
INTIMATE PARTNER VIOLENCE

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Civic Research Institute

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Edited by
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Civic Research Institute

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Table of Contents

| | |
|---|-----|
| Foreword | vii |
| About the Editors and Authors | ix |
| Preface | xxv |

PART 1: RISK FACTORS AND RISK ASSESSMENT

Chapter 1: New Directions in Risk Assessment—An Empowerment Approach to Risk Management

Lauren Bennett Cattaneo, Ph.D. and Lisa A. Goodman, Ph.D.

| | |
|---|------|
| Introduction | 1-2 |
| An Empowerment Approach to Risk Management | 1-3 |
| Risk Management | 1-3 |
| Defining Risk Management vs. Violence | |
| Prediction | 1-3 |
| Support for Risk Management | 1-4 |
| Applying the Risk-Management Model | 1-5 |
| Empowerment | 1-6 |
| Empowerment in IPV Interventions | 1-6 |
| The Effectiveness of Empowerment | 1-7 |
| Applying the Empowerment Approach | 1-7 |
| Accuracy of IPV Risk-Assessment Instruments | 1-8 |
| What We Know | 1-8 |
| What We Need to Learn | 1-9 |
| Linking Prediction to Risk Management | 1-9 |
| Linking Risk Assessment to Empowerment | 1-10 |
| Victim Accuracy | 1-11 |
| What We Know | 1-11 |
| What We Need to Learn | 1-12 |
| Accuracy of Professionals | 1-13 |
| What We Know | 1-13 |
| What We Need to Learn | 1-14 |
| Conclusion | 1-14 |

Chapter 2: The Course of Physical and Psychological Aggression Across Time

Patti A. Timmons Fritz, Ph.D. and K. Daniel O’Leary, Ph.D.

| | |
|------------------------|-----|
| Introduction | 2-1 |
|------------------------|-----|

| | |
|--|------|
| Early Views on the Course of Intimate Partner Violence | 2-2 |
| Longitudinal Studies of the Course of Partner Aggression Across Time | 2-4 |
| Adult Samples | 2-4 |
| Persistence and Desistance in Couples With | |
| Severe Aggression | 2-4 |
| Initial Severity of Violence | 2-5 |
| Premarriage Aggression | 2-7 |
| Time Interval in Longitudinal Studies | 2-7 |
| Rate of Change | 2-8 |
| Adolescent Samples | 2-9 |
| Summary | 2-9 |
| Longitudinal Studies of the Course of Physical Partner Aggression | |
| Across Partners | 2-10 |
| Course of Psychological Partner Aggression Across Time and Partners | 2-11 |
| Predictors of Psychological IPV | 2-11 |
| Persistence of Psychological IPV | 2-12 |
| Cross-Sectional Studies of the Course of Partner Aggression | |
| Across Time | 2-13 |
| Comparisons of Longitudinal and Cross-Sectional Studies | 2-14 |
| Prediction Models of Changes in Partner Aggression Across Time | 2-15 |
| Conclusion | 2-16 |
| Summary | 2-16 |
| Future Research Directions | 2-17 |

Chapter 3: Emerging Research on Animal Abuse as a Risk Factor for Intimate Partner Violence

Frank R. Ascione, Ph.D.

| | |
|---|------|
| Introduction | 3-2 |
| Beginnings | 3-3 |
| Assessing Pet Abuse in the Context of Intimate Partner Violence | 3-4 |
| Pet Abuse and Intimate Partner Violence: What Research Tells Us | 3-5 |
| Pet Ownership | 3-7 |
| Threats to Harm Pets and the Actual Hurting or Killing of Pets | 3-7 |
| Children's Exposure to and Perpetration of Animal Abuse | 3-8 |
| Pet Welfare and Women's Decisions About Staying With or | |
| Leaving Batterers | 3-8 |
| Limitations of the Research | 3-9 |
| Embedding Animal Abuse in a Broader Context | 3-10 |
| New Directions | 3-11 |
| From Research to Practice | 3-12 |

Chapter 4: Stalking—Its Nature and Dynamics

Leila B. Dutton, Ph.D. and Brian H. Spitzberg, Ph.D.

| | |
|--|------|
| Introduction | 4-1 |
| What Is Stalking? | 4-2 |
| Legal Definitions of Stalking | 4-2 |
| Incidence and Prevalence | 4-3 |
| Patterns of Stalking | 4-3 |
| Where and When Stalking Occurs | 4-5 |
| Relationship Context | 4-6 |
| Stalker Contexts | 4-6 |
| Victim Contexts | 4-7 |
| Profile of Stalkers, Victims, and Stalking Behaviors | 4-7 |
| Who Stalks? | 4-7 |
| Who Is Victimized? | 4-8 |
| Stalking Behavior | 4-8 |
| How Stalking Affects Victims | 4-10 |
| Stalking Victims' Symptoms | 4-10 |
| Behaviors of Victims and Victim Coping | 4-11 |
| Why Stalkers Stalk: Motives and Theoretical Frameworks | 4-12 |
| Motives | 4-12 |
| Typologies | 4-13 |
| Stalking and Adult Attachments | 4-14 |
| Stalking and Goal-Pursuit Theory | 4-15 |
| Conclusion | 4-15 |

Chapter 5: Does Patriarchy Explain Intimate Partner Violence? State-Level Correlates of Violence Toward Women and Female Homicide

Kenneth Corvo, Ph.D. and Pamela Johnson, M.S.S.A.

| | |
|---|-----|
| Introduction | 5-1 |
| Complexity of Intimate Partner Violence | 5-2 |
| Patriarchy as an Explanatory Framework | 5-2 |
| Review of Research on Causes of Intimate Partner Violence | 5-3 |
| Current Study: Methods | 5-4 |
| Data Collection | 5-5 |
| Measures | 5-5 |
| Violence Toward Women | 5-5 |
| Status of Women | 5-5 |
| Violence Toward Men | 5-5 |
| Violent Crime | 5-5 |

| | |
|----------------------------------|------|
| Poverty | 5-6 |
| Unemployment | 5-6 |
| Current Study: Results | 5-6 |
| Data Considered | 5-6 |
| Statistical Analysis | 5-6 |
| Discussion | 5-8 |
| Implications | 5-10 |

Chapter 6: Research on Intimate Partner Violence and Femicide, Attempted Femicide, and Pregnancy-Associated Femicide

Jacquelyn C. Campbell, Ph.D., R.N., FAAN, Nancy Glass, Ph.D., M.P.H., R.N., Phyllis W. Sharps, Ph.D., R.N., CNE, FAAN, Kathryn Laughon, Ph.D., R.N., Nanette Yragui, M.S. and Melissa Ann Sutherland, M.S.N.

| | |
|---|------|
| Introduction | 6-2 |
| Intimate Partner Violence and Homicide as a Public Health Issue | 6-4 |
| Risk Factors Associated With Intimate Partner Homicide and Femicide Battering | 6-5 |
| Prior Domestic Violence | 6-5 |
| Stalking | 6-6 |
| Estrangement | 6-6 |
| Demographic Characteristics Associated With Intimate Partner Homicides | 6-7 |
| Guns | 6-7 |
| Alcohol and Drug Use | 6-8 |
| Mental Illness | 6-9 |
| Differential Risk by Gender | 6-9 |
| Homicide-Suicide | 6-9 |
| Overkill | 6-10 |
| Forced Sex and Abuse During Pregnancy | 6-10 |
| Other Risks in Femicide | 6-11 |
| Fatal and Nonfatal Strangulation | 6-11 |
| Pregnancy-Associated Femicide | 6-11 |
| Attempted Femicide | 6-12 |
| Assessing Lethality in Violent Intimate Relationships | 6-13 |
| Use of Lethality Assessment as Basis of Safety Planning | 6-16 |
| Conclusion | 6-16 |
| Implications for Future Research | 6-16 |
| Implications for Practice | 6-17 |
| Implications for Policy | 6-18 |

PART 2: IPV IN DIVERSE CULTURES

Chapter 7: Intimate Partner Violence in the Context of Women's and Partner's Race/Ethnicity

Rebecca Weston, Ph.D. and Linda L. Marshall, Ph.D.

| | |
|--|------|
| Introduction | 7-2 |
| Research Review: IPV and Race/Ethnicity | 7-2 |
| Differences and Similarities in Prevalence and Incidence | 7-3 |
| African Americans and Euro-Americans | 7-3 |
| Hispanics | 7-3 |
| Asians | 7-4 |
| Inconsistencies in Past Research | 7-4 |
| Gender Symmetry in Perpetration | 7-5 |
| Project HOW: Health Outcomes of Women—Study Methods | 7-6 |
| Participant Recruitment and Demographics | 7-6 |
| Protection of Confidentiality | 7-7 |
| Data Collection and Processing Procedures | 7-8 |
| Measures | 7-8 |
| Project HOW—Results | 7-9 |
| Attrition | 7-9 |
| Comparisons to Previous Cross-Sectional Research | 7-9 |
| Incidence | 7-9 |
| Frequency and Severity of Women's IPV | 7-10 |
| Women's and Partners' IPV | 7-10 |
| Longitudinal Analyses | 7-11 |
| Women's IPV | 7-11 |
| Partners' IPV | 7-11 |
| Interactions Between Women's and Partners' Ethnicity | 7-11 |
| Same-Race Relationships | 7-14 |
| Interracial Relationships | 7-14 |
| Summary and Conclusion | 7-15 |

Chapter 8: Voices From the Margins—Using Qualitative Methodology to Explore the Experiences of African-American Survivors of Intimate Partner Violence

Katherine E. Morrison, Ph.D., M.S.

| | |
|---|-----|
| Introduction | 8-2 |
| Research Review | 8-2 |
| Qualitative vs. Quantitative Debate | 8-4 |
| Positivist Paradigm | 8-4 |

| | |
|---|------|
| Interpretivist Paradigm | 8-4 |
| Point/Counterpoint | 8-5 |
| Problem of Eurocentrism in Research | 8-6 |
| IPV Research and Quantitative vs. Qualitative Methods | 8-6 |
| Parallels of African-American Oral Tradition and Qualitative | |
| Methodology | 8-7 |
| The Oral Tradition | 8-8 |
| Modern Examples of the Oral Tradition | 8-9 |
| Oral Tradition and IPV Research | 8-10 |
| Quantitative Research on IPV and African-American Women | 8-10 |
| African Americans and the Research Process | 8-11 |
| Insights About the Qualitative Research Process | 8-12 |
| Overall Implications for Research | 8-13 |
| Conclusion | 8-14 |

Chapter 9: Intimate Partner Violence in Immigrants—Exploring Acculturation and Barriers to Help Seeking Among Victims

Laura Ting, Ph.D.

| | |
|---|------|
| Introduction | 9-1 |
| Background: Immigrants and American Society | 9-2 |
| Immigration and IPV Risk | 9-3 |
| Immigrant Status as a Risk Factor | 9-3 |
| Cultural Values That Increase Risk | 9-4 |
| Barriers to Help Seeking Among Immigrants | 9-5 |
| Trauma and Mistrust | 9-5 |
| Patriarchal Culture | 9-5 |
| Fatalism, Self-Sacrifice, and Family Honor | 9-6 |
| Lack of Understanding of U.S. Law and Social Service System | 9-7 |
| Individual Factors in Help-Seeking Behaviors | 9-8 |
| Acculturation and IPV | 9-9 |
| Acculturation and Help Seeking | 9-10 |
| Coping Strategies | 9-11 |
| Future Needs and Challenges for Research and Practice | 9-11 |
| Measurement of Acculturation | 9-11 |
| Help Seeking and Coping Mechanisms in Immigrant Groups | 9-12 |
| Attitudinal Barriers and Community Involvement | 9-13 |
| Challenges for Service Providers | 9-14 |

Chapter 10: Spousal Violence in Chinese Societies

Ko Ling Chan, Ph.D.

| | |
|--|-------|
| Introduction | 10-1 |
| Intimate Partner Violence in Chinese Societies: Review of the Literature | 10-2 |
| Prevalence | 10-2 |
| Spousal Violence | 10-2 |
| Dating Violence | 10-2 |
| Gender of Victims | 10-2 |
| Risk Factors for Spousal Violence | 10-2 |
| Relationship and Victim Characteristics | 10-4 |
| Social and Cultural Factors | 10-4 |
| Methodological Diversity of Reviewed Studies | 10-5 |
| Interpretation of Chinese Culture-Specific Risk Factors | 10-6 |
| Heterogeneity of the Chinese | 10-6 |
| Traditional Culture in Modern Societies | 10-7 |
| Cultural Acceptance, Face Saving, and Justification of Spousal Violence | 10-9 |
| Chinese Culture and Help-Seeking Behavior | 10-9 |
| Conclusion | 10-11 |

Chapter 11: A Comparison of Partner Violence Against Women in Rural and Urban Canada—Prevalence, Correlates, Consequences, and Help-Seeking Behavior

Douglas A. Brownridge, Ph.D.

| | |
|---|------|
| Introduction | 11-2 |
| Risk Markers for Violence Against Women in Rural vs. Urban Settings | 11-3 |
| Socioeconomic Indicators | 11-3 |
| Substance Abuse | 11-3 |
| Isolation | 11-4 |
| Patriarchy | 11-4 |
| Religion | 11-4 |
| Immigrant Status | 11-5 |
| Aboriginal Status | 11-5 |
| Duration of Union | 11-5 |
| Summary | 11-5 |
| Current Study—Materials and Methods | 11-5 |
| The Dataset | 11-5 |

| | |
|---|-------|
| Measurement | 11-6 |
| Independent Variables | 11-6 |
| Dependent Variables | 11-6 |
| Methods of Data Analysis | 11-7 |
| Current Study—Results | 11-7 |
| Violence by Rural/Urban Status | 11-7 |
| Risk Markers by Rural/Urban Status | 11-8 |
| Logistic Regression on Risk Markers for Women in Rural and Urban Settings | 11-8 |
| Logistic Regressions With Postviolence Variables for Women in Rural and Urban Settings | 11-11 |
| Discussion | 11-14 |
| Risk Markers Not Linked to Increased Odds for Violence Against Rural Women | 11-14 |
| Risk Markers Linked to Increased Odds of Violence Against Rural Women | 11-15 |
| Heavy Alcohol Consumption | 11-15 |
| Aboriginal Status | 11-15 |
| Rates of Injury and Use of Services | 11-15 |
| Study Limitations | 11-16 |
| Conclusion | 11-16 |

Chapter 12: Responding to Domestic Violence in the U.S. Army— The Family Advocacy Program

*James E. McCarroll, Ph.D., John H. Newby, Ph.D. and Mary Dooley-Bernard,
M.S.W.*

| | |
|---|------|
| Introduction | 12-1 |
| Army Demographics | 12-2 |
| Military's Response to Domestic Violence | 12-3 |
| Incidence and Prevalence of Domestic Violence in the Army | 12-4 |
| Substantiated Domestic Violence Cases | 12-4 |
| Recent Research on Substantiated Spouse Maltreatment | 12-6 |
| Race | 12-6 |
| Recidivism | 12-6 |
| Employment Status of Male Civilian Spouses | 12-7 |
| Mutual Abuse | 12-7 |
| Alcohol and Abuse | 12-7 |
| Treatment Effectiveness | 12-7 |
| Deployment and Domestic Violence | 12-8 |

| | |
|--|-------|
| Soldiers Discharged for Family Violence: Transitional Compensation | 12-10 |
| Military's Legal Response to Domestic Violence | 12-10 |
| Jurisdictional Authority | 12-10 |
| Nonjudicial Options | 12-11 |
| Why Cases Are or Are Not Prosecuted | 12-11 |
| Recent Legislation | 12-11 |
| Suggestions for Future Research | 12-12 |
| Summary | 12-12 |

Chapter 13: Faith Communities' Response to Intimate Partner Violence

Sharon A. O'Brien, Ph.D.

| | |
|---|------|
| Introduction | 13-2 |
| Formal Responses to Domestic Abuse and Violence | 13-2 |
| National Declaration by Religious and Spiritual Leaders | 13-3 |
| Denominational Statements | 13-3 |
| American Baptist Churches USA | 13-3 |
| Assemblies of God USA | 13-3 |
| Church of Jesus Christ of the Latter-Day Saints | 13-4 |
| Community Church of Christ | 13-4 |
| Disciples of Christ General Assembly | 13-4 |
| Episcopal Church | 13-4 |
| Evangelical Lutheran Church in America | 13-4 |
| Free Methodist | 13-4 |
| Islam | 13-5 |
| Mennonite Church USA | 13-5 |
| Native American Spirituality | 13-5 |
| Presbyterian Church (PCUSA) | 13-6 |
| Roman Catholic Church | 13-6 |
| Seventh-Day Adventist Church | 13-6 |
| Southern Baptist Convention | 13-7 |
| Union for Reform Judaism | 13-7 |
| Unitarian Universalist Association | 13-7 |
| United Methodist Church | 13-7 |
| Common Characteristics of Denominational Statements | 13-8 |
| Accountability | 13-8 |
| Attention to Victim and Abuser | 13-8 |
| Collaboration With Local Resources | 13-8 |
| Liturgy | 13-8 |

Responsibility of “Bystanders” 13-8
 Spiritual Issues 13-8
 Training and Education 13-8
 Resources for Faith Leaders 13-9
 Resources for Training 13-9
 Government and National Resources 13-10
 Faith Community Programs 13-10
 Summary 13-11

PART 3: IPV IN DATING RELATIONSHIPS

Chapter 14: Dating Violence Among Adolescents—Understanding the Roles of Attachment, Self-Esteem, Dominance, and Need for Interpersonal Control

Dorothy L. Espelage, Ph.D., Melissa K. Holt, Ph.D. and Amy Isaia, Ph.D.

Introduction 14-2
 Theories on Adolescent Dating Violence 14-2
 Defining and Assessing the Problem 14-3
 Definition 14-3
 Scope of the Problem 14-3
 Assessment Instruments 14-4
 Dating Violence Scale 14-4
 Conflict Tactics Scale–2 14-5
 Romantic Relational Scale 14-5
 Other Measures 14-5
 Risk and Protective Factors for Dating Violence Perpetration 14-5
 Sex Differences 14-6
 Attachment 14-6
 Self-Esteem 14-7
 Dominance and Need for Interpersonal Control 14-8
 An Evaluation of Teen Dating Violence: Research Summary 14-9
 Prevalence 14-10
 Correlates of Dating Violence Perpetration and Victimization 14-10
 Attachment 14-10
 Self-Esteem 14-11
 Dominance 14-11
 Need for Interpersonal Control 14-11
 Study Conclusions 14-12
 Sex Differences 14-12
 Correlates of Dating Violence 14-13

| | |
|--|-------|
| Variables for Future Research | 14-14 |
| Beliefs and Attitudes Toward Dating Aggression | 14-14 |
| Influence of Peers and Parents | 14-14 |
| Summary | 14-15 |

Chapter 15: Factors Influencing the Reporting of Dating Violence

Prevalence

Calee A. Spinney, M.A., Erin C. Goforth, M.A. and Ellen S. Cohn, Ph.D.

| | |
|---|-------|
| Introduction | 15-1 |
| History of Dating Violence Research | 15-2 |
| Factors Related to Dating Violence | 15-3 |
| Prevalence | 15-3 |
| Male vs. Female Perpetrators: Addressing the “Mutual Combat” Theory | 15-3 |
| Impact of Measurement Scale Used | 15-4 |
| Are Types of Violence Distinguished? | 15-4 |
| Is Extent of Injury Accounted For? | 15-4 |
| Are There Gender Differences in View of “Violence”? | 15-5 |
| Is Self-Defense Distinguished? | 15-6 |
| Impact of Sample Type | 15-6 |
| Impact of Sample Size and Location | 15-6 |
| Findings From a Cross-Study Analysis | 15-7 |
| Gender Differences in Perpetration | 15-7 |
| Relationship Between Perpetration and Victimization | 15-8 |
| Predictors of Perpetration and Victimization | 15-10 |
| Summary | 15-12 |

Chapter 16: School-Based Adolescent Dating Violence Prevention— Enhancing Effective Practice With a Gender-Strategic Approach

Claire V. Crooks, Ph.D., David A. Wolfe, Ph.D. and Peter G. Jaffe, Ph.D.

| | |
|--|------|
| Introduction | 16-2 |
| Adolescent Dating Violence as a Public Health Concern | 16-2 |
| Argument for School-Based Violence Prevention With Adolescents | 16-3 |
| Recognized Best Practices in Violence Prevention | 16-4 |
| Issues in Dating Violence Prevention | 16-5 |
| Applying a Gender Analysis to Prevention | 16-5 |
| Problems With Applying Adult Domestic Violence Prevention Models to Adolescence | 16-6 |
| The Youth Relationships Project | 16-7 |
| Randomized Trial | 16-7 |

| | |
|---|-------|
| Implementation Challenges | 16-7 |
| Impact of Facilitation on Program Effectiveness | 16-8 |
| Working With Key Stakeholders | 16-8 |
| Gender-Strategic Approach as an Alternative | 16-9 |
| Continuum Model of Change | 16-9 |
| Adapting Program to Audience | 16-10 |
| The Fourth R Program | 16-10 |
| Working Within Adolescents' World View | 16-11 |
| Beginning With Exercises That Explicitly Foster Engagement | 16-11 |
| More Advanced Opportunities Through Youth Safe-School Committees | 16-12 |
| Gender-Specific Activities | 16-13 |
| Encouraging Teachers' Buy-In | 16-14 |
| Engaging Parents and Administrators | 16-14 |
| Fourth R Experience to Date | 16-15 |
| Conclusion | 16-15 |

Chapter 17: Preventing Dating Violence—A University Example of Community Approaches

Mary M. Moynihan, Ph.D., Victoria L. Banyard, Ph.D. and Elizabeth G. Plante, M.S.

| | |
|---|-------|
| Introduction | 17-2 |
| Review of Prevention Programs | 17-2 |
| Age-Based/School Community Programs | 17-2 |
| The Bystander Approach | 17-3 |
| Current Program and Study: Bystander Approach in a College Community | 17-4 |
| Method | 17-4 |
| Participant Recruitment and Demographics | 17-4 |
| Hypotheses and Measures | 17-5 |
| Focus Groups | 17-6 |
| Study Results | 17-6 |
| Beliefs About Helping | 17-7 |
| Beliefs and Knowledge Regarding Sexual Violence | 17-7 |
| Sense of Community | 17-8 |
| Gender Differences and Similarities | 17-8 |
| Qualitative Findings | 17-8 |
| Discussion | 17-10 |
| Reasons for Optimism | 17-10 |
| Gender Differences and Similarities | 17-11 |

| | |
|--|-------|
| Limitations, Implications, and Directions for Future Research | 17-12 |
|--|-------|

PART 4: LEGAL AND MEDICAL RESPONSES TO INTIMATE PARTNER VIOLENCE

Chapter 18: Women in Violent Relationships—Experiences With the Legal and Medical Systems

Christine Fiore, Ph.D. and Kristen O’Shea, M.A.

| | |
|--|-------|
| Overview | 18-2 |
| Legal System Response to Violence Against Women | 18-3 |
| The Development of Arrest Policies | 18-4 |
| Efficacy of Arrest Policy | 18-4 |
| Other Interactions With the Courts | 18-6 |
| Earlier Studies of Women’s Experiences With the Legal System | 18-6 |
| Current Study: Research on a Community Sample | 18-7 |
| Positive Experiences With Law Enforcement | 18-8 |
| Negative Experiences With Law Enforcement | 18-11 |
| Innovative Ideas and Programs Related to Legal System Response | 18-13 |
| Medical System Response to Violence Against Women | 18-15 |
| Screening | 18-16 |
| Earlier Studies on Women’s Experiences With Medical System | 18-18 |
| Current Study on Experience of Rural Women | 18-20 |
| Innovative Ideas and Programs Related to Medical System Response | 18-23 |
| Summary and Implications for Legal and Medical Efforts and Reform | 18-25 |

Chapter 19: Intimate Partner Abuse in Health Care Settings

Bonnie E. Carlson, Ph.D., C.S.W.

| | |
|--|------|
| Introduction | 19-2 |
| Definitions of IPA | 19-2 |
| Prevalence | 19-3 |
| Emergency Departments | 19-3 |
| Primary Care and Family Practice Settings | 19-4 |
| Obstetrics and Gynecology Settings and Abuse During Pregnancy | 19-4 |
| Risk Markers | 19-5 |
| Sequelae and Associated Factors | 19-6 |
| Injuries | 19-6 |
| Other Adverse Health Consequences | 19-7 |

| | |
|--|-------|
| Gastrointestinal Symptoms and Disorders | 19-7 |
| Cardiac Problems | 19-7 |
| Gynecological Problems | 19-7 |
| Chronic Pain, Disease and Other Conditions | 19-8 |
| Mental Health Issues | 19-8 |
| Depression | 19-8 |
| Substance Abuse | 19-8 |
| Posttraumatic Stress Disorder | 19-9 |
| Other Anxiety | 19-9 |
| Pregnancy-Related Outcomes | 19-9 |
| Health Care Utilization | 19-10 |
| Conclusions About Health and Mental Health Sequelae of IPA | 19-10 |
| Practice Implications | 19-11 |
| Barriers to Help Seeking in Health Care Settings | 19-12 |
| What Abuse Survivors Want From Health Care Providers | 19-12 |
| Intervention | 19-13 |
| Screening and Identification of Abuse in Health Care Settings | 19-13 |
| Other Health Care Interventions | 19-14 |
| Mandatory Reporting | 19-16 |
| Recommendations | 19-16 |
| Train Providers | 19-16 |
| Screen Female Patients | 19-17 |
| Provide Informational Materials | 19-17 |
| Provide Documentation | 19-17 |
| Follow Up | 19-17 |
| Review Options/Make Referrals | 19-18 |
| Provide Safety Assessments for Patients Who Screen Positive for IPV | 19-18 |
| Work Onsite With Abused Women to the Extent Resources Permit | 19-18 |

Chapter 20: Screening for Intimate Partner Violence in the Health Care Setting

Mary Beth Phelan, M.D., L. Kevin Hamberger, Ph.D., Bruce Ambuel, Ph.D. and Marie Wolff, Ph.D.

| | |
|---|------|
| Introduction | 20-2 |
| What Is Intimate Partner Violence and How Does It Impact Health? | 20-2 |
| IPV as a Medical Issue | 20-3 |

| | |
|---|-------|
| IPV and the Health Care System | 20-3 |
| Case Illustration | 20-4 |
| The Patient Interview | 20-5 |
| Patient With Visible Signs of Injury | 20-5 |
| Patient With Nonspecific Stress-Related Symptoms | 20-7 |
| Primary Care Settings | 20-9 |
| Positive Physician Behaviors | 20-9 |
| Barriers to IPV Screening | 20-9 |
| Provider Barriers | 20-9 |
| Patient Barriers | 20-10 |
| Efficacy of Provider Training in Increasing IPV Screening | 20-11 |
| Screening Tools | 20-12 |
| The Woman Abuse Screening Tool | 20-12 |
| Hurt, Insulted, Threatened and Screamed Scale | 20-13 |
| Abuse Assessment Screen | 20-13 |
| Conflict Tactics Scale | 20-14 |
| Partner Violence Screen | 20-14 |
| IPV Screening in Selected Medical Settings | 20-15 |
| Pediatrics | 20-15 |
| Ophthalmology/Facial Trauma Practice | 20-17 |
| Oral Surgery | 20-18 |
| Infectious Diseases | 20-19 |
| Issues of Debate Surrounding Screening for IPV | 20-20 |
| Contributions of the USPTF Recommendations | 20-20 |
| Controversy Over USPSTF Findings | 20-20 |
| Response of Professional Associations | 20-21 |
| Case Finding vs. Universal Screening | 20-21 |
| Mandatory Reporting | 20-22 |
| Steps for Success: How Can the Screening Process be Improved? | 20-22 |
| Conclusions | 20-23 |

Chapter 21: Empowerment and Disempowerment for Victims of Intimate Partner Violence—An Overview of the Effects of Criminal Justice System Practices

Margret E. Bell, Ph.D.

| | |
|--|------|
| Introduction | 21-1 |
| A Therapeutic–Jurisprudence Approach to Intimate Partner Violence | 21-3 |
| Empirical Research on the Impact of Criminal Justice Interventions | 21-6 |
| Impact of Court Outcomes | 21-7 |

| | |
|---|-------|
| Effect of Conviction on Violence | 21-7 |
| Effect of Disposition on Violence | 21-7 |
| Effect of Conviction and Disposition on Nonviolence Outcomes | 21-8 |
| Impact of the Court Process | 21-9 |
| Barriers to Participation | 21-9 |
| Accountability for Other Legal Issues | 21-9 |
| Procedural Justice, Mandatory Prosecution, and Victim Control Over the Court Process | 21-10 |
| Treatment by Court Staff | 21-12 |
| Provision of Advocacy Services | 21-13 |
| Specialization and Coordination | 21-14 |
| Conclusions and Implications | 21-15 |

PART 5: IMPACT OF IPV ON CHILDREN

Chapter 22: Exposed—The Developmental Impact of Domestic Violence on Children

Liz Pawelko, B.A. and Catherine Koverola, Ph.D.

| | |
|--|-------|
| Introduction | 22-1 |
| Prevalence | 22-2 |
| Co-Occurring Abuse | 22-2 |
| What Does Exposure to DV Mean? | 22-3 |
| Level of Experience | 22-3 |
| Defining DV Exposure | 22-4 |
| Problems With Measurement of DV Exposure | 22-5 |
| Underreporting of DV | 22-5 |
| Direct Measures From Children | 22-6 |
| Impact on Children of DV Exposure | 22-7 |
| Emotional Effects | 22-8 |
| Neurophysiological Sequelae | 22-8 |
| Relational Effects | 22-9 |
| Impact at Each Stage of Development | 22-10 |
| Infants and Toddlers | 22-10 |
| Case Study—Infant | 22-11 |
| Preschoolers | 22-12 |
| Case Study—Preschooler | 22-13 |
| School-Age Children | 22-13 |
| Case Study—School-Age Child | 22-14 |
| Adolescence | 22-15 |

| | |
|--------------------------------------|-------|
| Case Study—Adolescent | 22-16 |
| Importance of Intervention | 22-16 |

Chapter 23: Intimate Partner Violence and Child Abuse and Neglect

Cecilia Casanueva, Ph.D., Jonathan B. Kotch, M.D., M.P.H. and Adam Zolotor, M.D., M.P.H.

| | |
|---|-------|
| Introduction | 23-1 |
| Epidemiology of the Co-occurrence of IPV and CAN | 23-2 |
| Data From Child Protective Services | 23-2 |
| Data From Battered Women | 23-2 |
| Data From Community Samples | 23-3 |
| Men as Perpetrators of IPV and CAN | 23-3 |
| Women as Victims of IPV and Perpetrators of CAN | 23-4 |
| IPV as a Risk Factor for CAN | 23-4 |
| Analyses Based on 1985 National Family Violence Survey | 23-5 |
| Analyses Based on Screening in Pediatric Practices | 23-6 |
| Longitudinal Studies | 23-6 |
| History of Childhood Maltreatment as a Risk Factor for Adult Victimization and Perpetration | 23-7 |
| Child Consequences of Exposure to IPV | 23-9 |
| Child Mortality and Morbidity | 23-9 |
| Child Behavioral and Emotional Adjustment | 23-9 |
| Changes in State Statutes to Include Witnessing IPV | 23-11 |
| Services for Families Experiencing IPV and CAN | 23-11 |
| Domestic Violence Services for Abused Women | 23-11 |
| Domestic Violence Services Through CPS | 23-13 |
| Parenting Services Through CPS | 23-14 |
| Policy Matters | 23-16 |
| Conclusion | 23-17 |

Chapter 24: The Usefulness of Domestic Violence Protocols in Child Protective Services Decision Making

Carol Coohy, Ph.D.

| | |
|--|------|
| Introduction | 24-2 |
| The Emergence of Domestic Violence Protocols | 24-2 |
| The Usefulness of Domestic Violence Protocols in CPS Decision Making | 24-3 |
| Decision-Making Rules in CPS Practice | 24-3 |
| Analysis of Domestic Violence Protocols | 24-4 |

| | |
|--|-------|
| Methods | 24-5 |
| Sample | 24-5 |
| Materials | 24-6 |
| Content Analysis | 24-6 |
| Results | 24-6 |
| Assessment Information | 24-6 |
| What Is Exposure to Domestic Violence? | 24-6 |
| What Is a Batterer and a Victim of Battering? | 24-7 |
| What Is Protective Behavior? | 24-7 |
| What Is Harm and Risk of Harm? | 24-8 |
| Decision-Making Rules | 24-10 |
| When Should States Investigate Exposure to Domestic Violence? | 24-10 |
| When Should States Substantiate Exposure to Domestic Violence? | 24-11 |
| When Should States Remove the Batterer and the Child From the Home? | 24-13 |
| Discussion | 24-15 |
| Assessment Information | 24-15 |
| Decision Making Rules | 24-16 |
| The Future of Domestic Violence Protocols | 24-18 |

Chapter 25: Supervised Access and Exchange Programs—Safety for Parents and Children in the Context of Domestic Violence

*Leslie M. Tutty, Ph.D., Ashley Barlow, B.A. and
Gillian Weaver-Dunlop, M.S.W.*

| | |
|---|-------|
| Introduction | 25-2 |
| Child Custody and Access in the Context of Domestic Violence | 25-3 |
| Joint Custody | 25-3 |
| IPV History and Custody Decisions | 25-4 |
| The Model Code | 25-4 |
| Failure of Family Courts to Protect Women and Children | 25-5 |
| Unsupervised Visitation Arrangements | 25-6 |
| Professional Supervised Visitation | 25-8 |
| Risk Factors That Warrant Supervisions | 25-8 |
| Standards of Supervised Access and Exchange Programs | 25-9 |
| Trained Staff | 25-9 |
| Parental Safety | 25-10 |
| Controversies About Safe Visitation Centers | 25-10 |
| Interpreting Problem Behavior | 25-11 |

| | |
|---|-------|
| Requests for Reports | 25-11 |
| Offering Additional Services | 25-11 |
| Summary | 25-12 |
| Effectiveness of Supervised Visitation Programs | 25-12 |
| Professionals' Perceptions | 25-12 |
| Parents' Perceptions | 25-13 |
| Impact on the Children: Research Studies | 25-13 |
| Jenkins et al. | 25-13 |
| Lee et al. | 25-14 |
| Dunn | 25-14 |
| Pearson et al. | 25-15 |
| Impact on Child Support | 25-16 |
| The Current Evaluation | 25-16 |
| Conclusions | 25-19 |

Chapter 26: Evidence for and Perspectives on the Intergenerational Transmission of Intimate Partner Aggression

Denise A. Hines, Ph.D. and Kimberly J. Saudino, Ph.D.

| | |
|---|-------|
| Introduction | 26-2 |
| Evidence for the Intergenerational Transmission of Aggression | 26-2 |
| Studies of Male Batterers | 26-2 |
| Studies of College Students | 26-3 |
| Studies of Community Samples | 26-3 |
| Nationally Representative Samples | 26-5 |
| Studies of Minority Populations | 26-6 |
| Literature Reviews and Meta-Analyses | 26-6 |
| Environmental Theories Explaining the Intergenerational Transmission of IPA | 26-7 |
| Social Learning Theory | 26-7 |
| Basis of Social Learning Theory as a Transmitter of IPA | 26-7 |
| Mediators of Social Learning Theory | 26-8 |
| Attachment Theory | 26-9 |
| A Behavioral Genetic Perspective | 26-10 |
| Behavioral Genetic Methods | 26-11 |
| Family Studies | 26-12 |
| Twin Studies | 26-12 |
| Adoption Studies | 26-12 |
| A Behavioral Genetic Study of IPA | 26-13 |
| Implications | 26-15 |
| Future Directions | 26-15 |

| | |
|-------------------|-------|
| Summary | 26-17 |
|-------------------|-------|

PART 6: LEAVING ABUSIVE RELATIONSHIPS

Chapter 27: Relationship Status and the Battered Woman—Assumptions and Realities

Vera E. Mouradian, Ph.D.

| | |
|---|-------|
| Introduction | 27-2 |
| Similarities and Differences in the Complexities of Relationship Dynamics | 27-2 |
| Why People Stay | 27-3 |
| The Inadequacy of Intrapsychic Trauma Response Theories as Explanations | 27-4 |
| If Only “Mr. Hyde” Would Go Away | 27-6 |
| The Public Persona | 27-6 |
| Positive Personality Traits | 27-7 |
| Relationship Dynamics | 27-8 |
| Practical Considerations | 27-9 |
| Child Well-Being and Custody | 27-9 |
| Financial Complexities | 27-10 |
| Housing and Social-Relational Complexities | 27-12 |
| Safety: The Sometimes Elusive Goal | 27-13 |
| Threats as a Deterrent to Leaving | 27-13 |
| Violence Can Escalate Once the Victim Leaves | 27-14 |
| Assistance for Victims of IPV | 27-16 |
| Future Directions for Intervention and Research | 27-16 |
| Making the Decision to Leave Both Safe and Possible | 27-17 |
| “Woman-Defined Advocacy” | 27-17 |
| Changes in the System | 27-18 |
| More Sophisticated Research Models | 27-19 |
| Services/Interventions for Batterers | 27-20 |
| Increasing Safety | 27-20 |
| Evaluating Effectiveness | 27-21 |
| Recidivism | 27-22 |
| Batterer Interventions: What Works? | 27-22 |

Chapter 28: Can Battered Women Cope? A Critical Analysis of Research on Women’s Responses to Violence

Sherry Hamby, Ph.D. and Bernadette Gray-Little, Ph.D.

| | |
|---|------|
| Introduction | 28-1 |
| Deficit-Based Analyses of Battered Women’s Coping | 28-2 |

| | |
|---|-------|
| Limitations in Common Coping Paradigms | 28-3 |
| Cultural Limitations in Major Coping Paradigms | 28-4 |
| Preoccupation With “Leaving” in the Literature on Battered Women | 28-5 |
| Subtle Prejudices in Research on Resilience in Battered Women | 28-7 |
| The Role of Stigma in Coping With Partner Violence | 28-7 |
| Social Distancing Among Researchers, Advocates, and Other Professionals . . . | 28-9 |
| Evidence for Active Coping | 28-10 |
| Denial, Minimization, and Passivity Are Rarer Than Acknowledged | 28-11 |
| Risk-Based Coping Strategies | 28-12 |
| The Conservative Strategy | 28-12 |
| The Venture Strategy | 28-13 |
| The Balanced Strategy | 28-14 |
| Implications of Risk-Based Coping for Advocacy and Intervention | 28-15 |
| Conclusion | 28-15 |

Chapter 29: The Postseparation Psychological Recovery of Domestic Abuse Survivors

Deborah K. Anderson, Ph.D. and Daniel G. Saunders, Ph.D.

| | |
|---|-------|
| Introduction | 29-1 |
| Predictors/Phases of Leaving | 29-1 |
| Postseparation Psychological Well-Being | 29-3 |
| Psychological Outcomes of Abuse | 29-3 |
| Predictors of Postseparation Well-Being: A Stress-Process Model | 29-4 |
| Primary Stressor: Violence | 29-5 |
| Secondary Stressors | 29-6 |
| Coping Resources | 29-9 |
| Summary and Conclusions | 29-13 |

| | |
|------------------------|------------|
| Index | I-1 |
|------------------------|------------|

Foreword

by Ileana Arias, Ph.D.

It is my pleasure to introduce *Intimate Partner Violence*. The contents of this book represent state-of-the-art theoretical and empirical perspectives on intimate partner violence (IPV) and the result of the evolution of our focus on IPV during the past thirty to forty years. IPV continues to be a prevalent and costly public health problem in the United States. However, IPV prevention research has never been characterized by greater consensus on the conceptualization of IPV and appropriate approaches to its prevention and control than it is today. Likewise, we have been able to achieve unprecedented levels of social and political will necessary to support research on the etiology and maintenance of IPV that can guide development of prevention and treatment programs and strategies.

Our understanding of IPV has improved from the evolution of our approach to researching the etiology, risk and protective factors, and possible methods for prevention and intervention. Each past decade has been characterized by an expansion of the conceptual, disciplinary, and theoretical bases guiding empirical inquiry. Identification of the battered child syndrome in the early 1960s led to immediate keen interest in documenting and preventing family violence and treating its victims. Investigations into the occurrence of child abuse led to detection of violence among other family members, and there was a rapid growth in the focus on violence between spouses in the 1970s. This empirical focus was extended to other intimately related heterosexual couples, such as dating couples, and to gay and lesbian partners in the 1980s and 1990s.

A similar progression and increased inclusiveness characterized the disciplines brought to bear on the phenomenon of IPV. Initial empirical attention to IPV was the domain primarily of sociologists and family studies scholars. Their major focus was on the assessment of relationship quality and functioning and on macrosystemic variables with potential etiological significance, such as socioeconomic factors. Subsequent psychological research on IPV shifted the focus from macrovariables to microvariables, such as intrapersonal characteristics and interpersonal interactions. This new wave of research concentrated first on identifying the consequences of IPV and then on identifying etiological and maintaining factors to guide the development of psychological interventions for individuals, couples, or families. More recently, a public health perspective has been applied to understanding IPV with an emphasis on primary prevention. Each discipline introduced its respective theories of deviant behavior and consequently increased the theoretical breadth of etiological research on IPV. Initially, additional disciplines and theoretical perspectives were introduced as alternatives in competition with existing perspectives. However, in recognition of the complexity and multidimensional nature of IPV, a more complementary approach was adopted.

The work included in this volume represents our most current understanding of IPV. Although not a deliberate endeavor from the outset, this work is the result of the guidance and frame provided by the social ecological model. Information about variables on all levels that help us understand the development and maintenance of IPV has been identified as indispensable if we are to prevent IPV effectively. Accordingly,

empirical findings on individual, family, community, and social risk and protective factors need to be accounted for in our efforts to prevent and treat victims and perpetrators of IPV. Specifically, we need to identify individual, family, community, and social prevention and treatment strategies because, having recognized IPV as complex and multidimensional, we cannot continue to follow the tradition of intervening at only the individual and, at most, the family, level. Our recognition of the need to address variables at each level of the social ecological model has allowed the field to include empirical and theoretical work from various disciplinary perspectives. Accordingly, we have increased the breadth of our knowledge and understanding of IPV, and that breadth is reflected in the chapters of this book.

While we have increased the breadth of knowledge during the past decades, we look forward to increasing the depth of our understanding in the coming decades. Various disciplines and theoretical approaches have been introduced to our work on understanding, preventing, and responding to or treating IPV. However, “parallel play” has characterized this more inclusive approach. That is, we recognized the need for multidisciplinary and multitheoretical approaches, but these perspectives were introduced and exist contiguously. We have not made much progress in the interactions among these various dimensions. For example, in this book, there is information about individual factors and community factors and information on individually focused prevention/treatment strategies and community strategies. However, we have done little to address how individual factors interact with family factors, community factors, and social factors. Likewise, our efforts to prevent or treat IPV have not capitalized on those interactions. Individuals are nested in family systems that are nested in community systems which, in turn, are nested in broader social systems. Each level or sphere of influence may not be additive but instead may modify or interact with nested spheres of influence. Statistical approaches developed to address such nested relationships can be used to guide questions about the interactions among these various levels of influence.

The field has shifted its trajectory over time. Currently, greater emphasis is placed on the primary prevention of IPV. We need to continue to examine the overlap of IPV with other forms of violence. In so doing, we may identify common and central risk factors, examine the generalizability of IPV prevention to other forms of violence and vice versa, and identify the limits of IPV prevention efforts if other co-occurring or preceding forms of violence are not addressed. Consistent with the social ecological model, we need to continue to address various levels of influence on the etiology and maintenance of IPV. Importantly, significant advances in our understanding, prevention, and control of IPV will depend on our ability to understand the interrelationships among these various levels of influence and on our ability to address those interrelationships in our prevention efforts. Though we have made considerable advances, we still have a long way to go. However, the groundwork has been laid and we are poised to make significant breakthroughs in our ability to prevent IPV.

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