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Violence Against Women: Synthesis of Research for Advocacy Organizations

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Organizations that advocate on behalf of women have been instrumental in transforming women's "private troubles" of domestic violence, sexual assault, and rape into public issues. Since the early 1970s, advocacy organizations have worked on behalf of these women. As a result of their efforts, significant changes have occurred in the availability of services, the responsiveness of service systems, and the scope of legal protections. Today, advocacy organizations continue to play an important role in advancing new policies and programs, monitoring policy implementation, developing model programs for States and communities, providing training for multiple audiences, and educating the general public about violence against women.

This report synthesizes empirical research in the areas of domestic violence and sexual assault for advocacy organizations. It is organized into three sections; each also addresses gaps in research. The first section addresses domestic violence and summarizes the empirical research related to batterers and victims. The second section considers rape and sexual assault, examining the effectiveness of rape law reforms, treatment of offenders, and services to victims. The third section briefly examines emerging issues related to violence against women: stalking, violence against immigrant women, domestic violence in lesbian relationships, and the relationship between domestic violence and welfare.

Domestic Violence

This section focuses on issues related to intimate partner violence, specifically the abuse of women by their male partners. The section begins by synthesizing the research related to batterer interventions, including arrest policies, coordinated criminal justice responses, and treatment programs. This section then discusses research on services to women who experience abuse from their male partners, covering protection orders,¹ women who are arrested for domestic violence, and shelters and other supportive services. Gaps in the research are noted throughout the review.

Interventions With Batterers

Arrest policies. Since the mid-1980s, arrest policies for batterers have proliferated in response to Sherman and Berk's (1984) study that showed that arresting batterers led to a statistically significant reduction in their recidivism. Later replications of that study, however, led to a more limited conclusion: Arrest policies reduced violence among employed batterers, which deterred one subgroup of batterers but increased violence among those who were unemployed (Berk et al., 1992). This latter finding suggests that arrest may actually increase the risk of violence for some women. Berk et al. (1992) conclude nonetheless that their findings do not provide a rationale for abandoning arrest as a policy option. Buzawa and Buzawa (1993) point out that the purpose of arrest is not only to deter violence—a measure used in many studies—but also to bring the batterer into the criminal justice system, where additional action may be taken.

In contrast, in their review of research findings regarding mandatory arrest, Schmidt and Sherman (1993) conclude that because "the movement to arrest batterers may be doing more harm than good" (p. 601), these laws should be repealed and replaced with policies that allow greater police discretion in determining whether to arrest batterers, provide for warrantless arrests, and focus on chronically violent couples. Policy options such as these require systematic

study to determine their effectiveness as compared with mandatory arrest policies and coordinated community responses to domestic violence. (For further information on arrest policies in general, see Garner, Fagan, and Maxwell, 1995; and Hirschel and Dawson, 2000).

The effects of court dispositions following arrests have also been considered (Davis, Smith, and Nickles, 1998; Thistlethwaite, Wooldredge, and Gibbs, 1998), with mixed results. In their study of misdemeanor arrests in Milwaukee in the mid-1990s, Davis et al. (1998) found no support for a deterrent effect of prosecution; the recidivism rate was similar whether the batterer received a jail sentence, the batterer received a combination of probation and a batterer treatment program, the case was dismissed, or the case was declined for prosecution.² Drawing on their findings of court dispositions for misdemeanor domestic violence in Ohio, Thistlethwaite et al. (1998) concluded that “sentence severity may contribute to the prevention of further domestic violence” (p. 396), with severity referring to the type of sentence rather than its length. Their findings suggest that jail sentences combined with probation may be more effective in reducing recidivism than either a fine or jail or probation alone. (For additional information on prosecution policies, see Ford and Breall, 2000; and Worden, 2000a.)

Coordinated community response. Another approach to criminal justice interventions emphasizes a coordinated criminal justice response that combines multiple criminal justice components. Syers and Edleson (1992) conducted an early study in this area, which found that arrests at the first police visit combined with court-mandated treatment contributed to a reduction in repeated acts of violence. The findings also suggest that this type of intervention is more effective with men in higher socioeconomic groups. Tolman and Weisz (1995) found that a coordinated community response of arrest, prosecution, and conviction had a strong deterrent effect on recidivism; it declined at each point in the process. Arrest itself had a long-term (18-month) deterrent effect in the community studied, which was characterized by low unemployment and relative affluence. This finding lends additional support to the hypothesis that arrest is an effective intervention for a particular subgroup of batterers.

The assumption that coordinated community responses are more effective than isolated interventions was tested by Murphy, Musser, and Maton (1998), who examined the effects of successful prosecution, probation monitoring, and domestic violence counseling. Characterizing their findings as “very promising,” Murphy et al. found support for the proposition that coordinated community interventions have a cumulative effect on reducing recidivism. Babcock and Steiner’s (1999) study in Seattle also supports the use of coordinated community responses to domestic violence. Using a quasi-experimental design, they found evidence that completing domestic violence treatment groups was related to a modest, although statistically significant, reduction in recidivism.

Babcock and Steiner’s (1999) study and other studies (see Gondolf, 1997a) raise concerns, however, because of the low rate of completion of court-ordered treatment. In Babcock and Steiner’s study, less than one-third of the batterers completed treatment. As Gondolf (1997a) notes, information is needed on who drops out and why. More research on coordinated system responses to domestic violence is needed to address the links between components; for example,

do processing times between components (e.g., arrest, prosecution, sentencing, start of treatment) affect recidivism? Systemwide evaluation is a logical, necessary next step in evaluating interventions for batterers (see Healey, Smith, and O'Sullivan, 1998). (For additional information on coordinated community responses, see Worden, 2000b.)

Treatment programs. Evaluations of treatment programs for batterers span almost two decades of research. The findings from many of these studies have been challenged because of such serious methodological limitations as small samples, low response rates, reliance on self-reports, and lack of control or comparison groups (Gondolf, 1997a; Healey, Smith, and O'Sullivan, 1998; Rosenfeld, 1992). Gondolf (1997a) concludes nonetheless that "batterer programs do appear to contribute to the cessation of violence in some men over a 6-month follow-up period, but how and why this cessation occurs remains unclear" (p. 86).

With one exception, the more methodologically sound studies that are based on experimental or quasi-experimental designs, such as those by Dutton (1986) and Chen et al. (1989), suggest that batterer intervention programs reduce recidivism at statistically significant but modest levels (Healey, Smith, and O'Sullivan, 1998). However, a study by Harrell (1992) that used a quasi-experimental design found that treatment did not reduce either the prevalence or incidence of violence at a statistically significant level. Among the possible explanations for her results, Harrell suggests that the effects of treatment may have been reduced by the failure to sanction noncompliance; one-fourth of those ordered to treatment did not complete it, and they were not sanctioned for noncompliance.

Gondolf's (1997b) more recent evaluation of four batterer intervention programs suggests that well-established batterer programs that are based on cognitive-behavioral interventions contribute to "a short-term cessation of assault in the majority of batterers" (p. 373). However, the reassault rate was 32 percent 1 year after completion of the 3-month program. Additionally, voluntary participants and those living with their partners were more likely to reassault their partners. An unexpected finding was that one-half of the reassaults occurred within the first 3 months following program intake, which suggests that "batterer counselors and domestic violence advocates need to more carefully monitor batterer behavior during the program and provide a swift and sure response to these early reassaulters" (Gondolf, 1997b, p. 385).

Based on the same multisite evaluation, Gondolf (1999) also compared batterer programs in terms of court referral to treatment, program duration, and additional services provided to batterers. The results are encouraging, suggesting that different interventions can be equally effective, provided they adhere to such fundamental standards as complying with State standards for batterer programs, collaborating with services for battered women, and employing a cognitive-behavioral approach. However, the lack of empirical evidence to support one type of treatment protocol has prompted researchers to define distinct subgroups of batterers (Gondolf, 1997a) and to consider the effectiveness of different treatments for them (Healey, Smith, and O'Sullivan, 1998). Research on different subgroups of batterers may prove helpful in assessing the continuing vulnerability and safety of victims (Gondolf, 1997a). Additionally, the recognition that batterers are a heterogeneous group may contribute to the development of batterer interven-

tions that are culturally and ethnically appropriate. (For more information on subgroups and treatment approaches, see Saunders and Hamill, 2003.)

In summary, the extensive scope and quality of research regarding interventions for batterers is impressive, particularly the number of studies using experimental and quasi-experimental designs. Nonetheless, several gaps in the research are apparent. As Gondolf (1997a) notes, more systemwide research is needed to consider the overall effectiveness of coordinated community responses. Within this systemwide examination, researchers need not only to consider the criminal justice aspects, including mandated treatment, but also to place this examination in the wider context of services for victims. In particular, none of these studies has considered the types of services that were accessed by victims or the safety plans that were put into place for women while their batterers were undergoing treatment or being prosecuted.

An additional issue is the lack of information regarding the implementation of various interventions and protocols. Although some work has been done on police perceptions of arrest policies for domestic violence (e.g., Belknap, 1995; Buzawa and Buzawa, 1993; Buzawa, Austin, and Buzawa, 1995; Feder, 1997; Mignon and Holmes, 1995; Saunders, 1995), additional research is needed to examine the use of these arrest policies. Other questions relating to the implementation of these programs include time lags between arrests and interventions and the availability and accessibility of batterer treatment programs. Finally, one omission from the bulk of the research surveyed is how policies and programs for batterers affect their victims (see Bowman, 1992). As McCord (1992) suggests, one obvious area to consider is whether the victims' welfare has improved as a result of these interventions.

Legal Remedies and Issues

Orders of protection. One early measure to combat domestic violence was civil orders of protection, but relatively little research has been conducted on their effectiveness in reducing violence (Fagan, 1996). The research so far is not encouraging—"they are rarely effective in reducing future violence" (American Bar Association, 1998, p. 37; see also Davis and Smith, 1995). Harrell and Smith (1996) found that 60 percent of their respondents reported abuse following the issuance of the temporary protection order. Klein (1998) cites a study that used district court cases and found that almost half of the abusers had reabused within 2 years of the protection order.

At least one implementation study has been conducted on protection orders (Gondolf et al., 1994). The study found that although the court liberally granted protection orders, their provisions were rather narrow, often not granting financial support or sole custody of children. These limitations may make it difficult to restrict contact with the abuser.

Research on orders of protection has included information on victims and on victims' perspectives of the orders' usefulness (Fischer and Rose, 1995; Harrell and Smith, 1996; Keilitz et al., 1998). Findings from these studies suggest that women who seek orders of protection have experienced abuse for several years; by the time they request the protection order, they already have been seriously physically abused by their partners. In these studies, the women found the

orders of protection helpful for a variety of reasons: The order provided documentation of abuse, it helped to convey to the abusers that their behavior was unacceptable, and it improved the victims' sense of well-being.

From this perspective, orders of protection serve the needs of victims and their use should not be restricted. Because women may experience barriers in obtaining protection orders (Hart, 1996), Hamby (1998) suggests that legal advocacy programs may make a significant contribution in assisting women in securing these orders.

Women arrested for domestic violence. An unintended consequence of mandatory and pro-arrest policies for domestic violence has been the “dual” or “mutual” arrest of partners engaged in the violence. A name for this phenomenon where women are arrested for domestic violence has yet to be agreed on; Healey et al. (1998) suggest “female defendants” and Hamberger and Potente (1994) suggest “domestically violent women.” Although this issue has been considered in the literature since the early 1990s, relatively little empirical evidence examines whether the dual arrests were appropriate, who the women arrested are, their motivations for using violence, or the impact of the arrest and referral to mandatory treatment.

Studies by Saunders (1986) and Hamberger and Potente (1994) suggest that the vast majority of women who use severe violence do so out of self-defense. Additional motivations for violence may be retaliation for previous violence or anticipation of imminent violence directed at them by their partners. Busey (1993b, cited in Healey, Smith, and O'Sullivan, 1998) categorizes women who engage in violence into subgroups:

- ◆ Self-defending victims engage in violence to defend themselves and escape from the violence directed toward them; they have histories of victimization and multiple injuries. This group appears to represent the majority of women arrested for domestic violence.
- ◆ Angry victims have a long history of being abused by partners and during childhood. They fight back to avoid being victims again.
- ◆ Primary physical aggressors represent about 2 percent of the women arrested. These women initiate the violence and injure their male partners.
- ◆ Mutually combatant women are in situations in which both partners inflict injuries. This group of women is estimated to represent about 2 percent of those arrested.

Because women's violence in these situations is perceived as differing from men's violence, a different intervention model is required (Hamberger and Potente, 1994). Women arrested for domestic violence are also often court-mandated to treatment, but batterer intervention programs designed for men are not appropriate. Alternatives are individual counseling or groups for women who have been arrested. Intervention models have been developed by Busey (1993a, cited in Healey, Smith, and O'Sullivan, 1998) and by Hamberger and Potente (1994). Programs

for intervening with women who are arrested for domestic violence have not been evaluated; these evaluations are needed.

Services for Women

Shelter and other support services. In comparison to the wealth of information regarding interventions with batterers, relatively little research has been conducted on services and interventions for battered women. Among the initial efforts to serve victims of domestic violence in the 1970s were the development of shelter services. As Hamby (1998) notes, services to abused women still tend to be organized around community-based shelters. This is not to say, however, that women do not actively seek services in the broader community—they do (see Sullivan and Bybee, 1999, for a review). In a survey of more than 6,000 women in shelters, Gondolf and Fisher (1988) found that, on average, the women had made 6 prior efforts to locate help. Gordon (1996) reviewed research regarding the usefulness and efficacy of community and professional services. The resources that abused women contacted most often were police, social service agencies, clergy, crisis lines, physicians, psychotherapists, and women’s groups. The services that were most helpful to women in dealing with all types of abuse were crisis lines, women’s groups, social workers, psychotherapists, and physicians; least helpful were police, lawyers, and clergy. Residents have found shelters to be extremely helpful and important resources for validating their experiences and providing emotional support and information (Gordon, 1996; Tutty, Weaver, and Rothery, 1999).

Studies that evaluated the effectiveness of shelter services have focused on whether women who receive these services leave their abusive partners permanently (see Hamby, 1998, for a review). In their study of women in a shelter, Gondolf and Fisher (1988) found that better economic status and the abuser’s failure to enter treatment were the best predictors of whether the woman would leave an abusive relationship. Women who obtained legal assistance through shelter services were also more likely to leave the abusive relationship. These studies also indicate, however, that a high percentage of abused women return to their abusive partners for at least a period of time. This finding underscores that leaving abusive relationships is often a process rather than a single event (Carlson, 2000).

Several studies were identified that evaluate the effectiveness of other services. McNamara et al. (1997) evaluated women’s responses to short-term (three sessions) case management and counseling provided in a shelter. Among those who completed the program (50 percent of study participants), women reported decreases in abuse, improved life satisfaction, and a perceived improvement in coping ability. Clients who received counseling reported greater satisfaction with the service than those who received case management only. Support groups for battered women have been positively evaluated by the women themselves. Tutty, Bidgood, and Rothery (1993) evaluated support groups for a range of potential benefits. Participants achieved significant improvements in self-esteem, social support, locus of control, perceived stress, and marital functioning.

In an experimental study, Sullivan and Bybee (1999) evaluated the effectiveness of community-based advocacy for abused women who received shelter services. The 10-week intervention used

trained paraprofessional advocates to gain access to resources needed by each client. The results of this controlled study are impressive, especially the retention rate of 95 percent of participants over 2 years. At the end of those 2 years, women who received advocacy services reported less violence, higher quality of life and social support, and less difficulty obtaining community resources.

Both Tutty et al.'s (1993) and Sullivan and Bybee's (1999) studies suggest directions for future research. Given the limitations to available shelter services, developing effective community-based interventions for abused women who are not residing in shelters is critical, particularly since leaving an abusive relationship does not necessarily follow from a shelter stay. In addition to paraprofessional advocacy, case management may be an effective strategy for accessing services that should be evaluated. Although this model of service coordination and access has been studied with other populations, limited research has been identified on the use of case management with victims of domestic violence.

Few studies are available on the effectiveness of individual counseling and psychotherapy for women who are abused; this area requires additional research. Only one comparative study was identified (Brannen and Rubin, 1996). That study compared the effectiveness of couples group intervention and gender-specific group interventions (for a review of the Brannen and Rubin study, see Carlson, 2000). Research is needed on the effectiveness of shelter and support services for different groups of women. Battered women are a heterogeneous group and a one-size-fits-all model is unlikely to work well.

No research was identified that considered the service providers themselves. Although the staff of shelters and related service providers appear to be changing—from former battered women and paraprofessionals to staff members with bachelor's and master's degrees—no data confirming or contradicting this trend were found. No research has examined such factors as service providers' educational preparation, salary ranges, attitudes and beliefs, job stress, morale, and burnout. Hamby (1998) also raises the possibility of vicarious traumatization, a phenomenon that occurs among professionals who work with children who have been sexually abused.

Sexual Assault

This section reviews research regarding the effectiveness of rape law reform. It then considers promising models for coordinated community-based programs and briefly examines treatment for offenders. The personal impact of experiencing violence and interventions for victims of rape and sexual assault are covered in Carlson, 2000.

Legal Reforms: Have They Made a Difference?

In response to the reform movement, States began to change their rape laws in the 1970s. By the early 1980s, most States had modified their rape laws, shifting the focus “from the consent of the victim to the behavior of the offender” (Bachman, 1998, p. 11). As organized by Horney and Spohn (1991, as cited by Bachman, 1998), these modifications had four common characteristics:

- ◆ A single rape code was replaced with a series of sexual assault and rape offenses that were graded by seriousness.
- ◆ Consent standards were changed by modifying or eliminating the requirement that victims resist their attackers.
- ◆ Corroboration requirements were eliminated.
- ◆ Rape shield laws were enacted that restricted the introduction of evidence regarding a victim's past sexual history.

The intent of these modifications to rape laws was both symbolic and instrumental (Bachman, 1998; Loh, 1981). Symbolically, these laws conveyed the message that the legislature and the criminal justice system regarded sexual assault as a serious violent crime and that the stereotypes and stigma that were formerly attached to victims of sexual assault were inappropriate. In part, these laws also educated the public about the seriousness of sexual assault (Bachman, 1998; Loh, 1981; Bienen, 1983). Instrumentally, it was anticipated that these new laws would result in increased reporting of rape and sexual assault, arrests, and convictions with imprisonment. Although the impact of the legal changes has varied by State, much of the research suggests that the changes have had little impact beyond the symbolic. A major study by Horney and Spohn (1991) evaluated the impact of rape law reform on the reporting and processing of rape cases in six urban areas. That study concluded that the reforms had made little difference at the instrumental level.

Somewhat more positive—but still limited—findings are presented by Bachman and Paternoster (1993) and Bachman (1998), using national rather than State data. Bachman and Paternoster (1993) drew on four national data sources to measure changes in rape reporting and the adjudication of rape cases under reformed rape laws. Their findings suggest that rape victims were somewhat more likely to report their assault to the police under the modified laws; that the probability of going to prison for rape had increased during the period 1970 to 1989; and that “those who raped acquaintances were treated more comparably to those who victimized strangers” (p. 572). Although these changes show a measure of success for the rape reform laws, none of the changes was particularly large; they reflect far more modest changes and the authors conclude, “significant progress still awaits us” (p. 574).

In a second study that relied on 1992–94 data from the National Crime Victimization Survey, Bachman (1998) found that victims who are physically injured during a rape are more likely to report the rape to the police than those who are not physically injured. Although a higher proportion of stranger rapes were reported than nonstranger rapes, the difference was not statistically significant. This suggests that women who are raped by someone they know may no longer be as reluctant to report the assault to police. Additionally, women who were assaulted by someone they knew were more likely to report that the rapist was arrested than women who were assaulted by a stranger.

Although these findings suggest that rape law reform has brought about some important changes, it is still the case that relatively few women report sexual assault. In Bachman's study (1998), only one-fourth of the rapes were reported to the police. This level of underreporting indicates that barriers such as stigma, stereotyping, and lack of confidentiality still confront women who are victims of rape and sexual assault.

Another area of inquiry regarding rape law reform has been its effect on police officers. Two recent studies on police attitudes, perceptions, and work experiences have implications for training. In the first study, Campbell (1995) found that officers with more positive attitudes toward women tended to blame the victim less often in instances of date rape. Campbell suggests that training interventions for police officers regarding rape may need to focus on such issues as attitudes toward women and gender roles prior to addressing rape. In the second study, Campbell and Johnson (1997) examined police officers' own definitions of rape. They found that slightly less than one-fifth of the officers sampled could define rape in a manner consistent with State statutes and that about half of the officers held personal beliefs about rape that varied greatly from the State statutes. Clearly, further education on rape is indicated for police officers.

Coordinated Community-Based Services

Highly coordinated community-based programs hold promise for serving victims of sexual assault more effectively. (For a review of treatment services for victims of rape and sexual assault, see Carlson, 2000.) For this reason, Campbell's (1998) and Campbell and Ahrens' (1998) studies are reviewed here in some depth.

Using a random sample of rape victim advocates, Campbell (1998) assessed victims' experiences with the legal, medical, and mental health systems. Noting that the characteristics of the victim and the features of the assault affect the response of these three systems, Campbell (1998) found that the extent of coordination among the community resources affects victims' experiences as well. In communities with higher levels of coordination, victims were more likely to have positive experiences with all three systems and to obtain the resources they needed.

High- and low-coordination communities. In the followup study designed to determine how and why coordinated community-based programs helped rape victims, Campbell and Ahrens (1998) conducted a qualitative multiple case study of 22 communities that had well-developed coordinated service programs for sexual assault. They compared these 22 communities with 22 communities that had programs with lower levels of coordination. High-coordination communities offered three types of multiagency programs: coordinated service programs, interagency training programs, and community-level reform groups. The coordinated community service programs that were provided varied, but all of them were relatively new (they had been started in the previous 5 years), involved staff from multiple agencies, and focused on improving the delivery of services to victims. The most common type of coordinated community service program was the Sexual Assault Response Team. Service programs, however, also coordinated with drug and alcohol programs, domestic violence programs, and crime reparation assistance programs.

Interagency training in the high-coordination communities was characterized as reciprocal and usually voluntary. This contrasted to low-coordination communities, where training was primarily delivered by rape crisis centers and was mandatory. Community-level reform groups, the third characteristic of high-coordination communities, focused on community education about sexual assault as well as policy reform. These education and reform efforts were undertaken through groups such as interagency task forces and grassroots women's groups. Together, these groups serve to create "a community culture that is more responsive to victims' needs" (Campbell and Ahrens, 1998, p. 537).

Campbell and Ahrens (1998) hypothesize that highly coordinated community-based services are more effective in meeting victims' needs because:

- ◆ These programs reflect an understanding of the social service delivery system from the perspective of providers, which allows them to work across systems.
- ◆ The system of care responds to the victims' perspectives, understanding the context of rape in the women's lives.
- ◆ Rape is placed within the larger social context of violence against women and gender inequality.

The model for creating highly coordinated community-based services that respond to the needs of victims and providers merits further evaluation. Case management is an alternative strategy for addressing the shortcomings of fragmented and uncoordinated community services, but no research on its effectiveness with this population has been identified.

Service providers. A search of the empirical literature did not identify any studies on those who provide services to victims of rape and sexual assault in the United States. Issues raised earlier regarding service providers for victims of domestic violence apply here as well. Research in this area is merited.

Treatment for Offenders

Although numerous studies have been conducted on sex offenders, they provide no clear conclusions on the rate of recidivism or the effectiveness of treatment programs. Measuring recidivism is difficult with this population, given the underreporting of sexual assaults and the need to track offenders for extended periods of time. Evaluating the effectiveness of treatment interventions with sex offenders is seriously compromised by methodological limitations, including the lack of comparison groups and inconsistent and inadequate followup (U.S. General Accounting Office [GAO], 1996).

At this time, there are approximately 710 sex offender treatment programs in the United States for pedophiles, rapists, and other sexual offenders. The vast majority of these are outpatient or community-based programs; 137 are residential programs, including 90 that are based in prison (U.S. GAO, 1996). GAO (1996) recently examined 22 research reviews of treatment for sex

offenders that considered about 550 empirical studies. The review identified three types of treatment approaches:

- ◆ Organic, biological, or physical.
- ◆ Psychotherapeutic.
- ◆ Cognitive-behavioral.

GAO found that research findings were inconclusive regarding the effectiveness of treatment in reducing the recidivism of sex offenders. Of the three general approaches, however, the cognitive-behavioral models were considered to hold “promise,” especially for pedophiles and exhibitionists.

The GAO review did not consider the effect of community supervision on recidivism among sex offenders. Prentky et al. (1997) analyzed recidivism among pedophiles and rapists over 25 years and found that both groups remain at risk for reoffending long after their discharge from prison. They suggest that—

intensive community supervision and aftercare should be the centerpiece of any secondary intervention strategy At the present time, the most effective known technique for reducing risk of relapse is intensive supervision by trained probation officers or parole agents and an aftercare program that includes treatment. . . . [S]uch supervision, at least for higher risk offenders, should be long term. The cost of long-term supervision is relatively trivial when compared to the costs associated with revictimization. (p. 655)

The Violence Against Women Act includes provisions to ensure that sex offenders are given information about treatment prior to their release from prison. Additionally, although most States have some form of sex offender registration, the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (Megan’s law) provides national standards for sex offender registration and gives States a financial incentive for implementing effective sex offender registration systems. Research on the implementation and effectiveness of these provisions is merited.

Emerging Issues

Advocacy organizations are required to be on the forefront of developments related to violence against women. As a result, many issues that these organizations address do not yet have a well-developed empirical research base. This section considers some emerging issues that advocacy organizations must confront: stalking, immigrant women, domestic violence in lesbian relationships, and the connection between domestic violence and welfare.

Stalking

The perception of stalking as a public problem that demands a public solution is a relatively recent development. (For a general introduction to stalking, see National Institute of Justice,

1996.) In 1990, California passed the first antistalking law; all 50 States now have such legislation. Although the legal response to stalking has been dramatic, basic information on the scope of the problem and empirical research on the effectiveness of interventions are limited.

Drawing on data from the National Violence Against Women Survey, Tjaden and Thoennes (1998) begin to answer some basic questions regarding the incidence and prevalence of stalking. The magnitude of stalking is greater than anticipated. Eight percent of women and 2 percent of men report stalking incidents during their lifetimes. As expected, women are the primary victims of stalking (78 percent). The vast majority of stalkers (87 percent) are male. Most victims know their stalkers; 59 percent of the women were stalked by intimate partners. A particularly troubling finding from the survey is that 81 percent of the women who were stalked by an intimate partner were also physically assaulted by that partner; 31 percent were sexually assaulted.

The survey found that about half of the victims reported the stalking incidents to the police. Findings suggest that reports to the police have increased since the passage of antistalking legislation. Relatively few stalkers, however, have been prosecuted and convicted. Orders of protection were sought by 28 percent of the women and 10 percent of the men. Of those who obtained protection orders, the vast majority reported that the stalker violated the provisions of the order. For almost one-fifth of the victims, the stalking stopped because the victim relocated.

Based on their findings, Tjaden and Thoennes (1998) make several recommendations that are relevant to advocacy organizations:

- ◆ Credible threat requirements should be eliminated from antistalking legislation because stalking is primarily a crime of deeds rather than of words.
- ◆ The link between stalking and physical and sexual assault in intimate relationships requires that criminal justice personnel receive comprehensive training in the safety planning needs of stalking victims.
- ◆ Intervention strategies for stalking should include confidentiality programs for victims who have to relocate to end the stalking.
- ◆ The effectiveness of informal and formal law enforcement interventions for stalking require evaluation.
- ◆ Because one-quarter of stalking victims seek counseling, mental health professionals need comprehensive training on the subject.

Tjaden and Thoennes' (1998) study provides the first comprehensive data for considering stalking and its impact on victims. Much more research on stalking is required, however, to guide the development of effective legal remedies and effective interventions for those who have been victimized by stalkers. Although stalking is regarded as a gender-neutral crime, its impact on victims, particularly their vulnerability to physical and sexual assault, and the effectiveness of

interventions may vary by gender. Research in this area, therefore, cannot afford to proceed on a gender-neutral basis.

Immigrant Women

Research regarding the incidence and prevalence of domestic violence in immigrant communities is relatively recent and is often based on limited samples (e.g., Preisser, 1999; Dasgupta and Warriar, 1996; Ho, 1990; Huisman, 1996). Immigrant women face barriers that limit their access to services, such as language, cultural norms, lack of information, social isolation, and lack of culturally sensitive services, including shelters. Immigrant women who are victims of domestic violence and who do not yet have permanent legal residency in the United States confront complex legal constraints that have been characterized as providing “a license to abuse” (Anderson, 1993) and as trapping women in domestic violence (Loke, 1997). Although the Violence Against Women Act removed some obstacles in immigration law for battered women, significant limitations in legal protections remain.

The Violence Against Women Act granted abused women with conditional residency status the right to petition for permanent residency. This provision removed the abusing spouse’s control over the petitioning process so the battered woman no longer must depend on her spouse’s support and cooperation for her legal immigrant status. For battered women without legal immigration status, the Violence Against Women Act suspended deportation for battered women whose husbands failed to file for their conditional residency status. The ability to use these provisions, however, may be seriously limited by the evidence women must provide to qualify for these exemptions from immigration law. Kelly (1998) reports that in the first 7 months of fiscal year 1997, less than 500 self-petitions were filed under the law. Additionally, few cases were known to have been pursued using the suspension of deportation provision (now called “cancellation of removal” and included under the Illegal Immigration Reform and Immigrant Responsibility Act of 1996).

Battered immigrant women also face obstacles to obtaining authorization to work and public assistance benefits, both of which make it easier for them to leave their abuser. (For an analysis of these issues, see Choi, 1999, and Loke, 1997.) In addition to monitoring the implementation of these laws and associated regulations, research regarding their impact is needed.

Domestic Violence in Lesbian Relationships

Although researchers have been studying domestic violence since the early 1980s, little research has been conducted on lesbian battering. Most of the literature on domestic violence in same-sex relationships relies on anecdotal accounts or articles in local lesbian and gay newspapers (Renzetti, 1989). Some advocacy organizations have embraced the issue of same-sex domestic violence and are advocating more education and policy changes to support lesbian victims (Lobel, 1986). However, a strong grassroots belief in the oppression of women by a patriarchal society has many advocacy organizations struggling to understand, accept, and advocate for victims whose abusers are women.

The little research that has been done in this area has attempted to identify the prevalence of battering in same-sex relationships; rates range from 30 to 75 percent of lesbians reporting physical violence (Bologna, Waterman, and Dawson, 1987; Lie and Gentlewarrior, 1991; Renzetti, 1992). Psychological abuse appears to be more common than physical abuse; it includes verbal threats, interrupting eating or sleeping habits, damaging or destroying property, and abusing children and pets in the home (Renzetti, 1989).

Most researchers who are studying same-sex violence acknowledge the methodological problems in locating an unbiased, random sample from this hard-to-reach population, who must share sensitive and politically volatile information about violence in their homes (West, 1998; Renzetti, 1998, 1989). Research on violence in same-sex relationships is not well documented because of the unwillingness of the police, domestic violence shelters, and the courts to note the violence in reports or statistics. Additionally, the lesbian community is hesitant to draw further negative attention to controversial issues (West, 1998). Thus, researchers are left with either using samples that lack diversity in age, ethnicity, or economic status or theories developed for heterosexual domestic violence research (Renzetti, 1998; West, 1998).

Providers frequently assume that any female victim can use their services and that same-sex victims do not need special services (Renzetti, 1998). In one study, 96 percent of shelters indicated that battered lesbians are welcome to use the services (Renzetti, 1996); however, most lesbian victims who used shelters found them of little help (Renzetti, 1989). The lesbian community often views service providers and law enforcement and court personnel as demeaning, homophobic, and unresponsive to the problems of battering in lesbian relationships (Barnes, 1998; Renzetti, 1989, 1998). Criminal statutes in seven States currently exclude same-sex relationships from the definition of domestic violence, and some States are attempting to repeal these victims' ability to seek protection orders (Barnes, 1998).

Advocacy organizations are challenged to thoughtfully examine their role in addressing domestic violence in same-sex relationships. A crucial step in advocating effectively for victims is further research and evaluation that identifies the prevalence, dynamics, and causes of domestic violence in lesbian relationships (Waldner-Haugrud, Gratch, and Magruder, 1997). Additional research is needed to identify service needs and effective means of delivering services to lesbians who are victims of domestic violence.

Battered Women on Welfare

Domestic violence advocates became concerned that victims may be victimized again by major changes to a welfare system that served as an economic safety net for domestic violence victims. Advocates were faced with the challenge of demonstrating the link between domestic violence and welfare—a link they hesitated to acknowledge for fear of identifying victims of domestic violence, who have been portrayed as “deserving” of public support, with welfare recipients, who are frequently viewed as “undeserving” (Brandwein, 1999).

Only since the late 1990s have researchers begun to address and identify the relationship between domestic violence and welfare. Most available studies rely on estimates from those who work in

the field as to the extent of the problem (Raphael and Tolman, 1997). Data from several research projects indicate that 15 to 20 percent of women on welfare are currently experiencing domestic violence. Lifetime percentages are far higher; 60 percent of welfare recipients report that they have experienced domestic violence at some point (Raphael and Tolman, 1997; U.S. GAO, 1998). Although each study reviewed by Raphael and Tolman (1997) used a different methodology, surveying neighborhoods, housing projects, and welfare offices, their conclusions as to the prevalence of violence in the lives of welfare recipients are consistent.

With the passage of Temporary Assistance for Needy Families (TANF) in 1996, States gained greater flexibility and control in developing and implementing their welfare programs to meet the financial needs of poor women and their children. State welfare programs may specify time limits for recipients to receive cash assistance, but 5 years is the maximum time limit for recipients to receive benefits from Federal funds. Work is strongly endorsed under TANF; both States and individuals are penalized if work requirements are not met. Additionally, all recipients are required to cooperate with child support enforcement efforts, including providing information about the father's location.

Under the new welfare law, domestic violence victims may have a difficult time complying with the requirements of engaging in work-related activities, securing work, and cooperating with child support enforcement efforts because of the ongoing abuse perpetrated by their partners. Several studies have demonstrated how abusers sabotage work efforts (Raphael, 1996; Kenney and Brown, 1996; Shepard and Pence, 1988). Moreover, victims of abuse may suffer effects that interfere with their efforts to secure and maintain employment (Kenney and Brown, 1996; Raphael and Tolman, 1997). Domestic violence victims who are on welfare also need flexibility in meeting child support enforcement requirements because these requirements may trigger abuse, generate custody battles, expose the victim's hiding place, or lead to the kidnaping of the children by the abusive spouse (Davies, 1997).

With the growing evidence linking domestic violence and welfare and the demonstration that victims may be further victimized by welfare rules, advocacy organizations played a key role in the drafting and passage of the Family Violence Option (FVO). FVO, an amendment to TANF, allows selected welfare requirements to be waived for victims of domestic violence if complying with them places a woman and her children at risk. Although most States have adopted or will adopt FVO (Raphael and Haennicke, 1998), advocacy organizations must continue to monitor its implementation in each State. Advocacy organizations are in a strategic position to encourage research that evaluates the delivery and outcomes of TANF and FVO and documents the link between welfare and domestic violence and their impact on women and their children.

Conclusion

To advocate effectively on behalf of women who are victims of violence, advocacy organizations can draw on empirical research that examines the effectiveness and impact of policies, programs, and interventions currently in place. To date, the most extensive research has been conducted on the effectiveness of interventions with batterers; far less has been done to evaluate the effective-

ness of interventions with women who experience various forms of violence. Of particular note is the failure to evaluate the effectiveness of services for victims of domestic violence. Clearly, more empirical research is called for to better address the needs of women who experience abuse, sexual assault, and rape.

Because of their need to be on the forefront of emerging issues related to violence against women, advocacy organizations must also actively seek out and encourage further research that addresses concerns confronting immigrant women, those in lesbian relationships, and those who rely on welfare as a safety net while contending with domestic violence and assault. Building a foundation of empirical research in these areas will facilitate the development of more responsive social policies and programs to address the needs of vulnerable women and their children.

Notes

1. The terms “protection order,” “protective order,” and “restraining order” often are used interchangeably, although the States define and apply them differently. This report uses “protection order” and “order of protection.”

2. In their report on prosecutors, Ford and Breall (2000) cite the Indianapolis Domestic Violence Prevention Experiment as indicating that in cases of misdemeanor battering, any prosecutorial action beyond dismissal reduced further violence by some 60 percent over what would be expected.

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