

DOMESTIC VIOLENCE, 1978

HEARINGS

BEFORE THE

SUBCOMMITTEE ON

CHILD AND HUMAN DEVELOPMENT

OF THE

COMMITTEE ON HUMAN RESOURCES

UNITED STATES SENATE

NINETY-FIFTH CONGRESS

SECOND SESSION

ON

DOMESTIC VIOLENCE AND LEGISLATION WITH RESPECT TO
DOMESTIC VIOLENCE

LOS ANGELES, CALIF.

MARCH 4, 1978

WASHINGTON, D.C.

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Printed for the use of the Committee on Human Resources



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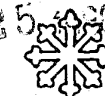
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American Psychiatric Association

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TESTIMONY
BY THE

AMERICAN PSYCHIATRIC ASSOCIATION

BEFORE THE

SUBCOMMITTEE ON CHILD AND HUMAN DEVELOPMENT

COMMITTEE ON HUMAN RESOURCES

MARCH 8, 1978

IRA S. LOURIE, M. D.
AMERICAN PSYCHIATRIC ASSOCIATION

GOOD MORNING.

MY NAME IS DR. IRA S. LOURIE, AND I AM APPEARING HERE TODAY ON BEHALF OF THE AMERICAN PSYCHIATRIC ASSOCIATION, A MEDICAL SPECIALTY SOCIETY WITH A MEMBERSHIP OF OVER 24,000 PSYCHIATRISTS REPRESENTING A CROSS SECTION OF THOSE PRACTICING PSYCHIATRY, RANGING FROM THE ACADEMIC TO THE ADMINISTRATOR TO THE INDIVIDUAL IN COMMUNITY, PUBLIC HEALTH SERVICE OR PRIVATE PRACTICE THROUGHOUT THE UNITED STATES.

THE OBJECTIVES OF THE AMERICAN PSYCHIATRIC ASSOCIATION STATE OUR DEDICATION NOT ONLY TO IMPROVING THE TREATMENT, REHABILITATION AND CARE OF THE MENTALLY ILL, BUT ALSO OUR DEDICATION TO ADVANCING THE STANDARDS OF ALL PSYCHIATRIC SERVICES AND TO COOPERATE WITH ALL WHO ARE CONCERNED WITH OTHER MEDICAL, PSYCHOLOGICAL, SOCIAL AND LEGAL ASPECTS OF MENTAL HEALTH AND ILLNESS. THE OPPORTUNITY TO APPEAR TODAY IS VERY MUCH IN KEEPING WITH THE APA'S OBJECTIVES, AND WE THANK YOU, MR. CHAIRMAN, FOR ALLOWING US TO PROVIDE OUR INPUT ON THE MOST SERIOUS MATTER OF DOMESTIC VIOLENCE.

I MUST POINT OUT BEFORE BEGINNING TO ADDRESS THIS ISSUE THAT WHILE I AM AN EMPLOYEE OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, MY PRESENCE HERE TODAY IS IN ANOTHER CAPACITY. I AM APPEARING ON BEHALF OF THE APA AND THE VIEWS I PROPOUND ARE NOT NECESSARILY THOSE OF EITHER NIMH OR ADAMHA.

DOMESTIC VIOLENCE -- AN OVERVIEW

THIS NATION OVER THE PAST TWENTY YEARS, HAS BEGUN TO COME TO GRIPS WITH THE ISSUE OF DOMESTIC VIOLENCE -- CHILD ABUSE, ADOLESCENT ABUSE AND SPOUSE ABUSE. WE DID NOT KNOW THEN WHAT WE KNOW NOW: THAT DOMESTIC VIOLENCE IS NOT CLASS OR CULTURE BOUND; THAT CHILDREN UNDER THE AGE OF FIVE ARE NOT THE PREDOMINANT VICTIMS OF ABUSE; THAT ABUSE UNREPORTED DOES NOT MEAN THAT ABUSE IS NOT PRESENT.

FIRST, ATTENTION WAS FOCUSED ON CHILD ABUSE, AND TODAY THERE ARE MANY EFFORTS AT THE STATE, FEDERAL AND LOCAL LEVELS TO DEAL WITH THIS PROBLEM. WHEREAS THE ISSUE WAS FIRST CONSIDERED A LEGAL ONE, TODAY WE HAVE COME TO RECOGNIZE THAT CHILD ABUSE -- AND INDEED ADOLESCENT AND SPOUSE ABUSE AS WELL -- ARE THE RESULT OF ABERRANT FAMILY PROCESS WITH PHYSICAL, PSYCHIATRIC, SOCIAL AND LEGAL IMPLICATIONS BOTH FOR THE FAMILY ITSELF AND SOCIETY AT LARGE. AS WE HAVE LEARNED MORE ABOUT FAMILY VIOLENCE, SO, TOO, HAVE WE SOUGHT MEANS OF BRINGING A HALT TO ABUSE. SERVICE PROGRAMS HAVE BEEN DEVELOPED WITH A MULTIDISCIPLINARY APPROACH IN WHICH VARIOUS PROFESSIONALS AND NONPROFESSIONALS WITHIN A COMMUNITY HAVE COME TOGETHER TO SUPPORT FAMILIES IN WHICH THERE IS A CHILD AT RISK. THE MEDICAL, LEGAL AND SOCIAL SERVICES COMMUNITIES HAVE COME TO RECOGNIZE THAT REMOVING AN ABUSED CHILD FROM THE HOME IS NOT NECESSARILY THE MOST PREFERABLE MEANS OF ENDING ABUSIVE TREATMENT. SERVICE PROGRAMS HAVE HAD AS AN OBJECTIVE THAT OF KEEPING FAMILIES INTACT, THROUGH COUNSELING OR OTHER SUPPORTIVE MEDICAL AND SOCIAL SERVICES, RATHER THAN RELYING ON

INVOLUNTARY PLACEMENT OF ABUSED CHILDREN THROUGH THE SOCIAL WELFARE OR COURT SYSTEMS.

AS AN OUTGROWTH OF THIS NEW ATTENTION BEING PAID TO CHILD ABUSE HAS COME THE RECOGNITION THAT INFANTS ARE NOT THOSE WHO ARE PREDOMINANTLY ABUSED. RATHER, ABUSE AFFECTS ALL CHILDREN OF ALL AGES AT APPROXIMATELY EQUAL RATES. MOREOVER, WE HAVE LEARNED THAT SPOUSE ABUSE, BOTH AGAINST WIVES AND HUSBANDS, IS WIDESPREAD, THOUGH FAR LESS FREQUENTLY REPORTED THAN INCIDENCES OF CHILD OR ADOLESCENT ABUSE.

RECENT RESEARCH IS DEMONSTRATING THAT THE PATTERNS OF ABUSE ARE NOT THE SAME AMONG VARIOUS AGE GROUPS OF ABUSED CHILDREN, ADOLESCENTS AND ADULTS. INDEED, WITHIN THE POPULATION OF ADOLESCENTS ABUSED (APPROXIMATELY TWENTY-FIVE PERCENT OF ALL VALIDATED ABUSE CASES) IT HAS BEEN DISCOVERED THAT THE CAUSES AND NATURE OF ABUSE, WHILE PARALLELING ABUSE OF THE VERY YOUNG IN SOME WAYS, ARE IN MANY WAYS DIFFERENT, THAT IS TO SAY, THE FAMILY PRESSURES GIVING RISE TO THE ABUSE VARY GREATLY. DATA, UNFORTUNATELY, ARE INCOMPLETE, BECAUSE WHILE ADOLESCENTS TO AGE EIGHTEEN ARE COVERED UNDER CHILD ABUSE PROTECTION SYSTEMS, THE SYSTEMS HAVE NOT DEVELOPED THE CAPACITY TO DEAL ADEQUATELY WITH THE DIFFERENT NATURE OF THE PROBLEM. RECENT LIMITED EFFORTS HAVE RESULTED IN THE GROWING RECOGNITION OF THIS PROBLEM IN THE DEVELOPMENT OF PILOT PROGRAMS.

MOST RECENTLY, THE PLIGHT OF THE BATTERED OR ABUSED SPOUSE HAS COME TO NATIONAL ATTENTION. UNLIKE THE AREA OF CHILD ABUSE, THERE IS NO EXISTANT REPORTING SYSTEM FOR MEDICAL CASES IN WHICH ABUSE IS SUSPECTED OR VALIDATED, AND UNLIKE THE AREA OF CHILD ABUSE, A SYSTEM OF MULTIDISCIPLINARY CASE MANAGEMENT HAS NOT BEEN INSTITUTED. UNLIKE CHILDREN, OR EVEN ADOLESCENTS, SPOUSES HAVE NO LEGAL PROTECTION AGAINST ABUSE. WHAT WE DO HAVE ARE LOCAL "HAVENS" FOR THE ABUSED SPOUSE. THESE ARE FEW

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AND FAR BETWEEN WITH LITTLE COMMUNITY SUPPORT -- BE IT MONEY, PSYCHIATRIC, MEDICAL, SOCIAL OR LEGAL COUNSELING, OR OTHER SERVICES. THE DATA ARE SO SKETCHY, AND THE RESEARCH SO LIMITED THAT THE PHENOMENON IS NOT WELL UNDERSTOOD BY ANYONE IN THE COMMUNITY OF PROFESSIONALS, PARAPROFESSIONALS AND NONPROFESSIONALS ATTEMPTING TO DEAL WITH THE PROBLEM.

THE ROLE OF PSYCHIATRY IN CURBING DOMESTIC VIOLENCE

THERE ARE THREE MAJOR AREAS IN WHICH THE PSYCHIATRIST -- AS A PHYSICIAN AND AS A SPECIALIST IN MENTAL ILLNESS -- HAS BEEN AND MUST CONTINUE TO BE INVOLVED IN THE AREA OF DOMESTIC VIOLENCE. I REFER HERE TO SERVICE PROGRAMS FOR THE ABUSED AND ABUSIVE, RESEARCH AND TRAINING.

THE PSYCHIATRIST, TODAY OFTEN THE CHILD AND ADOLESCENT PSYCHIATRIST, HAS BEEN A PART OF THE MULTIDISCIPLINARY TEAMS NOW WORKING IN THE AREA OF DOMESTIC VIOLENCE. HIS OR HER PRESENCE AS PART OF SUCH A TEAM ADDS TO THE UNDERSTANDING OF FAMILY DYNAMICS, CHILD DEVELOPMENT AND WHEN APPROPRIATE, PSYCHO-PATHOLOGY, ALL OF WHICH CAN HELP INSURE THE MOST BENEFICIAL CASE MANAGEMENT, AND ULTIMATELY THE END OF ABUSE IN A PARTICULAR FAMILY. FOR EXAMPLE, THE PSYCHIATRIST CAN ASSESS THE NEED FOR PSYCHIATRIC THERAPY FOR ANY MEMBER OF THE FAMILY IN WHICH ABUSE IS PRESENT. HE OR SHE CAN WEIGH THE EFFECTS OF VARIOUS INTERVENTION OPTIONS ON THE FAMILY, THEREBY HELPING TO DETERMINE WHETHER A FAMILY IS BEST ENCOURAGED TO REMAIN INTACT, WHETHER A SEPARATION IS PREFERABLE, OR WHETHER THE CASE SHOULD BE EVALUATED BY THE CORRECTIONS SYSTEM. LAST, HE OR SHE CAN ASSESS SPECIFIC DYNAMICS OF FAMILIES WITH A HISTORY OF DOMESTIC VIOLENCE WITH AN EYE TOWARD DEVELOPING AN ETIOLOGY OF ABUSE.

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WITHIN THE AREA OF RESEARCH, THE PSYCHIATRIST CAN PLAY AN IMPORTANT ROLE, WHETHER THE RESEARCH IS ON AN AD HOC BASIS OR UNDER OTHER FEDERAL OR OTHER SUBSIDY, BY BRINGING HIS OR HER KNOWLEDGE OF RESEARCH ON VIOLENCE, FAMILY DYNAMICS, CHILD DEVELOPMENT TO BEAR ON THE SPECIFIC QUESTION OF DOMESTIC VIOLENCE. HE ADDRESSES BOTH THE ABUSED AND ABUSIVE WITH AN EYE TOWARD CULLING COMMON DENOMINATORS FROM THE COMPLEX SERIES OF TRIGGER SITUATIONS WHICH MAY RESULT IN FAMILY VIOLENCE.

THE PSYCHIATRIST CAN FURTHER HELP TRAIN OTHER PROFESSIONALS AND PARAPROFESSIONALS, INCLUDING LAW ENFORCEMENT PERSONNEL, IN THE PSYCHIATRIC ASPECTS OF INTERVENTION IN FAMILY CRISIS SITUATIONS.

TODAY, HOWEVER, THE ABILITY OF THE PSYCHIATRIST OR OTHER PROFESSIONALS WORKING IN THE AREA OF DOMESTIC VIOLENCE IS SEVERELY LIMITED. THESE LIMITATIONS ARE THE RESULT OF INSUFFICIENT RESEARCH, INSUFFICIENT FUNDS AND, UNTIL TODAY, INSUFFICIENT NATIONAL INTEREST IN FAMILY VIOLENCE OTHER THAN CHILD ABUSE.

WHAT IS NEEDED TO AFFECT CHANGES IN FAMILY VIOLENCE

BASED IN LARGE MEASURE ON MY INVOLVEMENT IN CHILD AND ADOLESCENT ABUSE, IT BECOMES CLEAR THAT FOUR MAJOR NEEDS ARE LACKING IN OUR EFFORTS TO CURB DOMESTIC VIOLENCE: SERVICE POTENTIAL, TRAINING OF PERSONNEL, BASIC RESEARCH AND THE FUNDS NECESSARY TO MEET THE THREE OTHER NEEDS.

IT IS NECESSARY TO PROVIDE INCREASED SERVICE POTENTIAL TO ALL GROUPS OF ABUSED PERSONS, PAYING PARTICULAR ATTENTION TO THE DISPARATE NEEDS AND TREATMENT TECHNOLOGIES FOR EACH GROUP. THERE ARE ALREADY SUCCESSFUL

MODELS WHICH HAVE BEEN OR ARE BEING DEVELOPED ON THE LOCAL, STATE AND REGIONAL LEVELS WHICH, AS DEMONSTRATION PROGRAMS COULD PROVIDE MODELS FOR FUTURE PROGRAMS AND INCREASED IMPETUS TO THE MULTIDISCIPLINARY TEAMS NOW WORKING IN THIS AREA. EACH MODEL ALSO PROVIDES POTENTIAL FOR BASIC RESEARCH INTO THE ETIOLOGY OF THE VARIOUS KINDS OF DOMESTIC VIOLENCE -- CHILD ABUSE, ADOLESCENT ABUSE AND SPOUSE ABUSE -- WHICH WILL RESULT IN THE DEVELOPMENT OF APPROPRIATE SERVICES TO MEET THE SPECIAL NEEDS OF EACH GROUP AND THE FAMILIES OF THOSE ABUSED.

AS PART OF THE DEVELOPMENT OF SERVICE POTENTIAL, IT IS NECESSARY ALSO TO DEVELOP OUTREACH. WHILE THE NUMBERS OF REPORTED CASES OF ABUSE ARE ON THE RISE, THE BATTERED SPOUSE SYNDROME, IN PARTICULAR, HAS NOT YET BEEN SUFFICIENTLY DESTIGMATIZED TO ALLOW ITS VICTIMS TO READILY SEEK HELP. GREATER PUBLIC EDUCATION TO SERVICES WILL BE NEEDED AS WILL AN EFFORT TO EDUCATE THE PUBLIC TO THE PHENOMENON ITSELF.

ADOLESCENTS, EVEN WHEN RECOGNIZED AS HAVING BEEN ABUSED, ARE OFTEN SEEN AS MANIPULATIVE VICTIMIZERS, AND THE ABUSE TOWARD THEM FORGIVEN. FOR EXAMPLE, AFTER SHOWING A VIDEOTAPE OF FOUR ABUSED ADOLESCENTS TO A GROUP OF JUVENILE OFFICERS, THEIR COMBINED RESPONSE WAS "BOY, WERE THOSE KIDS MANIPULATIVE". SO, IT GOES WITH SPOUSE ABUSE, WHERE THE VICTIM IS SEEN AS BEEN MASOCHISTIC -- "ASKING FOR ABUSE". BEFORE EFFECTIVE SERVICE CAN BE GIVEN, THESE MYTHS MUST BE LAID TO REST.

ALONG WITH SERVICES, TRAINED PERSONNEL WILL BE NEEDED. IF PROGRAMS ARE TO BE DEVELOPED NATIONALLY, ADEQUATE STAFF TO RESEARCH, EVALUATE AND MANAGE SUCH PROGRAMS IS CRUCIAL. IN THE PAST, APPROPRIATIONS HAVE BEEN RELATIVELY SMALL TO THE PROGRAMS THAT DO EXIST IN THE AREA OF FAMILY VIOLENCE, AND QUALIFIED STAFFING HAS SUFFERED EVEN MORE SEVERELY.

AT THE FEDERAL LEVEL, IT WOULD NOT BE INAPPROPRIATE FOR SPECIFIC LEGISLATIVE LANGUAGE TO BE INCLUDED IN ANY BILL DEALING WITH DOMESTIC VIOLENCE MANDATING ADEQUATE TRAINING EFFORTS AND APPROPRIATE AUTHORIZATIONS TO CARRY OUT THE TRAINING.

AT THIS TIME, RESEARCH IN THE AREA OF FAMILY VIOLENCE IS PERHAPS THE MOST IMPORTANT STEP WHICH MUST BE TAKEN. RESEARCH IN FAMILY VIOLENCE TODAY, THOUGH SOME HEADWAY IS BEING MADE IN THE AREA OF THE BATTERED SPOUSE, PREDOMINANTLY HAS DEALT WITH CHILD ABUSE. MOREOVER, THIS RESEARCH HAS BEEN GEARED PARTICULARLY TO THE PEDIATRIC SETTING -- DESCRIBING ABUSE PATTERNS FOR CHILDREN UNDER FIVE WHO HAVE BEEN SUBJECTED TO SEVERE INJURY. FROM THIS, WE HAVE BEEN ABLE TO DEVELOP A PARADIGM FOR CHILD ABUSE WHICH IS BIASED AND WORKED BEST FOR ONLY THE GROUP STUDIED. ATTEMPTS TO DENY THIS BIAS AND TO APPLY THE RESULTS OF SUCH RESEARCH ACROSS THE BOARD MISS THE BASIC DIFFERENCES BETWEEN GROUPS OF ABUSED PERSONS AND OBSCURE THE FACTORS WHICH ARE INDEED COMMON TO ALL GROUPS.

RESEARCH IN FAMILY VIOLENCE HAS SUFFERED FROM CATEGORICAL APPROACHES. BASIC RESEARCHERS AND EPIDEMIOLOGISTS AGREE THAT THE TERM "ABUSE" WHETHER APPLIED TO CHILDREN, ADOLESCENTS OR SPOUSES, IS INDEFINABLE. THESE TERMS ARE LEGAL AND POLITICAL. THEY ARE DEFINED BY LAW AND ARE USED TO PROTECT LIVES AND ASSURE SERVICES TO GROUPS OF VICTIMIZED PEOPLE IN NEED OF ADVOCACY. THIS IS IDENTICAL TO THE TERM AND CONCEPT OF "INSANITY". THIS CONCEPT IS EXTREMELY USEFUL IN DESCRIBING AND DETERMINING A PERSON'S MENTAL COMPETENCE, AND OFTEN FOR THE ACQUISITION

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OF SPECIAL SERVICES FOR THAT PERSON. BUT, IF WE PRETEND THAT INSANITY IS MORE THAN THAT, WE CAN GET INTO REAL TROUBLE BECAUSE IT OVERLOOKS ALL THE MANY RELATED AND UNRELATED CONDITIONS WHICH MAY LEAD TO ONE'S BEING DECLARED "INSANE." FURTHER, CREATION OF PROGRAMS BASED ON THIS CONCEPT WOULD ULTIMATELY LEAD TO HARMFUL INSTITUTIONS BASED ON INTERNALLY CONSISTENT BUT INVALID CONCEPTS.

SO IT IS WITH CHILD ABUSE, ADOLESCENT ABUSE AND SPOUSE ABUSE. THESE ARE ALL USEFUL TERMS TO PROTECT AND ASSURE SERVICES TO POPULATIONS IN NEED. HOWEVER, FOR THE PURPOSES OF RESEARCH THEY ARE MUCH LESS USEFUL. RESEARCH MUST BE BROADER AND NON-CATEGORICAL IN NATURE. WE MUST LEARN MORE ABOUT FAMILY VIOLENCE IN ITS BROADEST SENSE: THE PARENT/CHILD AND HUSBAND/WIFE RELATIONSHIPS, CHILD DEVELOPMENT, MID-LIFE DEVELOPMENT, ADOLESCENT TRANSITION, THE EFFECTS OF VARIOUS KINDS OF STRESS ON VARIOUS TYPES OF INDIVIDUAL, WHAT THE TRIGGER MECHANISMS FOR VIOLENCE ARE. ONCE SUCH A BROAD PERSPECTIVE IS GAINED, WE CAN LOOK AT WHAT WE KNOW ABOUT EACH CATEGORY OF ABUSE -- CHILDREN, ADOLESCENTS, SPOUSES, WITHIN A BROAD FRAMEWORK.

ONLY WITH RESEARCH OF THIS NATURE CAN WE FIND THE COMMON THREADS OF "WHY VIOLENCE, CAN WE LEARN WHETHER IT IS THE SHEER NUMBER OF PRESSURES ON PARTICULAR INDIVIDUALS WHICH TRIGGERS VIOLENCE, OR A SPECIAL ADMIXTURE WHICH CAN BE IDENTIFIED ACROSS ALL CASES OF DOMESTIC VIOLENCE. CATEGORICAL RESEARCH PROGRAMS ENTICE US INTO NARROW RESEARCH STUDIES WHERE, LIKE IN THE EXAMPLE OF INSANITY, PROJECTS ARE INTERNALLY CONSISTENT, BUT BASED ON BIASED, NARROW, AND MOST LIKELY INVALID CONCEPTS.

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MY FAVORITE EXAMPLE OF THIS IS THE OFT-STATED "FACT" THAT CHILD ABUSERS WERE THEMSELVES ABUSED AS CHILDREN. THIS "FACT" IS NOW ALMOST UNIVERSALLY ACCEPTED AS A LEADING CAUSE OF CHILD ABUSE. HOWEVER, THIS STATISTIC IS BASED ON STUDIES OF ABUSED CHILDREN. WE HAVE NO CONCEPTION AS TO HOW MANY ABUSED CHILDREN ACTUALLY GROW UP TO ABUSE THEIR OWN CHILDREN AND HOW MANY GROW UP WITH A COUNTERREACTION WHICH WOULD CAUSE THEM TO REJECT ALL FORMS OF VIOLENCE AGAINST THEIR OWN CHILDREN. YET, WE REMAIN "HUNG-UP" ON THIS FACT -- AND STILL ACCEPT ITS UNTESTED AND DOUBTFUL SIGNIFICANCE. TO AVOID THIS, WE MUST SET UP SYSTEMS WHICH ENCOURAGE SCIENTISTS IN THE BROAD AREAS OF CHILD DEVELOPMENT, ADULT DEVELOPMENT, FAMILY DEVELOPMENT AND VIOLENCE TO APPLY THEIR KNOWLEDGE AND DATA TO ABUSED POPULATIONS.

CONCLUSION

AT THE PRESENT TIME, THE MEANS OF REDUCING OR ELIMINATING DOMESTIC VIOLENCE ARE LIMITED -- IN PART BECAUSE NO ORGANIZED SYSTEM OF DATA COLLECTION ON THE ISSUE REALLY EXISTS, IN PART BECAUSE RESEARCH INTO THE CAUSES OF ABUSE HAVE BEEN LIMITED AND MISDIRECTED AND IN PART BECAUSE DOMESTIC VIOLENCE REMAINS A "HIDDEN" PHENOMENON, AN EMBARRASSMENT TO WHICH THE BATTERED SPOUSE, ADOLESCENT OR CHILD IS NOT OFTEN WILLING TO SUBJECT HIMSELF OR HERSELF BY SPEAKING OF IT OR "GOING PUBLIC". AS MENTAL ILLNESS IS AN ISSUE WHICH, WITH THE EFFORTS OF THE APA AND THE PRESIDENT'S COMMISSION ON MENTAL HEALTH, HAS BEEN SLOWLY DESTIGMATIZED, SO TOO MUST FAMILY VIOLENCE. AS MENTAL ILLNESS HAS BEGUN TO BE "BROUGHT OUT OF THE CLOSET", SO, TOO, MUST FAMILY VIOLENCE. ONCE

BROUGHT OUT, RESEARCH AND SERVICES CAN BE MADE AVAILABLE TO UNDERSTAND
AND THEN HELP ELIMINATE THE ROOTS OF DOMESTIC VIOLENCE. A WISE
CONGRESS WILL WRESTLE WITH THE PARADOX OF NEEDING A CATEGORICAL
APPROACH TO SERVICE AND A NONCATEGORICAL APPROACH TO RESEARCH,
AND DEVELOP A MEANINGFUL PROGRAM WHICH CAN AND WILL ENCOMPASS BOTH.

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