——. (2007b). Population profile of the United States: Dynamic version: Families and living arrangements in 2005. Retrieved May 10, 2008, from http://www.census.gov/population/pop-profile/dynamic/FamiliesLA.pdf.

——. (2007c). Population profile of the United States: Dynamic version: Poverty in 2005. Retrieved May 10, 2008, from http://www.census.gov/population/pop-profile/dynamic/poverty.pdf.

Vann, A. A. (2003). *Developing Culturally-Relevant Responses to Domestic Abuse: Asha Family Services, Inc.* (Pp 1–48). Harrisburg, PA: National Resource Center on Domestic Violence.

Warrier, S. (2008). "It's in their culture": Fairness and cultural considerations in domestic violence. *Family Court Review, 46*(3), 537–542.

2

UNDERSTANDING DOMESTIC VIOLENCE

A Primer

Fran S. Danis and Shreya Bhandari

THE SECOND wave of the feminist movement that began in the late 1960s created opportunities for women to share their personal life stories with one another. Women learned that the experiences they thought were unique to them were, in fact, also happening to other women. As women shared with one another, they also learned that the physical, sexual, and emotional abuse they experienced was not only done by total strangers but also by their intimate partners. The "personal" became "political," and feminist activists opened rape crisis hotlines, safe houses, and shelters for women who had been physically, sexually, or emotionally battered by their male partners. Advocates also spoke publicly to raise awareness and to establish laws holding abusers accountable and to increase safety for battered women and their children. The modern battered women's movement was born (Schechter 1982).

We have learned much in the years since domestic violence was defined and recognized as a social problem. Researchers and advocates for abused women continue to explore the experiences women share, the risk factors for abuse, factors protecting against abuse, the consequences for women who are abused, how they seek help, what help is available, and what help is most effective.

This book recognizes that not all abused women are alike. Women's perceptions and reactions to abuse, as well as the help available to them, are influenced by the lens through which they see the world and the intersectionality of the different cultural influences on their lives. These cultural influences include race, ethnicity, age, citizenship status, (dis)ability, sexual orientation, religion, military involvement, and geographical location. Each of these will influence a woman's reactions to abuse, and the personal and institutional resources available to assist her. This book investigates these

differences and examines how women call upon the strengths of their cultures, religion, and experience of the world to assist in their survival and resiliency.

This chapter addresses the prevalence and consequences of abuse, policy, and practice issues, including the basic questions of why men hit and why women stay, and provides social workers, advocates, and other health and human services workers with a framework for understanding domestic violence so that the differences and commonalities highlighted within each chapter have greater clarity and clearer context. As readers learn about the different issues that may be unique to persons in various "categories" it is important to understand that, even within these categories, not all women's situations are the same.

DEFINITIONS AND TERMINOLOGY

Most experts define "domestic violence" as a pattern of coercive behaviors to control one's partner through physical abuse, the threat of physical abuse, repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, or economic coercion. Domestic violence is perpetrated by adults or adolescents against their intimate partners in current or former dating, married, or cohabiting relationships of heterosexuals, gay men, lesbians, bisexuals, and transgendered persons.

The terms "domestic violence," "domestic abuse," and "intimate partner violence" are often used interchangeably. "Interpersonal violence" can refer to any violent act between individuals, irrespective of their relationship. "Family violence" refers to violence perpetrated between family members and includes child abuse, domestic abuse, sibling abuse, and elder abuse. Violence against women or gender-based violence targets girls and women throughout the life span and includes sexual assault and female genital mutilation. International organizations, including the United Nations, refer to violence against women as "gender-based" violence and view this behavior as a human rights violation. Although this terminology identifies women as the primary victims of violence, it does not take into account the violence that women perpetrate against other women in lesbian relationships, or that women use against male partners, or that men perpetrate against male partners. The term "intimate partner violence" has been promoted as a more inclusive way to describe domestic violence, but its obvious drawback is the failure to acknowledge the gendered nature of the violence. Because this is a multifaceted problem requiring the focus of many different disciplines, consensus on the terminology has not yet and may never be achieved.

TACTICS OF ABUSE: POWER AND CONTROL

The definitions discussed above refer to domestic violence as being a "pattern of coercive control including physical abuse or the threat of physical abuse." Physical abuse includes hitting, shoving, pushing, punching, kicking, tripping, biting, twisting arms, beating, throwing or pushing people out of cars, throwing or causing people to fall down stairs, pulling hair, choking, and using or threatening to use a weapon such as a gun, knife, baseball bat, car, or lit cigarette. Many people may not consider that a push or a shove is an act of violence, yet it may represent an escalation of an attempt to gain power and control over a partner.

The Power and Control Wheel (see Figure 2.1) was developed in Duluth, Minnesota, by a support group for women who were being abused by their partners (Minnesota Program Development, Inc. n.d.). The women wanted to share their experiences of how their partners used violence to wield power over them and control their behavior. Besides physical abuse, the women had been subjected to emotional abuse including constant belittling and being called derogatory names, as well as financial abuse such as keeping the women from getting and keeping jobs or the money earned from jobs, and giving the victims small allowances and making them beg for money. I once had a client with a law degree, and the night before a job interview her husband would beat her severely around her face so that she always had to cancel her appointment. This happened time and again, and she never worked as an attorney. In fact, she never worked at all.

Sexual violence, which women often hesitate to disclose, is often the most severe example of domestic violence and involves forcing a partner to have sex against her will, penetrating her with objects, or forcing her to have unsafe and unprotected sex with the abuser and others.

Batterers often use their children as weapons by threatening to take them away from their mothers or reporting the mothers as unfit to child welfare authorities. Batterers are also adept at isolating women from their families and social support networks by sabotaging their partner's relationships with friends and family or making others feel unwanted and unwelcome around them. Male abusers often believe that they are lords or masters over women and deserve to be waited on. It is their responsibility, they claim, to correct

their wives' and children's bad behavior: "I wouldn't have to hit you if only you would do such and such or if only you didn't do such and such." The woman often feels like a servant who is always walking on eggshells, fearing that her partner may harm her or her children, pets, family, or even himself to get her to do what he wants. Listening to the experiences of women who are abused is often painful and angering, as it is hard to fathom how people can be so callous and harmful to those who love them.

Although the Power and Control Wheel has become a standard way of explaining the tactics of abuse, it does not capture the experiences of all women. For example, the wheel does not include spiritual or religious abuse (Bent-Goodley and Fowler 2006). Women have reported that abusers may prevent them from attending church and church events, interpret certain scriptures to justify their abuse, or manipulate the women's status within their church community (ibid.).

FIGURE 2.1. Domestic Violence Power and Control Wheel developed by Domestic Abuse Intervention Project (Duluth, MN).

PREVALENCE AND INCIDENTS OF DOMESTIC ABUSE

It is difficult to get a precise picture of the prevalence of domestic abuse in the general population and the number of violent incidents that occur each year. Only a few studies, such as the National Violence Against Women Survey (Tjaden and Thoennes 1998) and the National Crime Victimization Survey (Bachman and Saltzman 1995), use samples representative of the general population. These studies offer insight into the prevalence of abuse as well as information about the specific incidents of abuse in a given time period or across a lifetime. Many other studies examine the prevalence of domestic violence in certain categories of the population, such as people seeking public assistance through Temporary Aid to Needy Families (Brandwein 1998; Lyon 2002) or the number of families referred for child abuse services that also involve abuse of the mother (Edleson 1999).

At the local level, law enforcement may keep track of the number of calls related to domestic violence that they respond to as well as the number of arrests made in these cases. Law enforcement statistics are compiled by states and submitted to the FBI for inclusion in the Uniform Crime Report. Hospitals and public health clinics may keep records on the number of people that enter their emergency rooms seeking care for injuries that resulted from violence. Injuries that were incurred through domestic violence are categorized as intentional injuries by state health departments and the CDC Office of Injury Prevention. Local domestic violence shelters keep data on the number of telephone hotline calls they receive, the number of women and children they shelter, and the number of people who receive nonresidential counseling. They may report this information to their funding sources and to state coalitions of community-based domestic violence service providers. State-level data may also be compiled and shared with national domestic violence organizations so that they may share these facts with Congress and the national media on the number of women and children that have sought help for this problem each year.

Because much of this violence occurs in the privacy of the home, it is important to recognize that many incidents go unreported, and therefore incident reports do not reveal all the cases. Prevalence studies using representative samples provide a better sense of how many people are directly affected by the problem. Listed below are statistics that every social worker and advocate should know. The Family Violence Prevention Fund Web site (www.endabuse.org) maintains a list of the most recent prevalence information.

- At least one in every three women worldwide has been beaten, coerced into sex, or otherwise abused during her lifetime (Heise, Ellsberg, and Gottemoeller 1999).
- Approximately one in five female high school students in the U.S. report being physically or sexually abused by a dating partner (Silverman et al. 2001).
- The Bureau of Justice Statistics indicate that intimate partner violence is primarily a crime against women; in 2001, for example, women accounted for 85 percent of the victims of intimate partner violence (588,490 total) and men accounted for approximately 15 percent of the victims (103,220 total). Females are five to eight times more likely than males to be victimized by an intimate partner (Rennison 2003).
- The National Violence Against Women Survey estimates that 5.9 million physical assaults against women occur annually, with approximately three-quarters (76 percent) of those incidents perpetrated by current or former husbands, cohabiting partners, or dates (Tjaden and Thoennes 1998).
- The National Violence Against Women Survey also reported that one-quarter of surveyed women, compared to 8 percent of surveyed men, said they were raped or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their life (Tjaden and Thoennes 1998).
- The National Crime Victimization Survey found that nearly 30 percent of all female homicide victims were killed by their husbands, former husbands, or boyfriends, in contrast to just over 3 percent of male homicide victims killed by their wives, former wives, or girlfriends (Bachman and Saltzman 1995).
- Domestic violence incidents involving emergency room treatment were four times higher than the estimates of domestic violence that come to the attention of law enforcement agencies (Rand 1997).
- With only 69 percent of eligible U.S. domestic violence programs reporting in one 24-hour period (September 25, 2007), 53,203 adult women were living in shelters and 19,432 women called crisis telephone hotlines. Programs also reported the inability to accommodate 7,707 requests for assistance because of lack of resources. During the same reporting period, the National Domestic Violence Hotline answered 1,150 calls (National Network to End Domestic Violence 2008).

WHAT ARE THE CONSEQUENCES OF DOMESTIC VIOLENCE?

Abuse has been linked to negative health outcomes, including reduced general health, digestive problems (diarrhea, spastic colon, constipation, irritable bowel syndrome, nausea, loss of appetite, eating binges, and abdominal and stomach pain), urinary tract infection, kidney infection, and problems in urination, as well as severe menstrual problems, dysmenorrhea, sexual dysfunction, headaches, migraines, fainting , seizures, convulsions, back pain, chronic neck pain, influenza or cold, stuffy or runny nose, and hypertension (Campbell, Dienemann, and Jones 2002; Coker et al. 2002; McCauley, Kern, and Kolodner 1995).

Forced sex particularly may result in vaginal infection causing discharge and itching, sexually transmitted diseases, vaginal bleeding, fibroids, reduced sexual desire, painful intercourse, chronic pelvic pain, and urinary tract infection (Campbell and Soeken 1999; Koss, Koss, and Woodruff 1991; Leserman et al. 1998). The correlation between intimate partner violence and unintended pregnancies, as well as sexually transmitted diseases including HIV, can be explained through men's control over women's sexuality and verbal sexual degradation resulting in women's lower negotiating power in the use of condoms or contraception (Campbell and Soeken 1999).

Apart from the physical symptoms, a range of negative mental health outcomes result from abuse, including post-traumatic stress disorder (PTSD), suicidal tendencies (Golding 1999), depression, anxiety, and insomnia (Mercy et al. 2003). People suffering from post-traumatic stress disorder may exhibit symptoms such as difficulty falling asleep or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response, diminished interest or participation in events, detachment, restricted range of affect, and a sense of foreshortened future.

Immediate reactions to abuse may be shock, fear for safety, immobilization owing to terror, shame, low self-esteem (Fischbach and Herbert 1997), emotional numbness, withdrawal, and denial. Women might have painful images and dreams, flashbacks, anger, constant feeling of vulnerability, low self-esteem, self-blame, and loss of control (American Medical Association Council on Scientific Affairs 1992). Some women may also resort to substance abuse as a method to cope with abuse and avoid facing the reality of abuse in their lives (Kilpatrick et al. 1997).

These negative outcomes present serious challenges to women and may have fatal consequences for them. It is important to know, however, that

women do survive abusive relationships. In the aftermath of stressful or traumatic life experiences, many abuse victims report personal growth in the midst of coping with their adversity (Saakvitne, Tenne, and Affleck 1998). These positive changes are often referred to as "posttraumatic-" or "stress-related" growth and highlight the human capacity for transformation in even the most ominous circumstances.

IMPACT ON CHILDREN

Another serious consequence of domestic violence is the impacts on children residing in the household. No exact data exist, but it is estimated that 3.3–10 million children each year are exposed to violence involving seeing, hearing, or otherwise knowing about the abuse (Fantuzzo et al. 1997). Of these children, 30–60 percent will also be physically abused by the batterer, who may be their own parent, stepparent, or mother's intimate partner (Edleson 1999). Children 0–5 years of age may be present in the room when abuse takes place (Fantuzzo et al. 1997).

The impact of abuse on an individual child depends on the severity of the abuse, how long it continues, how frequently it occurs, and the age, gender, and temperament of the child (Edleson 2006). Responses may vary among children in the same household. Children exposed to domestic violence compared to children who have not been exposed to violence may experience physical aggression, antisocial behavior, low self-esteem, anxiety, and depression (Cummings, Peplar, and Moore 1999; Jaffe, Wolfe, and Wilson 1990; Kolbo, Blakely, and Engelman 1996). PTSD symptoms such as the inability to concentrate and poor attention span may negatively affect a child's cognitive progress in school (Kilpatrick, Litt, and Williams 1997). Exposed children may become victims of abuse or perpetrators of abuse themselves when they get older. Men who were both abused and exposed may be 3.8 times more likely than other men to perpetrate domestic violence (Whitfield et al. 2003).

Children also have the capacity for resilient responses to living in an abusive and oppressive family environment. Adults who as children were exposed to their mothers' abuse report using various protective strategies to withstand and oppose a sense of powerlessness (Anderson and Danis 2006). Strategies of "withstanding" were focused on building support networks with adults at schools, churches, and in extended families, and creating mental or physical escapes and trying to create order out of chaos. Strategies of actively working

to prevent or stop the violence included intervening directly with the batterer, developing their own safety plan, and physically protecting their mothers.

WHAT CAUSES DOMESTIC VIOLENCE?

Three theories that have been used to explain domestic violence include social learning (Bandura 1973; Widom 1989), feminist (Yllo 1993), and social exchange (Gelles 1993). As in most attempts to address human behavior, none of these theories or other proposed theories explain and predict all domestic violence. Most researchers have adopted an ecological framework to fit together all the influences causing domestic violence (Carlson 1984; Crowell and Burgess 1996; Edleson and Tolman 1992; Heise 1998). The ecological framework considers the influences on individuals at the individual or micro level, the relationship itself (think of two micro levels interacting with each other as well as with all the other levels), the community level (neighborhoods and local institutions, usually referred to as the meso or mezzo level), and the broader socio-cultural influences that are part of the macro level. Factors at each level contribute to the risk of perpetrating abuse. Many of these factors are considered correlates of abuse; for example, although a high correlation exists between alcohol and violence, alcohol is not considered the cause of violent behavior (Bennett and Williams, 2003). The Centers for Disease Control (n.d.) list the following risk factors for abuse:

- At the individual level, certain biological or individual experiences increase the possibility of an individual becoming an abuser. This includes exposure to violence as a child, either through witnessing male parent on female parent abuse, being directly abused, or alcohol or drug use. Persons with a history of arrest are also more likely to use violence with their intimate partner.
- At the relationship level, adherence to rigid traditional gender roles and unhealthy relationships are considered risk factors. Having peers that engage in violent behavior may normalize the use of violence against a partner.
- At the community level, exposure to violence, poverty, and low socioeconomic status are considered risk factors. Easy access to guns and unemployment are also contributors.

- At the societal level, norms granting men control over female behavior, acceptance of violence as a way to resolve conflict, the idea that masculinity is linked to dominance, honor, or aggression, and mass media and culture including films, music, advertising images all contribute to perpetuating an environment that allows for the violence against women.

While these are risk factors for perpetrating abuse, some of the risk factors for being a victim include being female, having been previously assaulted either as a child or adult, and being isolated.

BARRIERS TO SAFETY: WHY DO WOMEN STAY?

The most frequently asked question about domestic violence from the general public and social work students alike is why women stay. Many women who ask themselves if they would "put up with" violence and abuse invariably answer with a resounding no. However, the answer to why women stay reveals a complexity of influences that would inhibit anyone from just walking out the door. These influences may be rooted in the individual herself, the batterer, the culture of origin, her location, socioeconomic status, religion, and military service. The concept of "intersectionality" explains how each of these influences becomes either a junction for safety or a barrier that must be addressed.

Women are constantly engaged in assessing the risks to their personal safety (Davies, Lyon, and Monti-Catania 1998). Decisions regarding staying or leaving whether at the time of a violent incident or because of the violent relationship itself often depend on whether the woman believes she can overcome the factors that keep her with an abuser. These issues may be personal, such as how the woman will support herself and her children? Where will she go? Who will help her? What will her family and friends think of her? How will the children react? Will she be able to find a safe place or will her abuser come and find her? Some institutional factors women encounter are lack or inadequate services, affordable legal services, child care, housing, transportation, public-assistance benefits, and job-training programs. Other influences on her decision to stay or leave may be the societal messages that children should be raised in two-parent families; the stigma of being a single mother; and religious messages that marriage means "till death do you part." I often ask my classes to think of as many four-letter words that might relate to the reasons why women would stay. Table 2.1 lists some of the most common reasons why women stay.

TABLE 2.1 Reasons Women Stay

CASH	The number one reason why women stay is the economic dependency they have on the abuser (Raphael and Tolman 1997). Because batterers know that an independent income or the education to prepare for a career provides women with the option of economic self-sufficiency they often interfere with their female partners' employment or interest in gaining employment such as going back to school (Lloyd and Taluc 1999). Women who do not have a marketable work history or who have not completed a high school education may have difficulties getting employment that will provide them with a living wage. If they have children younger than school age, the costs of child care alone may significantly impact their ability to stretch their paycheck to cover the basic necessities. Women may decide to choose the economic stability of their husband's paycheck over the uncertainty of their own economic self-sufficiency. The batterer's paycheck may also come with some "perks" that the woman may not be able to provide. These "perks" may include health insurance for her and the children and a decent place to live in a safe neighborhood with good schools. Upper- and middle-class women may be particularly reluctant to lose their source of income. Along with the loss of their partner's paycheck may be the loss of a place to live. Homelessness can be a very real outcome of domestic violence (Browne and Bassuk 1997). **The Role of Public Assistance** One alternative that many women do consider is the option of welfare. The rolls of the federal Temporary Aid to Needy Families (TANF) program are filled with many abused women and their children (Lyon 2002). Federal laws allow each state the option to provide time waivers to battered women who may have difficulty finding employment by the five-year lifetime benefit cap (Postmus 2000).
KIDS	The presence of children greatly increases the complexity of the options women must consider. Having children in common insures ongoing interaction with the children's father. There are strong societal norms that support "staying together for the sake of the children." Many people believe that children need their fathers and should grow up in two-parent families. Will leaving with the children stop the abuse? Women have reported continual assaults when interacting with their ex-husbands regarding visitation (Saunders 2007). Abusers may threaten to sue for custody of the children, thereby restricting the mother's access to her children. Courts may award custody to abusers who can prove they can provide better for their children (Bancroft and Silverman 2002). The abuser may also threaten to call child welfare and report the woman for being a "bad mother." Some child protection offices have pursued removal of the children and have charged mothers with the failure to protect her children from witnessing abuse which may do more harm to children and their mothers (Spears 2000). The age of the children also influences women's decisions to stay or leave. Women with younger children who are not yet in school and unable to care for themselves are more likely to stay. As children age, enter school, and become more self-sufficient, women are more apt to leave (Kelley 2003).
HOPE	One reason women stay or return to their abuser is that he promises he will get counseling and change (Gondolf and Fisher 1988). A woman wants to believe that change is possible.
LOVE	The abuser doesn't always beat the woman. She has an investment in the relationship and still holds on to the memories of the man she fell in love with.

CONTINUED

FEAR	Leaving does not stop the abuse (Fluery, Sullivan, and Bybee 2000). The most dangerous time for a woman is when she leaves an abuser. Women are more likely to be killed when they leave (Campbell 1995). The fear of death or threats of harming her, her children, family, and pets keep women who are subjected to severe violence in the relationship. When a batterer threatens, "If I can't have you, nobody can," he should be taken seriously.
VOWS	The woman may have been raised in a tradition that does not believe in separation and divorce. She took marriage vows "for better or for worse" and believes she must endure the abuse to save her marriage at all costs.
PETS	Pets are often thought of as members of the family and abusers have manipulated women by threatening to kill their pets. Women may not want to leave their pets behind if they leave the abuser; not having a safe place to leave their pets may be a deterrent to leaving (Arkow 1996).
LOST	In long-term cases of abuse, where the abuser has isolated the woman from her family and friends, she may feel so lost that she cannot identify places where she can go for safety.
LOSS	We all have been in relationships that we knew were over but we stayed longer than we would have liked because we were waiting for the right time to discuss breaking up, or we were not ready to accept the loss of the relationship. Avoiding the inevitable grief and loss associated with leaving a relationship may be a contributing factor to women staying.
SHAM(E):	Women feel an incredible sense of shame and stigma associated with being abused. These feelings may immobilize women who do not want their families, friends, neighbors, or coworkers to know about their experience (Brown 2006). Women are socialized to believe that they are responsible for the emotional health of their marriages and families. Consequently they blame themselves when things go wrong within the family. To admit that there are problems is to admit to failure. When working with an abused woman, it is essential to reduce shame and stigma by helping her see that the abuse is not her fault. Shame may be the abuser's ultimate tool of internalized oppression. If he can get the victim to blame herself for the abuse, she is easier to control and manipulate. She may not leave because she believes that the abuse is her fault and she is too embarrassed to ask for help.

STRENGTHS OF ABUSED WOMEN

When one recognizes the obstacles to women leaving abusers and what women face in staying, it is important to help women identify their strengths. Social workers and other advocates must look below surface issues and help women recognize the ways they have survived the abuse. Help them to identify their strengths and survival skills and, indeed, to understand that these strengths are part of their coping skills. These skills, however, are not responsible for the abuser's behavior. Only the abuser is responsible for the abusive behavior.

Contrary to the earliest theories explaining that women stay in abusive relationships as a result of "learned helplessness" (Walker 1979), women in abusive relationships are not totally immobilized by abuse. Research has shown that women seek help increasingly as the violence escalates (Gondolf and Fisher 1988). They are not passively sitting at home waiting for their partners to kill them.

Social workers and other advocates can use these strengths by helping women see them as skills they can use to survive and potentially thrive. Some of these strengths may include:

- *Assessment skills.* Most abused women can tell as soon as their partners get home from work what type of day he has had, the mood he is in, and how close he is to becoming violent. Women describe this as "walking on eggshells." However, another way to view this is to help women see that they have skills in assessing his emotions. The woman may have high "emotional intelligence" that can help her succeed in the workplace as well as in other interpersonal relationships (Salovey and Mayer 1990).
- *Protective of their children.* Many women delay getting help and often assume that as an adult they can choose to handle the violence. However, when a batterer turns his attention to the children, an abused mother may decide to seek help and look for ways to protect her children. Acknowledging her love and protectiveness toward her children may help to empower a woman to take further steps to protect them and herself.
- *Informal support networks.* Only a small percentage of abused women actually go into shelters. Although women might be initially embarrassed to ask for help from their family and friends, informal support networks are great sources of strength for women and their children. The role of a social worker or other advocate is to help women identify who they might ask for help, get them past their reluctance to ask for and accept help, and, if necessary, help them rehearse asking for assistance.
- *Perseverance.* It takes perseverance to live with abuse. The woman may be waiting for the "right time" to leave or may feel that the risks of leaving outweigh the risks of staying. She is determined to survive and persevere. Acknowledging her perseverance lets her know that you value her ability to survive violence and abuse.

Other strengths that abused women may have include:

- Endurance
- Loyalty
- Love for others
- Creativity
- Courage
- Persistence
- Humor
- Spirituality
- Connection with others

POLICY RESPONSES

Besides the criminal and civil justice policies described in the practice issues section, specific policy responses to domestic violence are found at the federal, state, local, and organizational levels. Several federal policies have become important tools for advocates for abused women. The federal Violence Against Women Act (VAWA) provides funding for domestic violence shelters and state coalitions, the national domestic violence hotline, law enforcement and prosecution programs, rural programs, child visitation/exchange programs, university and college violence-against-women programs, transitional housing programs, specialized programs in Indian country, and specific funding targeting marginalized communities such as women with disabilities. Besides providing needed funding for domestic violence service providers, VAWA also addresses important issues in service provision. One very significant issue was the difficulty of enforcing protective orders across state lines. VAWA allows for full faith and credit of protective orders across jurisdictions. This means that a protective order issued in Kansas City, Missouri, is enforceable in Kansas City, Kansas. For thousands of women who live in one state but work in another, or who seek safety in a different state from their abuser, law enforcement agencies must honor the protective order or be in violation of federal law. Another section of VAWA is the provision that respondents to a protective order or those found guilty of domestic assault are prohibited from owning firearms. Unfortunately this provision has met with much resistance, and judges are often reluctant to take away firearms from an abuser. VAWA also makes provisions for battered immigrant women to stay in the United States. This provision is addressed in chapter 6, which focuses on the needs of immigrant and refugee women.

The Victims of Crime Act (P. L. 98–473) also created two very important programs that assist victims of domestic violence: The Crime Victims Compensation program provides monetary assistance directly to victims to reimburse them for expenses incurred as a result of the crime. These may include medical expenses, the costs of mental health counseling, loss of wages, and funeral expenses. Other expenses that may be covered are eyeglasses and other corrective lenses, dental services and devices, and prostheses. Recently expanded coverage includes relocation expenses for battered women (Office for Victims of Crime 2001). Each state has different rules for expenses covered and the amount of coverage. The Victim Assistance Program also provides funding to states that subsequently finance local victim-assistance programs. Eligible for these funds are community-based organizations that provide services for victims of domestic violence.

The other federal policy to be aware of is the ability of states to offer waivers, in two important ways, to TANF (Temporary Assistance to Needy Families) recipients. One of these waivers may allow the recipient additional time to receive benefits given the barriers she may have in gaining and keeping employment. Typically the waiver is for six months. The second waiver relates to child support enforcement requirements. If the woman believes that her life and the lives of her children will be endangered by state involvement in seeking child support, she can request a waiver so that the state agency will not contact the father of the children. To learn if your state provides TANF waivers, contact your state welfare office or visit the Web site of Legal Momentum at www.legalmomentum.org.

Legal Momentum also compiles a comprehensive review of other state laws addressing issues such as employment and housing rights. Some states protect battered women from discrimination in the workplace, allow for time off for attending civil and criminal justice hearings, and provide eligibility for unemployment compensation if leaving one's job is a result of safety issues. Some states have also passed laws addressing housing discrimination. Specific statues may prohibit landlords from terminating a lease early or not renting to someone who has been abused. Women seeking a safer place to live are also given the right to terminate a lease early without penalty. Because each

state is different, it is important to know the laws that are available in your own state.

A number of states have also adopted workplace violence policies that apply to their own state agencies and serve as models for private businesses. The Corporate Alliance to End Partner Violence suggests that businesses provide education on domestic violence to their own employees, train supervisors to be alert for signs of abuse, develop policies and procedures for addressing safety and security on the job, provide time off for abused employees to attend court or look for a new place to live, and have specific policies that address employees who are abusers.

SOCIAL WORK PRACTICE ISSUES

Social work in the field of domestic violence offers practitioners an opportunity to make a difference in the lives of woman, children, and men directly through clinical practice or indirectly through community and organizational practice. Social workers involved in the domestic violence field may work in community-based domestic violence programs with a wide range of services, including emergency shelters, crisis telephone hotlines, transitional housing programs, individual and group nonresidential counseling, hospital- and court-based advocacy, school-based programs with children and teens, children's programs in shelters, batterer intervention programs, teen dating violence prevention and intervention programs, and community education.

Social workers who work in other practice fields will also encounter women and children whose lives are impacted by domestic violence. For example, school social workers will work with children exposed to domestic abuse and also adolescents involved in teen dating violence. Child protective workers will work with maltreated children whose mothers are also being abused. Hospital social workers may be asked to help women who present at emergency rooms with serious physical injuries. Social workers serving homeless populations will encounter women and their children who are fleeing abusive partners and fathers. Social workers in public social services will meet women seeking assistance so they can leave an abusive partner. Adult protective workers will be asked to investigate the abuse of older women. The figure in the introduction (fig. int.1) shows the linkages between various social work fields of practice and domestic violence.

SOCIAL WORK PRACTICE AT THE INDIVIDUAL AND FAMILY LEVELS

Since social workers will encounter individuals and families impacted by domestic violence in many different fields of practice, it is important that all social workers screen for past and current abuse, assess risk for homicide, and help women develop short- and long-term safety plans. This section provides information on these important practice tasks, and also addresses criminal and civil justice interventions and contraindicated interventions that may be harmful to women.

UNIVERSAL SCREENING

Because of the prevalence of domestic violence, social workers should include questions about past or current abuse in all bio-psycho-social-spiritual assessments. Asking all clients about abuse is called "universal screening." The Family Violence Prevention Fund (2002) recommends that all females, ages 14 years of age and older, be screened for victimization during all intakes. Although it is recommended that questions about abuse be included on intake forms, women are more likely to disclose abuse when asked questions face to face (McFarlane et al. 1991). Social workers should establish rapport and trust with clients before asking domestic violence screening questions. Questions about past and current abuse should be behaviorally oriented and conducted in a nonjudgmental and confidential manner. Any limits to confidentiality should be discussed beforehand, for example, disclosing whether the social worker is mandated to report abuse of the woman or maltreatment of children in the home. Only very few states mandate reporting domestic violence; however, most require reporting child and elder abuse. Never ask about abuse in the presence of an intimate partner, children, or other family members. To overcome language barriers, use professional interpreters to ask about this issue. Do not ask members of the family, especially children and adult partners, to interpret. Always interview partners in a relationship separately, especially if they are seeking couples counseling.

One way to frame questions about abuse is to acknowledge the prevalence of the problem. Thus, because it is so prevalent, it is your or your agency's policy to ask all women about the past and current situation. Framing questions in this way communicates the importance of this issue in women's lives and your concerns about the problem; it also conveys to women who are being abused that they are not alone. Here are some screening questions that can be used:

- Have you ever been hit, kicked, slapped, pushed, punched, or shoved by your current or past boyfriend, husband, or partner?
- Has anyone ever used or threatened to use a weapon against you (knife, gun, car, or something like a baseball bat)?
- Are you in a relationship with a person who physically hurts or threatens you?
- Do you ever feel afraid of your partner?
- Has your partner ever forced you to have sex when you do not want to?
- Do you feel isolated or controlled by your partner?

RISK ASSESSMENT FOR HOMICIDE

When clients report that they are in an abusive relationship, social workers should assess the level of danger the client currently faces. Although neither the social worker nor the woman can predict with absolute certainty that someone else (the abusive partner) is likely to become homicidal, women's perceptions about the level of their danger have been shown to be more accurate than any predictive test given to the abusive partners themselves (Heckert and Gondolf 2004). Working in collaboration with the client, social workers can explore risk factors for homicide. The Danger Assessment instrument, developed by the eminent nurse researcher Jackie Campbell (2003), is based on her study of women murdered by an intimate partner (Table 2.2). Information regarding training in the use of the instrument can be found at http://www.dangerassessment.org/WebApplication1/. To assess homicide risk, social workers should ask questions related to the abuse itself, the abuser's behavior and situation, and the woman's situation, and they should assess the level of danger the woman is facing. Each of these questions can be thought of as a "red flag" for subsequent abuse.

After completing a thorough assessment, social workers should discuss with the woman the number of "red flags" there may be for homicide and the woman's perception of the level of danger she is facing. Homicide assessment is not an exact science, and the presence of several red flags does not mean the woman is definitely going to be killed. Nor does the absence of red flags mean she is absolutely safe from danger. However, affirmative answers to several of these questions should spark additional discussion of the various options that may be available to the woman and her children, which can include staying with family and friends, going to an emergency shelter, leaving the area, or staying with the abuser. It is important to help women identify risks generated

TABLE 2.2 Danger Assessment

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

___ 1. Has the physical violence increased in severity or frequency over the past year?
___ 2. Does he own a gun?
___ 3. Have you left him after living together during the past year?
3a. (If you have never lived with him, check here___.)
___ 4. Is he unemployed?
___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? ____)
___ 6. Does he threaten to kill you?
___ 7. Has he avoided being arrested for domestic violence?
___ 8. Do you have a child that is not his?
___ 9. Has he ever forced you to have sex when you did not wish to do so?
___ 10. Does he ever try to choke you?
___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth," speed, angel dust, cocaine, "crack," street drugs, or mixtures.
___ 12. Is he an alcoholic or problem drinker?
___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ____)
___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can"?
___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)
___ 16. Has he ever threatened or tried to commit suicide?
___ 17. Does he threaten to harm your children?
___ 18. Do you believe he is capable of killing you?
___ 19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
___ 20. Have you ever threatened or tried to commit suicide
___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.

Source: Jacquelyn C. Campbell, Ph.D., R. N. Copyright, 2003; www.dangerassessment.com

by the batterer himself and the risks generated by the women's life circumstances (Davies et al. 1998). Batterer-generated risks include repeated and severe physical violence posing the possibilities of death, permanent injuries, and disabilities. Repeated sexual violence may also result in physical injuries and HIV and other sexually transmitted diseases; repeated psychological harm may include the possibility of PTSD, increased risk of drug and alcohol abuse, and suicidal ideation. Women may also consider the increased risk of both physical and emotional harm to their children—including kidnapping, child custody disputes, and the involvement of Children's Protective Services (Davies et al. 1998).

Social workers should also explore clients' perceptions of their life-generated risks, which include financial limitations because of employment history, poor credit history, as well as loss of access to transportation, housing, and health care (Davies et al. 1998). Women may be unable to recover their own personal resources and material goods if they choose to leave. They may face discrimination based on race, ethnicity, gender, sexual orientation, (dis)ability, and citizenship status, all of which are discussed more thoroughly in subsequent chapters in this book.

Given this risk analysis, women may choose to stay with an abuser, particularly if they think the partner will find and kill them if they leave. They may also be afraid that he will hurt family members and friends who try to help. If the woman is afraid that she may not be safe at a local emergency domestic violence shelter, the shelter can arrange for her to stay at another shelter in a different community.

Situations where clients choose to return to the abuser, especially when the woman's safety is a matter of concern, can be frustrating and ethically challenging for social workers. Although we claim to respect our clients' self-determination, these situations question our values and professional competence. The woman chooses to go back not because you were unable to convince her that she is in mortal danger, nor because she is necessarily in denial or minimizing her danger. She chooses to return because she would rather see what is coming than constantly look over her shoulder and live in fear. She may also choose to go back at this time because the cost of leaving outweighs the costs of staying. It is essential that social workers pay attention to their own verbal and nonverbal communication at this time. We do not want to give the impression that we are disappointed by our client's decision to return to the abuser. We want her to know that we are concerned for her safety and that if she ever wants us to help make other arrangements for her, we will be there to do so. Whether a woman chooses to leave or stay, the next important practice task social workers should do is safety planning.

SAFETY PLANNING

One of the most significant interventions social workers can do with someone in an abusive situation is helping them identify short- and long-term strategies for their safety. Safety planning is about building a partnership with a survivor so that together you can identify her strengths and help her access her own personal power. This is the heart of empowerment practice.

Although there are many reasons women may stay in relationships with someone who can be abusive, they all want the abuse to stop and want to identify ways they can increase their safety. Before discussing concrete safety strategies, it is important to acknowledge that no one strategy can keep women safe (Goodkind, Sullivan, and Bybee 2004). Whether they are abused in the future depends on the batterer's behavior, not the women's.

Researchers find that abused women use strategies that include placating the abuser, actively resisting violence, seeking help from both formal and informal sources of support, and having an emergency safety plan (Goodkind et al. 2004). Strategies used for placating the abuser included trying to avoid him at certain times, not resisting his demands, keeping the kids quiet, and avoiding family and friends. They reported actively resisting the abuse by fighting back physically or using or threatening to use a weapon in self-defense. Many women seek formal help from religious organizations, health-care providers, domestic violence programs, mental health counselors, criminal and civil justice agencies, and legal assistance. Their informal help-seeking strategies included staying and talking with family and friends (Goodman et al. 2003). Although none of these strategies are completely effective, plans such as actively resisting the violence are considered largely ineffective and may be met with retaliatory violence.

Short-term or emergency strategies are actions women take during a violent incident. This is a very scary time, but if the woman has arranged a plan to go to a safe place where the abuser can't find her, and a back-up destination in case the first is unavailable, she may be able to focus on going somewhere safe rather than feel helpless. It is important to process these action plans with her so she can be ready to implement the plan at a moment's notice.

In addition to exploring a safe place she can go, does she have a suitcase packed with emergency essentials? Has she made copies of important papers,

and put aside some money and extra keys and left these items with trusted family members or friends? During the violent incident, it is important to move to the safest part of the house and away from the kitchen, garage, bathroom, or any other room with sharp tools that could be used as weapons. She can also alert her children and neighbors who might overhear the violence to call the police. She can practice having a code word or phrase to signal children to call the police. Children should also have a safety plan that might include going to a neighbor's house during a violent incident, where they can call police from a safe location (Hart 1990). Women with pets may also want to have arrangements for taking care of their animals if they cannot take them to a safe place and fear for their safety if they are left behind.

Women can use many longer-term strategies to plan for their safety that may include subsequently leaving the abuser. These strategies include increasing their economic independence by opening their own bank account; having bills sent to a different address, particularly bills for cell phones; going back to school to prepare for a career; and seeking employment if they are currently not working and if it is feasible given their circumstances. She may also change locks on doors and install security systems.

One of the most important telephone numbers social workers can give their clients is the number for the National Domestic Violence Hotline, 1–800–799-SAFE and 1–800–787–3224 (TTY). The hotline is available 24 hours, 7 days a week, has Spanish-speaking advocates and other language interpreters available, and can connect women with resources anywhere in the United States.

CRIMINAL JUSTICE INTERVENTIONS

During or immediately after a violent incident, women often turn to the criminal justice system for help. Police intervention is commonly used during a violent incident when a woman feels her life is in danger. Most states and many local communities have adopted pro or mandatory arrest policies that require responding officers to arrest the person identified as the primary aggressor. It is important to note that implementation of state laws varies among jurisdictions. The potential unintended consequences of involving the police, however, include retaliation against victims and the arrest of both the abuser and the victim. The abuser may also flee before police can arrive. However, arrest marks the entrance into the criminal justice system and may lead to prosecution.

TABLE 2.3 Items to Take When Leaving

PERSONAL INFORMATION

- Birth certificates
- Social security cards
- Passports
- Green cards and Work Permits
- Credit cards
- Savings and checking-account information

IMPORTANT PAPERS

- Divorce papers
- Protective orders
- Medical records
- Insurance papers
- Lease or mortgage papers
- Address books

OTHER ITEMS INCLUDING THOSE OF SENTIMENTAL VALUE

- Jewelry
- Photographs
- Medical prescriptions

CHILDREN'S PAPERS

- Birth certificates
- School records and vaccination records
- Medical records
- Passports

CHILDREN'S ITEMS

- Favorite pictures
- Children's favorite toys
- Blankets
- Medical prescriptions

PETS AND PET ITEMS

- Toys, bedding, and food
- Vet records

IMPORTANT TELEPHONE NUMBERS

- People they can stay with
- Work and school
- Local domestic violence program
- Medical doctors
- Attorney

Criminal charges may vary depending on the severity of the injuries sustained and the presence of weapons. Laws vary between states, so social workers should become knowledgeable about criminal laws in the states where they practice. Information about state laws can be found at the Web site of the American Bar Association Commission on Domestic Violence. Successful prosecution of an assault may lead to mandated batterer intervention counseling in areas where programs exist, and where the criminal justice system and services for both victims and perpetrators have developed coordinated community responses to domestic violence. The goal of a coordinated community response is to enhance safety for victims and hold batterers accountable for their behavior (Hart 1995); it is typically marked by regular communication between primary stakeholders in the field.

Women are often reluctant to participate in the prosecution of their partners. Victims and offenders often have strong emotional and financial ties, including the sharing of children, and many women want their partners to get counseling instead of going to jail (Hart 1993). Recognizing these dynamics, many prosecutors use evidence-based prosecution techniques that do not require victims to testify against abusers. Local domestic violence programs may provide victim advocates to help victims feel empowered to pursue prosecution (Weisz 1999). Many prosecutors also employ victim advocates to provide services such as helping victims apply for protective orders, information gathering regarding the nature, severity, and prior violence by the offender, explaining the criminal justice system, keeping victims informed of key events (Healey, Smith and O'Sullivan 1998), as well as accompanying victims to courtroom appearances. Despite women's fears about sending their partner to jail, judges have shown a preference for using court-mandated batterer's treatment as a condition of probation, with little interest in using incarceration as a possible deterrent (Hanna 1998).

CIVIL JUSTICE INTERVENTIONS

Protective or restraining orders are civil court orders prohibiting offenders from contacting victims or their children, using physical abuse or the threat of physical abuse, or damaging the victim's personal property (Postmus 2007). The order may provide for custody, visitation, support of minor children, and living arrangements; violation of protective orders is now a criminal offense (Finn and Colson 1990). A protective order issued in one jurisdiction is enforceable in all U.S. jurisdictions, but protective order remedies may vary between states. Social workers can learn more about the protective order policies in the states where they practice through the Web site of the American Bar Association Commission on Domestic Violence or by contacting their state domestic violence coalition or local domestic violence service provider.

Women can obtain applications for protective orders through local domestic violence programs and county and municipal courts. Application for protective orders can be made without an attorney (pro se) and social workers can help clients fill out the paper work. People who apply for a protective order are called "petitioners." The application is then given to a judge to approve the order. A copy of the protective order is served to the other party, the "respondent." The protective order is usually good on an emergency basis,

typically lasting 30 days. To make the protective order permanent, with extensions typically lasting six months to a year, petitioners must appear before a judge to affirm that they are still concerned for their safety and want the protective order to be extended.

The respondent must be given notification of the court date but is not mandated to appear. The respondent has the right to dispute the need for a protective order, and the judge hearing the case determines the disposition of the request. Social workers should be wary when exploring the protective order option, as it does not prevent violence from occurring. It can only hold an abuser responsible for committing subsequent violence. A woman may choose not to go forward with a request to extend the protective order beyond its 30-day emergency status if she feels that the threat of violence has lessened or if she fears severe retaliation if she proceeds with the court date.

CONTRAINDICATED INTERVENTIONS

A number of intervention modalities that social workers have traditionally used are contraindicated in situations where violence is present. Those interventions typically involve couples counseling, marriage counseling, divorce mediation, and family therapy. Many experts in the field believe that interventions involving joint counseling may be dangerous, unfair, and ineffective (New York State Office for the Prevention of Domestic Violence n.d.). Since abusive partners often warn their partners against disclosing their violence to others, they may also retaliate against their female partners for violating another of their "rules." Requiring a woman to attend counseling with someone who has victimized her is unfair; victims often take responsibility for the violence and consequently, the focus of the counseling session shifts away from the abuser. This only reinforces the batterer's belief that he can use violence to discipline his partner's misbehavior. Because of the ever present threat of retaliation, abused women often are afraid to disclose the power and control issues within the relationship. Neither well-trained professional social workers nor other mental health professionals believe that they can restore the balance of power between abusive partners and their victims in 50-minute sessions and then have the couple maintain that balance after they leave the office. When contacted for couples counseling, social workers should always screen each partner separately for violence before contracting for subsequent intervention. When violence is disclosed, social workers should explore other options such as group programs specifically

geared toward abusive partners. Couples counseling may be appropriate after completion of a batterer intervention program. However, completing a batterer intervention program does not guarantee that the abusive partner is no longer using violence or other forms of coercive control. Family therapy interventions that require the presence of an abusive partner, abused partner, and their children are also contraindicated for the same reasons. In this case, not only is the abused partner at risk for subsequent violence, but their children are also at risk.

Interventions such as the ones mentioned above may rely on family systems theory as its foundation. Under family systems theory each member of the family interacts with all others in order to form the whole system. Individual problems are a result of a dysfunctional family unit, where each member contributes to the problem. From this perspective, violence is produced by the interactions between people, so no one is responsible for the violence. Thus interventions using family systems theory may create opportunities for blaming the victims. It is important, however, to hold abusers responsible for their own behavior.

When making recommendations for programs that target batterers your local programs should be investigated before making referrals. If your state has developed standards for practice in this area, look for programs that have been certified by a state agency or your state domestic violence coalition. Programs focusing on anger management have not been found to be effective in stopping violence. Focusing on anger as an issue implies that someone is unable to control his anger or behavior, but the fact is that abusers are quite able to control their anger depending on the situation. Abusers rarely target people whom they perceive to have power over them, such as their employers, and may in fact appear cool, calm, and collected when the police show up. Anger management programs, therefore, may not address the coercive tactics that batterers use. Referring batterers to an anger management program may give the abused partner a false sense of safety.

Divorce mediation or child custody investigations are other approaches that may risk the safety of children (Imbrogno and Imbrogno 2000), as an abusive partner may use divorce proceedings to gain custody of the couple's children. Because domestic violence is strongly correlated with child abuse, it is important that social workers conducting child custody investigations are trained in assessing for violence and abuse and for the impact of a batterer's violence on children (Bancroft and Silverman 2002). The use of a standardized instrument such as the Child Exposure to Domestic Violence Scale can help determine the level of impact on youngsters (Edleson, Shin, and Johnson-Armendariz 2008).

Because allegations of domestic violence are not generally more common in disputed custody cases, social workers must question claims of the so-called parental alienation syndrome (PAS) (Saunders 2007), which is often used to accuse women of alienating their children from their fathers. PAS has been discredited by various experts as lacking any scientific basis or data to support it (Meier, 2009). Although PAS has been found to be unscientific, some judges have awarded sole custody of children to abusive fathers on the basis of its use in the courtroom (Bancroft and Silverman 2002); thus, having the effect of prohibiting mothers from legitimately protecting the safety of their own children

Awarding batterers joint or sole custody of children reinforces their power over mothers and children, and puts the children's safety and mental and physical health at risk for further abuse (Bancroft and Silverman 2002). Even if custody is awarded to the nonabusive parent, divorce and separation does not mean that the abuse has ended. Children should be taught safety planning for both unsupervised and supervised visitations with an abusive parent (Saunders 2007). The use of community supervised visitation/exchange programs, many of which were developed to increase the safety of abuse survivors and their children (McMahon, Neville-Sorvilles, and Schubert 1999), can be an important recommendation for child custody evaluators to make.

SOCIAL WORK MACRO PRACTICE: ORGANIZATIONS, COMMUNITIES, AND PUBLIC POLICY LEVELS

Social work practice at the organizational, community, and local, state, national, and international levels is rich with challenges and opportunities. Social workers involved with state coalitions, national organizations, and state and local agencies may be developing training programs, enhancing the ability of their member organizations to provide effective services.

ORGANIZATIONAL LEVEL At the organizational level, social work practice should include the development and implementation of policies that require screening and the creation of tracking systems to maintain consistent data

regarding the percentage of the caseload involving domestic violence. Regular training programs for employees on domestic violence issues should also be developed and implemented. Further, social service agencies should have workplace policies that address the needs of workers personally affected by domestic violence.

COMMUNITY LEVEL At the community level, social workers can participate in local domestic violence task forces or coordinating councils and should seek ways to keep women safe and hold abusers accountable. Social workers should plan and participate in multi-agency community awareness events that provide information to the public about topics that reach all clients and also look for ways to collaborate with other agencies in the community. For example, an agency providing alcohol and drug treatment may develop a Memorandum of Understanding (MOU) with a local domestic violence program that addresses domestic violence screening among alcohol- and drug-treatment clients, and alcohol and drug screening among domestic violence clients.

LOCAL, STATE, NATIONAL, AND INTERNATIONAL PUBLIC POLICY LEVELS At all public policy levels social workers should advocate for better funding of programs that meet the needs of families where violence is present. Funding is needed for emergency and transitional housing programs for abuse survivors, as many domestic violence shelters turn away women and children because of overcrowding. Funding is also needed for primary prevention programs targeting teens and for therapeutic programs for children exposed to violence. These programs are critical for breaking the intergenerational transmission of violence. Joining state domestic violence coalitions will connect social workers with valuable training opportunities and help keep them informed about changes in state policies. Social workers can also advocate for specific policy changes through testimony, letters, and telephone calls to elected officials.

SUMMARY

Social workers in all areas of practice can benefit from understanding the prevalence, consequences, and dynamics of domestic violence. Minimally, social workers should be able to screen for past and current abuse, assess for risk, be able to discuss potential options, and conduct safety planning with persons who are being abused. The ability to identify the strengths of battered women will help advocates elicit the natural resiliency within each woman and assist her in making her own reasoned decisions about her own safety and that of her children.

RESOURCES

HOTLINES

The National Domestic Violence Hotline
Phone: 1 (800) 799–SAFE or 1 (800) 787–3224 (TTY)
Links individuals to help in their area using a nationwide database that includes detailed information on domestic violence shelters, other emergency shelters, legal advocacy, and social service programs.

Teen Dating Violence Hotline
Phone: 1 (866) 331–9474 or 1 (866) 331–8453 (TTY)

Rape Abuse and Incest National Network (RAINN)
Phone: 1 (800)–656-HOPE
Automatically transfers the caller to the nearest rape crisis center anywhere in the nation. It can be used as a last resort if people cannot find a domestic violence shelter.

NATIONAL ORGANIZATIONS AND WEB SITES

American Bar Association Commission on Domestic Violence
Web site: http://www.abanet.org/domviol
Maintains a Web site with state specific laws, and provides individualized support to attorneys representing victims of domestic violence, sexual assault, and stalking

Statutory Summary Charts
Web site: http://www.abanet.org/domviol/statutorysummarycharts.html\

The Battered Women's Justice Project
2104 4th Ave. South
Suite B
Minneapolis, MN 55404
Phone: 1 (800) 903–0111, ext. 1

Web site: http://www.bwjp.org
Primarily provides support and technical assistance to organizations and professionals engaged in the criminal and civil justice system's response to domestic violence.

Bureau of Justice Statistics Clearinghouse
Web site: http://www.ojp.usdoj.gov/bjs
Provides statistics on intimate partner violence in the United States

Corporate Alliance to End Partner Violence
Web site: http://www.caepv.org/
Focuses on workplace violence policies

Danger Assessment Website
Web site: http://www.dangerassessment.org/WebApplication1/default.aspx
Provides information on using the Danger Assessment model developed by Jackie Campbell

EconEmpowerment
Web site: http://www.econempowerment.org
Provides financial empowerment resources to domestic violence survivors

Family Violence Prevention Fund (FVPF)
Web site: http://www.endabuse.org
A national nonprofit organization focusing on domestic violence education, and on prevention and public policy reform; videos, curriculum, posters, and other tools are available for download or purchase

Legal Momentum
Web site: http://www.legalmomentum.org
The nation's oldest legal advocacy organization dedicated to advancing the rights of women and girls; the Web site has a database of state-specific laws regarding housing, employment and immigration issues, and violence against women

Minnesota Center Against Violence and Abuse (MINCAVA)
Web site: http://www.mincava.umn.edu
A comprehensive electronic clearinghouse that provides quick access to more than 3,000 resources centered on the topics of violence

National Center on Domestic and Sexual Violence
Phone: 1 (512) 407–9020
Web site: http://www.ncdsv.org

Offers consulting, training, and advocacy on issues relating to domestic violence and sexual abuse

National Center for Injury Prevention and Control
(Centers for Disease Control and Prevention)
Phone: 1 (800) CDC–INFO (232–4636)
Web site: http://www.cdc.gov/ncipc
The lead federal agency for injury prevention, NCIPC works closely with other federal agencies; national, state, and local organizations; state and local health departments; and research institutions focusing on intimate partner violence and sexual violence topics

National Center for Victims of Crime
Web site: http://www.ncvc.org
The nation's leading resource and advocacy organization committed to helping crime victims rebuild their lives

National Coalition Against Domestic Violence (NCADV)
Web site: http://www.ncadv.org
Dedicated to the empowerment of battered women and their children and therefore committed to the elimination of personal and societal violence in the lives of battered women and their children

National Criminal Justice Reference Service (NCJRS): Domestic Violence
Web site: http://www.ncjrs.gov
Provides a Web site listing domestic violence-related publications, frequently asked questions, and related links

National Network to End Domestic Violence
Web site: http://www.nnedv.org
A membership and advocacy organization of state domestic violence coalitions, allied organizations, and supportive individuals that works with city and state domestic violence survivors and their advocates to ensure that their needs are heard and understood by policymakers at the national level

National Online Resource Center on Violence Against Women (VAWnet)
Web site: http://www.nnedv.org
A comprehensive collection of full-text, searchable electronic resources developed to assist those working to end domestic and sexual violence by increasing access to timely, reliable, and relevant information and materials

National Resource Center on Domestic Violence (NRCDV)
Web site: http://www.nrcdv.og
Provides support to all organizations and individuals working to end violence in the lives of victims and their children through technical assistance, training, and information on responding to and preventing domestic violence.

National Sexual Violence Resource Center
Web site: http://www.nsvrc.org
The nation's principle information and resource center regarding all aspects of sexual violence

Office for Victims of Crime, U.S. Department of Justice
Web site: http://www.ojp.usdoj.gov/ovc/
Provides resources, grant programs, and federal funding opportunities

Office on Violence Against Women, U.S. Department of Justice
Web site: http://www.ovw.usdoj.gov/
Provides resources, grant programs, and federal funding opportunities

REFERENCES

American Medical Association Council on Scientific Affairs. (1992). Violence Against Women. *JAMA, 267*, 3184–3189.

Anderson, K. M., and F. S. Danis. (2006). Adult daughters of battered women: Resistance and resiliency in the face of danger. *Affilia: Journal of Women and Social Work, 21(4)*, 419–432.

Arkow, P. (1996). The relationship between animal abuse and other forms of family violence. *Family Violence and Sexual Assault Bulletin 12(1/2)*, 29–34.

Bachman, R., and L. E. Saltzman. (1995). Violence against women: Estimates from the redesigned survey. *Bureau of Justice Statistics Special Report*. Washington, DC: U.S. Department of Justice.

Bancroft, L., and J. G. Silverman. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage.

Bandura, A. (1973). Aggression: A Social Learning Analysis. Englewood Cliffs, NJ: Prentice Hall.

Bennett, L., and O. Williams. (2003). Substance abuse and men who batter: Issues in theory and practice. *Violence Against Women, 9(5)*, 558–575.

Bent-Goodley, T., and D. Fowler. (2006). Spiritual and religious abuse, *Affilia: Journal of Women and Social Work, 21(3)*, 282–295.

Brandwein, R. (Ed.) (1998). *Battered Women, Children, and Welfare Reform: The Ties That Bind*. Thousand Oaks, CA: Sage.

Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Service, 87(1)*, 43–52.

Browne, A.., and S. Bassuk. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry, 67*, 261–277.

Campbell. J. C. (1995). Prediction of homicide of and by battered women. In J. C. Campbell (Ed.), *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers* (pp. 96–113). Thousand Oaks: CA: Sage.

Campbell, J. C., J. Dienemann, and A. Jones. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine, 162*, 1157–1163.

Campbell, J. C., and K. Soeken. (1999). Forced sex and intimate partner violence: Effects on women's health. *Violence Against Women, 5*, 1017–1035.

Carlson, B. E. (1984). Causes and maintenance of domestic violence: An ecological analysis. *Social Service Review, 58*, 569–587.

Coker, A., K. Davis, I. Arias, S. Desai, M. Sanderson, H. Brandt, and P. H. Smith. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23(4)*, 260–268.

Crowell, N. A., and A. W. Burgess. (1996) (Eds.). *Understanding Violence Against Women*. National Research Council, Washington, DC: National Academy Press.

Cummings, J., D. Peplar, and T. Moore. (1999). Behavior problems in children exposed to wife abuse: Gender differences. *Journal of Family Violence, 14(2)*, 133–156.

Davies, J., E. Lyon, and D. Monti-Catania. (1998). Safety Planning with Battered Women: Complex Lives/Difficult Choices. Thousand Oaks, CA: Sage.

Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women, 5(2)*, 134–154.

——. (2006). *Emerging Responses to Children Exposed to Domestic Violence*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence, Retrieved June 9, 2008, from http://www.vawnet.org.

Edleson, J. L., and R. M. Tolman. (1992). *Intervention for Men Who Batter: An Ecological Approach*. Newbury Park, CA: Sage.

Edleson, J. L., N. Shin, and K. K. Johnson-Armendariz. (2008). Measuring children's exposure to domestic violence: The development and testing of the Child Exposure to Domestic Violence (CEDV) Scale. *Children and Youth Services Review, 30*, 502–521.

Foundations of Social Work Knowledge
Frederic G. Reamer, Series Editor

Social work has a unique history, purpose, perspective, and method. The primary purpose of this series is to articulate these distinct qualities and to define and explore the ideas, concepts, and skills that together constitute social work's intellectual foundations and boundaries and its emerging issues and concerns.

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DOMESTIC VIOLENCE

INTERSECTIONALITY AND CULTURALLY COMPETENT PRACTICE

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