment received, and stake-in-conformity variables on the dependent variable, the researchers once again saw the primacy of stake-in-conformity variables in predicting recidivism among batterers. Specifically, the offender's age and marital status achieved statistical significance, while his employment status, although not statistically significant, demonstrated a strong relationship to the victim's reports of his use of severe physical violence. That is, women involved with younger, unemployed men who were not married to them were more likely to report one or more incidents of severe physical violence.

Official measures—rearrests. Twenty-four percent of men in both the experimental and control groups were rearrested on one or more occasions during their 1 year's probation. Five men from the control group who voluntarily chose to attend one or more counseling sessions were eliminated to clearly distinguish the control from the experimental group. Because a man could be mandated to attend counseling but not attend some or all of his sessions, researchers examined two measures related to the treatment intervention. The first measured assignment to the experimental group without accounting for the number of court-mandated SAAP sessions attended. The second is a more dynamic measure that accounted for the number of classes attended. Exhibit 1, model 1 shows no significant difference in rearrest between the experimental and control groups. However, if members of the experimental group are allowed to vary by the number of sessions attended, there is a significant association (model 2).² This would seem to suggest that each additional SAAP session attended reduced the likelihood that the offender would be rearrested.

Continuing from the findings of the reanalyses from the Minneapolis experiment and the Spouse Assault Replication Programs, researchers next investigated the impact of the experimental intervention while controlling for the batterers' stake in conformity (employment status, residential stability, marital status, and age). Because prior criminality is also a predictor of future arrest (Farrington, 1991), the number of jail terms the batterer served prior to his involvement with this study was added as a control variable.

Therefore, models 3 and 4 in exhibit 1 include control variables that measure stake in conformity and past criminality. Results indicate that stake in conformity, as measured by age and employment, are significantly related to rearrest, while marital status and residential stability are not. In addition, the proportion of months employed was significantly and negatively related to the likelihood of a rearrest. Importantly, the nullification of SAAP sessions attended suggests that stake in conformity and/or prior criminality may explain why some men attended more classes than others.

To explore this issue further, the study divided the experimental group into two categories: those who attended all court-mandated SAAP sessions (compliers) and those who failed to attend all their assigned sessions (noncompliers). Given the sanctions that applied to noncompliers, their failure to be deterred from violating their conditions of probation (attending the court-mandated SAAP) may also predict their failure to be deterred from reoffending. Exhibit 2 reports the coefficient estimates comparing the effect of compliers and noncompliers with that for the control group. When control variables were omitted, the men in the experimental group who attended all classes were significantly less likely to be rearrested. By taking the exponent of this estimate (0.503), the odds that compliers would be rearrested are about half that of the control group. In contrast, the odds of rearrest for men who attended fewer sessions than assigned were 2.53 times higher than the control group (exponent (0.930)).

This finding strongly implies that men who are unlikely to be deterred by the consequences of missing their court-mandated SAAP sessions are also less likely to be deterred by the consequences of reoffending. But what is it that distinguishes these men? After controlling for stake in conformity and prior criminality, the differences between the compliers, noncompliers, and control group disappear (see exhibit 2, column 2). This powerfully suggests that those men who attended all of their SAAP sessions would have successfully avoided rearrest even had they not been mandated into the batterer treatment program. Results from a third logistic regression (exhibit 2, column 3), using only men from the experimental group ($n = 229$) to estimate the effects of stake in conformity and prior criminality on noncompliance show that the same characteristics that predict rearrest also predicted missing at least one court-mandated SAAP session.

Exhibit 1. Logistic Regression Models Predicting Rearrest

Variable	Coefficient Estimate (Standard Error)			
	Model 1	Model 2	Model 3	Model 4
<i>Batterers' counseling</i>				
Group assigned	0.056		0.051	
	0.240		0.272	
Sessions attended		-0.033**		-0.007
		0.010		0.012
<i>Stake in conformity</i>				
Age			-0.038*	-0.037*
			0.015	0.016
Married			0.094	0.130
			0.312	0.316
Divorced or separated			0.188	0.182
			0.439	0.440
Number of moves			0.148	0.149
			0.110	0.111
% Months employed			-2.230**	-2.181**
			0.423	0.434
<i>Prior criminality</i>				
Past jail terms			0.220**	0.237**
			0.071	0.073
<i>Controls for missing data^a</i>				
Marital status			0.850	0.149
			0.756	0.111
Probation folder			0.142	0.086
			0.479	0.508
Past jail terms			0.492	0.434
			0.494	0.514
Pseudo R ²	0.0001	0.026	0.162	0.168

* $p \leq .05$, ** $p \leq .01$; all tests are two tailed.

^a Missing values were set at zero and the control variables in this group are dummy variables for the missing values.

Exhibit 2. Logistic Models Predicting Rearrest and Compliance

Variable	Coefficient Estimate (Standard Error)		
	Rearrest (n = 395)	Rearrest (n = 393)	Noncompliance in experimental group (n = 229)
<i>Batterers' counseling</i>			
Compliers	-0.688*	-0.217	
	0.307	0.338	
Noncompliers	0.930**	0.318	
	0.288	0.331	
<i>Stake in conformity</i>			
Age		-0.035*	-0.052**
		0.016	0.019
Married		0.106	-0.149
		0.313	0.392
Divorced or separated		0.215	-0.390
		0.441	0.607
Number of moves		0.139	0.164
		0.111	0.148
% Months employed		-2.030**	-3.238**
		0.446	0.549
<i>Past criminality</i>			
Prior jail terms		0.212**	0.194
		0.071	0.107
<i>Controls for missing data^a</i>			
Marital status		0.805	1.264
		0.757	1.201
Probation folder		0.092	0.044
		0.480	0.635
Prior jail terms		0.460	0.688
		0.495	0.794
Pseudo R ²	0.059	0.167	0.2774

* $p \leq .05$, ** $p \leq .01$; all tests are two tailed.

^a Missing values were set at zero and the control variables in this group are dummy variables for the missing values.

These comparisons indicate two primary findings. First, where courts mandate attendance in an SAAP, men who do not comply (i.e., do not attend all their sessions) are the same men who are likely to be rearrested on a new offense; 30 percent of the noncompliers were rearrested compared with 13 percent of the compliers. However, the findings show that failure to attend all sessions of the SAAP does not have a harmful effect in and of itself. Rather, it seems to be a signal identifying the men who are more inclined to reoffend. The second finding indicates the primacy of employment and youth (both viewed as stake-in-conformity variables), not SAAP attendance, in predicting rearrest among the batterers in this study.

Implications for Researchers

There was strong pressure against implementing an experiment to test the efficacy of court-mandated batterer treatment in Broward County (see Feder, Jolin, and Feyerherm, 2000). Many in the community thought the research placed victims at greater danger by not mandating their partners into one of the SAAP programs. Such an assumption, though, was what the study sought to test. The attitude that well-intentioned programs may not help everyone but cannot possibly be detrimental is risky. A number of rigorous studies have recently reported on treatments that have, in fact, caused participants harm (Dishion, McCord, and Poulin, 1999; Oakley, 2000; Petrosino Turpin-Petrosino, and Finckenauer, 2000).

The results presented here show no clear and demonstrable effects of counseling on offenders' attitudes, beliefs, and behaviors. Analysis of self-reported and victim-reported psychological and physical abuse using the revised Conflict Tactics Scales suggests that the behavior of batterers in the treatment programs did not change over time. Of note, evidence of severe physical abuse remained at 6 and 12 months after sentencing. Although bivariate analysis of official reports indicated that the number of SAAP sessions attended decreased the likelihood of future arrest, further analyses suggest that this decrease was driven by variables related to the batterer's stake in conformity. In fact, stake in conformity predicted both an offender's likelihood of complying with the court mandate by attending the SAAP sessions and his ability to avoid reoffending during the followup period.

It needs to be reiterated that the experiment in South Florida was implemented with strong integrity. When a man failed to attend an SAAP, probation officials sought to revoke his probation. In addition, in terms of the study itself, the misassignment rate was low, ensuring that the experimental and control groups were equivalent before treatment (as indicated by baseline comparisons). In addition, evidence suggests that the two groups continued to receive the same amounts and kinds of monitoring, supervision, and treatment (save for the SAAP) throughout the test period. Finally, although the controversy surrounding the Broward experiment led to high attrition in the followup of the victims, it in no way impeded delivery of the treatment program to the convicted batterers. (Those who were opposed to the experiment were arguing for *more* batterers to be mandated into treatment, not fewer!) In all, the authors believe that this experiment provided a valid and rigorous test of the effectiveness of court-mandated counseling, as currently conducted in Broward County, in reducing future reassault among a representative sample of convicted batterers.

Although the study was strong, admittedly it had its limitations. The largest of these was its inability to achieve high victim survey response rates. Victims are widely viewed as the best source of information on the batterers' continued abuse (Feder and Wilson, forthcoming). Thus, retaining them in an experiment testing the effectiveness of any specific batterer intervention program is critical. Additionally, this study provided a test of court-mandated batterer intervention in only one jurisdiction. Although it is thought that this community provided a good and rigorous test of the program as implemented in its jurisdiction, replication in other communities is still needed to put this important issue to the test.

Evidence from rigorous research could provide a strong foundation on which to make beneficial policy decisions (Feder and Boruch, 2000). The argument for evidence-based decisionmaking would seem to be especially compelling during times of limited budgets. However, although batterer intervention programs have been mandated by courts in jurisdictions around the country since the late 1980s (Feder, 1997), researchers still cannot definitively answer whether these programs actually make things better for the victims of domestic violence.

Implications for Practitioners

Results from the Broward experiment clearly show that assuming answers to questions without first exposing them to rigorous research is dangerous. There is no doubt, as one researcher put it, about the “tremendous sense of urgency and alarm in the treatment of domestic violence—and rightly so. After all, protecting the physical and emotional safety of women and their children is the first priority. Consequently, clinicians feel a primary obligation to ‘do something’ immediately and decisively to halt and prevent violence” (Jennings, 1987: 204). But, as the results from this experiment indicate, just “doing something” may not achieve the desired results. Researchers need to be guided by rigorous research. As Saunders (1988) has so eloquently written, “One source of tension seems to arise from the simple fact that social action usually means immediate action, whereas the knowledge gained from science takes a long time to acquire. Yet action that is not well informed can be less than optimal, ineffective, or, worse, counterproductive. Movements for social justice, then, need to use the scientific search for truth as a guide” (Saunders, 1988: 92).

In conclusion, practitioners must continue to try new and innovative methods for reducing domestic violence so as to help its victims. Just as important, though, these interventions need to be rigorously tested for their ability to deliver what is being promised. This is nothing more than making these programs accountable to the taxpayers who are funding them and the victims who are depending on them.

Notes

1. The Duluth Model program uses a feminist, cognitive psychoeducational curriculum provided in a group session. Its intent is to help domestic violence offenders develop an understanding of how battering is part of a range of male behaviors that seek to control women.
2. An additional 0.5 was added to the value of this measure for men in the experimental group to distinguish those who were court mandated to attend sessions but failed to go from those who

were never court mandated to the SAAP sessions. Model 2's finding of treatment efficacy is not driven by the age difference found between the control and experimental groups.

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Predicting Abuse and Reassault Among Batterer Program Participants

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Previous Research

Many practitioners and researchers are intensifying efforts to predict reassault among men referred to batterer programs. These efforts include developing lists of predictive factors (Saunders, 1995; Dutton and Kropp, 2000), batterer profiles and types (Holtzworth-Munroe and Stuart, 1994), and risk assessment scales or indexes (Dutton and Kropp, 2000; Roehl and Guertin, 2000). Some risk markers have been identified, such as alcohol or drug abuse, previous criminality, severe personality disorders, and program dropout (Dutton et al., 1997; Gondolf, 1997; Saunders, 1995; Tolman and Bennett, 1990). However, overall prediction is weak, with limited ability to correctly classify reassault on a better than chance basis (Limandri and Sheridan, 1995; Saunders, 1995).

The emphasis in practice and research is shifting to identifying specific types of batterers (e.g., through batterer typologies), especially high-risk offenders, and developing specialized interventions to accommodate these different types of offenders (Healey, Smith, and O'Sullivan, 1998; Saunders, 1996). Current typologies are based either on psychological characteristics (Holtzworth-Munroe and Stuart, 1994) or criminal justice factors such as demographic information, criminal histories, and substance abuse data (Goldkamp, 1996; Gondolf, 1988). With the exception of Goldkamp's criminal justice-based typology, which was predictive of rearrest for domestic violence, these typologies have not yet been confirmed as predictive.

A concurrent development in the domestic violence field is the use of risk assessment inventories, such as the Spousal Assault Risk Assessment (SARA) (Kropp et al., 1995) and the Kingston Screening Instrument for Domestic Violence Offenders (K-SID) (Gelles and Tolman, 1998). These instruments have expanded on the long-standing efforts of practitioners to develop lethality checklists (Hart, 1994). To date, risk assessment inventories offer, at best, marginal prediction (Dutton and Kropp, 2000; Roehl and Guertin, 2000). These inventories do offer an improvement over clinical judgment, but they do not appear to correctly classify men at a clinically acceptable level. More development of the inventories or more sophisticated prediction research may show otherwise.

In general, the prediction research has been limited by several factors. It has relied on simplistic dichotomous outcomes of "success" and "failure," it has not considered mediating or "conditional" variables, and the databases used have been too small or limited to address these problems (Monahan, 1996; Mulvey and Lidz, 1993). This study reexamines the prediction of abuse and reassault among batterer program participants by addressing these methodological shortcomings. It attempts to improve prediction of reassault with multiple outcomes, conditional variables, and a comprehensive multisite database.

Objectives of Current Research

An extensive, multisite, longitudinal database of batterers and their female partners was used to test several possibilities for prediction: the utility of risk markers, conditional variables, risk instruments, and batterer types. The database also allowed for the exploration of the dynamics of reassault and other alternative conceptions of violence. The database included intake interviews

with 840 batterers and their partners and followup interviews every 3 months over 15 months. The followup response rate was 70 percent.

The primary objective of the proposed research was to test a conditional prediction model of multiple outcomes of batterer intervention using multinomial (polytomous) logistic regression (see Heckert and Gondolf, 2002, for details). The main contribution of the model is that it considers multiple outcomes rather than simply a dichotomous success or failure. Partner self-reports about the batterer's physical assault, verbal abuse, and controlling and threatening behaviors were used to identify five distinct outcomes for batterer program participants: nonabusive behaviors during followup (22 percent of the sample), controlling behavior/verbal abuse only (26 percent), threatening assault with no physical reassault (19 percent), one-time reassault (12 percent), and repeat reassault (21 percent). The authors hypothesized that this more sensitive measurement of the abuse outcome would improve prediction.

The second contribution of the model is that it considers the influence of conditional or situational variables that occur after program intake. Intervening factors assessed at 3 months following program intake were entered into the regression equations after program intake risk markers, batterer types, and program participation variables. These variables included batterer or victim employment, partner contact and new partners, batterer's perceptions of sanctions for program dropout and reassault, alcohol and drug use, batterer alcohol or psychological treatment, the woman's use of victim services and other help sources, and additional criminal justice intervention. The authors hypothesized that prediction of multiple outcomes would be improved by including these conditional factors in the multivariate models.

A third contribution is that it permits examining the predictive abilities of risk assessment inventories using the prediction model of multiple outcomes. Several popular risk assessment instruments were simulated using variables measured at intake. The authors hypothesized that risk assessment instruments would provide modest, but not substantial, prediction of the multiple outcomes.

A fourth contribution of the model is that it permits conducting case reviews of batterers to further clarify and substantiate the conditional prediction model. Personality profiles were elaborated for batterers using the Millon Multiaxial Clinical Inventory, Version III (MCMI-III; Millon, 1994) data. Batterer and victim narratives of reassault were also analyzed to describe the dynamics of the abuse and the extent and influence of various risk markers. The authors hypothesized that the men who repeatedly reassault are more likely to be psychopathic based on MCMI-III profiles; to commit excessive, unrelenting, escalating violent incidents; and to come from discussion-oriented as opposed to instructional programs.

Methods

Database

To address the research hypotheses, a multisite database of batterers and their female partners was used that included 840 men who were admitted to batterer programs in four cities—Pittsburgh, Dallas, Houston, and Denver. The database offered a large representative sample of batterers across four sites and diverse regions. The vast majority of the men (82 percent) were

mandated to the programs by the courts, while the rest (18 percent) voluntarily entered the program. (See Gondolf, 1999, for a detailed description of the study design, sample recruitment, and sample demographics.) Interviews were conducted at program intake with batterers and their female partners, and with batterers, initial victims, and new female partners every 3 months for 15 months. The modalities of the four batterer programs conform to the parameters of the prevailing State standards, which endorse cognitive-behavioral techniques taught in a group setting. However, the selected programs represent a range of services and duration (see Gondolf, 1997, 1999, 2000).

At program intake, a background questionnaire was administered to the men that included questions about the incident that led to referral to a batterer program. The men were asked a series of open-ended questions, followed by the Conflict Tactics Scale (CTS) items for “physical aggression” (Straus, 1979). The background questionnaire also asked about the men’s demographic profile, living situation, mental health problems, alcohol use, prior treatment and counseling, emotionally abusive behavior, previous arrests, partner’s response, and partner’s help-seeking. An alcohol screening test and personality inventory were also administered.

Variables

The predictor variables were derived from background questionnaires administered to the men and their partners at program intake. They included demographics, relationship status, past behavior (including previous violence, arrests, substance use, and Michigan Alcohol Screening Test results), and mental health (including MCMI–III results, psychiatric symptoms, and psychological treatment). The men’s and women’s reports of past help-seeking and service contact were also used. The women’s perceptions of their safety were obtained through interviews conducted with them at the time of program intake. The women were asked, “How safe do you feel?” and “How likely will your partner use violence again within the next 3 months?” using a Likert scale response. Conditional variables were identified from the 3-month followup interval with the women. They included living arrangements, contact between partners, employment status, substance use, further arrests, and use of additional services and treatment. The multiple outcome variable was based on reports by the women regarding the men’s abusive behavior. Men were classified in the following five categories based on their partners’ reports of abuse during the 15-month followup:

- ◆ Repeat reassault: more than one incident that included one of the tactics on the physical aggression subscale of the Conflict Tactics Scale (Straus, 1979).
- ◆ One-time reassault: only one incident of physical aggression.
- ◆ Threatening reassault: no physical tactics but any threats (i.e., to hit, attack, or harm; to kill; to take away children or harm them, to kill or seriously harm other people; to kill or hurt himself).
- ◆ Emotional abuse: no threats or physical tactics, but any controlling behaviors or verbal abuse (i.e., kept from talking on phone; kept from friends; stopped from going some place; followed partner; kept from using family income; took or stole money from partner; swore or

screamed; accused partner of being with another man; insulted or put down; threw, smashed, hit, or kicked something; destroyed property; or hurt a pet or pets).

- ◆ No abuse: no reports of physical assault, threats, or emotional abuse over 15 months.

A second multiple outcome variable was also constructed using interviews starting at the 6-month followup (that collected information from 3 to 6 months after intake) through the 15-month followup. This outcome excluded the first 3 months after intake and allowed testing of the conditional variables encountered from intake to 3 months.

To explore the last hypothesis, qualitative coding was used. The psychological characteristics of repeat reassaulters were investigated by interpreting the men's MCMI-III profiles (Gondolf and White, 2001). The interpretations recommended in the instrument manuals were followed, with one revision. The authors identified psychopathic tendencies according to profile configurations recommended by experts on psychopathy and the MCMI (Blackburn, 1998; Millon and Davis, 1998). Any evidence of psychopathic tendencies was given priority over other possible interpretations to ensure the maximum inclusion of such tendencies. The broader and more liberal conception of psychopathy is likely to identify more men than narrower conceptions previously used in the field.

Qualitative Analysis

To assess the violent behavior of the men, the research team coded the women's descriptions of the violent incidents using a sequential, situational conception of violence (Monahan, 1996; Mulvey and Lidz, 1993). First, research assistants coded the issues, circumstances, precipitants, alcohol use, man's emotional state, couple interaction, pattern of tactics, and woman's and man's response to the violence. The codes for the various components were then cross-tabulated with the categories for reassault (no, once, repeat) to identify differences across the outcomes. The assistants also wrote their overall impressions and observations of the violence in each case, and other researchers summarized this information and used it to confirm and elaborate the cross-tabulations.

Results

Risk Markers

To address the study's hypothesis about risk markers, logistic regression models were estimated using a dichotomous outcome of any reassault versus no reassault. The results confirmed previous research; significant predictors of reassault included younger age, race, living with partner, no children, heavy drinking, emotional abuse or threats, high likelihood of hitting, low help-seeking by the woman, and the woman's shelter use. The dichotomous model was significant but had modest ability to predict reassault cases (overall accuracy = 75 percent; sensitivity = 44 percent).

The research team conducted a multinomial logistic regression analysis using only variables collected at program intake. The analysis was based on 499 cases for which the multiple outcome variables could be constructed and data on predictors were available. Two multinomial logistic

regression equations were estimated using the same predictors described above: an ordered multinomial logistic regression (cumulative log model or proportional odds model) and an unordered multinomial logistic regression for comparison. Based on a likelihood ratio test and tests of the assumptions of parallel lines, the results demonstrated that the unordered multinomial model was significantly better than the ordered model. Thus, the multiple outcomes variable should be treated as a nominal outcome variable, rather than an ordinal outcome variable. The multiple outcome categories do not necessarily represent a progression of least to most severe abuse.

The logistic equations were further examined to assess which outcome categories were best predicted or distinguished. First, the sets of predictors that distinguished repeat reassaulters from no abuse and repeat reassaulters from verbal abuse/controlling categories are very similar. Thus, “no abuse” and “verbally abusive/controlling” batterers are essentially indistinguishable based on variables available at program intake. Second, the best discrimination by variables available at program intake is between the repeat reassault and the no abuse categories. There are fewer variables that discriminate between the repeat reassault and use of threats categories. Third, there are few factors that discriminate between the repeat reassault and the one-time reassault categories (age, race, occupation, use of controlling behaviors within 3 months of intake, women’s perceptions of risk, and use of shelter prior to intake). However, the odds ratios suggest they are reasonably strong predictors. Fourth, the overall model does a reasonably good job of predicting repeat reassault (sensitivity for repeat reassault = 70 percent); however, it does have a high enough rate of false negatives (batterers who are predicted to not be repeat reassaulters who are = 30 percent) to cause concern about using risk markers for decisionmaking in the criminal justice system.

In sum, the first hypothesis was only partially supported. Prediction is improved with a multiple outcome but is still relatively weak.

Conditional Prediction and Risk Assessment Instruments

The second hypothesis about a conditional model of prediction was tested by entering conditional variables, measured at the 3-month followup, into the logistic regression equations, using the multiple outcome based on the 6- through 15-month followups. These logistic regressions did not improve prediction over the initial risk marker models (sensitivity for repeat reassault = 57 percent), although a number of conditional variables (e.g., relationship troubles and woman filed for a protection order) were significant predictors. The second hypothesis was not supported.

To address the third hypothesis about the risk inventories, three popular risk assessment instruments were simulated with the authors’ data—K–SID, SARA, and Campbell’s Danger Assessment Scale (DAS). The K–SID scores by themselves gave weak prediction of multiple outcomes (sensitivity for repeat reassault = 11 percent). The SARA total scores (sensitivity = 43 percent) and DAS (sensitivity = 66 percent) total scores worked substantially better than the K–SID scores but still offered modest prediction of multiple outcomes and high rates of false positives (predicting men to repeatedly reassault who do not do so; 27 percent for SARA and 33 percent for DAS). Interestingly, women’s perceptions (assessed at intake) of safety (sensitivity = 63 percent; false positives = 40 percent) and how likely the man is to use violence (sensitivity =

52 percent; false positives = 26 percent) were also modest predictors of multiple outcomes by themselves and were slightly better predictors than SARA. The best prediction was achieved by DAS (sensitivity rate = 66 percent).

Women's perceptions of risk (at intake) had a higher rate of correct classification of repeat reassaulters than did two of the risk assessment instruments (K-SID and SARA). However, there were more false positives with the women's perceptions as predictors. The combination of women's perceptions and either the SARA total score or DAS were the best models in this set of analyses. Nonetheless, together they still offered only modest predictive ability and were not quite as predictive as the initial equations with individual risk factors, and they had a higher rate of false positives. Hypothesis three was, therefore, supported, but the prediction was still not at clinically acceptable levels.

Additional Predictors

A comparative analysis of the MCMI profiles of men in this study was conducted to explore for other differentiation that might help improve prediction (Gondolf and White, 2001). Previous batterer typology and personality research suggests that the men most likely to repeatedly reassault their partners tend to be antisocial and psychopathic. However, only about 11 percent of the 122 repeat reassaulters in the sample had personality profiles that suggested conventional or "primary" psychopathic disorder. The percentage of batterers who were categorized as having primary psychopathic disorder was similar across three groups of men: those who did not reassault their partner (8 percent; 33 of 394), those who reassaulted their partners once (9 percent; 6 of 68), and those who repeatedly reassaulted their partners (11 percent; 13 of 122) during a 15-month followup. The broadest possible conception of psychopathy, including "secondary" psychopathy and both psychopathic "disorder" and "style," applies to 54 percent of the repeat reassaulters, 39 percent of nonassaulters, and 35 percent of one-time reassaulters ($p < .05$). Although a significantly greater portion of men in the repeat reassault category show some psychopathic tendencies, there were no significant differences across the three types of batterers with regard to personality dysfunction, psychopathic disorder, and personality type. In sum, a diversity of personality profiles seems to best characterize all three groups of men.

The analysis of the violence incidents also did not substantiate the researchers' expectations (Gondolf and Beeman, 2003). A distinguishing mode of violence was not found, but a few circumstances did stand out. First, men in the repeat reassault category were more likely to be described as drunk, but alcohol use was not consistently indicated in the women's descriptions. There were few differences in the other issues, precipitants, circumstances, or emotions. Second, men in the repeat reassault category were slightly more likely to use a chain of tactics, or multiple tactics, in their violent incidents. That is, their violence was more likely to be excessive and unrelenting. Third, the only substantial difference was in the women's interaction during, and response after, the violence. The partners of men who repeatedly reassaulted were less likely to resist the violence during an attack and less likely to seek help in response to the violence. Fourth, when action was taken against the men who repeatedly reassaulted, they were less likely than the one-time reassaulters to be sanctioned or contained. Police did not arrest them, courts did not jail them, and social services did not refer them. In short, these men continued to get away with being violent.

Quantitative analysis showed that men in the repeat reassault category were not more likely to come from discussion-oriented programs rather than instructional programs. Overall, then, hypothesis four received minimal support.

Discussion

Prediction Improvements

This study's attempt to improve prediction of further abuse by batterer program participants produced some instructive findings. Using multiple outcomes does appear to improve prediction using intake risk markers, while the addition of conditional variables does not improve the prediction but identifies important predictors. The items from the risk assessment instruments also modestly predicted the outcomes, but only the DAS was more predictive than the women's perceptions by themselves. The strongest prediction occurs by entering risk markers as individual items (and including women's perceptions), rather than combining them into a composite index. As one might expect, the more sophisticated the prediction model, the better the prediction. There remains, however, a subjective decision about the utility of the improved prediction. The sophisticated models still only modestly predict the outcomes and do not appear to be sufficient for clinical decisions by themselves. The study's qualitative exploration for other possible predictors or categorizations using the MCMI profiles and violent incidents did not produce other worthwhile considerations. Neither the profiles nor the incidents appeared to distinguish the outcome categories.

Implications for Researchers

This study demonstrates the importance of considering multiple outcomes in batterer research. Multiple outcomes not only modestly improve prediction, but they also expose different sets of predictors than do dichotomous outcomes. The findings suggest why causal research has produced inconsistent results (see Aldarondo and Sugarman, 1996). ("Causal research" refers to studies identifying factors that help to explain future reassault, as opposed to simply identifying who is most likely to reabuse.) Different predictors for repeat reassault compared with one-time reassault could cancel themselves out in an equation with a dichotomous outcome. Moreover, samples with fewer men in the repeat reassault category are likely to produce different predictors than samples with more men in the repeat reassault category. Excellent prediction can be derived with small samples, but such prediction is generally not replicable across samples because of variations in the influential subcategories of reabuse and reassault.

The findings raise some question for future research with multiple outcomes. It appears that additional variables modestly improve the prediction of multiple outcomes. However, it is uncertain how to substantially improve prediction or, indeed, whether it can be improved much further. Better measurement of the existing variables and the identification of additional influential variables (such as motivation) might improve prediction. The increased complexity, however, makes it more difficult to translate prediction into clinical practice. Further verification of risk instruments that use this approach is needed because the authors were able to simulate only instruments with limited items (either the same or similar items for 10 of 11 items for K-SID, 16 of 20 items for SARA, and 12 of 15 items for DAS).

Implications for Practitioners

The findings raise a few implications for clinical assessment of batterers, particularly the effort to identify and contain the most dangerous men. First, the results indicate the importance of distinguishing between one-time reassault and repeat reassault when attempting to identify high-risk batterers. The two groupings have different risk markers and may not be as readily identified if combined into one group. Second, the emphasis on personality traits and personality types failed to improve prediction of repeat reassault. Therefore, using psychological assessments to identify the extent of intervention or level of constraint may not be that useful.

Third, risk assessment instruments appear to offer only modest prediction in this study and should be used with caution by batterer programs and the criminal justice system, as previous research has recommended (see Roehl and Guertin, 2000). Results are improved somewhat by including additional items and women's perceptions, reinforcing the importance of using instrument results in combination with a variety of other sources of information. Fourth, the predictive power of women's perceptions suggests the importance of obtaining and heeding women's appraisal of their situation, as advocates have long argued. Batterer program staff and the courts may have to work more closely with women's advocates to obtain such information and incorporate it into their assessments.

The quantitative and qualitative findings, however, contradict overgeneralizations about high-risk batterers. These batterers are not readily or easily identifiable or "typed." According to their personality profiles, many of the repeat reassaulters appear to be appropriate candidates for conventional batterer counseling. The findings also imply that conditional variables enhance prediction beyond personality factors. Shifting attention from intake assessment to ongoing risk management would likely improve identification and containment of the most dangerous men. Furthermore, this analysis, particularly of violent incidents, suggests that women's characteristics (i.e., levels of assertiveness, help-seeking, satisfaction with services) warrant further consideration. Prevention efforts need to consider support and safety planning with the women, as much as containment and restraint of the men.

In sum, improvement of identification and containment of the most dangerous men requires not only further differentiation of batterers, but also consideration of a wide range of information, sources, and timeframes. Conventional intake assessment or risk instruments have limited predictive power, and even the more extensive and sophisticated predictions are not particularly strong.

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Section IV: Building an Infrastructure to Improve Research Capacity and Practice and Strengthening Researcher-Practitioner Collaborations

Overview

by Bonnie S. Fisher

Building a research infrastructure is essential to furthering the understanding of violence against women and family violence and to developing effective institutional procedures, policies, and services for victims and perpetrators. In *Understanding Violence Against Women* (Crowell and Burgess, 1996), the Panel on Research on Violence Against Women noted that the “[k]ey areas for improving research infrastructure are coordination and leadership at the federal level and improving research capacity and strengthening ties between researchers and practitioners” (p. 150). To improve the research infrastructure, the panel recommended that Government agencies—including the National Institute of Justice (NIJ), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Department of Education, Department of Labor, and National Science Foundation—provide effective leadership to create and coordinate an interdisciplinary research agenda to guide the overall research, prevention, and intervention efforts.

The panel also made several recommendations to improve research capacity and strengthen researcher-provider collaboration. It recognized a need for collaborative research and community-based evaluation studies by researchers and practitioners and recommended training these two groups to work together so that research can be integrated into the provision of service. According to the panel, such collaboration will result in better evaluation studies that can improve interventions. The panel recommended potential collaboration and training mechanisms, such as the establishment of research centers that are specifically devoted to interdisciplinary issues surrounding violence against women and family violence.

In her closing remarks, Sally T. Hillsman of NIJ addressed several of the panel’s recommendations. First, she highlighted the importance of the Violence Against Women Act in providing funding for collaboration between NIJ and the Office on Violence Against Women. NIJ also has collaborated with the CDC, NIH, and other Federal agencies. Tjaden and Thoennes’s National Violence Against Women Survey (1998), for example, is the result of a collaboration between NIJ and the CDC’s National Center for Injury Prevention and Control.

Second, Hillsman noted that in response to the panel’s call for strengthening researcher-provider collaboration, a national movement is emerging to use “research findings that are meaningful to their activism.” She highlighted how this movement has brought about changes in the way research is conducted and has “increased the value and potential of that research knowledge to become usable knowledge.” Evidence-based policy and practice are becoming more prevalent as researchers and

practitioners collaborate to integrate research results into institutional policies, procedures, and services for victims and perpetrators.

To date, only a few nationally recognized research centers embody the recommendations of the panel. One is the National Violence Against Women Prevention Research Center, a collaboration among three universities—Wellesley College, the Medical University of South Carolina, and the University of Missouri at St. Louis—that focuses on violence against women and family violence issues. The Family Research Laboratory at the University of New Hampshire focuses on family problems, including family violence. These two centers offer forums for collaboration between researchers and practitioners to improve research capability and practice.

The panel recognized that building a research infrastructure requires taking stock of our knowledge, recognizing its current limitations, and identifying the next steps in the building process. Beth E. Richie provides insight into these issues. She describes several research challenges that have developed as a result of researchers' and advocates' efforts to understand more about violence against women and family violence. Among the challenges she noted are broadening the research agenda to include an expanding definition of violence, employing different methodological approaches, and maintaining financial resources and interagency cooperation. She encourages researchers and advocates to address these challenges so that their collaboration can have a greater impact on the lives of women who are at greatest risk.

Implementation of the full scope of the panel's recommendations has yet to be fully realized. But strides are being made to create educational and training forums. The Research Conference on Violence Against Women and Family Violence provided a forum for researchers and practitioners to exchange knowledge and improve the design and evaluation of prevention and intervention policies, procedures, and programs. As Hillsman notes, this conference was a significant milestone in the research collaborative efforts by Federal agencies, researchers, and practitioners to build a research infrastructure to produce knowledge that increases the effectiveness of prevention and intervention programs. To construct such an infrastructure, Hillsman emphasizes that the Research Conference on Violence Against Women and Family Violence should not be the last of its kind.

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Research on Violence Against Women and Family Violence: The Challenges and the Promise

By Beth E. Richie

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Findings and conclusions of the research reported here are those of the author and do not reflect the official position or policies of the U.S. Department of Justice.

A Broadening Agenda

The national agenda to end violence against women is impressively broad. It encompasses rigorous scientific research projects, model intervention programs, and creative policy changes. Its success has been due, in no small part, to the funding initiatives at the National Institute of Justice (NIJ), Office of Research and Evaluation, Violence and Victimization Division and the kind of research presented at the Research Conference on Violence Against Women and Family Violence. The subsequent expansion of knowledge about the nature, extent, and consequences of violence against women is particularly impressive given the relative newness of the field. Before the 1970s, little research on violence against women existed—just as there were no shelters, crisis hotlines, or any judicial or law enforcement training. There were no dissertations or academic research centers, no national database, no funding, no instruments to measure violence or strategies to evaluate intervention programs with perpetrators of violence toward women. In 30 short years, the shift in “what we know” has been significant (Tjaden and Thoennes, 1998).

In some ways, veteran activists and scholars have met this scientific and academic progress with amazement. Many readers of this series may share this sentiment—amazed that there is a “field” of violence against women that employs traditional social science, public health, and other methods to understand various dimensions of the problem. Twenty-five years ago, it could not be imagined that violence against women and family violence research would find a broad audience and that there would be funding streams and a commitment to influence public policy on behalf of women. Most grassroots advocates did not expect that traditionally trained researchers would be interested in topics like the intergenerational effect of violence on children, the antecedents of abusive relationships, or the long-term consequences of domestic violence. Nor did they expect that support for evaluating model intervention programs, Federal encouragement for interagency and multidisciplinary collaborations, or national data based on rigorous survey instruments would be available. Without overstating the progress, it is fair to say that there have been considerable scientific advances and dissemination of an impressive amount of theoretical and empirical information about violence against women and family violence in a relatively short period of time.

Influence of Advocacy

The accumulation and dissemination of information reflect the interest and commitment of Federal agencies like NIJ and private foundations that have developed the scientific agenda and supported research projects for the past 30 years. However, credit is also due to the strong advocacy communities that relentlessly raised these issues and actively tried to influence the direction of these research endeavors. In significant ways, national attention that focused on violence against women originated in advocacy and grassroots activism that defined violence against women as a feminist issue (Dobash and Dobash, 1992; Schechter, 1982). From the beginning, advocates understood the link between being poor and feeling trapped in abusive relationships. They knew that children are affected when their mother is hurt, that there are long-term consequences when a person lives in constant fear, and that those who use power and control to dominate another person’s life may not give up without deadly consequences. Advocates also knew that women needed more than a temporary safe place to stay—they needed protection and opportunity—and that social support systems had a role in either providing or

denying these things. Governmental agencies and academic institutions were understood to be among the dominant social institutions that needed to be challenged in ways that would increase their accountability to women in general and battered women/sexual assault survivors in particular.

This advocacy-oriented research has resulted in a particular scientific agenda and an unusual relationship among funders, researchers, and practitioner advocates. At best, this relationship attempts to build in systems of accountability, fosters dialogue, and facilitates a sense that research must be linked to practice. It also lends itself to a critical approach to evaluating the national research agenda. There are, however, significant gaps in the research agenda that point to opportunities for broadening the current approach. This paper uses research on women in conflict with the law to illustrate the case.

Currently, close to 140,000 women are in jails and prisons in this county and another 800,000 are under the supervision of the criminal legal system (Greenfeld and Snell, 1999). By conservative estimates, more than 45 percent of incarcerated women have experienced domestic or sexual violence, although many researchers identify a much higher number: closer to 85 percent (Browne, Miller, and Maguin, 1999). Overwhelmingly, this is a population of women of color who live in low-income communities and face limited opportunities for educational or occupational success. They are likely to have faced many of the experiences that are associated with life in poor urban neighborhoods: homelessness, substance abuse, divestment from social services, health and mental health problems, and domestic and sexual violence (Morash, Bynum, and Koons, 1998). Without the necessary community services and with limited opportunities, this group of women is also at higher risk of being in conflict with the law. They may be defendants or parents trying to protect their children, battered women reluctant to engage the criminal legal system, or citizens or residents whose rights are treated as less important because of their immigration status, their sexual identity, their substance abuse, or their past encounters with law enforcement. In any case, they represent a group of women who are at significant risk for domestic and/or sexual violence and have very limited access to legal protection or social services. They are also almost invisible to researchers concerned with ending violence against women. By exploring their situation, gaps in the research agenda become apparent.

Gaps in the Current Research Agenda

Although significant progress has been made in understanding the scope of the problem of violence against women and family violence, a troubling national picture has emerged about rates of domestic violence, sexual assault, and stalking. To date, insufficient information exists about specific populations of women and how violence may have a disproportionate impact on particular groups (National Research Council, 1998; Smith, Tessaro, and Earp, 1995). This limitation takes two forms. First, some subgroups in the population may not appear in the national datasets because of the sampling technique used. Individuals who, for a number of reasons, do not report abuse to law enforcement or who do not respond to English-language survey forms, have a telephone, or reside at a permanent address will be underrepresented (Richie, 1996).

Second, and perhaps more important, instruments that collect quantitative data about prevalence and incident rates are not able to capture nuanced, contextual information about the impact and meaning of violence in individual women's lives. As a result, comparative statements about how much violence women experience can be made based on reported incidents, but it is difficult to make conclusive statements about how violence affects individual women's lives. For example, do women immigrants without legal status in the United States experience battering differently than those who are protected by its legal system? What are the long-term consequences of domestic violence on women who are in lesbian relationships? What does stalking mean for women who work as prostitutes? It is unlikely that women whose experiences are less visible to mainstream gaze will be included in the national samples and, if they are, that those experiences will be well understood.

In addition to the sampling problem, a series of definitional and measurement issues plague the current national research agenda. In most research, violence against women is conceptualized as either 1) battering in intimate relationships by current or former partners, 2) sexual assault or attempted rape, or 3) stalking. Indeed, these were the experiences that the advocacy movement was most concerned about as it began to expose the ways that women are vulnerable to abusive relationship dynamics and control. Most data collection approaches (instruments, selection of sample, research sites) reflect these three areas and reflect them well. They do not, however, typically include violence that falls outside of these areas or women's experience that links all three. The experiences of women who are assaulted by law enforcement officers, coerced into sex as a way to stay in a homeless shelter, raped after performing in an illegal sex club, or stalked by a drug dealer for payment are not typically "counted" as incidents in most analyses of the rates of violence against women.

Furthermore, the dominant research literature does not account for those women who experience all of these forms of abuse *in addition* to physical and sexual abuse by their intimate partner. Young women who are in abusive relationships with parents *and* boyfriends; women in relationships with *more than one* abusive partner; or women who are accused of *using violence*, as well as being victimized by it, are not well understood at all. Steps must be taken to address the serious inadequacies remaining in the intervention and advocacy work in which the antiviolence movement has been engaged.

These inadequacies are linked to a third limitation in the research on violence against women. Initially, a close relationship existed between what advocates "knew" about violence against women and women's stories. The "data" consisted of discussions in support groups, hotline calls, observations in courtrooms, and reflections on advocates' own lives. Interventions were developed directly from what women who lived in violent relationships or who had been assaulted said they needed. There were no predetermined categories, tests of significance, or evaluations of model programs. Issues of reliability or generalizability were not of central concern to the original researchers: women and women's advocates. Safety and support were. As scientific interest in the problem of violence against women and family violence grew, the distance widened between the knowledge generated from everyday experience and knowledge that could be "proved" scientifically.

It could be argued that this gap benefited the field, increasing the legitimacy of research on the issues and broadening the interested audience. However, a benefit for some had unintended consequences for others. If a woman's experience fell outside the dominant definition, it was not counted; it was delegitimized and the services women were offered became more likely to be driven by research findings than advocacy needs. As a result, programs have proliferated for women whose experiences reflect the national picture and whose experience of violence fit the categorical definition (Kanuha, 1997). But for those whose experience has not been well researched—rape victims who are prostitutes, lesbians who are battered by their partners, women in prison for violent offenses who were abused, older women assaulted by their caregivers—few intervention programs exist and, subsequently, very little safety or support.

Implications for Researchers

In response to these concerns, a number of recommendations become apparent. First, because this is a relatively young area of inquiry, it is important that the commitment to designated funding programs that will support scientific work to end violence against women be sustained. Funding for broadening the research agenda is urgently needed. As national priorities shift, continued appeals at the Federal level for a more adequate research budget and interagency cooperation is important. Continued leadership from agencies like NIJ is critical, and such leadership must include attention to the kinds of issues raised here. We need more of the current research, but we also need new and different studies.

Future studies need to include qualitative as well as quantitative approaches; for example, case studies that focus on particular communities, longitudinal studies that include in-depth interviews, and contextualized analyses of the lives of women who have not used mainstream services. The aim is to deepen what is known about the range of women's experiences represented in the national databases and to be able to construct comparative analyses across that range of experiences to design more effective antiviolence intervention programs.

Qualitative research would also facilitate the examination of antecedents and correlates of violence against women. Some important advocacy work has looked at prevention; however, adequate research focusing on the macro-level variables that leave women vulnerable to abuse (e.g., poverty, social disorganization, shifts in employment, and aging) has been lacking.

Including more qualitative research goes hand in hand with ensuring that women whose experiences fall outside the "norm" are included in measurement instruments. Researchers must think more complexly and creatively about what it means to study violence against women, and funding must be directed to explorations of linked or multiple experiences of abuse and of how violence against women differs from other violence. These are precisely the kinds of questions that need to be explored. Basic, exploratory research that focuses on women's lives as the unit of analysis rather than incidence-based research may be one place to start.

Implications for Practitioners

Many fields of research experience a gulf between researchers and practitioners far more acute than that for violence against women. Many scholars who study violence against women consider themselves activists and many advocates collect and analyze data. Therefore, such research (perhaps more than in other areas of social science research) has the potential for strong practitioner/researcher collaborations. This possibility is frustrating when it is not realized, and serious attention needs to be dedicated to exploring the barriers to these partnerships, the elements of successful collaboration, and the dissemination of results that come from truly collaborative, multidisciplinary research.

A key element of collaboration lies in expanding the definition of scientific data and of the kind of skills that are sufficiently academic to qualify one as a researcher. Most important, research questions must include the things that practitioners and the women they work with want to know. Funding agencies and academic institutions play a critical role in redefining the questions and facilitating these relationships, and there need to be incentives for establishing ongoing partnership with community-based organizations. The rewards will be a more relevant body of literature, more conclusions that can be applied to practice, and a more protective environment for women in dangerous relationships and vulnerable situations.

Conclusion

Many women are safer today than they were 30 years ago, in part because society has a much better understanding of the problem of violence against women. The role that research has played in creating a better-informed public and providing support for community services is noteworthy. NIJ has been among the key Federal agencies that have provided opportunities for scientific inquiry into the most complicated questions and thus can take some credit in advancing the agenda to end violence against women. At the same time, there have been differential consequences for women whose experience does not fit the dominant paradigms that have emerged from these studies.

This paper has focused on the most vulnerable women, such as immigrants, woman of color, lesbians, prostitutes, and incarcerated women, to illustrate the gaps in the research agenda and ways to broaden it. Even with the increased support for research, limited funding is awarded to scholars whose work focuses on communities of color. Furthermore, scholars who are from communities of color or those who have worked actively with them are underrepresented in the published literature on violence against women of color.

There are important models being developed to work with perpetrators and shifts in criminal justice approaches. Very little scientific attention is paid to organizing strategies or the impact of community mobilization as a tool to end violence against women. What impact social change activities might have on prevalence rates, for example, is not known, and very few researchers or funding agencies are prepared to add this to the current research agenda.

Despite tremendous progress in the field of violence against women (or perhaps because of it), glaring gaps in understanding leave researchers conceptually and practically unprepared to

respond to the problem. A serious commitment to filling these gaps by broadening the research agenda will have tremendous impact on the lives of women at greatest risk.

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Closing Remarks

by Sally T. Hillsman

Sally T. Hillsman, Executive Officer of the American Sociological Association, was formerly a Deputy Director at the National Institute of Justice.

The National Institute of Justice (NIJ) has a long history of involvement with research on violence against women and family violence, particularly with the justice system's response. NIJ's involvement, as well as the involvement of many of the contributors, began long before the Office on Violence Against Women (OVW), formerly the Violence Against Women Office, was created.

NIJ's involvement was due to the dedication of people like Bernie Auchter who kept the flame alive even when money for research on family violence was sparse and policy interest was equally modest. Bernie's accomplishments in support of violence against women research were recognized by Attorney General Janet Reno, who presented him with the highly coveted Attorney General's Achievement Award in 2000.

The importance of the Violence Against Women Act (VAWA) should not be underestimated, for several reasons. First, VAWA provided the money to NIJ and its partners at OVW to collaborate on a research agenda. Second, during the 5 years since VAWA was passed, many research objectives have been achieved. The Act created a new context for conducting violence against women and family violence research. Third, VAWA fueled a national movement in our towns, cities, and States to change the culture of violence. Advocates for women, victims who retook control of their lives, service providers, school and health professionals, prosecutors, and police began to evaluate whether or not their professional actions improved the conditions of safety for women, girls, and children in their communities.

As a result of VAWA funds, research is making a difference in policy and practice. Research, by itself, would not be as useful without a national context of activism. Such a national movement not only provides a body of people mobilized for change, it also involves people who are ready to use research findings that are meaningful to their activism. The context of activism has changed the practice of research itself, and has increased the value and potential of that research to become usable knowledge.

The contributions in this volume reflect some of the changes in the research enterprise and show a new way of "doing business." Approaches to research that seemed to exploit those who gave their time and energy and who even took risks to participate have developed into research approaches that are becoming more "respectful collaborations." Research enterprises that reflected diverse theoretical perspectives now increasingly reflect diverse cultural perspectives as well. Research that once viewed the protection of human subjects in terms of informed consent and confidentiality has evolved into

research that takes seriously the safety of those who contribute to research solely because it may help other women.

These examples represent significant changes in the way research is being conducted. The contributors to this volume are forging these changes as they tackle the challenges to both research and practice that have been created by the national movement to make our communities safer for women and children.

The result has been better research that has the chance to make a much greater contribution to policy and practice. Fortunately, we are in a period when policymakers and practitioners are more open than ever to considering research findings as part of decisionmaking.

The cry for “evidence-based” policy and practice grows daily louder and more widespread. Although implementation of evidence-based policy and practice still lags behind the demand for it, the trend represents an important change. Demand for evidence-based policy is reflected in Congress’s request for a review of what research has revealed about what works in prevention (e.g., “The Maryland Report” [Sherman et al. 1997]) and in its request for the National Academy of Sciences to report on the state of research knowledge on violence against women. In the United Kingdom, the Government has embarked on a major, 5-year national “Crime Reduction Program” that has domestic violence as one of its key concerns and that focuses on implementing and evaluating promising programs and policies. The movement toward “evidence-based” policy and practice at the State and local levels is an indication of how the public increasingly holds elected officials accountable for results. In response, program administrators and policymakers are looking for ways to measure the outcomes of their efforts and to understand more precisely the nature of the problems they face and what works to solve those problems.

We have a long way to go. Practitioners and researchers are not easy partners, nor do they form easy partnerships with policymakers or activists. These groups have different perspectives, languages, short-term goals, and approaches to changes that impede successful collaboration. NIJ is committed to—

- , Continuing to encourage Federal initiatives in research on violence against women and family violence.
- , Improving measurement that has a profound effect on policy as well as research.
- , Stimulating dialogue about how to improve the research that is done and the “respectful collaborations” that make research knowledge better and more meaningful.
- , Continuing collaboration at the Federal level with the Centers for Disease Control and Prevention, the National Institutes of Health, and other agencies to ensure NIJ’s emphasis on criminal justice research as part of a larger multidisciplinary research agenda on violence against women and family violence.

One way NIJ can accomplish this mission is by moving forward to build a more comprehensive program of research on violence and victimization. A new division in NIJ has been created to sustain this effort, and our program of research on violence against women and family violence is at the heart of that division.

It is astonishing to reflect that a decade ago the National Academy of Sciences found that the Federal Government's investment in research "per year of potential life lost" was \$794 per year of life lost to cancer and \$697 per year of life lost to AIDS, but only \$31 per year of life lost to violence. Despite the [1994] Crime Act, these relative emphases on research on life-threatening circumstances have not changed much. Nonetheless, we have made progress and will continue to do so.

The Research Conference on Violence Against Women and Family Violence is a significant milestone in the research collaboration between NIJ and OVW and other Federal agencies, but it is not the last. The presentations at the conference and the contributions in this volume both reflect NIJ's continued effort to build an effective, meaningful research agenda on violence against women and family violence.

Reference

Sherman, L.W., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P., and Bushway, S. (1997). *Preventing Crime: What Works, What Doesn't, What's Promising*. A Report to the United States Congress,. Research Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, NCJ 165366).