



VIOLENCE AGAINST WOMEN

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VIOLENCE AGAINST WOMEN

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VIOLENCE AGAINST WOMEN is an international, interdisciplinary journal dedicated to the publication of research and information on all aspects of the problem of violence against women. The journal assumes a broad definition of violence; topics to be covered include, but are not limited to, domestic violence, sexual assault, incest, sexual harassment, female infanticide, female circumcision, and female sexual slavery. Articles may address victimization as well as perpetration issues. Welcome are articles that are empirically based, utilizing quantitative or qualitative methods, including historical and cross-cultural analyses. Also welcome are theoretical papers, research notes, book reviews, review essays, and papers written by clinicians or practitioners that address treatment and related issues, or that discuss the practice, policy, and advocacy applications of the other empirically based articles in the journal. Poetry and other writings submitted by abused women also will be considered for publication.

Manuscripts should be submitted in triplicate to Claire M. Renzetti, Editor, *Violence Against Women*, Department of Sociology, St. Joseph's University, Philadelphia, PA 19131. Articles should be typewritten double-spaced, with footnotes, references, tables, and charts on separate pages, and should follow the *Publication Manual of the American Psychological Association* (4th edition). Manuscripts will be sent out anonymously for editorial evaluation, so the author's name and affiliation should appear only on a separate cover page. Each article should begin with an abstract of about 100 words. Manuscripts will be returned only if they are accompanied, on submission, by a stamped self-addressed envelope. Obtaining permission for any quoted or reprinted material that requires permission, and paying any and all associated fees, is the responsibility of the author. **A copy of the final revised manuscript saved on an IBM-compatible disk should be included with the final revised hard copy.** Submission of a manuscript implies commitment to publish in the journal. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. Authors in doubt about what constitutes prior publication should consult the Editor.

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Editor's Introduction

At a wedding reception I attended shortly before this issue went to press, a cousin was asking me about my research on violence against women when our conversation was interrupted by her husband, who said, "You know, men are abused, too. Some wives beat up on their husbands, and it's even worse for abused men because they're so embarrassed to admit a woman hurt them and nobody believes them anyway. I saw a TV program about it." The question of whether women are—or are becoming—as violent in intimate relationships as men would be almost anachronistic to me were it not still raised so often. As my cousin's husband reminded me, it is a popular topic in mainstream media stories peppered with quotes from men who claim to have been seriously assaulted by their wives or girlfriends, then subsequently neglected or further victimized by the police and the courts because they have been brainwashed by feminists into believing that only women are victims of intimate violence at the hands of men.

As a result, I found Susan Miller's article, which opens this issue of *Violence Against Women*, especially salient. Miller interviewed police officers, prosecutors, social workers, and shelter staff who have been involved in cases in which women have been arrested for assaulting their intimate partners. For me, one of Miller's most important findings emerged from respondents' reports of how abusive men, who have more experience with the criminal justice system than their partners, have learned to use pro-arrest or mandatory-arrest policies to their advantage. Miller's informants reported, for example, that these men will often call 911 first, because that action gives their stories of victimization greater credibility. They may also self-inflict injuries to get their partners arrested. This is not to say that the women are passive victims who never fight back, but Miller's findings indicate that the women's violence is typically self-defensive.

Another significant and related finding in Miller's study is her informants' reports that many women become violent out of

frustration, after they have repeatedly tried to stop their partners' violence by other means and they just cannot take it anymore. Most of the professionals who spoke with Miller indicated that the women they saw in the First Offenders or batterer treatment programs were involved with men who had a police record for domestic violence. Perhaps if the criminal justice system were more responsive to the women's needs sooner, the women themselves would not end up resorting to violence and eventually receiving a criminal conviction.¹

In the second article in this issue, Margret Bell and Lisa Goodman discuss a law school-based advocacy program designed to improve battered women's experiences in the criminal justice system and increase their sense of personal safety. Bell and Goodman found that the women who had been involved in the law school-based advocacy intervention with law students who helped them obtain protection orders later reported significantly lower rates of physical and psychological reabuse than women who received standard court services. Bell and Goodman also found that the women assisted by the law students felt greater emotional or social support, particularly from their friends and family. The women came to consider the law students as friends, but Bell and Goodman also speculate that their relationships with the law students may have contributed to improved or repaired relationships with other friends and family members. Although this study is based on a small sample, it offers evidence that a program that appears relatively simple to implement and is cost-effective can produce significant benefits for abused women, especially those with few resources to draw on as they negotiate the criminal justice system. Certainly, such a program could lower the frustrations discussed by the informants in Miller's study, thus potentially reducing women's likelihood of resorting to violence while simultaneously improving their safety.

Anita Sharma also discusses strategies for professionals to more effectively respond to abused women. In her analysis of feminist therapy, Sharma points out the many advantages of the feminist model over traditional therapeutic approaches to abuse victims. However, she also emphasizes that feminist therapy has not been especially responsive to the needs of immigrant and refugee women as well as women of color. She offers some guidelines for improving feminist therapists' treatment methods when

interacting with clients from marginalized groups. And although Sharma draws on examples from Canadian programs, her guiding principles are applicable to therapists from the United States and other Western countries with large immigrant, refugee, and racial and ethnic minority populations.

The final two articles in this issue of *Violence Against Women* look at factors that may contribute to victimization and perpetration. First, Patrizia Romito, Marie-Josèphe Saurel-Cubizolles, and Micaela Crisma examine the relationship between violent victimization of daughters by parents and later violent victimization of these women by other perpetrators. They conducted their study in Italy, using a sample of women who attended various health and social service programs. Their findings show a high incidence of abuse by one or both parents, with fathers more often being abusive than mothers. However, they also found that although the women feared their fathers more than their mothers, they were less forgiving of their mothers. Another finding is that experiences of parental violence, especially violence perpetrated by mothers, significantly increased the women's risk of later sexual violence by other perpetrators and partner violence. Importantly, in explaining these findings Romito, Saurel-Cubizolles, and Crisma do not resort to the mother-blaming framework traditionally found in the victimization literature but rather look at how the cultural construction of motherhood and the institutional constraints placed on mothers in most societies can contribute to greater stresses for mothers as well as the greater impact of their behavior on their children's lives and personalities.

Finally, Stephen Theriault and Diane Holmberg consider whether various components of attention deficit hyperactivity disorder (ADHD) may contribute to physical and sexual relationship aggression. They tested their hypotheses using a sample of 157 college students and found that almost all of the association between ADHD symptoms and relationship aggression was accounted for by verbal impulsivity, that is, the tendency to blurt out thoughts and interrupt others. Theriault and Holmberg's findings are certainly intriguing, but their hypotheses need to be empirically tested using larger, more diverse samples. Greater attention also needs to be given to gender differences in ADHD symptoms, especially verbal impulsivity. Although Theriault and Holmberg did not find gender differences in their sample in terms

of the Revised Conflict Tactics Scale (CTS2) as well as their measures of pragmatic language, they did find that males were higher in verbal impulsivity than females. Most research shows that males are more frequently diagnosed with ADHD and conduct disorder than females. Given that the CTS and CTS2 traditionally have not identified significant gender differences, it would be more productive perhaps to examine gender differences in relationship aggression and the effects of verbal impulsivity using alternative measures of physical, sexual, and psychological abuse. Such research might also shed light on the direction of the causal relationship. To be more specific, I could not help but wonder if verbal impulsivity might simply be a further manifestation of abusers' controlling behavior—interrupting her, not letting her express her ideas or points of view, blurting out insults and put-downs—and not a contributing factor to the abuse itself. Hopefully, the authors—and some readers—will take up these issues in future studies.

Claire M. Renzetti
Editor

NOTE

1. A special issue in Volume 8 of the journal will focus on the topic of women's use of violence in intimate relationships. Look for it in 2002.

The Paradox of Women Arrested for Domestic Violence

Criminal Justice Professionals and Service Providers Respond

SUSAN L. MILLER

University of Delaware

Increasingly, women are being arrested for domestic violence charges as part of dual arrests (when their partner is also arrested) or as a result of their own actions. Could this phenomenon be explained by women's greater willingness to use violence against their abusive partners, or by a strict adherence by police and prosecutors to follow mandatory- or pro-arrest laws without examining the context of the incidents, or something else? This article explores this issue by examining one state's experience, using interview data from criminal justice professionals and service providers who deal directly with women arrested for domestic violence charges.

Beth cut her husband's throat so badly that he had to be medivac-ed to the hospital; he almost died. He was constantly abusing her throughout their 6-year marriage and at the time of the stabbing, she said he was beating the crap out of her and she grabbed a knife—it was the first thing that was near her. . . . That's what she felt she had to do to get out of the situation.

—Probation Officer #1

Jenny was sexually abused by her brothers and violently assaulted by her first husband continuously, and now, with her second husband, more continuous assault. Basically, what she did was after a particularly vicious assault, she took his clothes out in the living room and set them on fire. She was charged with arson. But the police records document a number of times that she has been the victim of battering.

—Probation Officer #3

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These statements illustrate the varied situations experienced by many women who find themselves arrested for domestic violence charges by an incident-driven criminal justice system that responds uniformly to cases of domestic violence without differentiating between the motivations and consequences of such acts. In the two examples above, the authorities believed that the women broke the law and that these acts determined their subsequent arrests. By following the letter of the law, however, law enforcement officers often disregard the context in which victims of violence resort to using violence themselves.¹ Often what is most revealing are the antecedents to the incidents that many battered victims share: They often act in self-defense, they may have long histories of victimization, and they may use a weapon to equalize the force or threat used by their partners who are bigger and stronger than they are. Hence, some of these arrests are inappropriate, particularly when battered women act in self-defense or when women are falsely charged by their savvy (male) batterers who have learned how to manipulate the system. At the same time, however, there are also women who are arrested who are victims of abuse who commit an illegal act, but this act occurs in the context of a long history of abuse (illustrated by Jenny in the second example above). This paradox gets to the crux of the matter: What is the appropriate criminal justice response to battered women who assault (as legally defined) their abuser or do other illegal acts and end up getting arrested, particularly when these acts of violence committed by victims are qualitatively different from acts of violence committed by batterers? The situation in which many battered women now find themselves is assuredly not the response that was envisioned when the cry for the criminalization of domestic violence was first heard. In particular, these arrest policies and their consequences raise multiple questions: Just what should the police do in these situations in which victims of violence experienced at the hands of their abusers may lead them to commit a violent act? Are police doing too good a job of making arrests and enforcing the law? Do police miss important contextual clues by being incident driven in their investigations, rather than contextually based? Given the devastating impact an arrest can have on victims' lives as well as the increase in their risk of further harm, how should we evaluate the success of domestic violence arrest policies? Are there actions that the

police can take, such as determining the primary aggressor or uncovering the history of relationship abuse at the scene, that could have an effect on the course of action that police should follow? What if battered women *did* commit a technically illegal act—should they be treated the same as their (male) abusers? What do we want the prosecutors offices to do? This article explores one state's experience grappling with the issues raised and faced by women who have been arrested for domestic violence offenses. Interview data are analyzed to reveal the perceptions and experiences of criminal justice professionals and service providers who deal directly with these arrested women.

The social problem of domestic violence catapulted to the national scene in the 1970s with efforts of grassroots activists and victim advocates and with the success of civil liability suits against police departments who refused to treat domestic violence as a criminal offense. Many feminists and advocates (both women and men) for battered women fought hard and long for the criminal justice system to treat domestic violence more seriously, increase safety for women, hold offenders accountable for their violence, and rid the criminal justice system of gender bias. For the past two decades, the entire system—the police, in particular—has been under siege to change its tolerant stance toward domestic violence. The system responded by enacting presumptive and mandatory arrest policies² in many jurisdictions, establishing prosecutorial “no drop” policies in some jurisdictions and designing treatment intervention programs (see Iovanni & Miller, 2001, for a discussion of these programs).

The empirical research findings pertaining to the efficacy of arrest are at best equivocal. The widely publicized pioneering Minneapolis Domestic Violence Experiment (Sherman & Berk, 1984a, 1984b) indicated that prevalence rates for subsequent offending were reduced by about half with arrest. Although this result was welcomed by victim advocates, the study's results were intensely criticized for many methodological problems (see Fagan, 1989). Replication experiments in six cities followed, but only two provided any direct support for the specific deterrent effect of arrest (Berk, Campbell, Klap, & Western, 1992; Pate & Hamilton, 1992). In contrast, the majority of the replication experiments found that arrest was no more effective as a deterrent than any other intervention (see Dunford, 1992; Hirschel &

Hutchinson, 1992) or that arrest might actually increase the occurrences of future offending (Dunford, 1992; Sherman et al., 1991). In addition to the problem of contradictory research results, the focus on police practice and specific deterrence led some scholars to attack the naive assumption that arrest alone will deter the complex behavior of domestic violence (Bowman, 1992; Zorza, 1994). Although mandating arrest communicates the seriousness of battering, conveying that this behavior will not be socially or legally tolerated, opponents of arrest policies such as Buzawa and Buzawa (1993) note that relieving victims of their decision-making power by mandating arrest is ultimately patronizing to battered women. Often, victims simply want the violence to stop in the given instance or fear the consequences that may accompany arrest, such as retaliation by their partner or loss of his income. Buzawa and Buzawa (1993) believed that true victim empowerment is achieved by giving victims control over the outcome of the police intervention and that a policy of victim preference is far preferable to mandatory arrest. Arrest may be effective only for employed suspects who would incur legitimate losses if arrested (such as loss of job or reputation) (Zorza, 1992). In addition, police often circumvent such policies due to the inconvenience of case processing, belief in stereotypes regarding battered women, and dissatisfaction with limits placed on their discretion (Ferraro, 1989).

Other scholars have called attention to the unique problems of lower class and minority women in dealing with battering (Rasche, 1995), as well as the fact that mandatory arrest policies can have unanticipated and negative consequences for these women (Miller, 1989, 2000). Women from lower socioeconomic and minority groups may be more likely to call the police to solve problems in the private sphere, and this situation could result in disproportionately higher arrests of men in these groups (Hutchinson, Hirschel, & Pesackis, 1992). On the other hand, some women of color and poor women might be reluctant to call the police. According to Rasche (1995), African American women may be reluctant to seek relief from a criminal justice system that they perceive as dealing more severely with non-White men, whereas Asian and Latina women may view expressing a preference for arrest as a betrayal of cultural norms that dictate privacy and deference to family authority. Poor women may also be

deterred from calling the police if it means the loss of an employed spouse's income (Iovanni & Miller, 2001, p. 309).

At a minimum, arrest policies represent a better criminal justice system response than decades of nonintervention, despite the criticisms that mandatory arrest fails to empower battered women to make the best choices based on their own unique situations and that there is a potential for police bias when enforced against the poor and/or people of color (Miller, 2000; Zorza & Woods, 1994). However, as presumptive and mandatory arrest of domestic violence offenders has grown in popularity, a concomitant increase in women arrested for domestic violence offenses has resulted. There is evidence that following changes in arrest policies, women are increasingly arrested, either as part of a dual arrest (in which both victim and offender are arrested) or as the sole arrestee, and that these arrests occur even in jurisdictions where police have been instructed to arrest only the primary physical aggressor when they have probable cause to believe both parties have used violence (Zorza & Woods, 1994, p. 16).

Research demonstrates that following the implementation of mandatory arrest policies, dual arrests directly attributable to the policy change have dramatically increased (for example, in Connecticut, 18% of approximately 25,000 annual arrests are dual arrests, which represents a significant increase in the number of dual arrests) (Martin, 1997). Some jurisdictions have recognized this unintended consequence and have either enacted "primary aggressor" laws (Zorza, 1992) or instituted new police training policies. For instance, a 6% dual arrest rate reported in Dallas was reduced to 1% after instituting new training that taught police to arrest the person determined to be most culpable or most dangerous (Martin, 1997). Primary aggressor laws are very promising; for instance, following this kind of policy change, Los Angeles reduced the number of women arrested by one third using this new contextual training. However, detractors believe these policy changes stack the deck against men, that they reflect society's reluctance to believe that women abuse their male partners, and that "militant" and "victim" feminists drop their support for mandatory arrest laws when they sweep up women (Blumner, 1999, p. 1). This antifeminist stance is strongly supported by men in men's rights groups, the members of which are typically joined by their second wives (Hart, 1999). Nonetheless, battered women

are now ensnared in the policies of arrest, despite research that shows that men who batter women account for 95% of domestic violence incidents (Dobash et al., 1992; Pagelow, 1992). Nationwide statistics indicate that women who are prosecuted for domestic violence-related offenses represent 5% to 10% of domestic violence prosecutions,³ although this number is growing (Hooper, 1996). Following changes in arrest policies, the percentage of women arrested for domestic violence crimes in California jumped from 5 in 1987 to about 17 in 1999 (Blumner, 1999); in Concord, New Hampshire, the same category increased from 23% in 1993 to 35% in 1999 (Blumner, 1999). After mandatory arrest was implemented in a county in Minnesota, 13% of women were arrested the 1st year, which rose to 25% in the 2nd year (Saunders, 1995). Thus, both research and anecdotal materials from across the nation have raised concerns about a growing trend in arresting women as domestic violence offenders.

RESEARCH ON INTIMATE VIOLENCE

The arrest statistics considered above revive a long-standing debate: Do victims of abuse and batterers use violence for the same motivations and with equal frequency? Much research has explored this gendered phenomenon by examining the rates of and reasons for partner abuse. Although early national surveys using the Conflict Tactics Scale (CTS) as a measurement instrument found that women reported using violence against male partners at rates roughly equal to or slightly higher than the reverse (Straus & Gelles, 1986, 1990; Straus, Gelles, & Steinmetz, 1980) even though women received more severe injuries (Stets & Straus, 1990), most scholars remain firmly resolved that domestic violence is not an act of mutual battering. In fact, recent national survey results from the National Violence Against Women Survey (NVAW), jointly conducted by the National Institute of Justice and the Centers for Disease Control and Prevention, reveal that women are significantly more likely than men to be victimized by their intimate partners (Tjaden & Thoennes, 1998), which is consistent with other national data from the National Crime Victimization Survey (Bachman & Saltzman, 1995). Findings from other

studies that use the CTS and find support for mutual battering have been dismissed once context is taken into account, once preemptive aggressive action is distinguished from self-defensive action, and once injury is considered.⁴

Other research reveals that there are indeed differences in the context and quality of violence used by women and men. As A. D. Lyon (1999, p. 257) contended, looking at "who hit" only reveals one aspect of the incident, and to fully understand the complexity of the whole context, the "why" and the "how" need to be studied. Even Straus (1993) admitted that men "typically hit or threaten to hit to force some specific behavior on pain of injury," whereas "a woman may typically slap a partner or pound on his chest as an expression of outrage or in frustration because of his having turned a deaf ear to repeated attempts to discuss some critical event" (p. 78; see also Mullender, 1996). Saunders (1986) found that most women in battered women's shelters reported using minor violence at some point in relationships as a means of self-defense or fighting back. Cascardi, Vivian, and Meyer (1991) interviewed 36 married couples and found that 58% of women who used severe violence attributed their actions to self-defense, compared to only 5% of the men; 50% to 80% of men who used severe violence did so to control their partners. Using data collected from both partners from a sample of 199 military couples mandated for domestic violence treatment, Langhinrichsen-Rohling, Neidig, and Thom (1995) found that although both husbands and wives used violence in 83% of the cases, the husbands' violence was more severe, the husbands were less likely to be injured, and the husbands were far less likely to report any fear of their wives (see also Jacobson et al., 1994). Hamberger, Lohr, and Bonge (1994) examined the motivations of violence with 75 women and 219 men who were arrested and court-referred participants in domestic violence counseling programs. They asked respondents, "What was the function, purpose or payoff of your violence?" Women's answers revealed that they used violence as self-defense, as protection from or retaliation for prior physical violence and psychological battering, or to escape violence. In other words, when women used violence against their partners, it was almost always in response to the batterers' violence. Men, on the other hand, used violence as a means of control and domination over their female partners. Sometimes, women may be the

first to use violence as a tactical strategy to avoid getting hit themselves (Bowker, 1983; Feld & Straus, 1989) or in response to perceived threats of physical or sexual violence directed against them (Browne, 1987; Hamner & Saunders, 1984). In one effort to address the situation typical of battered women who use violence, in a national study of Canadian dating violence, DeKeseredy, Saunders, Schwartz, and Alvi (1997) modified the CTS to include questions about the use of self-defense and protection, fighting back when the respondent is not the first to use violence, and using preemptive violence before the partner actually attacked or threatened to attack. Their findings indicate most women use violence in self-defense or in fighting back; consistent with the other studies above, their data offer no support for the sexual symmetry thesis (DeKeseredy et al., 1997).

Recent research also reveals that there may be racial or cultural differences in how women respond to their violent partners. For instance, African American women may more often use violence (such as threats, slaps, hitting, and throwing objects at partner) against their intimate male partners in response to experiencing severe physical and sexual aggression (such as choking or attempted rape) and psychological abuse (West & Rose, 2000). This may indicate that African American women have an overall greater risk of victimization due to their marginalized socioeconomic status; Black women in particular have a "long history of physical abuse and oppression, both within their homes and in the larger society, they had to be prepared to defend themselves" (West & Rose, 2000, p. 488). In a study comparing White and Black women, Black women were more likely to fight back when physically assaulted (Moss, Pitula, Campbell, & Halstead, 1997; see also Clark, Beckett, Wells, & Dungee-Anderson, 1994). However, Black women often minimize their victimization due to their investment in perceiving themselves as capable of self-defense (Ammons, 1995; Harrison & Esqueda, 1999). It may also be possible that people who live in disadvantaged neighborhoods and experience the stress of poverty and racism may use violence as a survival strategy for self-protective measures. Overall, what both these racial difference studies as well as the earlier studies reported demonstrate is that the motivation for women's use of violence is typically reactive and/or protective, whereas men's use of violence is consistent with power-control patterns of abuse.

This evidence notwithstanding, some commentators remain unpersuaded and maintain a gender-neutral stance, arguing that all violence and assaults, regardless of the context in which the violence is used, are criminal acts, independent of the assailant's gender, and that policies that fail to hold women accountable for violence they perpetrate should not be endorsed (Straus, 1993, as cited in A. D. Lyon, 1999). However, as A. D. Lyon (1999) asserted, the danger that men face occurs when women "resort to violence when they are left (or believe they are left) with no alternative ways of escaping from the damage that male violence does to them" (p. 258). Clearly, these are not the same dangers faced by women.

LAW ENFORCEMENT AT WHAT COST?

Concerns about gender neutrality and law enforcement get to the heart of the dilemma: Does equality demand that the law should be applied uniformly, irrespective of gender? Like crimes should be treated in a like manner, but generally, a victim's use of violence is not the same as a batterer's use of violence. Therefore, due to this difference—and not because of gender—many feel that these cases should be handled differently. Similar to studies that explore why women use violence, additional studies that focus on arrested women reveal that these women are often battered women who are enmeshed in a pattern of violence that they typically did not initiate or do not control (Barnett & Thelen, 1992; Cascardi et al., 1991; Follingstad, Wright, Lloyd, & Sebastian, 1991; Hamberger, 1991a, 1991b; Hamberger & Potente, 1994; Marshall & Rose, 1990). If the context of women's violence is distinct from men's violence, as the data suggest, and if women's motives are not equivalent to men's motives, then a punitive criminal justice response that treats these women the same way as male batterers is entirely misdirected. This possibility of differing contexts and motivations introduces serious policy implications for how women are treated and what kinds of intervention strategies should be used.⁵ Policies clearly need to address circumstances unique to women and to acknowledge the asymmetry of power in heterosexual relationships and the gender differences in fear, injury, and available resources and alternatives. This entails an understanding of the long-held recognition that domestic

violence is a social problem rooted in social and structural inequity, which uses power-control dynamics to allow one individual to gain mastery over another individual and over a relationship.

Arrest and prosecution may also increase the danger for victims of domestic violence. Some probation officers recognize that a woman who is on probation following a domestic violence arrest may still be in danger or may be in greater danger if her partner is a batterer and she struck back in self-defense or in an attempt to stop the violence from escalating (Mullender, 1996). For instance, he might be mad that she fought back or he might have more power over her due to her arrest and upcoming prosecution, and thus she is more vulnerable to his further abuse.

At the same time, we should resist the temptation to idealize the female victim or offender. Not all victims are totally innocent or without culpability. It might be that another possible explanation behind increases in female arrests may be that women feel more liberated and that they are eager to discard "good girl" roles and stand up for themselves. However, whenever women step out of prescribed gender roles, they are often labeled as deviant and criminal (Schur, 1984). As early as 1895, for instance, a male criminologist declared that with women, there is "a small proportion whose criminal tendencies are more intense and more perverse than those of their male prototypes" (Lombroso & Ferrero, 1895, p. 147). It is important to know if police and prosecutors today embrace similar kinds of assumptions about women's nature and if they are more likely to view women's violence as unfeminine and therefore suspect or deviant but not to view it as self-defensive action. Whereas "normal" women are characterized as weak, passive, and fearful, a deviant woman is one who "acts like a man" by fighting back or refusing to back down during an altercation. Furthermore, these actions may exacerbate problems for Black women given the cultural stereotype of Black women as angry and violent and as deserving victims (Allard, 1991, p. 194). In general, research conducted about arrest and domestic violence has found that women who contradict female stereotypes have a greater risk of arrest for domestic violence, particularly Black and younger women.

In encounters with police officers, those female suspects who violate middle-class standards of traditional female characteristics

and behaviors (i.e., white, older, and submissive) are not afforded any chivalrous treatment during arrest decisions . . . young, black or hostile women receive no preferential treatment, whereas older, white women who are calm and deferential toward police are granted leniency. (Visher, 1983, p. 23)

In addition, disrespectful and antagonistic citizens, as well as citizens under the influence of drugs or alcohol, are more likely to be arrested in a domestic violence encounter with the police (Smith, 1987; Worden & Pollitz, 1984). These findings have particular implications because often, by the time the police arrive on the scene, many men (having dispensed with their anger through a violent action) appear calm and better able to describe the situation to their advantage, whereas many women may still be experiencing emotional trauma, thus seeming less credible and more combative to the police.

Very few empirical studies to date have examined the questions raised here. To assess all of these issues, we need to look beyond arrest statistics and consider in depth how a range of criminal justice and social service professionals view domestic violence in all its forms: real abuse committed by women against men, the potential for revenge or backlash by men, and self-defense on the part of women. Using data collected from interviews with various criminal justice and social service professionals, the research presented here is an effort to empirically consider the issues and implications raised by arrests of women for domestic violence offenses.

DELAWARE AS A CASE STUDY

This present study explores these issues based on one state's experience with dealing with women arrested for domestic violence. The results reported here are part of an ongoing, multisite research project comprising multiple jurisdictions. Delaware is a small state (total population in 1999: 760,691) with only three counties (New Castle County is the largest county with 491,407 inhabitants; Sussex County, 143,007; and Kent County, 126,277). The police departments do not follow mandatory arrest policies, but rather operate with pro-arrest policies reflecting considerable variation across state, county, city, and local police departments.⁶

The state's efforts to document domestic violence incidents came on the heels of several well-publicized domestic fatalities in which people believed that if the police had responded more quickly and seriously, some homicides or suicides might have been prevented. (For instance, in the southern part of the state, a police officer had responded to a domestic violence incident the night before but did not make an arrest, and the next day, the husband killed his wife and children and then himself.) Police were under scrutiny by advocates and the press to improve their responses and to follow the laws exactly or be subjected to disciplinary problems or lawsuits. Part of the consequence of this increased pressure to rectify past police inaction might be reflected by the increase in the number of domestic violence arrests of women.

METHOD AND SAMPLE

To better explore the issue of victims of violence arrested for committing domestic violence, interviews were conducted with 37 criminal justice professionals and social service providers. The research team interviewed all of the major players in the state that had experience with this issue and had worked with domestic arrests, particularly if they encountered women who had been arrested for domestic violence. New Castle County, the largest and most populated county, was oversampled because it experienced much larger domestic violence caseloads and had more criminal justice professionals and resources devoted to responding to domestic violence.⁷ The respondents included 2 directors of battered women's shelters, 4 case workers in shelters, 7 victim services workers who are affiliated with police departments (city, county, and state; 4 are social workers, and 3 are police officers), 3 treatment providers who run counseling groups for arrested women, 5 probation officers, 5 prosecutors and social workers, 5 public defenders (lawyers and social workers), and 6 family court advocates. The interviews with the 37 respondents lasted between 1 hour and 3 hours; reinterviews occurred when new issues were raised and clarification was sought. The remainder of this article explores how criminal justice professionals and social service providers respond to women in domestic violence incidents and what role, if any, their actions play in the imple-

mentation of criminal justice policy. Using grounded theory methods, three major themes emerged from the interviews with criminal justice professionals and social service providers.⁸ The first theme addresses women's violence by focusing on whether respondents felt that women's violence against their partners was increasing and, if so, if this change accounts for the increase in the number of women arrested.

THEME ONE: WOMEN'S VIOLENCE

Without exception, none of the respondents (e.g., treatment providers, counselors, shelter directors and workers, prosecutors, police, defense attorneys, public defenders, probation officers) believed that women's violence was increasing. Rather, they indicated there were other reasons that could explain why women were expressing themselves violently, such as extreme frustration and use of self-defense. Most respondents were aware of the 1994 shift in police response and the emphasis on a pro-arrest policy stimulated by fear of civil lawsuits. Both probation officers and shelter workers asserted that all of their clients had histories of victimization, but the police are now directed to make arrests. Rather than ignoring women's behavior as they had in the past, the police focus on the violence itself and not the context in which it occurs. As one probation officer said, "The guy might hammer her three times and maybe even get charged and convicted; and she hammers him once in response and gets charged during the fourth incident." In fact, often if a woman is on probation for relationship violence, the probation department also has her male partner on the caseload. Victim services personnel said that they often received calls from women who were arrested—women they knew from earlier episodes in which the women were victims. A social worker in the prosecutor's office also talked about these women:

A lot of our female victims have had a long victimization history. I think that a lot of our female "victims" just reach a point, even if it is just verbal abuse, where they can't take it anymore and then they lash out and it's true, they are getting a criminal charge and that criminal charge can be sustained. But there is usually a history that goes with that as to why they're here.

As a prosecutor stated,

I think in a lot of these situations . . . they're both verbally abusive . . . and they both get in each other's face and I think sometimes she gets arrested. But I still think that he's the dominant figure . . . he controls everything. . . . He's still the man and he's still the head of the household and that's probably where half the problems come in—when you challenge that authority figure that he is, or you want to go against him or do something he doesn't want you to do. (Deputy attorney general)

Interestingly, what these statements show is that members of the prosecutor's office (prosecutors and social workers), whose job it is to prosecute the women as offenders, view them as and call them victims, not offenders.

Overwhelmingly, the respondents dismissed the idea of mutual combat or equivalent danger and instead talked about the reasons why women used violence:

most of the time it is to tell him to "stay away" and then as he approaches, sometimes he gets stabbed. (Treatment provider, southern Delaware)

Women typically say that "he was assaulting me and I was trying to get away from him." The women are more likely to admit what they did, like they'll say, "Yeah, I stabbed him, but this is why." The men a lot of times will not even admit that they struck her unless you say, "Well then, how did she end up with a broken nose?" Even then, the men still sometimes don't admit it, even when you have the facts right there. (Probation officer, county domestic violence unit)

What also was consistent across respondents was that they believed that the police are being overly cautious.

If they see any mark, any scratch at all, police will charge, regardless if it was due to fighting back or inflicted because of being the initial aggressor. I think police are far more free or willing to charge both parties these days than they used to be. (Shelter worker, southern Delaware)

The respondents stated repeatedly that women's motives differed from men's motives, in particular, that women's use of violence was not part of the power-control dynamic associated with

battering. According to probation officers, women often seemed “at the end of their rope.” The probation officers raised the issue of self-medication: Women take drugs and alcohol to cope or because they do not feel strong enough to leave. Police officers echoed this belief; as one male police officer said, “Women use substances as a momentary escape because of the hell that she may be in.”

The arrested women were often charged with misdemeanors (except those using knives or guns) and typically caused little damage to the men. As one county victim services worker claimed,

Most of the time, they are arrested for offensive touching—occasionally, assault, but more typically it’s for a scratch or something . . . we don’t have a man who’s beaten to a pulp or anyone with a black eye or bruises all over the body and broken bones.

Overwhelmingly, the respondents believed that the women did not have the same kind of power over men that men possess in relationships. The men were not in fear of their lives (unless the woman had a weapon, but even so, men’s fear would be temporary; men rarely live in fear as many battered women do), and if the men wanted to defend themselves, they could easily do so. The women also did not control the men’s autonomy, that is, who they can call on the phone, whom they can socialize with, what clothing they can wear, whether they can visit with family members, or whether they have a curfew. Even so, a few respondents (typically, the police members of domestic violence units and members of victim services units that were closely affiliated with police departments) stated that if women did commit a crime, “they should be arrested the same as a man. We shouldn’t differentiate just because she’s a female” (victim services worker, county unit). If there were inconsistencies, they believed the prosecutors should resolve them. What distinguished the two scenarios (of arrested men and arrested women) was that “you don’t see the same kind of power and control structure with women; it’s probably a situation where she just lost it” (head of domestic violence police unit, state).

Thus, not a single respondent in the sample believed that women were getting more violent. Rather, they believed that the increase in women arrested for domestic violence reflected

changes in police policy, in that police were trained to make an arrest on any domestic violence call rather than to use their discretion to handle the situation in alternative ways. The respondents strongly asserted that women and men have different motivations for using violence, with women being frustrated or defending themselves. A number of respondents believed that women should be punished for criminal acts as long as context was taken into account and aggressive violence was differentiated from self-defensive action.

THEME TWO: MEN AND BACKLASH

A second theme that emerged from the interviews relates to the ways in which the criminal justice system could be manipulated by offenders who are familiar with the process. Respondents indicated that more men today seem willing to call the police to report violence committed against them by their women partners or ex-partners. Although this could indicate an increase in the number of women using violence against their male partners, national data as well as the data from Delaware indicate that the increase in arrests may be more accurately attributed to men's greater awareness of how to use the criminal justice system to their advantage. In fact, national survey results from the 1973 through 1982 National Crime Survey reveal that men are not shy about calling the police: Men assaulted by their wives call police more often than women assaulted by their male partners (Schwartz, 1987).

The respondents in this sample were adamantly clear about the ways that men manipulated the women and/or the criminal justice system. The respondents either directly observed these deceptive behaviors or heard about them from victims. These behaviors included men challenging a woman's right to trial (rather than accepting a guilty plea) by claiming that the woman would lose her children if she lost at trial and went to jail, men self-inflicting wounds so that police would view the woman as assaultive and dangerous, men being the first ones to call 911 to proactively define the situation, and men capitalizing on the outward calm they display once police arrive (his serenity highlights the hysterical woman). As one detective explained,

He's calm because he was all pissed off before we [the police] got there and he beat the crap out of her. So now, of course he's calm, and of course she is hysterical because she just got beaten up! But we did not realize that years ago. (Detective, head of domestic violence unit, county)

According to one supervisor from a family court-based advocacy program, the program averaged three or four calls a month from women who the advocates considered to be victims but whose partners called 911. This supervisor noticed that more women who have a history of victimization were fighting back, and the battered women told the advocates that they were sick of the violence.

What we're seeing is dual arrests where they're both being arrested. And we have victims who will say to us "he's threatening to have me arrested" because maybe he's done it before, or he's called the police. . . . I actually have one who said that he took a knife and made little marks because she had been arrested for scratching him, but this was after he had initiated it so what he did was took a knife and made little scratches and said, "Go ahead, call the police, because you're just gonna get arrested because they'll think that these are scratches!" (Supervisor, domestic violent project, family court)

All of the treatment providers said that one of the most common statements they heard in batterer treatment groups for men was, "Get to the phone first." Relatedly, male batterers use the pending case as another mechanism of control. For example, a woman might not be aware that when a case is dismissed without prejudice, it is rarely reopened, but a batterer may tell her that he can get the prosecutor to reopen the case at any time; this way, he holds it over her head indefinitely.

The men aren't dumb about how the process works, and unfortunately, they are going to use that to their advantage whenever possible. They will threaten the women with it—if they are still in the relationship, they will use it against her: "I'm going to call 911; I'm gonna call your probation officer; so you better do what I say" or "if you don't do what I say, say good-bye to your kids." (Director of treatment facility, southern Delaware)

We've had guys wound themselves, cut themselves, and say "she did it!" and know that she is going to get in trouble and often these are guys who have been perpetrators for some time. And they've learned to do that through their experience with the system. (Shelter worker, northern Delaware)

The shelter directors and workers believed that as the legislation aged, men who had been through the system more than once knew how it worked, and they manipulated it. In one instance, a woman called a shelter in hysterics; her husband had beaten and choked her, but the bruises would not appear for a few hours. Her husband heard her call the police, and he calmed down and lay in bed, pretending to sleep. The police did not make an arrest in this case. This lack of protection from the police angers and confuses women, who feel they have no redress because they are novices in negotiating the system.

Respondents also believed that the police did not take the time to thoroughly investigate incidents but rather granted greater credibility to the citizen who made the 911 call. But when officers did question ambiguous or wacky situations, a clearer story emerged. One police officer from a county domestic violence unit described several incidents in which they questioned the initial story they received when dispatched because they knew the men from previous domestic violence incidents as the offenders, and this time the men called and identified themselves as the victims: "We sneaked up on one of them, looked through his windows and saw him punch himself in the face, probably thinking, 'I got the injury now, so the police will lock *her* up—hey, it's a little payback.' "

Overall, the interview data reveal that respondents seemed troubled by incidents that smacked of backlash. The respondents shared several beliefs: Men have become savvy and know the ins and outs of the criminal justice system; men manipulate women with threats, particularly over children and custody issues; and men self-inflict wounds. These findings demonstrate the need for police to thoroughly investigate the context of the situation, not just rely on he said/she said commentary from the combatants or automatically accord greater credibility to the authoritative voice of men.

THEME THREE: EXPERIENCES WITH THE CRIMINAL JUSTICE SYSTEM

Respondents raised many concerns about police behavior and legal decision making and case processing. The main police issues revolved around dual arrests, displaced frustration with bureaucratic paperwork, overenforcement of pro-arrest laws, and victim-offender ambiguity. Respondents in all three counties found that changes in police policy, such as movement toward mandatory- or pro-arrest policies, have resulted in dual arrests.⁹ Many of the respondents raised this issue, seeing it as troublesome, even before being asked about it. Overall, respondents felt that they were seeing an increase in the number of dual arrests, which was discouraging because it meant that the police were not thoroughly investigating the context of the incident to determine the primary aggressor. Respondents felt that police took the easy way out by arresting both parties, which left charging decisions up to the attorney general's office.

One of the common explanations respondents gave was that police felt overburdened with excessive paperwork requirements, causing them to be less attuned to the intricacies of domestic violence situations.

They are getting flooded with paperwork, to the extent that they are getting desensitized to the proper way to deal with intimate partners. They are having to deal with minor offenses, such as where it is a brother-sister fighting over a remote control. And they are having to do that long form because that is what is required for a domestic. And one of those minors is going to be identified as the perpetrator and that is going to be recorded as an offender in a domestic. But it is not intimate domestic violence. (Victim services worker, northern Delaware)

Part of the problem is that the police are required to document every domestic call, which covers a range of victim-offender combinations (see Note 3). By the time officers finished writing up a domestic violence call that involved intimate partners, they were frustrated from the excessive paperwork and just wanted to complete it and not think about its meaning. As one respondent explained,

It used to be that when police responded to a domestic they calmed the people down and they would try to get one to leave and they would write that up as a disturbance, like you were rescuing a kitten from a tree. So that was not adequate; that was clearly not adequate. But they have gone from that to this extreme—it takes 8 hours if there is an arrest made. . . . So what we've got is these police officers who come aboard wanting to do the right thing, but they are frustrated. (Director of a shelter, southern Delaware)

Overwhelmingly, the respondents believed the police may be overenforcing, or at least not taking the time to make the wisest decisions. As the director of the treatment facility in southern Delaware says, the police

are following the letter of the law, which is that if someone has an injury, if there are allegations made against the other party, then that party must be arrested. . . . So it is almost as though they are doing too good a job.

Police officers' fear of liability was also apparent:

They don't want to be the officer coming back the next day hearing that they have gone out for a domestic and then didn't arrest someone and then there is a major incident; the police are concerned about this and they will tell you that.

As the head of the county domestic violence police unit said, "Victims do not wake up police departments; lawsuits do." Several respondents also suggested that the police were weary of being seen as the problem in providing adequate responses to domestic violence. Respondents believed this resentment emerged in hostile ways: "If men are going to be held accountable, so will women and despite the fact that the dynamics are very different, police are going to make that arrest" (treatment provider, southern Delaware). In fact, a treatment provider in northern Delaware said that it has become a common refrain to hear a police officer tell the couple, "According to police policy, I have to arrest both of you." The head of the county domestic violence police unit framed the issue in terms of providing protection for the victim:

If they are both injured and we have reason to believe that both broke the law, they may both be arrested, and at least they'll get that time-off, that cooling off period. . . . It is not always that

clear-cut, but we're gonna make sure we take some action to protect them that night.

Several respondents mentioned that police have indicated to a woman victim that they regretted making the arrest because she did not fit the stereotypical image of a violent, out-of-control woman, saying things like, "We're sorry, you don't look like somebody who is a batterer, but I have no choice but to arrest you" (treatment provider, northern Delaware). Remorse from the police sometimes consoled a victim and made her more compliant. A city victim services worker believed that some officers have empathy for the women, yet they still have to arrest her because of the policy requirement. Yet, many victims ended up feeling as this victim did, telling her counselor,

I just can't *believe* that I'm being arrested! Even though there's a knife wound, but I'm the victim! I called the police five times because there were black eyes, broken shoulders, and here I'm getting hauled off when I was just trying to keep him off of me!

One respondent speculated that police action might be altruistically motivated so that the victim would get some help:

The police really want to see anyone arrested who is in any way violent, even if they *know* it is the victim and they are fully aware that the victim is also violent; they want her involved in the system so she can have some options and a record of the abuse.

Although only one respondent mentioned this in the interviews, several women in treatment groups also raised this as something positive (see Miller & Meloy, 2001). When the attorney general's office inherited a dual arrest made by police, the prosecutors focused on the criminal or victimization histories of the parties. Prosecutors provided a typical scenario they encountered: A woman scratched her boyfriend or husband, which constitutes the misdemeanor charge of offensive touching, and they have a long history of domestic violence between them; she finally says, "Enough is enough" and hits him rather than call the police as she may have done in the past.

We see cross-charging quite a bit, where the police can't determine who the aggressor is. You know, he says that she scratched him and

she says, "Well, he hit me first and that's why I scratched him." And the police may cross-charge because they can't make a determination, which is real difficult for our office because then we have to mesh out who was the aggressor. And to tell you the truth, we can't always tell. A lot of time with cross-charges, we'll *nolle prosequere* both of them because if we can't go into court and sustain a charge, figure out who the aggressor was, who the first person was who did it, then we really can't go forth on the charges. But we do see a lot of the scratching and a lot of slapping in the face [by women] and those are all true charges that can be brought against a person and we really have to look at whether we are going to pursue them or not. (Social worker, prosecutor's office)¹¹

Another problem identified by the prosecutors was that when both parties were arrested, often the male perpetrator had the ability to make bail, but the woman would be held. The perpetrator would not necessarily go and bail her out, thinking that this was a way to teach her a lesson. However, it could take 4 or 5 days until arraignment, so she may actually stay in jail.

The issues raised by respondents concerning the court experience included women's unfamiliarity with the court process, women's limited knowledge of their options, and women's powerlessness in the process. Women's legal problems were compounded once they arrived at court. Many respondents advised women who acted in self-defense to hold out for a trial. However, the process was not that simple: Most women were not accustomed to being charged as an offender, and they were mystified about the criminal justice process. Women were eager to get the case over with and return home, so they accepted a guilty plea without full appraisal of the potential consequences of having a record. These consequences could include being barred from certain employment opportunities, denial or loss of public housing, denial or loss of welfare benefits, immigration status issues, and issues related to custody hearings—all things that disproportionately harm women because they tend to be the primary caregivers in relationships ("Double-Time," 1998). Women found the court process intimidating and stigmatizing, according to our respondents:

Women have an awful lot of pressure put on them when they get to the courts to just plead guilty. But the women don't seem to understand that there are reasons why they might not be guilty, even

though they did scratch his face. I have even had clients whose partners were on top of them and they were pushing his face away and they broke his glasses and got scratches on his face and the next day the woman gets arrested. (Family court advocate)

Public defenders and prosecutors acted less as adversaries than as a friendly courtroom workgroup, ensuring the efficiency of case processing:

The public defenders are so accustomed to working with the Attorney Generals in negotiating the plea bargaining that they will really encourage the victim to go ahead and plead—it's just easier. It's faster and the victim will be taking a big chance in going into court and then if found guilty and then how about having a record.

Women were encouraged to plead guilty in exchange for getting the First Offender's program, which placed them under probation supervision and mandated their attendance at a 12-week treatment program.

I think a lot of people get screwed in that way, since they are really encouraged to plead guilty then they have it on their record or they get this first-offenders program through family court so that it won't end up on their record in the long run except for being arrested. It won't show up as a conviction, so it won't affect their employment or if they were going to be found guilty then that's a good deal too, because then they are not going to have a conviction so that could affect them later. The whole thing is a big mess—who needs a record?—and they don't know what is going to happen so they don't know if they should take the pleas. (Director of shelter, northern Delaware)

The respondents (with the exception of the public defenders and prosecutors) seemed to feel that both public defenders and prosecutors took advantage of the women's confusion and manipulated them into decisions that benefited their own positions or the system's need to dispose of cases quickly.

It's very dehumanizing. The women already feel stigmatized by having been arrested, they don't understand the process . . . and I'm not gonna tell you it's all that different for men, the process often takes place in a waiting room, you are told what can happen if you choose to plead not-guilty and are found guilty, and then they are told what they can do if they plead guilty . . . so a lot of women

are buying into it because it seems like the simplest thing to do . . . they're afraid of going to jail. (Treatment provider, southern Delaware)

Respondents also felt that the attorneys strong-armed the women into accepting a guilty plea in exchange for what was presented as an ideal opportunity:

The women hear about this wonderful offender's program where you go to treatment and you are on probation for a year and then your charges will be expunged off your record, so they agree to the program, but they just don't have a clear understanding of what they are agreeing to. (Victim services worker, northern Delaware)

Shelter workers, victim services personnel, and treatment providers believed that the women would be better off going to court with self-defense justifications: "At least three quarters of the time if they had taken it on to trial, they could have gotten out of the charge and been found not guilty" (shelter director, northern Delaware). However, social service providers and other domestic violence advocates typically were not involved in the case at the arraignment stage because the women were not yet identified as victims. Consequently, the women did not receive any alternative information or encouragement to plead innocent. The arrested women were also very concerned about the time and money the process took; the First Offender's program offered an attractive option just at the point when the women were most vulnerable. The treatment provider in northern Delaware believed there was a problem with the way options were presented and that women gravitated toward life preservers thrown at them: "You're told that you have a choice of going to jail or staying with your family, and maybe that language is what makes the difference." Women easily capitulated once they were threatened with having a criminal record and that their kids might be taken away from them. "And for all practical purposes, you deem the women powerless and they believe themselves to be powerless. So consequently, if there's the remote chance that they are going to be convicted and they could lose their kids, they'll plead."¹²

There was tremendous pressure on the attorney general's office to resolve cases with guilty pleas because there would be a guarantee:

If a case goes into a court hearing, it's 50-50 that the judge could find them guilty or not guilty. If there is more than one charge they could find them guilty of one, you know, split-the-baby where you find them guilty of one and not the other. But with a guilty plea, the person is definitely saying that he or she did *something*—not always that charge, but at least it is a guarantee. With a guilty plea, you don't have the appeal issue, because in family court there is actually a twofold appeal. If you go in front of a commissioner, that charge can be appealed to a judge and then appealed to superior court. So it's like three times that it could be appealed. (Social worker, attorney general's office)

Because cases handled in family court can be appealed to superior court for a jury trial, the attorney general's office acknowledged that this could result in a long, frustrating process and that the process itself wore people down. In reality, very few cases are appealed to superior court or end up actually going to trial. One social worker, who had been in her position for 9 years, thought only three or four cases took this route.

The interview data reveal that the respondents were very cognizant of the layers of confusion that surrounded the handling of women arrested for domestic violence. Police were under pressure to make arrests, yet respondents felt that the police did not spend the time necessary to distinguish between victim and offender behavior, which often resulted in a dual arrest. This victim-offender ambiguity was resolved to some extent by the prosecutor's office, but other issues emerged. In particular, women felt abandoned by their attorneys and threatened by the potential consequences if they did not accept a plea bargain, and their confusion was exacerbated by their lack of familiarity with the court process.

DISCUSSION

Although it seems clear that actual or threatened abuse may play a causal role in women's behavior and that the women are

responsible for their choices, it also seems clear that these choices have been constrained. Abusive relationships are characterized by asymmetric power, and women typically have fewer options and resources than do men.

Despite the fact that none of the respondents believed women's violence was increasing, two factors seemed to be related to increased arrests of women, regardless of the universal acknowledgment that women resorted to violence for reasons that markedly differed from men's reasons: changes in police policies to favor arrest and officers' fear of being named in a civil lawsuit. In particular, respondents did not view women's violence as occurring within the power-control dynamic that is typical of domestic violence.

Eliminating much police discretion through pro- and mandatory-arrest laws can be consequential: It can increase the number of dual arrests because police will feel they need to arrest anyone involved due to fear of lawsuits (Martin, 1997). In turn, dual arrests could deter women from calling the police again (Buzawa & Buzawa, 1990; Martin, 1997). After mandatory arrest was implemented in Duluth, Minnesota, for example, calls to the police were reduced by 47%, with similar reductions reported in Detroit, Michigan (Martin, 1997). When women have few options—especially if they become reluctant to call police for help following enactment of these new policies—the emotional ramifications are costly: Isolation is reinforced, as are their beliefs that there are no resources and/or that they are to blame. When women are themselves arrested, they do not call police during future abusive episodes, putting the women at greater risk (Abel & Suh, 1987; Stafne, 1989). In A. D. Lyon's (1999) analysis of two jurisdictions in Michigan, it was found that officers who learned that women had suffered prior abuse were less likely to arrest them. However, it was also found that if a woman had called the police before for help, she was more likely to be arrested, suggesting "either conscious or unconscious retaliation by the police against women for staying in an abusive situation." A. D. Lyon (1999) contended that this retaliation may occur due to police officers' feelings of not being trusted when policies take away their discretion.

The propensity to arrest is exacerbated if police have little sympathy for women victims to begin with (E. Lyon & Mace, 1991; Stafne, 1989). In particular, Saunders (1995) found that when

police have negative attitudes about victims, especially women, and they believe domestic violence is justified in some cases and that some stereotypes about why battered women stay with their partners are true, the police will be more likely to make arrests (see also Ford, 1987). Police who possess more rigid sex-role beliefs and find more justifications for domestic violence in marriages have also been found to be associated with increased tendency to arrest (Stith, 1990). Arrest propensity is compounded when women are viewed as stepping out of traditional feminine roles. Rasche (1986) contended that some people view violent women as the "epitome of unrestrained female aggression" because they discard socially ascribed roles of submissiveness and subservience. At the same time, however, if a woman becomes violent to protect her children, Rasche believed that rather than label her as a violent woman, it would be more accurate to describe her as a "woman against violence," who defended her children from a greater harm. This shows how imperative it is to examine the situational origins and context of domestic violence. It is also possible that women may not view themselves as helpless, so they may not perceive their own violence as self-defensive (Hooper, 1996).

Inability or unwillingness by police to distinguish between a primary aggressor and self-defensive action is an enormous problem. The many examples in this research of this dichotomy highlight the importance of police training that teaches officers how to distinguish between aggressive and defensive action and how to ask a range of questions to help determine this finding. For instance, self-defensive actions, such as blocking blows, may be missed by the police, because bruising occurs underneath the victim's arms. If officers stayed longer at the crime scene, bruises would show up after approximately 45 minutes on a light-skinned individual; however, this would not be the case for darker-skinned individuals. In addition, due to men's larger size and greater strength, women often grab an object that is handy to effectively fight back. Thus, women often get charged with a felony because of their use of a deadly weapon—typically, a kitchen knife is used because it is most handy—whereas men are charged with a misdemeanor. The result is that a man may have a more visible and serious wound, although the woman's intent may have been defensive, not malicious. Furthermore, if men are indeed

using the criminal justice system as another tool with which to manipulate women, as many of the respondents expressed, police must be cognizant of this and strive to look beyond who called 911 or who appears calmer to address victim-offender ambiguity. A. D. Lyon (1999) suggested that prosecutors may want to form review teams that would evaluate if the "right" person was arrested and that would look at the history of domestic violence in the relationship.

For many of the women, the court process is more foreign to them than it is to their male partners. Interviews with the various criminal justice professionals and social service providers indicated that there were many times that the women made important case decisions, such as accepting a plea bargain versus pleading not guilty, that had little to do with guilt or innocence but had much more to do with their fear of jail or of losing custody of their children. The lack of legal advice available to the women was astonishing. Further training of the defense bar is needed to raise awareness of these dilemmas. Moreover, cronyism between the defense attorneys and the prosecutors may reinforce women's feelings of powerlessness and women's beliefs that case efficiency is valued more highly than truth. Ostensibly, the First Offender's program offered a win-win situation both for the court and also for the women, but the downside was that the context of women's violence was often left unexamined.¹³ Given that acceptance into the First Offender's program includes probation status, women are at risk for violations, which are often orchestrated by vindictive batterers. Thus, probation violations could result in harsher penalties when it comes to custody issues or jail time or if threats of jeopardizing probation status are used by abusers to intimidate their victims.

The trend in Delaware and elsewhere across the country appears to support treatment programs for women arrested on domestic violence charges. However, if courts are going to mandate treatment for female offenders arrested for domestic violence, treatment programs must take into account some of the unique situations faced by women. One advantage of these kinds of programs (available in Delaware and other states) might be that due to their philosophy that women are victims who committed an illegal act, not batterers, and that they made bad choices. The programs connect with a population that has had very little access

to and few encounters with battered women's shelters or advocates (see Hamberger & Potente, 1994). The information the women receive about the cycle of violence; the dynamics of power and control; emotional, sexual, and physical abuse; and the criminal justice system may be material that they may not otherwise encounter. For many women, being in a group setting with other women, sharing their experiences, shows them that they are not alone, that they did not deserve the abuse, and that they can make changes in their lives. Women typically receive other advice and information from the treatment group facilitators regarding social service referrals (i.e., medical care for children, how to handle ongoing disputes with partners, civil protection order information, networking, "time out" strategies, and other anger management techniques). This distribution of helpful information may not be the norm for all facilitators or all female offender groups, but it was well received by the women in the treatment groups in Delaware (see Miller & Meloy, 2001).¹⁴ Admittedly, there still remains a coercive element to these kinds of programs: The women must attend and participate in the group discussions and homework assignments or their probationary status is rescinded, and jail time could be a realistic outcome.

Perhaps for some women, the trade-off is worth it. Positive assessments of programs by victims should not obscure the issues of early identification of primary aggressor, context, and better police and prosecutorial training. When so few women actively engage in the kind of violent behavior that typifies battering, the development of female offender treatment groups continues to raise questions of legitimacy and appropriateness. Should female offenders be treated in programs similar to those used for male offenders, given that the context and nature of women's violence is qualitatively different from men's violence, especially given that the reasons the majority of women use violence bear little resemblance to the reasons men batter women? These issues demand continued exploration with other female offenders' treatment groups throughout the state and across the country.

CONCLUSION

Women's violence is usually different from men's violence. Women are often "acting in response to their partner's violence or

re-acting as a result of their relative powerlessness in the relationship" (Hooper, 1996, p. 173). Although the police and the rest of the criminal justice system have—at least from a policy standpoint—answered the call to take battering more seriously, the tough-on-crime stance is not effective if it penalizes women when issues of self-defense or gendered power dynamics are not taken into account. The consequences can be costly: Women will have convictions, women will be less employable and even more powerless in relationships, and perhaps women may be more likely to resort to more violence in the future and less likely to rely on police for help (Hooper, 1996). The last policy we should endorse is one that essentially punishes a woman twice: the original abuse she endured and then the victimization by a system that does not understand her circumstances.

A contextual understanding of an abusive situation would, it is hoped, result in more just law enforcement and court action. The data analyzed in this article suggest that the vast majority of the criminal justice professionals and social service providers believe that women who are charged with domestic violence offenses cannot be treated with the same paradigm used for male batterers. Women's actions are typically self-defensive or protective and the social and economic factors that influence women's violence operate in ways that vary greatly from the ways they operate in men's lives. Women do not typically use violence to exert power or control over partners. Instead, women are often responding to a loss of power resulting from abuse inflicted on them, and their violent response may not have been immediately precipitated by an attack. Women are further disadvantaged by their savvy batterers, whose greater familiarity with the criminal justice system facilitates manipulation of their victims and operates to their advantage against their female partners as yet another tactic of domination. It would be helpful for victim advocates to become involved with the cases at an earlier stage in the process so that the obfuscation can be addressed before the system is in high gear.

Nationally, some research indicates that women have received harsher sentences than male batterers, particularly women of color and poor women, due to fewer resources, language barriers, and racism.¹⁵ "Poor women are also more likely to live in danger-

ous areas where gangs are active, where gun and knife violence is not uncommon, and where the risk of violence outside the home is great" (Hooper, 1996, p. 179). Racism by the criminal justice system compounds the issue. Fighting back may be seen by some women as a more available and desirable alternative than being trapped in a battering relationship, especially when calling the police means an encounter with a system that is likely to blame them for the violence. Both police and prosecutors need to be more cognizant of cultural nuances that shape women's responses to battering.

The criminal justice system is obligated to recognize that the same standards cannot be applied to evaluate battered victims' use of violence in relationships vis-à-vis abusers. When advocates for battered women demanded an end to discrimination in law enforcement between female and male victims of violence, the intention was that female victims of violence (more often assaulted by intimate partners in the home) should be accorded the same protections as male victims (more often assaulted by strangers or acquaintances rather than intimate partners). Instead, rather than victims of violence being treated the same regardless of gender, female victims are again subject to discrimination. An arrest policy intended to protect battered women as victims is being misapplied and used against them. Battered women have become female offenders. Although the symmetrical application of arrest policy pays lip service to the equality tenet inherent in liberal feminism, the differences between violence committed by women and men are being masked. While changes in police arrest practices may be expedient and seemingly gender neutral, unreflective enforcement of pro- and mandatory-arrest statutes promises to result in inappropriate arrests of women. The incorporation of primary aggressor laws that distinguish between preemptive and defensive violence as well as a contextual understanding of the violent relationship would greatly assist in clarifying the proper role of arrest. Only when the entire gamut of women's experiences is considered will the ambiguous continuum of victim and offender be better understood.

NOTES

1. The terminology surrounding what to call the arrested women raises both a semantics and also a conceptual debate: To use gender-neutral terms, it is possible to substitute *battered women* for *victims of abuse or violence*. An advantage is that the latter term is more inclusive; for instance, it acknowledges that violence also exists in same-sex relationships in which similar power-control dynamics operate. By distinguishing between victims of abuse and batterers without gender designation, both heterosexual and homosexual patterns of battering can emerge. A disadvantage of using these gender-neutral terms is that the approach is too euphemistic, because the majority of domestic violence is committed by men against their current or former female partners. In addition, for the purposes of this article, the social service providers and victim advocates interviewed were vehemently opposed to any gender-neutral semantic substitution because they felt it depoliticized the issue of domestic violence and it was untrue to the gendered dynamics of battering. Thus, to reflect the wishes of the professionals who work most closely with the battered women, the decision was made to use primarily the term *battered women* rather than *victims of violence* in this article.

2. Although most states now provide police with the option to arrest in misdemeanor domestic violence cases that they have not witnessed, police officers may still rely on advising, mediating, possibly separating the couple, or issuing a citation to the offender requiring him to appear in court to answer specific charges. In response to demands for more aggressive criminal justice action in domestic violence cases, mandatory- and presumptive-arrest statutes, which either limit or strongly guide police discretion, have become increasingly popular in current law enforcement efforts. These policies state that police officers have to (mandatory) or should (presumptive) arrest domestic violence perpetrators when probable cause for misdemeanor violence exists, even if the violence does not occur in the officer's presence and even if the victim does not desire prosecution (Iovanni & Miller, 2001, p. 304). As of 1996, 15 states and the District of Columbia have enacted mandatory-arrest laws (Wanless, 1996). Many of these laws (along with presumptive-arrest laws) were constructed to avoid civil liability suits challenging that police did not respond appropriately to domestic violence calls for police service when crimes involved intimate partners rather than strangers (A. D. Lyon, 1999) by ignoring or delaying response, which violates the Equal Protection Clause of the 14th Amendment (see *Thurman v. City of Torrington*, 1994).

3. Numerical consistency and accuracy can be a problem in some states if multiple types of family disturbances are collapsed with intimate violence into a general domestic violence category. For example, in Delaware, based on statistics gathered from police departments by the state's statistical center, the percentage of female domestic violence suspects comprised 32% of all domestic arrests in 1998. However, an initial inquiry revealed that the 32% reflects the way "domestic violence" is defined in the state because this statute includes people who are related to one another by blood, marriage, cohabitation, noncohabitating couples, or a third-party dispute that involves one of the intimate partners. Thus, under this classification scheme, a sister fighting with her brother would be classified as a domestic incident in the same way a woman arrested for assaulting her partner even in self-defense or otherwise would be counted. Once these cases are separated from intimate partner or ex-partner violence, the smaller percentages obtained are more consistent with national estimates.

4. Common problems with the Conflict Tactics Scale (CTS) include the following: It does not distinguish between intent and effect (i.e., a woman pushing a man in self-defense vs. a man pushing a woman down a flight of stairs); it equates one slap by a woman to 15 years of abuse by a man; it only interviews one partner; it excludes violence that

occurs after separation and divorce (Straton, 1994, p. 80); the CTS and the CTS2 (Revised Conflict Tactics Scale) do not include some specific types of abuse, such as scratches or burns that respondents may not voluntarily report; they incorrectly assume that psychological abuse is less harmful than physical violence; by situating violence and abuse in the context of settling arguments, they ignore a large number of control-instigated attacks that do not originate from disputes; and they miss attacks that occur spontaneously with no external reason or conflict to mediate (DeKeseredy & Schwartz, 1998, pp. 2-3). The same surveys by Straus and his colleagues that are cited for finding women almost as violent as men also find that women are 6 times more likely than men to end up injured, that the violent acts done by men cause more injury than if the same acts were done by women, and that men are more likely to commit the most serious and injurious abuse (Straus, 1993).

5. If female offenders are really victims who fought back, then batterer treatment programs modeled after protocol designed for male abusers would not be appropriate for battered women. Treatment protocol for women arrested for domestic violence would undoubtedly be different if women used violence to dominate and control. In that case, male-based offender treatment programs might be more appropriate, but this is not the pattern in the majority of female arrest cases mandated to treatment (Miller & Meloy, 2001).

6. In 1994, the Delaware Code gave police the authority to arrest without a warrant for misdemeanor offenses committed outside the officer's presence (DE Code, Title II, § 1904). In 1988, the state's police chief council adopted the Delaware's Model Law Enforcement Domestic Violence Policy; individual departments were then free to adopt all or part of the protocol. The protocol allows police to retain discretion in misdemeanor cases as long as the decision not to arrest is fully documented. The protocol does not address the issue of primary aggressor guidelines. In Delaware, the state police have the most clearly articulated policy:

Although arrest should occur in misdemeanor incidents where probable cause exists, the discretion not to arrest in either type of misdemeanor incident remains with the officer. When an arrest is not made, the decision must be fully documented in the incident report and the potential for continuing violence must be addressed.

State police policy also instructs that "dual arrests are not favored" and that officers "are required to determine the predominant aggressor and to explore a potential self-defense claim" (DE Code, Title II-23-11, 1994). County, city, and local police departments do not have similarly articulated guidelines, thus making for fractured and inconsistent arrest policies across jurisdictions.

7. For 1998 (the most recent year statistics were gathered), domestic violence incident reports revealed the following numbers of incidents counted by police: New Castle County, 9,711; Kent, 3,067; Sussex, 3,252. Oversampling in New Castle County (NCC) was justified given that it handles 3 times the caseload of the other counties. NCC also has the largest number of criminal justice professionals and social service providers dealing with women arrested on domestic violence charges.

8. Following grounded theory methods, themes were used only if they were discussed at length by at least 3 respondents (Lofland & Lofland, 1995). The data were examined using coding techniques described by Strauss (1987). Each transcript was read exhaustively and analyzed into emergent conceptual categories. Once no new conceptual categories were unearthed, saturation was believed to have been achieved (Krueger, 1994).

9. There was some confusion about the policies of arrest for state, county, and city police departments, even among these respondents. For example, although there is no mandatory-arrest statute in this state, the head of the county domestic violence police unit said, "We have pro-arrest, but our pro-arrest is so strong it almost mirrors mandatory arrest." Clearly, the confusion among police themselves about arrest policies contributes to law enforcement problems.

10. In fact, the detective said that "police attitudes haven't necessarily changed; what changes a lot are the lawsuits." He believed it reflected a training issue: "They don't *have* to get it, they just *have* to do it. They can go home and complain all they want, but if they fail to act—that's a big deal."

11. Social workers in the attorney general's office exercised enormous power. Typically, they were responsible for the background work, which essentially became the charging decision; deputy attorneys general rarely got involved until later in court. There had been a high turnover of deputy attorneys general in NCC, yet the unit's two social workers had been there for 4 and 9 years, respectively. As one social worker described (and she acknowledged that they are the key persons making the decisions),

We have a lot of input because we are the ones who talk to the victim . . . and we can say when we see "Jane Smith,"—well, "Joe Smith" has been here 20 times before, but that particular AG [attorney general] won't know it because he's only been in family court maybe 6 months to a year.

12. Victim services personnel believed that the attorney general's office was very reluctant to pursue dual arrests. Throughout the state, respondents mentioned that the turnover was high and retention was low in the attorney general's offices, leaving little continuity in policy and procedure and little institutional memory. There was a sense that the court personnel sought to dispose of most of the cases at arraignment. There was also the sense that only the most junior prosecutors had this job, and they were just biding their time until they could be promoted or transferred elsewhere, and nobody was watching them because it was only family court.

13. The "gender-neutral" enforcement of domestic violence that has resulted in increases in women arrested for domestic violence introduces implications for court-mandated treatment. For example, since mandatory arrest was instituted in the state of Wisconsin, the first 7 months after its implementation revealed that the rate of male referrals for perpetrator treatment more than doubled, whereas the rate for women increased 12-fold (Hamberger, 1990).

14. In fact, there may be enormous variation among treatment programs' philosophies across the country; for instance, not all facilitators will view arrested women as primarily victims who made bad choices.

15. Women who are determined to be the primary aggressors, particularly women of color, receive harsher sentences (Browne, 1987; Burrell, 1995, cited in Hooper, 1996, p. 178). In addition, women's violence is not binary (self-defense or primary aggressor); it is far more complicated. Women of color may not fit these models because men's violence models were modified to accommodate White women (Allard, 1991).

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Supporting Battered Women Involved With the Court System

An Evaluation of a Law School–Based Advocacy Intervention

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In recent years, courts and battered women's advocates have collaborated to develop court-based advocacy programs to improve domestic violence victims' experiences within the justice system and to foster safety in their lives more generally. This pilot study evaluated the effectiveness of an innovative variation of these legal advocacy programs in which law students work intensively with battered women to obtain protective orders. Compared to women who received standard court services, women working with law student advocates reported significantly less physical and psychological reabuse and marginally better emotional support after 6 weeks. Policy implications and directions for future research are discussed.

Over the past 25 years, the United States has made great strides in recognizing interpersonal violence as an important social problem that requires active intervention at federal, state, and local levels. In recent years, for instance, this commitment to action propelled the passage of the Violence Against Women Act (VAWA) (originally passed in 1991 and reauthorized in 2000), which increased the federal funds available for victim services, law

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enforcement, and prosecution. This commitment has also led to a proliferation of pro-arrest and pro-prosecution policies in jurisdictions throughout the country. Although these shifts reflect the significant progress made in the way that various institutions respond to interpersonal violence, they have also created new challenges for these institutions to address. For example, one result of these policy changes has been a vast increase in the number of battered women involved with the justice system (Allard, Albelda, Colten, & Cosenza, 1997). This influx has, in turn, intensified the need for new services for domestic violence victims in jurisdictions nationwide (Gondolf, 1998; Weisz, Tolman, & Bennett, 1998).

One common response of justice systems across the country to this and other issues has been to establish legal advocacy programs in which specially trained individuals work with victims to help them address a variety of concerns (Hart, 1995). In addition to explaining the court process and providing referrals to community agencies, advocates also serve as informal counselors and sources of support (Weisz, 1999). Yet, these advocates, like workers in other programs for victims of domestic violence, are often stretched to the breaking point by inadequate resources and staff and are therefore often unable to fully address the complex and multiple problems that victims bring to them. For example, in Washington, D.C., in 1999, five victim advocates working with civil court cases at the Domestic Violence Intake Center at superior court made contact with approximately 750 victims at the court each month (H. Hall,¹ personal communication, January 1999). This overload means that in most cases, victims cannot work intensively with one advocate or receive the more comprehensive support that such an ongoing relationship would provide. In general, many victims cannot even get the assistance they need to navigate the justice system, much less support to take additional steps to end the violence in their lives.

Thus, it is not surprising that despite the best efforts of dedicated legal advocates nationwide (Hart, 1995), a number of studies have shown that many battered women experience fear, confusion, and frustration (Belknap, Fleury, Melton, Sullivan, & Leisenrina, 2001; Bennett, Goodman, & Dutton, 1999; Buzawa & Buzawa, 1990; Finn & Colson, 1990; Fischer & Rose, 1995) as well as practical difficulties (Goodman, Bennett, & Dutton, 1999) that

make it extremely difficult for them to sustain or initiate efforts to seek help from the courts.

One innovative response to the shortage of advocacy services for victims involved with the justice system has been the establishment of law school-based domestic violence clinics in which law student volunteers are trained as part of a course or other form of instruction to work as legal advocates for battered women (Barry, 1994; Merryman, 1993; Murphy, 1997; Myers, 1992; Roberts, 1998; Schneider, 1984, 2000; Wilkey, 1997). At least 40 law schools across the country now offer domestic violence clinics of this sort, and the number is growing (Goelman & Valente, 1997). Because these programs tap a potentially plentiful and relatively inexpensive supply of advocates, they are an important means by which more intensive and complete advocacy services might be provided to battered women participating in civil or criminal procedures. For example, law student advocates usually follow a particular victim's case from start to finish and in the process spend a great deal of time working with and on behalf of their clients. This intensive work enables law student advocates to understand and address each victim's specific needs more fully and allows victimized women to develop an ongoing, trusting relationship with a knowledgeable individual (Rodriguez, Bauer, Flores-Ortiz, & Szkupinski-Quiroga, 1998). By virtue of their formal legal training, law student legal advocates are also able to serve as attorneys for battered women. As such, they can file cases on a victim's behalf, represent her in court, and help her seek legal redress.

Despite the promise offered by law school-based advocacy clinics, there is no empirical evidence to date regarding their effectiveness in improving the lives of battered women. In an effort to fill this gap, this quasi-experimental study sought to examine the short-term effectiveness of a law school-based advocacy intervention in which pairs of volunteer law students worked with battered women for up to 6 weeks as they sought civil protection orders in Washington, D.C.'s superior court. We hypothesized that after 6 weeks, compared to women who received the usual services of the court, women who participated in the advocacy intervention would report (a) higher levels of tangible social support, (b) higher levels of emotional social support, (c) fewer symptoms of depression, (d) less psychological reabuse, and (e) less physical reabuse. We chose a 6-week time frame for the evaluation

because this allowed us to follow the majority of victims from the start of their work with law student advocates (shortly after they received a temporary protection order) to its finish (after the final hearing for the year-long civil protection order). The rationale for focusing on the above set of outcomes is discussed below.

RESEARCH ON ADVOCACY FOR BATTERED WOMEN

Most of the research support for the value of advocacy services for battered women comes from qualitative and nonexperimental studies. For example, in focus groups conducted with 55 battered women in shelters in seven midwestern cities, participants reported that the help provided by a shelter advocate enabled them to acquire the information and emotional strength they needed to leave their batterers (Davis & Srinivasan, 1995). Similarly, Gondolf and Fisher's (1988) interviews with 6,612 women in shelters throughout Texas indicated that women who obtained legal assistance from advocates at the shelters were significantly more likely to decide to end their relationship with their abuser.

However, only one experimental study has ever been undertaken to evaluate the effects of any type of advocacy for domestic violence victims. Sullivan and her colleagues (Sullivan, 1991; Sullivan, Basta, Tan, & Davidson, 1992; Sullivan & Bybee, 1999; Sullivan, Campbell, Angelique, Eby, & Davidson, 1994; Sullivan & Davidson, 1991; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992; Tan, Basta, Sullivan, & Davidson, 1995) trained college student volunteers to work intensively with battered women who were leaving shelter, helping them access resources to meet housing, child care, financial, employment, educational, and other needs. In the assessment immediately after the 10-week intervention period, the 135 victims who had worked with advocates reported significant improvements in social support, greater effectiveness in obtaining needed resources, better quality of life, less depression, less fear, less anxiety, and, most important, less physical and psychological abuse compared to the 130 comparison group participants who had not worked with advocates. At the 2-year follow-up, women who had worked with advocates continued to

report more social support, higher levels of emotional well-being, and less physical violence than women in the comparison group (Sullivan & Bybee, 1999). Indeed, women in the advocacy condition were more than 2 times more likely than women in the comparison group to have experienced no violence during the 2 years following the intervention.

Although these striking findings suggest that working with advocates can increase perceptions of social support, improve mental health, and reduce risk of further victimization among battered women exiting shelters, it is unclear whether intensive legal advocacy for women in the justice system would have the same effects. One reason is that shelter seekers represent a far smaller proportion of the population of battered women than those who participate in the justice system (Bowker, 1987). The two groups, though overlapping, may be quite different on a number of dimensions, including their readiness to leave the violent relationship, the nature and quality of their social networks, and the particular set of needs they seek to address (Brown, 1997; Gondolf, 1998). Moreover, advocacy offered in the context of the court is different from that provided by Sullivan's (1991) volunteers, in part due to its specific focus on improving a victim's experiences with the justice system.

At its best, advocacy for battered women in the justice system consists of four overlapping components: (a) assistance in planning for safety, (b) provision of emotional support, (c) provision of information about and access to community resources, and (d) provision of information about and accompaniment through the legal process (Hart, 1995; Weisz, 1999). Each of these components is discussed next, with particular attention to the benefits offered by having law students work as legal advocates.

Almost all interventions with battered women include some form of safety planning to help victims evaluate the risks they face and develop concrete plans for ensuring the short- and long-term safety of themselves and their children (Dutton, 1992). In the court system specifically, advocates often seek to explore with victims the effects that participation in the court process might have on their safety, with the goal being to find ways for women to keep themselves safe both in and out of the courthouse (Davies, Lyon, & Monti-Catania, 1998).

Advocates also provide emotional support to domestic violence victims in a number of ways. For example, simply having an advocate working on their behalf conveys to women that they need not cope with the violence alone and that someone is concerned for their safety and well-being. Similarly, victims may derive emotional support from having the companionship of an advocate during stressful situations such as testifying in court. Advocates also show support by listening to their clients' stories and treating them seriously, thus reflecting understanding, respect, and concern (Gottlieb, 1978). This emotional support may be particularly pronounced for victims participating in law school advocacy programs who, by working with law students over an extended period of time, are able to establish an ongoing, more continuously supportive relationship with their advocates (Rodriguez et al., 1998). This kind of support may be especially critical to participants whose social support networks have been eroded over the course of their abusive relationship (Sullivan, Basta, et al., 1992).

With regard to tangible support, advocates provide access to community resources that can help victims obtain transportation, housing, welfare money, police protection, sole possession of the residence, or child or spousal support (Finn & Colson, 1990). These resources in turn may decrease victims' dependence on, and subsequent need to interact with, their batterers, thereby reducing opportunities for revictimization.

Finally, legal advocates serve as a source of legal information and advice that can improve the quality of the protective order and the tangible support embedded within it (Finn & Colson, 1990). For example, advocates can inform their clients about additional legal options that may be important as well as describe strategies to improve enforcement of the order (D. Epstein,² personal communication, December 1998). Law student advocates' extensive, formal legal training and ability to represent victims in court may be particularly helpful in this regard.

Although the explicit goals of legal advocacy for domestic violence victims are often limited to helping women navigate the justice system and make immediate plans to ensure their safety, the above review suggests that advocacy may also undermine a victim's social isolation, improve her emotional well-being, and increase her physical safety.

Conceptualizing the role of legal advocates in terms of the four forms of help described above, this study thus sought to evaluate the effectiveness of a law school-based advocacy intervention in improving the social and emotional well-being and physical safety of battered women obtaining civil orders of protection.

METHOD

PARTICIPANTS

In the District of Columbia, seeking an order of protection is a two-step process. In the first step, victims go before a judge in superior court to request a temporary (emergency) protection order (TPO), which lasts for 2 weeks. Then, 2 to 6 weeks later (depending on whether the victim or the batterer requests a continuance or postponement of the hearing), victims can return for a hearing to obtain a civil protection order (CPO), which grants relief for a year. In filing for either a TPO or CPO, a victim is able to choose from a variety of different protective remedies. The order she obtains could simply require her partner to stop abusing her, or it could be a more comprehensive order that requires him to stay away from her home, work, and children's day care; move out of the household; pay child or spousal support; and/or compensate her for medical bills.

For this study, we approached and attempted to recruit 157 participants from those women 18 years old or older seeking temporary restraining orders at the Domestic Violence Intake Center (DVIC) at the District of Columbia Superior Court between January 1999 and January 2000. Although the intake center is an entry point for most individuals, male and female, seeking emergency and civil orders of protection, participants for this study were restricted to women who came in as a result of an assault by an intimate, heterosexual partner. Due to income restrictions on the clients that law students can counsel, study participation was also limited to those individuals with personal incomes falling below the law school legal clinics' poverty guideline of approximately \$18,670 per year for one adult, \$21,700 per year for one adult with one child, and \$27,300 for one adult with two children. Other excluded groups included women already working with a pri-

vate attorney; women who appeared to be intoxicated, who talked to themselves at length, or who otherwise appeared to be “out of it”; women who admitted that they themselves had initiated the violent episode (not acting in self-defense); women who were receiving extensive domestic violence–related help from community agencies; and women who had no access to a telephone with which to complete the follow-up interview.

Of the 157 women we contacted, 64 refused to participate, either by immediately returning the packet, by leaving unnoticed with the packet, or by returning the packet as they left and explaining that they had no time left in which to finish it. Additionally, 12 of the participants initially recruited into the advocacy condition were subsequently dropped from the study because they did not show up for their first appointments with the law student advocates, thereby ending their involvement with the law school advocacy program and not meeting our minimal amount of treatment guidelines (described later). Statistical analyses of demographic information and scale scores obtained at Time 1 showed that participants who did versus did not drop out of the law school program did not differ significantly on any variable we investigated for this study.

SERVICES-AS-USUAL AT THE INTAKE CENTER (COMPARISON CONDITION)

Standard procedure at the intake center includes requiring victims who seek a protection order to meet with a court-provided volunteer advocate on the day of their initial visit to court. This advocate briefly explores each woman’s experiences of abuse, provides her with a photocopied list of referrals, explains court procedure, and then accompanies her downstairs to a courtroom to request a TPO. This contact usually lasts from a few minutes to a half an hour or so. In addition to this relatively brief interaction, victims may also receive a phone call from an advocate between their initial visit to court and their CPO hearing 2 weeks later. However, victims receiving the usual services of the intake center do not generally interact with these advocates over an extended period of time or have the opportunity to develop a continuous relationship with one particular advocate. These “services-as-

usual" stand in sharp contrast to the services provided by the law student advocates, which will be described next.

LAW STUDENT ADVOCACY CONDITION

Each victim in the experimental condition was paired with two 2nd- or 3rd-year law students from Georgetown University or Catholic University of America law schools.³ Students wishing to work as advocates signed up for a semester-long class that covered the relevant law, skills, and knowledge of domestic violence necessary to provide legal representation to battered women seeking CPOs. Throughout the course of the semester, students received frequent supervision from faculty attorneys and worked in pairs to see three clients, working with each from the start of her case to the finish.

Victims participating in the law school advocacy program interacted frequently with their legal advocates in the time period between their initial visit to court and their return to court for the CPO hearing up to 6 weeks later. These contacts consisted of conversations by phone and in-person meetings, which took place in victims' homes or in student offices at the law school. Participants reported having had an average of four contacts per week with their advocates (with this number ranging from two to seven contacts), with each contact averaging 1½ hours and ranging from 15 minutes (usually on the phone) to 6 hours (in-person meetings).

The primary emphasis of the law school program was to provide victims with legal representation and support throughout the court process. However, in a qualitative section of the follow-up phone interview, most advocacy condition participants reported that during their meetings, advocates not only helped their clients practice their testimony for the CPO hearing, helped them prepare evidence and witnesses for court, and explained their legal options, but also helped them think of ways to improve their safety, provided referrals to community agencies, provided emotional support, and provided them with information about domestic violence. In a smaller number of cases, participants reported that their advocates had driven them somewhere or helped them find transportation, or, with their permission, had talked to family or friends on their behalf.

PROCEDURE

To recruit participants for the comparison group, the first author (a counseling psychology doctoral student working under the supervision of the second author) approached potential participants as they entered the intake center waiting room and inquired whether they would be willing to participate in a study investigating women's use of the court system to respond to domestic violence. Women who agreed and who met the inclusion guidelines delineated above read, signed, and received a copy of an informed consent form. This form also described the study's procedures and stated that participants would receive \$10 by mail after completing the study.

Participants for the advocacy group were recruited from those women selected by law school supervisors to participate in their law school advocacy program. As part of this selection process, supervisors from the two law schools approached women eligible for their program on the day of their first visit to court. If a woman accepted their offer of free legal representation from the law student advocates, the supervisor would then explain the details of the study and request her participation. They would also schedule a 2-hour appointment for the next day for the victim to meet with her pair of law student advocates. Those women who showed up for this first meeting and therefore received a minimum "dosage" of the intervention were used as participants in the advocacy condition. In the end, 1 of the women in the advocacy condition worked with law student advocates from the Catholic University of America; the remaining 20 worked with law student advocates from Georgetown University.

After agreeing to participate in the study, women in both groups were given a packet of questionnaires and the opportunity to ask questions and were then left alone to complete the measures. Six weeks later, the first author attempted to call all participants to conduct the follow-up phone interview. Aware of the possibility that some participants might still be living with their abusers (either because their TPO did not bar their partners from the home or even prevent contact, or because their partners had violated the order), we adhered to a follow-up protocol designed to maximize participants' safety during these calls.

MEASURES

Demographic Information

For demographic purposes, participants were asked to report their age, ethnicity, employment status, level of education, number of children, income, and the current status and length of their relationship with their abuser.

Perceived Emotional and Tangible Social Support

The Interpersonal Support Evaluation List (ISEL) (S. Cohen, Mermelstein, Kamarek, & Hoberman, 1985) was used to measure perceived social support. This 40-item true-false checklist measures the perceived availability, particularly from family and friends, of four types of social support: (a) appraisal support (help and advice in defining, understanding, and coping with problem events), (b) belonging support (time spent with others in leisure and recreational activities), (c) self-esteem support (interactions that let the individual know that he or she is esteemed and accepted), and (d) tangible support (material aid and services such as help with transportation, child care, or financial crises). High intercorrelations between three of the subscales (Appraisal, Belonging, and Self-Esteem) suggest that the ISEL is actually composed of two factors: an emotional support factor consisting of these three subscales, and a tangible support factor consisting of the Tangible Support subscale (House & Kahn, 1985). S. Cohen and Hoberman (1983) have reported adequate construct validity for the ISEL. For this study's sample, Time 1 Cronbach's alphas of .89 and .90 were obtained for the Emotional Support and Tangible Support subscales, respectively. The ISEL was administered both at Time 1 and at the 6-week follow-up.

Symptoms of Depression

The Center for Epidemiologic Studies Depression Scale (CES-D) was used to assess symptoms of depression. Using a 4-point scale ranging from *rarely or none of the time* to *most or all of the time*, the scale asks participants to report the number of times

they have experienced each of 20 depressive symptoms in the prior week. Summing these scores provides an index of depression. The scale has been used extensively with low-income women (Belle, 1982; Goodman et al., 1999) and has a high degree of construct and concurrent validity in comparison with other self-report scales of depression. The Time 1 Cronbach's alpha for this sample was .74. The CES-D was administered both at Time 1 and at the 6-week follow-up.

Levels of Psychological Abuse and Psychological Reabuse

A short form of the Psychological Maltreatment of Women Inventory (PMWI) (Tolman, 1992) was used to measure psychological abuse. This 14-item scale is composed of questions that require the participant to rate how often in the past year her partner engaged in various psychologically abusive behaviors such as interfering with her relationships or severely criticizing her. Response options include *never or not in the past year*, *rarely*, *occasionally*, *frequently*, and *very frequently*. Scores on the 14 items were summed to produce an overall psychological abuse index and two subscale summary statistics representing a Dominance-Isolation abuse factor and an Emotional-Verbal abuse factor. These two factors represent, respectively, items dealing with isolation from resources, demands for subservience, and rigid observance of traditional sex roles; and items dealing with verbal attacks, behavior that demeans the victim, and the withholding of emotional resources (Tolman, 1989). Cronbach's alphas for the present sample at Time 1 were .86 and .90, respectively, for the Dominance-Isolation and the Emotional-Verbal subscales.

At follow-up, participants who reported having had contact with their abuser were asked the 14 questions composing the PMWI (the same questions used at Time 1) in reference to their experiences during the past 6 weeks (instead of during the past year). Responses were coded as yes (1 point) or no (0 points), unlike the frequency scale used at Time 1. Scores on each of these questions were then summed to provide an overall psychological reabuse score.

Level of Physical Abuse and Physical Reabuse

At Time 1, we administered three subscales of the Revised Conflict Tactics Scale (CTS-2, Form A): the Physical Assault (12 items), Sexual Coercion (7 items), and Injury (6 items) subscales. Participants were given eight response choices ranging from *never or not in the past year* to *more than 20 times in the past year*. Consistent with the scoring recommendations of Straus, Hamby, Boney-McCoy, and Sugarman (1996), responses were given a point value corresponding to the midpoint of each frequency category and then summed to provide subscale indices of violence severity over the past year. Preliminary psychometric analyses of the CTS-2 have reported good internal consistency for all subscales and adequate construct and discriminant validity (Straus et al., 1996). The present study obtained Time 1 Cronbach's alphas of .89 for the Physical Assault subscale, .82 for the Sexual Coercion subscale, and .67 for the Injury subscale. For descriptive purposes, additional subscale scores were calculated to indicate the prevalence of both "minor" and "severe" physical assault, sexual assault, and physical injury, as defined by Straus and his colleagues (1996).

To save time during the follow-up interview, we assessed physical reabuse by asking only three questions:

1. Has there been any conflict between the two of you in the past 6 weeks that involved physical fighting, grabbing, pushing, or throwing things?
2. In the past 6 weeks, has he threatened you with physical harm?
3. In the past 6 weeks, has he destroyed any of your property?

Responses were coded as 1 (yes) or 0 (no) and then summed to provide an overall physical reabuse score. Cronbach's alpha for this Time 2 measure of physical abuse was .62.

RESULTS

SAMPLE

Of the 81 participants recruited at Time 1 for this study (22 for the advocacy group and 59 for the comparison group), we were

able to reach 70.4% for the follow-up interview. Follow-up rates were significantly different for the advocacy (95.4%) and comparison (61%) groups, $\chi^2(1, N = 81) = 9.12, p = .003$. Across both groups, women we were unable to recontact differed from those who remained in the study only in that they were significantly less likely to be White (8% vs. 0%, respectively), $\chi^2(1, n = 79) = 4.79, p = .03$. But this was true only because the overall number of White women in the study was so small (2) and neither could be recontacted at follow-up.

The following analyses are based on the 57 remaining participants (21 in the advocacy group and 36 in the comparison group). Analyses of demographics and Time 1 scale scores did not reveal any statistically significant initial differences between these two groups of participants.

DESCRIPTION OF PARTICIPANTS

As Table 1 shows, 93% of participants described themselves as African American. Their average age was 30, although ages ranged from 19 to 50. About half (52%) had either one or two children. Sixty-three percent had formal education through high school; an additional 32% reported having had some schooling at the college level. With respect to personal income, 91% of the sample earned less than \$20,000 a year. Forty-two percent of the participants were employed full-time, 26% were employed part-time, and 31% described themselves as unemployed and looking for work. Twenty-five percent were receiving some form of public assistance. Participants reported having been involved with their abusers, 77% of whom were boyfriends or ex-boyfriends, for an average of 4½ years. The majority of women (75%) had never previously tried to obtain a protective order.

Initial scores on the social support measures revealed that participants had levels of social support somewhat comparable to those obtained in a previous study of court-involved women (Goodman et al., 1999). Specifically, participants endorsed 70% of items asking about forms of tangible support they might have available ($M = 7.24, SD = 3.24$) and 55% of items describing forms of emotional support ($M = 22.38, SD = 6.08$). With respect to depressive symptoms, 88% exceeded the cutoff of 16 typically used to indicate clinical levels of depression ($M = 28.95, SD = 10.37$).

TABLE 1
Demographics of the Sample (in percentages)

Race	
African American	92.9
Asian American	5.4
Other	3.6
Relationship with abuser	
Ex-boyfriend	40.4
Boyfriend	36.8
Married	15.8
Separated	7.0
Education	
Some high school	17.5
Finished high school/general equivalency diploma	45.6
Some college	31.6
B.A./B.S.	3.5
Graduate school	1.8
Employment status	
Full-time	42.1
Unemployed	31.6
Part-time	26.3
On public assistance	24.6
Student	8.8
Homemaker	7.0

NOTE: Because participants were able to endorse more than one response for the categories of race and employment status, percentages for these categories do not sum to 100.

Participants reported high levels of both physical and psychological abuse. Of the participants, 88% had experienced severe physical assault ($M = 14.71$, $SD = 19.39$), whereas 32% and 40%, respectively, had experienced severe sexual assault ($M = 3.22$, $SD = 13.40$) and severe physical injury ($M = 1.19$, $SD = 2.16$) in the past year. For 28% of the sample, 20 or more incidents of physical abuse had occurred during the course of the past year. In addition, 12% had experienced 11 to 20 such assaults in the past year, 16% had experienced 6 to 10, 22% had experienced 3 to 5, 11% had experienced 2, 7% had experienced 1, and 4% had experienced 0. (Despite having experienced no physical abuse in the past year, this latter group was still eligible for protective orders in the District of Columbia because their partner had threatened their physical safety.) Similarly, all women reported having experienced some degree of both the emotional-verbal and dominance-isolation forms of psychological abuse, reporting means of 24.04 ($SD = 7.79$) and 21.27 ($SD = 8.50$), respectively. Seventy-seven per-

cent of the participants described the psychological abuse as occurring *very frequently*, 7% reported that it occurred *frequently*, 14% reported that it occurred *occasionally*, and 2% reported that it occurred *rarely*.

During the time period covered by the study, 68.4% of participants reported having had contact with their abuser. Having had or having not had contact did not significantly differ across the two study conditions.

ANALYSES

Two 1-way (Advocacy \times No Advocacy) repeated measures (ratings at pretest and posttest) ANOVAs were conducted to evaluate whether differential change occurred between participants in the two conditions in levels of social support and depression over time; two ANCOVA procedures, with Time 1 overall CTS-2 and PMWI scores serving as covariates, were utilized to compare the rates of physical and psychological reabuse reported by participants in the two conditions at Time 2. A .05 alpha level (two-tailed) was used to determine the significance of results.

Perceived Tangible and Emotional Social Support

As summarized in Table 2, although participants in both groups reported significantly higher levels of tangible social support at follow-up compared to Time 1 (a main effect of Time), $F(1, 55) = 4.72, p = .03$, these increases did not occur differentially across the two study conditions (no interaction between Time and Condition), $F(1, 55) = 0.46, p = .5$. The significant main effect of Time accounted for 8% of the variance in reports of tangible social support ($r = .28$).

For emotional support, however, the significant main effect of Time, $F(1, 55) = 11.31, p = .001$, which accounted for 17% of the variance in emotional support ($r = .41$), was also accompanied by a Time \times Condition interaction that approached significance, $F(1, 55) = 3.80, p = .056$. In other words, the increase in emotional support over time as reported by advocacy group participants was marginally significantly greater than the increase reported by comparison group participants. This interaction between Time and Condition accounted for 7% of the variance in reported

TABLE 2
ANOVA and ANCOVA Procedures

	F(1, 55)	p	Observed Power
ISEL (Tangible Support)	4.72	.03*	.57
ISEL (Tangible Support) × Condition	0.46	.50	.10
ISEL (Emotional Support)	11.31	.001**	.91
ISEL (Emotional Support) × Condition	3.80	.056	.48
CES-D	14.22	.0001**	.96
CES-D × Condition	0.02	.88	.05
	F(1, 54)	p	Observed Power
PMWI (Emotional-Verbal)	9.49	.003**	.86
PMWI (Dominance-Isolation)	8.97	.004**	.84
Physical Reabuse	4.14	.05*	.52

NOTE: ISEL = Interpersonal Support Evaluation List; CES-D = Center for Epidemiologic Studies Depression Scale; PMWI = Psychological Maltreatment of Women Inventory.

* $p < .05$. ** $p < .01$.

emotional support, which represents a medium effect size ($r = .26$; J. Cohen, 1992).

Depression

There was a main effect of Time on symptoms of depression, such that participants in both groups reported significantly fewer depressive symptoms at Time 2 compared to Time 1, $F(1, 55) = 14.22, p = .0001$. Time accounted for 21% of the variance associated with changes in depressive symptoms ($r = .45$). However, there was no significant interaction between Time and Condition, $F(1, 55) = 0.02, p = .88$. Thus, the groups did not improve differentially with respect to depressive symptoms.

Psychological Reabuse

After controlling for Time 1 overall PMWI scores, rates of psychological reabuse differed significantly between study conditions, $F(1, 54) = 9.49, p = .003$, and $F(1, 54) = 8.97, p = .004$ for the Emotional-Verbal and Dominance-Isolation subscales, respectively. Condition accounted for 15% of the variance in Emotional-Verbal subscale scores and 15% of the variance in Dominance-Isolation subscale scores, both of which correspond to a large

effect size of .39 (J. Cohen, 1992). These ANCOVA analyses revealed that once initial levels of abuse were taken into account, comparison group participants reported having experienced significantly higher levels of both forms of psychological reabuse than those reported by advocacy group participants.

Overall, only 2 (10%) of the advocacy group participants reported experiencing psychological reabuse of any kind. This differs considerably from the 17 (47%) comparison group participants who reported such reabuse.

Physical Reabuse

At follow-up, holding Time 1 overall CTS-2 scores constant, physical reabuse was significantly higher among comparison group participants compared to those in the advocacy group, $F(1, 54) = 4.14, p = .05$. Study condition accounted for 7% of the variance associated with physical reabuse, which corresponds to a medium effect size of .26 (J. Cohen, 1992). Most notable is that only 1 (5%) of the advocacy group participants reported physical reabuse. This number stands in marked contrast to the 25% of the comparison group who reported this kind of reabuse. Of those 10 women (total) who did experience physical reabuse, 90% reported that they had been threatened with physical harm, 30% reported that their property had been destroyed by their abuser, and 30% reported having been physically assaulted by him.

DISCUSSION

In recent years, record numbers of battered women have sought help from the justice system (Allard et al., 1997). For this and other reasons, courts across the country are increasingly searching for effective ways to both improve domestic violence victims' experiences within the justice system itself and foster safety in their lives more generally. Many jurisdictions have begun offering legal advocacy services to victims as a potential means of accomplishing these goals.

In light of the popularity of legal advocacy services and the lack of previous research conducted on the effectiveness of these types of programs, this study represents an important contribution to

the literature on domestic violence interventions. In addition, the particular variant of legal advocacy programs studied here, law school-based advocacy programs, may offer a potential solution to some of the ongoing service-delivery problems faced by court systems, particularly in terms of having insufficient numbers of advocates to provide adequate help to victims.

Finally, the largely urban, low-income, and African American victims participating in this study have generally been underserved and understudied by service providers, domestic violence researchers, and psychology as a whole (Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994). This study is thus additionally important for its attention to the experiences of a group of multiply oppressed and traditionally marginalized women.

REVIEW OF FINDINGS

Of the five main hypotheses guiding this study, three were supported. After 6 weeks, women in the advocacy condition reported significantly lower levels of psychological and physical reabuse and marginally significant increases in levels of emotional support in relation to women in the comparison condition. Changes in levels of tangible social support and symptoms of depression did not significantly differ between the two conditions across time.

Tangible Support

Tangible support did not differentially increase between the two groups over time. One possible explanation is that law student legal advocates genuinely did not provide victims with any more tangible support than that received by the participants in the comparison condition. Despite their efforts to provide referrals to community agencies and to provide transportation, it may have been that both law student legal advocates and their clients were so focused on coping with the legal issues at hand that following up with referrals became a secondary concern. That is, perhaps only when deficits in tangible resources directly affected a victim's ability to obtain her protective order or to continue working with the advocates did they receive sustained attention.

It is also possible that our Time 2 phone interviews were conducted too close in time to the completion of victims' work with advocates to assess thoroughly the effects of advocacy on levels of tangible support.

Emotional Support

Although participants did not report differential improvement in tangible support, they did report marginally differential improvements in perceptions of emotional support. Qualitative responses from participants in the follow-up phone interviews back up these quantitative results. For example, in response to several open-ended questions, almost all advocacy group participants stated that they felt their advocates cared deeply about them and were knowledgeable about their particular situation. In contrast, comparison group participants described a lack of individualized attention and no ongoing relationship with any one advocate. It is important to stress here that the court advocates who provided services-as-usual are a skilled and committed group of people. These results simply reflect that it is not possible for them, with their limited numbers, to address fully the needs of the large numbers of women with whom they work.

Interestingly, the particular scale used to measure social support (the ISEL) emphasizes support available from family and friends. One possible understanding of the marginally significant relationship between receipt of advocacy services and perceptions of emotional support is that the ongoing relationship between the law student advocates and their clients allowed these participants to categorize their advocates as friends. Indeed, in the qualitative section of the follow-up interview, many advocacy condition participants stated without prompting that they felt that their relationships with their advocates were like those with good friends.

Or, it may be that working with law student advocates somehow improved victims' relationships with their actual friends and family. In some cases, with the victim's permission, law student advocates helped to repair these relationships by talking to family members about the victim's situation as they discussed the possibility of their testifying in court. It is also possible that the reduction of violence experienced by women in the advocacy condition

created a context in which some of these strained relationships could be renewed. Supporting this idea, in response to a set of qualitative questions about changes in their relationships with family and friends, many participants whose relationships had improved commented that the absence of their abuser or improvement in his violent behavior had made it easier and more enjoyable for their family and friends to spend time with them.

This finding that advocacy can serve as a form of emotional support is important given that many victims of domestic violence, particularly those who are low income or women of color, typically do not have the finances, time, knowledge, or inclination to seek counseling for mental health difficulties resulting from the abuse (Koss et al., 1994). Advocacy thus appears to be a useful alternative to counseling for some women.

Depression

It is surprising, given the extensive literature on the positive effects of social support on depression, that symptoms of depression did not differentially decrease between the two conditions over time. This is perhaps attributable to the very strong main effect that existed for the passage of time. That is, the substantial improvements in depressive symptoms that all participants made over time may have made it more difficult for law student advocates to help differentially in this regard.

Also, as discussed in more depth below, the extremely low statistical power observed in this analysis must be considered in evaluating this nonsignificant result.

Psychological and Physical Reabuse

Most exciting is the support obtained for the two hypotheses regarding differential changes in levels of psychological and physical reabuse. It should be noted that the advocacy group participants reported substantially lower levels of reabuse, despite the fact that they did not report differential levels of contact with their abusers during the period under study. Perhaps working with advocates helped women to problem-solve about different strategies—both within the scope of the legal system and beyond—that they might use to stay free of violence. Also, the

emotional support offered by advocates may have improved victims' sense of mastery over their situation and facilitated their taking steps to prevent further reabuse. Indeed, some research indicates that battered women who engage in multiple help-seeking efforts experience less violence than battered women who make fewer efforts (Berk, Newton, & Berk, 1986). This is not to imply that victims can control or be held responsible for their abusers' violence, but it is a recognition that they can sometimes take steps to increase their safety.

Another explanation that applies to the differential reduction in physical violence in particular (which, unlike psychological abuse, is illegal) is that the partners of women in the advocacy condition may have been more intimidated by the women's intense involvement with their advocates. This involvement may have caused these batterers to take more seriously the potential legal consequences of continuing their use of violence.

LIMITATIONS OF THE STUDY AND DIRECTIONS FOR FUTURE RESEARCH

Despite the provocative findings described above, the results from this study are limited in several ways. The most serious of these is the small sample size obtained. Given the relatively small numbers of victims participating in the law school legal advocacy programs during the time period under study, it was extremely difficult to obtain participants for the study's legal advocacy condition. One result of the small sample size is insufficient statistical power to provide a fair test of some of our hypotheses, thus casting doubt in particular on the legitimacy of the nonsignificant findings. Although this study did obtain significant results that deserve examination (especially impressive given the relatively low levels of power), the small sample size indicates that all results, particularly the nonsignificant ones, should be interpreted with caution.

The small sample size also made it impossible to conduct mediation and moderation analyses, which would clarify the mechanisms underlying the results obtained. This is an area for future research to explore. Given the extensive findings documenting the influence of social support on outcomes ranging from improvements in mental (Belle, 1982; Cohen & Hoberman, 1983)

and physical health (Wallston, Algana, DeVellis, & DeVellis, 1983) to follow-through in the criminal justice system (Goodman et al., 1999), and given the explicit efforts that advocates make to provide forms of emotional and tangible support, perceived social support may be an important mediator of advocacy's effects on repeat abuse, one deserving further study with a larger sample.

Another possible mediator of the relationship between advocacy and the improved outcomes observed here is follow-through with a CPO. At this point, it is unclear whether follow-through with a permanent order (once a temporary order has been obtained) is related to decreased reabuse (see, e.g. Carlson, Haris, & Holden, 1999; Harrell & Smith, 1996; Keilitz, 1994; Meloy, Cavett, Parker, Hofland, & Friedland, 1997). This possibility also deserves further examination in future studies with larger samples.

The small sample size also compromises the generalizability of this study's findings. The participants in this study, particularly because it was a small sample, represent an extremely small portion of the overall population of battered women and may not be representative of the variety of individuals who typically choose to seek help from court systems or legal advocacy programs. This concern is heightened given the large numbers of Time 1 refusals (41%) and the number of dropouts (57%) who did not continue their involvement in the law school advocacy program. For instance, some of the women who chose not to fill out the packet at Time 1 may have been more emotionally overwhelmed or otherwise distracted than women who did agree to participate in the study. Women who discontinued their involvement with the law school advocacy program may have been similarly overwhelmed, less able to manage the time commitment required to participate in the program, or less committed to pursuing a CPO or taking steps to end their relationship with their partner. These possibilities suggest that the women composing this study's sample may have been a select group of higher functioning victims who were more committed to seeking help from the court system. As a counterweight to these self-selection issues, however, it should be noted that there were no significant differences at Time 1 between those individuals who dropped out and those individuals ultimately included in data analyses. It should also be noted that women in both study conditions reported relatively low levels of social support, high levels of depression, and high

levels of abuse at Time 1, indicating that despite the above speculation about these victims' level of functioning, they nonetheless were clearly experiencing significant psychosocial difficulties.

Although this study's design represents an improvement over the largely descriptive studies of advocacy conducted thus far, its failure to randomize assignment of participants to the two conditions is problematic. Although analyses indicated no significant differences between women in the comparison and advocacy conditions at Time 1, a quasi-experimental design such as this one may not fully account for differences that exist between women who did and did not participate in the law school advocacy program. Given the large number of domestic violence victims seeking orders of protection, it seems possible—and ethical—to conduct experimental research in the future, particularly if services were made available to comparison group participants at the end of the follow-up period. Such studies would ideally follow victims for a longer period of time than just 6 weeks.

Finally, future research might also consider the effects of law student advocacy not only on individual women but on social institutions as well. For example, advocacy may effect changes in the attitudes or behaviors of court personnel, prosecutors, or judges. Research on the experience of advocates who work with battered women would also provide a richer understanding of the context within which this type of intervention operates.

CONCLUSION

These results suggest that reductions in reabuse can occur through interventions aimed at victims themselves. Only at very few points during the study did the law student advocates have contact with participants' partners (in court hearings or negotiations, for example) and yet, their work with victims appeared to result in reduced rates of physical and psychological reabuse. Given a political climate where mandatory-arrest and mandatory-prosecution laws have increasingly prioritized intervention with the batterer (Hanna, 1996; Sherman & Berk, 1984), the results of this study speak to the simultaneous importance of considering the victim as a locus for intervention. This is an important point for both community activists and individual mental health providers to consider.

Furthermore, these results suggest that law school advocacy programs in particular can make important contributions to victims' physical well-being and perceptions of emotional support. Given these benefits and the added advantage that law schools provide these programs to court systems and victims free of charge, it is clear that it is in the best interests of battered women and the justice system that serves them to support continued development and evaluation of these types of advocacy interventions.

NOTES

1. Helen Hall, program manager, D.C. Coalition Against Domestic Violence Victim Advocacy Program.
2. Deborah Epstein, director of the Georgetown University Law Center Domestic Violence Clinic.
3. These two programs are headed by Deborah Epstein (director of the Georgetown University Law Center Domestic Violence Clinic) and Catherine Klein (director of the Families and the Law Clinic at the Columbus School of Law, Catholic University of America).

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Healing the Wounds of Domestic Abuse

*Improving the Effectiveness of Feminist
Therapeutic Interventions With Immigrant and
Racially Visible Women Who Have Been Abused*

ANITA SHARMA
University of Ottawa

Feminist therapy is a powerful means of helping abused women because of its focus on systemic sources of oppression and hegemony. These forms of oppression are intimately linked to a woman's cultural and socioeconomic background and affect the way she experiences domestic abuse. Although researchers have shown that feminist therapy can be an effective approach for counseling abused women, it is criticized here for failing to acknowledge the diversity among immigrant and racially visible women who have been abused. The author will examine both the effectiveness of feminist therapy and its limitations when counseling immigrant and racially visible women who have been abused. The author will also describe the reality of domestic violence among these women and how their needs differ from women in the dominant culture. Strategies for a more inclusive form of feminist therapy will also be offered as alternatives to existing modes of practice and assessment.

Most feminist frameworks for counseling abused women are based on the "explicit premise that personal problems are both created and exacerbated by societal power imbalances. Helping women make the connections and resist is key to what feminist counseling is about" (Burstow, 1992, p. 40). Most feminist theories of therapy make the assumption that societal power imbalances are based primarily on gender inequalities and, consequently, fail to consider the other forms of oppression abused women experience. Immigrants and racially visible women, for example, must also contend with the dominant cultural paradigm neglecting and sometimes even denouncing their lived realities and belief systems. Feminist therapy has been criticized for overlooking other

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contexts of oppression when intervening with these women (Espin, 1994; Greene, 1994; Greene & Sanchez-Hucles, 1997). Although it has proven to be of great value to abused women from the dominant culture (McCloskey & Fraser, 1997; Paquet-Deehey, Rinfret-Raynor, & Larouche, 1992; Rinfret-Raynor & Cantin, 1997), there is still some speculation as to feminist therapy's effectiveness with immigrant and racially visible women who have been abused (Adleman & Enguidanos, 1995; Comas-Diaz & Greene, 1994; Espin, 1994). In response to these justified concerns, I will outline and explain the experiences of diverse women who have been abused and identify how feminist therapy has not addressed their specific and unique concerns. Furthermore, intervention strategies will be suggested that might begin to meet these women's needs. By acknowledging and integrating the diverse experiences of racially visible or immigrant women who are survivors of violence, feminist therapy extends itself to become a psychology of all women.

SCOPE OF THE PROBLEM

The prevalence of domestic violence within Canadian society has shattered the myth of the unknown assailant and situated the greatest potential for physical and emotional harm within the home. The Violence Against Women Survey (Statistics Canada, 1993) reported that 25% of Canadian women have experienced physical or sexual violence at the hands of a marital or common-law partner and that one third of women who were assaulted by a partner feared for their lives at some point during the abusive relationship. Johnson and Sacco (1995) supported these findings and revealed that the rate of domestic violence (women ever physically and/or sexually assaulted by an intimate partner or ex-partner) was 29% and that 15% of all the women surveyed had been assaulted by their current partner sometime during the relationship. Of the women surveyed, 5% reported being beaten by a partner or ex-partner within the prior year. Health Canada researchers have also shown that the presence and impact of domestic violence is not exclusive to any one culture or community and can affect all women, regardless of age, class, or sexual orientation (Health Canada, 1994). As Gelles and Straus (1989) pointed out, "You are more likely to be physically assaulted,

beaten and killed in your home at the hands of a loved one than anyplace else or by anyone else in our society" (p. 18). Domestic abuse is a painful yet common reality for many women that transcends boundaries imposed by religion, political affiliations, and geography.

The emphasis on female victims of domestic violence stems from research indicating greater incidences of male violence against women in marital or cohabitating relationships. A statistical profile of family violence in Canada demonstrates this finding by pointing to a sample of 21,901 domestic violence cases drawn from 154 police departments across the country. The proportion of male victims of reported spousal violence was relatively small (11%) compared to female victims (89%) (Bunge & Levett, 1998).

Research into spousal abuse has also demonstrated that it occurs in many ways and is not limited to one form of violence or control (Health Canada, 1994; Ristock, 1995). It includes physical assaults that inflict harm or have the potential to do so, sexual aggression, threats to kill or harm, and the use of force to restrain a woman's activities and movement. Domestic violence also includes verbal harassment, emotional neglect, emotional threats and put-downs, sexual coercion, and intimidation. A variety of names have been used to refer to this kind of intimate violence, including: wife assault, wife battering, marital violence, and domestic abuse (Health and Welfare Canada, 1989). As a result, these terms will be used interchangeably throughout this discussion.

These findings have revealed the widespread nature of domestic violence within Canadian society and the need to develop effective counseling strategies when intervening with abused women. I have chosen to focus on the strategies of feminist counseling because of its emphasis on the contextual and systemic nature of domestic violence (Golder, 1999; Gosling & Zangari, 1996; Walker, 1979). Traditional therapies and dominant psychology do not address domestic abuse in this manner. They conceptualize it and the process of change as an internal experience situated within the individual and her ability to stop the abuse. Feminist therapy, however, aims to empower women by examining societal sources of oppression and helping women challenge the psychological effects of such forces (Brabeck & Brown, 1997; Yllö, 1988).

Yet, despite these strengths, feminist therapy still has limitations when addressing the issue of domestic violence, particularly when working with immigrant and racially visible women who have been abused. These gaps in feminist therapy warrant discussion and must be addressed for the feminist counseling paradigm to become relevant and worthwhile for all abused women.

THEORETICAL FRAMEWORK

Feminist therapy identifies spousal violence as a socially sanctioned phenomenon and not a series of isolated incidents affecting only a select set of women. Patriarchal norms and practices lay the groundwork for violence to occur and permit one group (men) to dominate and control another (women) (Bishop, 1994; Bograd, 1999; Burstow, 1992; Walker, 1979). These patterns of exclusion and subordination become internalized by abused women as they integrate elements of this oppressive framework into their identity and use it to gauge their self-worth and potential.

Feminist therapy strives to counter the psychological effects of such social forces and does so in ways that are qualitatively different from other approaches to therapy. Several researchers assessing the effectiveness of feminist therapy have pointed to the benefits of using this approach when intervening with abused women and how it is qualitatively different from traditional therapies (Burstow, 1992; McCloskey & Fraser, 1997; Paquet-Deehey et al., 1992; Pressman, 1989). The following section outlines feminist therapy by describing some of its guidelines for therapy and practice.

GUIDELINES FOR FEMINIST THERAPY

Relevance of the sociocultural context. This guideline for feminist therapy involves examining the prescribed roles for women within society and their contradictory messages. Brabeck and Brown (1997) discussed the limitations of the medical model of psychiatry and its tendency to situate any source of human conflict or psychological distress within the individual, that is, with no consideration of the socioeconomic or cultural factors shaping an individual's existence. Feminist therapy moves away from this

assumption and takes a sociocultural and systems approach to psychological growth and change. This guiding tenet is extremely worthwhile when counseling abused women, as it validates their experience and helps shift responsibility from the victim to the abuser. By situating the problem of domestic abuse within a patriarchal society, women can relieve some of the immediate tension and shame with which they often struggle.

Demystification of power in the therapeutic relationship. Feminist therapists attempt to deconstruct the power differential that exists between client and therapist. Traditional, modern psychotherapeutic relationships are dualistic in nature and involve an expert (the therapist) and nonexpert (the client). The therapist is seen as all-knowing and operates from private, privileged knowledge, assumptions, and thoughts. A feminist, postmodern approach to therapy involves the therapist taking on the role of a "not-knower" who is being informed and enlightened by the client. The therapeutic intervention becomes a shared inquiry and exchange of information that relies on the expertise of all persons participating in the encounter (Anderson, 1997; White & Epston, 1989; Wyche & Rice, 1997).

Focus on women's empowerment. Feminist therapists (Butler, 1985; Wyche & Rice, 1997) believe in the importance of empowerment and define it as a process whereby clients are encouraged to make their own decisions, honor their own feelings, and choose their own actions. Women are given the opportunity to explore their inherent coping abilities and capacity for self-healing during feminist therapy.

Inextricably linked to the concept of empowerment in feminist therapy are the notions of power and oppression (Lorde, 1984). Manifestations of power occur in various forms and do not necessarily lead to the same results. Bishop (1994) differentiated between *power-within* and *power-over* and described the latter as the domination and force of one person or group of persons over other people, thus restricting their access to resources and knowledge. Patriarchal society and its systemic forms of exclusion and domination are prime examples of power-over. This form of power comes from multiple sources, such as physical strength, weapons, greater wealth or access to resources, information, or

increased control of the decision-making and communication processes within that society. With respect to abused women, the issue of power-over becomes even more crucial. Women who have endured domestic violence are often unaware of their personal strengths and resources because of these inherent power imbalances. A feminist approach to counseling abused women includes helping women become aware of these oppressive forces and how the social context in which they live denies them the right to exercise the power within themselves.

Power-within is described as feelings and assertions of strength that originate within an individual. It encompasses a woman's wisdom, knowledge, skills, culture, and community. Expanding a woman's sense of power-within is the essence of empowerment in feminist therapy and the focus of any feminist therapeutic intervention. Empowering abused women requires that feminist therapy acknowledge and celebrate the strategies and abilities they develop to survive. This enables abused women to discard the role of victim and exercise direct, overt control of their lives. The following section examines how these principles have been used in counseling abused women and the advantages of using such an approach with this particular group.

EFFECTIVENESS OF FEMINIST THERAPY

McCloskey and Fraser (1997) implemented feminist principles when counseling female victims of abuse and offered an alternative approach to traditional counseling services, known as feminist Mental Research Institute (MRI) brief therapy. This counseling strategy focuses on "identifying and honoring a woman's belief structures and view of reality and then joining her there unjudgementally" (p. 437). This approach, therefore, relies heavily on the assessment of the contextual factors that influence a woman's decision to leave or stay with an abusive partner. The authors argue that the latter decision is rarely considered a viable option by mental health professionals. The tendency of many service organizations to structure their interventions in attempts to support battered women who decide to leave and not the ones who decide to stay is problematic. The feminist MRI brief therapy model is offered as a viable course of action to avoid prescribing

leaving the abusive relationship as the primary and, in some cases, sole option for the client. Given that this approach acknowledges and accepts each woman's worldview, it serves as an exemplar for transforming the theoretical concept of empowerment into interpersonal action. It accomplishes this by making the notion of empowerment concrete and accessible to women; it focuses on their lived realities and recognizes their efforts to protect themselves.

Rinfret-Raynor and Cantin (1997) also explored the strengths of a feminist ideology when counseling battered women. Using a quasi-experimental design, they compared the effectiveness of different types of therapy among three groups of women who had been abused by their male spouses. Women in the first experimental group received group therapy based on a feminist model. Participants in the second experimental group met with the same counselors and received individual therapy based on the same feminist model. A third comparison group received the standard forms of therapy provided by social service agencies in that area. Data for the study were collected through pretest interviews conducted at the start of therapy and posttest interviews, which occurred 1 month after treatment. Two additional follow-up interviews were conducted as well; one 6 months later and a second one a year later. During these interviews, subjects were asked to complete a series of questionnaires measuring self-esteem, assertiveness, and social adjustment. Results of this study revealed statistically significant improvements in all of these areas among the women who received both group and individual feminist-oriented counseling.

Despite this sound evidence that feminist therapy is effective, the following critical analysis demonstrates where it falls short for women from diverse backgrounds.

LIMITATIONS OF FEMINIST THERAPY

The central role of gender in feminist therapy and theory fails to acknowledge—or at least minimizes—the entire spectrum of diversity that exists among women. This diversity stems from race, ethnicity, religion, and sexual orientation and, as Greene (1994) pointed out, is an omission that

cannot help giving rise to a biased and limited view of what women are or should be; how or what they define as their problems; how they should feel about or perceive themselves; what kinds of solutions they should seek for problems; and what they may even consider a problem that warrants seeking professional assistance. (p. 336)

In terms of wife abuse, these factors interact with each other and transform domestic violence into more than a struggle between the abused woman and her patriarchal surroundings.

The tendency to overgeneralize data and information gathered from the experiences of White women is another factor that hinders feminist therapy's ability to comprehend the reality of minority women. Although feminist therapy and theory have been quick to point out the importance of gender as a significant sociocultural factor, they have neglected to incorporate any form of the cultural variability present among the women they claim to represent (Espin, 1994). This is largely because most therapists continue to receive training based on traditional theories of psychological development and psychopathology. These schools of thought "are presented as universally valid, even though these theories are based on the specificity of life conditions of a mostly middle-class, White, western, heterosexual male population" (Espin, 1994, p. 274). Although many feminist therapists have identified several of the heterosexist and masculinist biases within these frameworks, they have not questioned their more subtle racist and classist assumptions. This is often the case for many White feminist therapists who have benefited from the privileges of race and class and, as a result, do not see how these sociocultural factors can also contribute to the oppression of women (Brown, 1990; Greene & Sanchez-Hucles, 1997). These limitations extend into the realm of domestic violence and can be seen when working with immigrant and racially visible women who have been abused.

THE REALITY OF DOMESTIC VIOLENCE AMONG IMMIGRANT AND RACIALLY VISIBLE WOMEN

Many of the fears and concerns of immigrant and racially visible women who have been abused are similar to those of battered

women in general. Yet, the former tend to experience more acute forms of isolation and powerlessness because of the complexities and stresses associated with adapting to a new country (Canadian Panel on Violence Against Women, 1993; Macleod & Shin, 1990). Uncertainty regarding immigration status, the process of leaving one's country of origin, linguistic and cultural isolation, and strong cultural or religious norms that differ from mainstream society compound the problem of domestic violence among immigrant and racially visible families (Campbell, Masaki, & Torres, 1997; Friedman, 1992). Racist and discriminatory practices within community services, such as police departments, government organizations, and even shelter facilities also complicate matters. They often discourage both immigrant and racially visible abused women from reporting the violence and seeking help.

Macleod and Shin (1990) summarized some of the realities of recent immigrant and refugee women who have been abused and present a wide spectrum of concerns and needs. Of primary importance is the issue of deportation. Many immigrant and refugee women lack clear and accurate information about their residential status once they arrive in Canada. They are often unaware of their rights and are fearful they will be deported if they report any of the abusive incidents. This anxiety persists even if the woman was the first to arrive in Canada and was responsible for sponsoring her husband. Immigrant and refugee women are also plagued by worries surrounding custody of their children. Many women living in abusive situations are certain their children will be taken away from them if they challenge their husbands or attempt to tell others about the violence (Macleod & Shin, 1990).

Coupled with the stress and danger of living with an abusive partner are the complications inherent in the immigrant or refugee experience. For many immigrant and refugee women, the move to Canada from their native country often involves fleeing from political turmoil, physical hardship, or economic difficulties. For others, the relocation to a new country happens after marriage and as a consequence of the husband's employment or academic opportunities in Canada. Both situations entail that the woman leave her established way of life and existing support systems. Financial independence and security are also undermined when immigrant and refugee women must abandon their professions when moving to Canada and settle for lower paying jobs

outside their chosen field. This is often the case when their professional and academic qualifications are not recognized by Canadian laws or institutions (Canadian Panel on Violence Against Women, 1993; Ng, 1988). These circumstances increase feelings of vulnerability and isolation among immigrant and refugee women and their dependence on their husbands. Consequently, such women find it extremely difficult to even contemplate leaving their abusive husbands, no matter how horrendous the abuse.

Conjugal violence has been recognized as an attempt to establish and maintain control and power. Yet, this explanation fails to fully describe the experience of intrafamilial abuse for immigrant and racially visible women. It also does not reveal the ways in which this form of abuse is an extension of the many forms of violence and oppression to which they were or are subjected (Greene, 1994; Pressman, 1994). For example, refugee and immigrant women may enter Canada after having endured severe hardship and trauma. Refugees usually flee their homelands in an attempt to escape from torture, possible imprisonment, and further persecution if labeled a dissident within their country of origin. Unfortunately, once these women arrive in Canada and begin the resettlement process with their partners and families, they are again at risk for some sort of violence. Some refugee men, for example, tend to use violence as a means of solving problems, dealing with stress, and expressing their feelings. This reliance on violence as a means of assertion and communication often occurs in men who have emigrated from countries in which dictatorial regimes legitimized the use of violence and coercion to dominate and control. The men from these countries are therefore adopting these same means to control the women in their lives (Freire, 1991; Pressman, 1994).

Linguistic and cultural isolation are also crucial factors for immigrant women living with abuse and greatly affect their ability to access services and information about domestic violence. The inability to reach out to existing services because of a lack of multilingual and multicultural resources prevents the immigrant or refugee woman from discussing domestic violence and the options available to her. These gaps also dissuade abused women from seeking help and using traditional mental health services. Attempts are now being made, however, to examine the needs of abused immigrant and refugee women and to design outreach

programs that offer services in a variety of languages (Macleod & Kinnon, 1996; Macleod & Shin, 1993; Rafiq, 1991).

The significance of a father figure for children and an intact family unit are also important considerations for abused women from certain cultures, where the emphasis is on maintaining the couple relationship despite all circumstances (Almeida, 1996; Campbell et al., 1997; Lee, 1996). These values are often at odds with North American society and culture, where more emphasis is placed on the individual and the desire for independence from one's family of origin. This goal of preserving and protecting the family unit is also contrary to feminist therapeutic interventions, which focus exclusively on the battered woman and neglect her larger familial network. Strongly enmeshed within the feminist battered women's movement is the basic principle of safety and protection of the abused woman and her children. This usually leads to therapists' and crisis workers' focusing on the woman's individual needs and encouraging her to leave the abuser. For many immigrant and racially visible battered women this leads to conflict between fulfilling one's own needs and satisfying the needs of others. Although this struggle is also experienced by White battered women, it is more intense for immigrant and racially visible battered women because of their strong connections to their racial and ethnic heritages.

These connections stem from several factors, such as living within their own racial communities, participating in cultural activities among their own cultural group, and maintaining their language and religion (Kanuha, 1994). For many immigrant and racially visible women, the extended family is relatively more important and is a common source of support in terms of child rearing and financial assistance (Horsley, 1995, 1997). Although this can be a positive experience, increased involvement on the part of extended family members, such as parents and sibling in-laws, can also lead to unclear boundaries between the couple subsystem and the rest of the family. Abused women in these situations are therefore faced with the pressure of complying with the demands of the extended family and maintaining family cohesiveness (Kherbouche, 1995).

These complex factors are not always recognized or properly addressed by feminist therapy and, as a result, curtail the usefulness of this approach when counseling immigrant and racially

visible women who have been abused. To include immigrant and refugee women more fully within the feminist therapy framework, feminist therapists must expand their knowledge of the issues related to immigration and the process of leaving one's country of origin. An understanding of the linguistic and cultural diversity among abused women and how their needs differ from women in the dominant culture can also lead to a more inclusive form of feminist therapy. Strong cultural or religious norms, such as the importance of the extended family and preservation the family unit, can also affect an immigrant or racially visible woman's experience of domestic violence. An understanding of these values can broaden the scope of feminist therapeutic interventions and help feminist therapists better comprehend the reality of domestic violence among immigrant and racially visible women who have been abused.

FEMINIST THERAPY EVOLVING TO ENCOMPASS DIVERSITY

Feminist therapy has traditionally examined spousal abuse strictly in terms of gender inequalities within a patriarchal society and ignored the oppressive impacts of culture, ethnicity, or socioeconomic status (Espin, 1994; Greene, 1994; Greene & Sanchez-Hucles, 1997). By removing gender as the focal point, feminist therapy can begin to recognize the diversity present among and within immigrant and racially visible women. Becoming more attuned to their unique experiences can also help feminist therapy evolve to better serve the needs of these women. These unique experiences include the process of resettlement in a new country, incidents of racism, and a lack of financial resources.

The resettlement period for immigrants and refugees can encompass mild to severe emotional disorganization for both members of the couple. Language difficulties, the need to renegotiate family roles, and severe stress stemming from the uncertainty surrounding the fate of missing or detained family members are just some of the factors that can lead to instability in the lives of the couple. Working with this specific population, therefore, entails being cognizant and familiar with the situations faced by women and families who have immigrated to Canada. The

feminist therapist must become informed about Canadian immigration and refugee laws, citizenship, and the process of obtaining and ensuring child custody. This is an extremely significant part of any counseling intervention with abused immigrant or refugee women because many are forced to live with continual threats of deportation, destitution, and loss of custody of their children if they challenge their abuser or take steps to leave him (Gutierrez-Diez, 1995; Macleod & Shin, 1990).

Race is inextricably woven into the tapestry of domestic violence and influences how abused women from various ethnocultural backgrounds deal with abuse. An immigrant or racially visible woman may hesitate to contact the police or other community agents because she and her family have experienced racism from these institutional systems before (Bograd, 1999). As a result, she may hesitate before asking for help in hopes of protecting her partner. A woman from a minority culture may also delay seeking help from the community because of her belief that members of the dominant culture may pass judgment on her ethnic background and consider abuse as a normal or expected pattern of behavior in "those" families and consequently fail to hold her batterer responsible for his actions (Dutton, 1992). Issues of racism and discrimination are also prime considerations for Native Canadian women who have been abused. Governmental policies restrict educational and economic development on Native Canadian reserves and disrespect traditional native customs, values, and histories (Bailey, 1999; Tafoya & Del Vecchio, 1996). This longstanding oppression has promoted distrust and deep resentment within Native Canadian communities and may inhibit an abused woman from reaching out to non-Native institutions, such as police services or the court system. Pressman (1994) stressed that successful outreach programs and counseling services for abused Native Canadian women must therefore incorporate native traditions and ceremonies. They should also be easily accessible and exist within every aboriginal community, whether located on reserves or in rural or urban areas.

The issue of class or socioeconomic status is also rarely discussed in feminist therapy's approach to immigrant and racially visible women living in abusive situations (Pressman, 1994; Shin, 1991). Feminist therapy must

recognize the instrumental role of socioeconomic factors . . . in contributing to a woman's state of unhappiness, discontent and pain and that the external fact of a woman's class can be linked with such manifestations of low self-esteem, feelings of powerlessness, lack of assertion and self-hatred. (Faunce, 1990, p. 188)

Many abused immigrant and racially visible women lack adequate financial resources to support themselves or rely on their abusive partners for survival. For example, a poor woman with several children may lack the transportation, social support, and financial resources to leave her abusive partner and enter a shelter facility. It is therefore imperative that feminist therapists become aware of these oppressive economic realities and how they affect an immigrant and racially visible woman's ability to cope with domestic abuse.

IMPLICATIONS FOR CHANGE IN PRACTICE

Translating feminist philosophy into worthwhile therapeutic interventions for immigrant and racially visible abused women involves becoming "culturally literate . . . and . . . [acknowledging] the significance of race, ethnicity, sexual orientation and other variables in addition to gender as variables that are critical to the accurate understanding of people" (Greene, 1994, p. 336).

The issues specific to immigrant and racially visible women need to be examined and understood to move toward worthwhile changes in the practice of feminist therapy. The following section will address these issues and their implications for change. They take into account the contextual factors that may increase an immigrant or racially visible woman's dependence on her partner, decreased accessibility to existing services because of the cultural and linguistic differences between these women and those from the dominant culture, and the mistrust of White resources by immigrant and racially visible women.

As discussed earlier, uncertainty regarding immigration and the limited information women receive about their residential status can increase dependence on their partners and the chances of them staying in an abusive relationship. This lack of information extends to maternal rights and the process of securing custody of

one's children. Threats of deportation or separation from their children are often used against immigrant women by their abusers in an effort to maintain control and stifle any attempts to leave the abusive relationship.

The process of leaving one's country of origin is another source of stress and confusion for immigrant or refugee women. The possible trauma or hardship associated with fleeing political turmoil, persecution, or poverty increase a woman's sense of vulnerability and isolation. Without the proper support, the immigrant or refugee woman becomes increasingly dependent on her abuser and must adapt to her new country while struggling to survive in an abusive relationship. This transition also has economic consequences for the immigrant or refugee woman that can leave her dependent on her abusive partner. Many lack the needed skills to enter the job force or have qualifications that are not recognized by Canadian institutions. Without an income, immigrant and refugee women count on their partners for financial sustenance and have yet another obstacle to overcome if they are contemplating leaving their abuser. All of these contexts can lead to and maintain an immigrant woman's dependence on her abusive partner and/or family.

Changes in feminist practice that can help break this cycle include helping women gain greater accessibility to information regarding their immigration or refugee claims and legal rights throughout this process. Opportunities for these women to describe their immigration process from their native home and the reasons for their departure should also be readily available soon after they immigrate. Intervening with immigrant or refugee women at this time is extremely important, as it can decrease the anxiety and fear they may be living with even after they arrive in Canada. These timely meetings can also help prevent or stop further incidents of domestic abuse. As Freire (1991) pointed out, the resettlement period for a couple or family has been shown to be a time of stress and uncertainty. The upheaval in geographical location, social supports, and cultural norms acts as a trigger for increased domestic violence and puts immigrant and refugee women at risk (Friedman, 1992). Providing a safe and supportive environment for a woman who is a recent arrival to Canada is an opportunity for her to describe her transition to a new country and possibly open up about any physical, psychological, or

financial abuse she may be dealing with. These encounters can occur in agencies dealing with immigration or refugee claimants, community or women's centers, or government services that have early contact with these women.

Awareness about career and retraining opportunities can also break the dependence immigrant and refugee women have on their abusive partners. Entering the workforce can help develop and maintain a sense of financial and psychological independence. Interactions with coworkers traveling to and from work are opportunities for an abused woman to decrease her sense of isolation and help her connect with other people than her abuser and his family. Information about career and retraining opportunities can occur in a variety of settings and would have the greatest impact if presented soon after a woman immigrates to Canada. As mentioned earlier in this discussion, the resettlement period is a potentially dangerous one for immigrant or refugee women because of the increased risk for domestic violence during this time. By presenting options that broaden her safety and social and support contacts, an immigrant or refugee woman may feel more secure and better prepared to deal with her experience of conjugal abuse.

Linguistic and cultural isolation are also realities faced by immigrant and racially visible women and have implications for changes in feminist practice. Barriers based on language prevent immigrant and racially visible women from accessing resources designed for helping battered women and their children. Turning to the world outside of the abusive home is overwhelming and seemingly impossible when the words used to ask for help do not match those used by mainstream society. When an immigrant or racially visible woman does become connected with a conjugal violence resource, they are often in a predominantly White environment with workers or counselors from the cultural majority. Initiatives that have been developed in hopes of better reaching these women include the Vancouver South Cultural and Literary Society (Macleod & Shin, 1990). This theater and discussion group uses theater as an educational and preventive tool in efforts to stop domestic violence within the South Asian community. It addresses violence against immigrant and racially visible women through plays that describe the impact of domestic abuse during various stages of their lives. These interventions are presented in

several South Asian languages and dialects to reach as many members of this community as possible. The accessibility of this information stems from the many languages in which it is presented and the way in which domestic violence is depicted. That is, the notion of wife assault is portrayed in ways that better reflect the experiences of immigrant and racially visible women. For instance, many women from these communities experience abuse by in-laws, fathers, brothers, or adult children.

Connecting with women from diverse cultural backgrounds and educating them about domestic violence clearly can be done outside of the traditional therapeutic context, such as the theater initiative described above. I believe that for feminist therapy to reach different groups of immigrant and racially visible women, it must make more of an effort to move outward, toward the places most frequented by these women. These places include not only the physical venues women feel comfortable venturing into but the emotional and spiritual ones as well. Many approaches to therapy, including that of feminist theory, are perceived negatively by immigrant and racially visible women if they do not incorporate and consider their culture and faith. The importance of spirituality can be seen, for example, in Native Canadian culture, where life is viewed as continuous and reciprocal in nature. Relationships between individuals and between an individual and his or her larger physical surroundings are seen as interdependent and are equally important within this culture. Although Native Canadian tribes are quite diverse in terms of language, history, and customs, there are some commonalities among these groups. For example, unlike contemporary North American society, in which the emphasis is on moving forward and the struggle to *become*, Native Canadian communities combine an awareness of the present moment with past experiences and focus on what they are *continuing to be*. Interventions with abused women from these communities must encompass these values. They must respect the Native Canadian view of wellness, which is based on harmony between spirit, mind, and body (Laframboise, Trimble, & Mohatt, 1990).

Other implications for change that can arise from awareness of the linguistic and cultural isolation experienced by immigrant and racially visible women involve the establishment of more appropriate crisis and long-term counseling resources. Some

existing organizations that provide such services include Immigrant and Visible Minority Women Against Abuse (IVMWAA), a nonprofit community-based service agency in the Ottawa-Carleton region (Macleod & Shin, 1990; Rafiq, 1991). IVMWAA goes beyond traditional feminist therapeutic interventions and counseling by offering a full range of services to abused women. They include crisis counseling and support services, long-term counseling, support groups for women who have been or are presently in an abusive relationship, and a cultural interpretation service, which helps non-English- or non-French-speaking women communicate and maintain contact with members of their support network. This community organization is also involved with public education and attempts to raise awareness about wife abuse in immigrant and racially visible communities. These types of public campaigns about domestic violence increase an immigrant or racially visible woman's access to information and resources. By communicating with women in their native language, demonstrating an awareness of their concerns and lifestyles, IVMWAA is able to disseminate information about domestic violence more effectively and facilitate a therapeutic relationship with these abused women.

Developed and staffed by immigrant and racially visible women, IVMWAA offers an environment that is different from traditional services for battered women. The availability of services within this resource that focus primarily on women of diverse ethnicities gives voice to their existence and personal experience of domestic violence. The need for these specialized agencies and interventions stems from the fact that many services geared toward abused women from the dominant culture do not acknowledge or incorporate other ethnocultural, socioeconomic, and religious backgrounds. As Bograd (1999) pointed out, much of the research and many of the statistics dealing with domestic violence do not pay equal attention to the experiences of all minority groups. Investigations into the nature and prevalence of domestic abuse among minority women often collapse diverse ethnic groups into a single category, such as Asians, or interpret the patterns of a single group, such as Mexican Americans, as representative of all Hispanics (Campbell et al., 1997).

Immigrant and racially visible women's accessibility to resources is therefore strongly connected to the resource's ability

to meet their linguistic and cultural needs. Another important factor, and a third implication for change in feminist therapy, is the mistrust of White professional resources by non-White women. As explained earlier, the theory and practice of feminist therapy is still primarily based on an overrepresentation of White, middle-class, female researchers, practitioners, and populations. The invisibility of other cultural, linguistic, and social contexts within the realms of feminist theory and practice lead to a limited understanding of the experiences of minority women. With respect to domestic violence, these omissions translate into counseling interventions and services that are based on the realities of only a select group of women. An East Asian woman, for example, may enter a shelter facility and share her hesitations about leaving her abusive husband. These hesitations are often related to the importance of the family unit and the negative impact such a decision would have on her familial and social network. Traditional White resources may fail to acknowledge these concerns and may automatically assume that the client should place her own well-being over her family's interests.

The absence of minority women as professionals within resources designed to support and advocate for battered women also leads to a mistrust of these services. As mentioned earlier in this discussion, IVMWAA is a community-based service staffed by immigrant and racially visible women. The presence of these minority women as counselors, community workers, and advocates can help bridge the distance many abused women feel toward traditional White resources and their staff. The advantages to having a conjugal violence resource staffed by immigrant and racially visible women include greater chances for minority women to speak in their native tongue and feel more comfortable sharing their experiences and expressing themselves. The professionals working within these services can also act as role models for immigrant and racially visible women. Their commitment to taking a stand against domestic violence on a societal level may help clients feel less isolated in their personal struggle. An awareness of domestic abuse issues and their cultural components, as a result of being part of that culture, may also have a positive impact on the counseling process. Ethnic or racial similarities between an immigrant or racially visible woman and a member of her support network can alleviate feelings of mistrust, because

the possibility of shared lived experiences on an individual, familial, or community level are greater than with a professional from the dominant culture.

CONCLUSIONS

Feminist therapy is a powerful means of examining the effects of spousal abuse and situates the origin of this phenomenon within patriarchal norms and practices (Bishop, 1994; Burstow, 1992; Walker, 1979; Yllö, 1988). Although this emphasis on gender as the primary source of oppression in the lives of battered women has led to many effective therapeutic interventions, feminist therapy does have its limitations. These limitations stem from feminist therapy's failure to thoroughly examine the political, economic, and racial contexts in which the battered woman lives. The lack of awareness surrounding these issues affects the effectiveness of therapeutic interventions with immigrant and racially visible women who have been abused. It represents a gap in feminist therapy and undermines its goal of being a psychology for all women.

I believe that to fill this gap and move toward the inclusion of all women in feminist therapy's theoretical and practical considerations, feminist therapy must recognize the importance of other variables besides gender. As discussed earlier, this translates into an awareness and validation of the many important issues specific to immigrant and racially visible women who have been abused. They include the immigration and refugee experience, as well as the linguistic and cultural isolation that ensues from language barriers and strong religious or cultural values that differ from mainstream society. This identification of a woman's sociocultural context involves looking beyond individual factors to describe behavior and toward the many other conditions that shape her existence. This is an essential component in understanding both the battered woman's efforts to respond to the abuse being inflicted on her and her subsequent psychological and physical trauma.

Successfully bridging the gap between feminist therapy and abused women from diverse backgrounds involves more than just becoming aware of the situations faced by these women. It encompasses reaching out to them and providing support that is

accessible and meaningful. Projects such as the Vancouver Sath Cultural and Literary Society and the nonprofit, community-based service agency IVMWAA are initiatives developed with these goals in mind. Outreach programs in a wide range of languages or dialects, crisis and long-term support services that focus specifically on women of diverse ethnicities, and helping professionals from minority backgrounds serve as examples of resources that can help immigrant and racially visible women deal with domestic violence.

The spectrum of diversity among abused women, however, does not stop at the lines drawn by race, culture, or socioeconomic status. Although I have explored these issues and the ways they affect an immigrant and racially visible woman's experience of domestic violence, I am also aware of other groups of women whose emotional, psychological, and physical needs are often overlooked. Lesbians, disabled women, and elderly women, for example, can also be victims of domestic violence. They have legitimate and distinct needs that differentiate them from women in the dominant culture and their experience of domestic violence. Although an exploration of these diverse realities was beyond the scope of this article, I believe that these issues are still worthy of further discussion and can help make feminist therapy truly responsive to the needs of all women.

The feminist therapeutic process has many positive attributes that reflect its ability to effectively help abused women. Yet, to properly address the service and delivery needs of immigrant and racially visible abused women, feminist therapy must become cognizant of the diverse sociocultural and economic contexts in which these women live. Becoming aware of the myriad factors that influence the psychology of each individual woman, along with her experience of intimate violence, will improve the effectiveness of feminist therapeutic interventions and begin the process of healing the wounds of domestic abuse.

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The Relationship Between Parents' Violence Against Daughters and Violence by Other Perpetrators

An Italian Study

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This article examines the links between violence perpetrated by parents and subsequent victimization in a sample of 510 Italian women attending different health and social services, using both quantitative and qualitative data. Almost one quarter of the respondents reported some kind of abuse by one or both parents, fathers' violence being more common than mothers'; 9.6% had suffered subsequent sexual violence, and 18.2% had experienced partner violence. Violence by one or both parents during childhood—especially mothers' violence—was associated with an increased risk of suffering from sexual violence and from partner violence.

Violence against female children and adolescents is frequent and may have long-term negative consequences on health, social

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behavior, and the risk of subsequent victimization. Women who have suffered child sexual abuse (CSA) are more likely to have low self-esteem, be depressed, attempt suicide, suffer from eating disorders, abuse drugs and alcohol, and experience sexual problems, as well as have gastrointestinal and gynecological complaints (Briere & Runz, 1990; Fergusson, Horwood, & Lynskey, 1997; Fleming, Mullen, Sibthorpe, & Bammer, 1999; Miller, Downs, Gondoli, & Keil, 1987; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Plichta & Abraham, 1996; Reiter, Shakerin, Gambone, & Milburn, 1991; Silverman, Reinherz, & Giaconia, 1996).

The consequences of physical and psychological violence and neglect have been less well studied. Different types of abuse are often cumulative, and the more abuse a child experiences, the more she or he is likely to suffer negative consequences (Moeller, Bachmann, & Moeller, 1993; Mullen et al., 1996; Vissing, Straus, Gelles, & Harrop, 1991). It is perhaps surprising that psychological abuse by parents is associated with various negative outcomes in childhood, adolescence, and adult life (such as various forms of psychological distress, educational and social difficulties, alcohol abuse, early pregnancy, and sexual problems), even in the absence of other kinds of abuse (Downs, Miller, Testa, & Panek, 1992; Ferguson & Dacey, 1997; Gauthier, Stollak, Messé, & Arnoff, 1996; Mullen et al., 1996; Rosen & Martin, 1996; Solomon & Serres, 1999; Vissing et al., 1991; see also Malinosky-Rummell & Hansen, 1993 and Stevenson, 1999, for reviews).

A number of studies have looked at the relationship between CSA (intrafamilial or extrafamilial) and subsequent victimization. Results show that women who experienced CSA run a higher risk of being raped as adolescents or adults and of having a violent partner (Boney-McCoy & Finkelhor, 1995; Fergusson et al., 1997; Fleming et al., 1999; Gidycz, Hanson, & Layman, 1995; Krahe, Scheinberger-Olwig, Waizenhofer, & Kolpin, 1999; Russell, 1986; Wyatt, Guthrie, & Notgrass, 1992).

Fewer studies have considered the influence of physical and psychological violence inflicted by parents on the risk of subsequent victimization (Downs et al., 1992; Fergusson & Lynskey, 1997; Moeller et al., 1993; Wyatt, Axelrod, Chin, Vargas Carmona, & Burns Loeb, 2000). Again, results suggest that psychological abuse has a stronger effect than physical abuse alone. According

to an English study by Andrews and Brown (1988), women who suffered neglect in childhood were more likely to experience later marital violence, whereas there was no association with physical violence by parents. Krahe et al. (1999), in Germany, showed that adolescents who felt worthless at home as children ran a higher risk of being raped later, whereas parents' physical abuse showed no association. In Australia, Fleming et al. (1999) found that female children whose fathers had been psychologically abusive ran a higher risk as adults of having an alcoholic and/or violent partner.

In synthesis, experiencing abuse in childhood increases the risk of suffering from a series of psychological and social problems as an adult, including the risk of being revictimized; a combination of sexual and psychological abuse seems to be more strongly associated with negative outcomes in adult life than physical violence alone.

Some pathways linking violence by parents in childhood to further victimization have been suggested. With regard to domestic violence, two factors are often proposed to explain the positive association with having experienced violence in the family of origin: low self-esteem and perceiving violence as a normal part of intimate relationships (Gelles, 1987). According to the traumatogenic model of CSA (Browne & Finkelhor, 1986), sexual abuse distorts children's cognitive and emotional orientation to the world via four mechanisms: stigmatization, betrayal, powerlessness, and traumatic sexualization. These mechanisms could explain the links between intrafamilial or extrafamilial CSA and subsequent sexual victimization. Recent research points to the role of an early onset of sexual activity as a mediator between CSA and subsequent sexual violence (Fergusson et al., 1997; Krahe et al., 1999), but does not discuss the significance of this link. Other studies suggest a more contextual explanation: Maltreatment within the family may put children at risk because family members are incapable of serving as guardians against extrafamilial sexual abuse (Boney-McCoy & Finkelhor, 1995). Overall, the mechanisms linking violence by parents in childhood to violence by other perpetrators are still poorly understood. Although statistical analysis has proven valuable in estimating prevalence and showing associations between different phenomena, one wonders whether qualitative studies or a combination of qualitative

and quantitative research to collect more descriptive and subjective data might not be useful in exploring these links (Russell, 1997).

The prevalence of physical and psychological abuse or neglect within the family according to perpetrator (father, mother, both parents, or other family members) and the possible differences in the consequences of abuse according to who perpetrated it are not well known. In their review of the long-term consequences of childhood physical abuse, Malinosky-Rummell & Hansen (1993) did not mention this aspect, whereas in a more recent review on child maltreatment, Stevenson (1999) mentioned it only incidentally. In fact, when the question is asked, results tend to show that there is a trend for fathers to be the perpetrators of abuse of daughters and/or children more frequently than mothers. In a community study in Finland with a sample of 9,000 fifteen-year-olds (Sariola & Uutela, 1992), mothers were more often the perpetrators of mild physical violence, whereas fathers were more often the perpetrators of severe violence; the highest incidence of severe violence was found in families with a stepfather. In a sample of New Zealand community women studied by Mullen et al. (1996), the perpetrators of physical and emotional abuse were fathers or mothers in equal numbers, whereas sexual violence was always perpetrated by men, whether inside or outside the family. In the sample of female gynecological patients studied by Moeller et al. (1993) in the United States, fathers more often than mothers were the perpetrators of physical abuse; sexual violence was perpetrated overwhelmingly more often by men inside or outside the family. In a large community sample studied in Ontario, Canada, by MacMillan et al. (1997), natural fathers were the persons most commonly identified as committing physical abuse. Results from a Swedish study on child homicides (Somander & Rammer, 1991) showed that men, mostly as fathers, outnumbered women as perpetrators, also within the family context. In a work by Statistics Canada (Johnson, 1995) aiming to describe what is currently known from statistical databases about violent crimes committed against children and youths, the sex of the perpetrator was generally unspecified (common terms employed are *parents* or *friend*), with the exception of some data again showing that fathers outnumber mothers as perpetrators of child homicides.

Moreover, it is not known whether the fathers of the women interviewed had deserted their families during their daughters' childhood. Material and emotional neglect are now considered categories of child abuse: A parent who does not offer material and psychological support should be considered neglectful. If the actual presence and the care work of both parents were to be considered, the proportion of abusive fathers would likely increase.

Notwithstanding these results, the respective roles of fathers and mothers in child maltreatment seem difficult to untangle. In a recent book, Richard Gelles (1997) stated that "clinical observations, official reports, and survey data find that mothers are more likely to abuse their children than fathers" (p. 59), but failed to give any reference to support this assertion. A few lines later, he added, "When the level of responsibility for child care is controlled . . . males are more likely to be physical abusers than are females" (supporting this assertion with two references, p. 59). In his review of the etiology of child maltreatment, Belsky (1993) acknowledged that although fathers may be more likely to physically abuse children (especially when the phenomenon is examined from the perspective of rates of opportunity), virtually all the research evidence available deals with the mistreatment of children by mothers. More recently, the authors of a Québec study reached similar conclusions (Clément, Bouchard, Jetté, & Laferrière, 2000).

This overvisibility of mothers as perpetrators of abuse would seem to be due to several factors. Stark and Flitcraft (1988) observed that, whereas available studies indicate that men are responsible for most of the abuse, and especially the more serious cases, the shared wisdom among researchers and professionals is that child abuse is caused by some combination of maternal pathology or inadequacy with (vaguely defined) environmental stress; the law, social services practices, and psychological theory hold women responsible for child abuse even when a male assailant is clearly identified (p. 99).

Working from a more historical perspective, Breines and Gordon (1983) have shown that although gender is ignored in the child abuse literature, it is at the same time assumed that women are the primary parents, that their bonds with infants are critical, and as a consequence, that they are the principal persons

responsible for any problems that may arise for the child, including abuse. These authors attribute the rationale of this perspective to attachment theories, which make an issue of the mothers' potential for abuse and not that of fathers. For instance, using maternal bonding theory as their rationale, pediatricians Henry and Ruth Kempe proposed a checklist of an early warning system of child abuse, including items such as mothers' concern about weight gain during pregnancy, mothers' hostile or passive behavior toward the baby in the delivery room, or mothers' finding the baby too demanding at feeding time (Breines & Gordon, 1983). Notwithstanding early criticisms of the bonding theory and warnings about the deleterious consequences of decisions taken by child protection agencies on the basis of the evidence of bonding (or lack of it) (see Sluckin, Herbet, & Sluckin, 1983), this theoretical framework is still widely accepted in child abuse research. In fact, it is so taken for granted that it is often not even made explicit. Examples are two recent studies published in a leading journal in the field (J. Brown, Cohen, Johnson, & Salzigi, 1998; Kotch, Browne, Dufort, Winsor, & Catellier, 1999) concerned with the identification of risk factors for child maltreatment. Both employ a large sample and a sophisticated research design, but only mothers are interviewed. In both cases, the perpetrators of abuse are not specified, and we are left without knowing whether this information was actually collected at all or was collected and not presented; the rationale of these choices is not explained. In both cases, the authors chose to consider risk factors mostly linked to the mother, such as her young age, limited education, infrequent church attendance, low self-esteem and depression, and separation from her own mother. It is not surprising that given this methodological stance, their results show that a whole series of maternal characteristics are associated with child abuse. The rationale underlying the decision to link violence by perpetrators other than the mother (such as fathers, stepfathers, grandparents, cousins, neighbors, baby-sitters, and teachers) with certain characteristics of hers is never discussed. This trend is confirmed by a recent survey of literature in child maltreatment research (Haskett, Marziano, & Dover, 1996). Results show that the representation of adult males in research on abuse was poor. The problem was more severe in studies of the characteristics of abusive parents and in articles addressing the issue of child abuse

prevention and treatment. Other extreme examples of a biased stance against mothers, coming respectively from psychology and the law, are the concepts of incestuous mothers and the "failure to protect" theory. The idea that mothers are collusive with the sexual violence committed by fathers against daughters is widely held by professionals in the field (for a discussion, see Candib, 1999; Gavey, Florence, Pezaro, & Tan, 1990; Olafson, Corwin, & Summit, 1993). This concept shifts the emphasis away from the actual perpetrator of the abuse. Moreover, empirical data show that most mothers believe and support their children (Myer, 1985; Sirles & Franke, 1989). Under the law of many U.S. states, witnessing domestic violence constitutes harm and neglect to the child. In many witnessing cases, battered mothers have been charged with failure to protect the child because they were unable to stop their partners from abusing them (Miccio, 1995).

Given the bias against mothers, it is not surprising that feminist and profeminist students have been somewhat reluctant to look at mothers' violence and at its consequences, with only a few exceptions (Candib, 1999; Gordon, 1997; Russell, 1997; Stark & Flitcraft, 1988). Another exception is represented by a group of U.S. researchers working on the long-term consequences of childhood violence, mostly on alcohol abuse. They found that fathers' physical and verbal abuses were related to alcohol problems in women more strongly than mothers' abuse (Downs et al., 1992; Downs, Miller, & Gondoli, 1987). The trend was different concerning partner violence, which was associated more strongly with mothers' than with fathers' violence (Downs et al., 1992). Generally, activists and students in the field of domestic violence have been suspicious of research looking at the cycle of violence theory and claiming an association between being battered as a child or witnessing one's own mother being abused and subsequent victimization by a partner. A common interpretation of these data is that these women consider violence as normal and even look for it, thus reinforcing the prejudices of battered women as masochistic or codependent (Coker, Hall Smith, McKeown, & King, 2000; see Romito, 2000, for a critique).

Yet, there is a pressing need to study the negative consequences of fathers' and mothers' violence and to try to understand the mechanisms linking this violence to violence by other perpetrators. This is because, to propose any meaningful preventive

strategy, we need to know more; second, potential prejudices against women and mothers cannot be refuted without a careful analysis of their behavior, along with an attempt to understand its origins and consequences.

AIMS OF THE STUDY

The data analyzed in this paper are drawn from a cross-sectional study of women attending various health care facilities in an Italian city. The aim was to estimate the prevalence of present and past violence and evaluate the feasibility of asking all women about violence (Romito & Gerin, in press). Except for a victimization study carried out recently by the Italian Institute of Statistics (Sabbadini, 1998), there are almost no other studies on the prevalence of violence among Italian women.

The specific aims of the analysis were (a) to analyze the links between violence suffered at the hands of mothers and fathers and violence by other male perpetrators and (b) to explore the possible paths linking violence in childhood by parents to other kinds of violence.

METHOD AND MATERIALS

STUDY SAMPLE AND PROCEDURE

The study was carried out in Trieste, a city of 240,000 inhabitants. Five public community health care facilities were involved: a hospital-based emergency department, two advisory clinics (community-based family planning clinics), and two community-based social services centers. In the advisory clinics and social services centers, the interviewers were present during the normal working day, whereas in the emergency department they were there between 8 a.m. and 10 p.m., including weekends. Data collection took place between May and September 1998; it lasted 2 weeks in the emergency department, 3 weeks in the advisory clinics, and 3 months in the social services centers.

All women more than 17 years of age attending these facilities for any reason were initially eligible for inclusion in the study. Women were considered noneligible for an interview if they were

judged by the interviewer or health personnel to be too ill or confused to participate.

All eligible women were approached in the waiting room of the chosen clinic and asked to participate in a study on how health and social services respond to some women's health problems. The interviewer explained that the questionnaires were anonymous and that women could refuse to participate; those who agreed to take part went with her into a separate room to answer the questionnaire. The questions were read aloud by the interviewer. The questions about violence were introduced by a sentence explaining that violence concerns many women, that it can have consequences for health, and therefore that it concerns health services as well.

Interviewers' skills represented a key aspect in collecting good quality information about violence without the risk of further victimization of women. There were six female interviewers for the study: four activists in the local women's shelter, one psychologist, and one gynecologist. They received training for conducting the interviews and were provided with opportunities to discuss issues related to the subject matter among themselves and with the principal investigator. All had the capabilities to listen empathetically to the women and be supportive when needed, and all were well informed of local resources available to victims of violence. Because we were also interested in having, whenever possible, a more subjective account of women's experiences of violence, interviewers were encouraged to listen and take note of whatever the women might say besides answering the questions of the questionnaire (see Brannen, 1992, and Reinharz, 1992, for discussions of how to combine quantitative and qualitative methods). These supplementary notes enabled us to reconstruct a more detailed history of the violence experienced by some of the respondents.

There was no ethical review committee in Trieste at the time of the study. This project was promoted and funded by the region, the city council, and the city health agency and was heartily supported by the local women's center. Before the beginning of data collection, to facilitate referrals, contacts were established or strengthened with various health and social services and with the women's center.

INSTRUMENT

The questionnaire was constructed to be short enough to be completed while women were waiting to be seen but also to be detailed enough to provide sufficient information on their violence history. First, women were asked why they had sought care at the facility. Then they were asked if, in the past 12 months, they had experienced physical violence (examples of violence were given, from pushing and slapping to being stabbed or choked), sexual violence (defined as being obliged to submit to a sexual act), threats of being beaten up or killed, insults or denigration, or psychological violence (examples were being controlled, scared, left short of money). Information on violence in the past was less detailed. There was a question on physical violence (with the same examples as for the question related to the past 12 months), one on sexual violence and molestation, and one on psychological violence. It seemed to be inappropriate in the context of this study to ask details about the type of sexual violence experienced, but women tended to volunteer additional information about what had happened, enabling us to discriminate between contact abuse (rape and attempted rape, other kind of sexual assaults, forced touching and kissing) and noncontact abuse (flashing, obscene talk, showing pornographic pictures). For each type of violence, women were asked who the perpetrator was, with an exhaustive list of possible perpetrators. As regards violence within the family of origin, many women answered that the perpetrators were both parents. For current violence, they were asked how frequently the violence had occurred in the past year (once, two to three times, more often), and for violence occurring in the past (more than 12 months before the interview), women were asked how old they were when it began and how long it lasted. Women were also asked whether the violence had had any consequences on their health, with a list of possible physical and mental health problems. After these questions, women were asked directly if they had attended the service for reasons linked to present or past violence. Women who had given an affirmative answer to at least one question on violence were then asked if they were afraid of one or more persons who had been violent toward them and who these persons were.

MEASURES

Violence by the hand of parents during childhood and adolescence was described by six different variables, all considering violence beginning before the woman was 17 years old. These variables were developed from the questions on violence that had occurred in the past before the past 12 months.

- Physical violence: physical violence perpetrated by the father, the mother, or both.
- Psychological violence: psychological violence perpetrated by the father, the mother, or both.
- Psychological violence only: psychological violence perpetrated by the father, the mother, or both, not accompanied by other violence (physical or sexual).
- Father violence: any kind of violence (psychological, physical, or sexual) perpetrated by the father alone or by both parents.
- Mother violence: any kind of violence (psychological or physical) perpetrated by the mother alone or by both parents.
- Family violence: the most inclusive indicator, comprising any kind of violence (psychological, physical, or sexual), perpetrated by one or both parents.

Violence by other perpetrators included sexual violence or molestation and violence by a partner or ex-partner at any age. These variables are the result of the violence experienced in the past 12 months or in the past before the past 12 months.

- Sexual violence or molestation by a known male: any kind of sexual abuse implying a physical contact by a known male (excluding father or father figure and partner or former partner) at any age.
- Partner violence: physical and/or sexual violence by a partner (husband, lover, boyfriend) or former partner.

ANALYSIS

A bivariate analysis was carried out crossing the various indicators of violence perpetrated by parents with the indicators of violence by other male perpetrators. As there was a trend of younger women reporting more violence, logistic regressions were performed controlling for age. In multivariate analysis, only the more inclusive indicator of parents' violence, family violence,

was used. The chi-square test was used for comparison of percentages; a p value equal to or less than .05 was considered statistically significant. Statistical analysis was performed with the SPSS program.

Besides quantitative statistical analysis, we also analyzed those 148 case histories that we were able to reconstruct from interviewers' notes; these accounts were used to describe women's experiences of violence and explore the paths leading from violence by parents to violence by other perpetrators.

RESULTS

CHARACTERISTICS OF THE SAMPLE AND REASONS FOR ATTENDING THE HEALTH CARE FACILITIES

The final sample consisted of 510 women: 214 from the emergency department (ED), 196 from the advisory clinics, and 100 from the social service centers. Fifty-four women, all from the ED, were considered unable to respond and were not eligible. There was a 76% response rate among eligible women across all facilities. None of the women interrupted the interview once the theme of violence was introduced. Interviews averaged 15.5 minutes in length, but were significantly longer when women had experienced violence.

Table 1 describes the respondents' ages, education, and marital and occupational statuses. Of the sample, 20% ($n = 100$) lived with one or both parents: 4% with the mother, 1% with the father, and 15% with both of them (data not shown). The proportion of divorced women and women living with their parents was in line with Italian trends (ISTAT, 1999).

Reasons for attending the service varied. At the ED, women were seeking care for a range of health care problems, from an insect bite to a stroke or car accident. Only 5 women had come to the ED subsequent to physical attack. In the advisory clinics, two thirds of the women had come for preventive gynecological or obstetrical care, whereas 15.5% were there to see a psychologist, a legal consultant, or a social worker. At the social services center, 71% of the women had come to ask for financial help, whereas 8%

TABLE 1
Women's Demographic and Social Characteristics

	n	%
Age		
18-24 years	78	15.3
25-44 years	233	45.7
45-64 years	136	26.7
65-92 years	63	12.4
Education		
Less than compulsory education	72	14.1
Compulsory education	185	36.3
High school degree	190	37.2
University degree	63	12.3
Marital status		
Married	206	40.4
Separated	55	10.8
Divorced	30	5.9
Widowed	43	8.4
Never married	176	34.5
Occupation		
Regular employment	176	34.5
Irregular employment or looking for a job	133	26.0
Full-time housewife	73	14.3
Retired	81	15.9
Student	47	9.2

were there to discuss problems connected to children or to separation.

When asked directly if they had attended the service for reasons linked to present or past violence, 27 women said yes (5.3% of the sample). There were no differences depending on the facility attended.

FREQUENCY OF VIOLENCE

Violence by Parents

In this sample, 14.5% of the women had suffered physical violence before age 17 at the hands of one or both parents, 17.9% had suffered psychological violence, and 8.7% had suffered only psychological violence (see Table 2).

Physical violence was more often perpetrated by the father. When psychological violence only was considered, there was no difference between fathers and mothers. There was a strong association between physical and psychological violence: 45 women, 9% of the sample, experienced both physical and psychological violence by one or both parents. Psychological violence alone was more frequent than physical violence alone (data not shown).

Of cases of physical violence, 78% had begun in childhood and 22% in adolescence; these proportions were 69% and 33%, respectively, for psychological violence. Violence was almost always long-lasting: Only 13.5% of cases of physical violence and 3.4% of psychological violence consisted of a few occurrences or lasted a year or less. A frequent answer was that violence lasted until the woman left home, usually because she got married.

Considering the various kinds of violence according to perpetrator, 16.9% of the women had experienced father violence: physical or psychological violence by the father or by both parents, and/or sexual violence by the father. Sexual violence by the father was rare; 3 women had been raped or seriously assaulted. About 16% of the women had experienced mother violence: physical or psychological violence by the mother, or by both parents. Overall, 23.5% of women had suffered family violence, that is, at least one type of violence by at least one parent.

Women were asked if they were afraid of someone who was or had been violent with them. The person most frequently quoted was a partner or former partner (24); 15 women answered that they were afraid of their father, and 3 of their mother (data not shown). Some examples of the violence experienced by the women included:

Ms. A., 20 years old, completed only primary school. Her father began to be physically abusive to her mother when she was pregnant with Ms. A. and continued for 10 years, until she left him. Ms. A. was beaten throughout childhood, often because she tried to stop her father from assaulting her mother. She was bruised and he broke her teeth. She was so scared of him that she wet her pants each time he started to yell. She says that as a consequence, she feels vulnerable, is often anxious and depressed, and has problems with drug addiction.

TABLE 2
Frequency of Violence Perpetrated by Parents, as Reported by Women

	n	%
Physical violence		
None	436	85.5
Father	35	6.9
Mother	23	4.5
Both	16	3.1
Psychological violence		
None	419	82.2
Father	33	6.5
Mother	25	4.9
Both	33	6.5
Psychological violence only ^a		
None	465	91.2
Father	13	2.5
Mother	13	2.5
Both	19	3.7
Father violence ^b		
No	424	83.1
Yes	86	16.9
Mother violence ^c		
No	431	84.5
Yes	79	15.5
Family violence ^d		
No	390	76.5
Yes	120	23.5

a. Without physical or sexual violence.

b. Including any violence by the father and violence by both parents.

c. Including any violence by the mother and violence by both parents.

d. Including any violence by one parent or both.

Ms. C., 18 years old, is a student and lives with both her parents. Her father was psychologically and physically violent with her from the time she was a child; as a consequence, she was full of bruises, she always felt unhappy, and she had nervous attacks. Violence continues: He beats and insults her and practices strict economic control. She is still afraid of him.

Ms. E., 56 years old, is divorced. Since she was 6 years old, her stepfather brutally beat her and her mother; once he deliberately burned them with an iron. He was also psychologically abusive, making them feel worthless. She says she hated her mother for what both of them were enduring. When she was 16 years old, she left home.

Ms. G., 35 years old, is living in a community for people with drug addiction problems. Her mother has always been psychologically abusive to her. At elementary school, she was the scapegoat of the teacher, who used to insult and denigrate her. She felt so desperate and alone that at 12 she attempted suicide. She was prescribed psychotropic drugs and soon became addicted; she also started to drink. At 17, she got pregnant and her mother brutally beat her because of it. At 20, she left home.

Ms. I., 35 years old, is separated from her husband and lives with her child in a community for people with drug addiction problems. Both her parents had beaten her until she was 18 years old; she suffered various injuries, including a broken cheekbone. Until recently, her father was psychologically abusive with her; he denigrated her, said he did not love her, but at the same time was possessive and tried to control everything in her life. Now she has serious financial problems; only her mother is helping her.

Ms. L., 48 years old, is married and has a grown-up child. From ages 10 to 14, her father was physically violent with her; she had black eyes, broken teeth, and probably suffered internal injuries (she frequently vomited blood). Her father also raped her repeatedly. Her mother was also severely battered; she was aware her daughter was raped but did not intervene. When she was 12 years old, Ms. L. was hospitalized for a venereal disease, but nobody at the hospital inquired about possible violence. Her father also psychologically abused her until she married at 22. After her mother's death some years ago, her father began to persecute her again. She says she is still afraid of him, and she adds that she will never forgive her mother, who did not protect her.

Violence by Other Male Perpetrators

Among the women interviewed, 9.6% had experienced sexual violence involving physical contact by a known male (excluding their father, partner, or ex-partner) as a child or as an adult. Perpetrators were male family members, acquaintances, schoolmates, or employers.

Almost 1 woman in 5 (18.2% of the sample) had experienced or was experiencing physical and/or sexual violence by a partner or former partner (see Table 3).

TABLE 3
Frequency of Violence by Other Perpetrators, as Reported by Women

	n	%
Sexual violence by a known man ^a		
No	461	90.4
Yes	49	9.6
Physical or sexual violence by a partner or ex-partner		
No	417	81.8
Yes	93	18.2

a. Sexual violence implying a physical contact, excluding violence by father and partner or ex-partner.

RELATIONSHIPS BETWEEN PARENTS' VIOLENCE AND VIOLENCE BY OTHER MEN PERPETRATORS

Table 4 shows the relationships between the six indicators of violence by parents and violence by other men perpetrators. Overall, we found associations between violence by parents and by other perpetrators.

The first three indicators construct violence by parents according to the type of violence and the perpetrator. Physical violence, especially when perpetrated by the mother or by both parents, was associated with sexual violence and partner violence, but the trend was not significant. Psychological violence, especially when perpetrated by the mother or by both parents, was significantly associated with both sexual violence and with partner violence. The same trend was observed for psychological violence, without physical or sexual abuse.

To summarize, psychological violence showed stronger associations than physical violence. Mothers' abuse was associated with both indicators of violence by other men; fathers' abuse was associated only with partners' violence, but the association was weaker than that with mothers' abuse.

The other three indicators of parents' violence are more synthetic and consider together all kinds of violence depending on the perpetrators. Fathers' violence was associated with violence by other male perpetrators, but the association was significant

TABLE 4
Relationship Between Violence by
Parents and Violence by Other Perpetrators

<i>Parents' Violence</i>	<i>Women With Sexual Violence, Known Man</i>		<i>Women With Partner/Ex- Partner Violence</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Physical violence				
None	39	8.9	73	16.7
Father	2	5.7	8	22.9
Mother	4	17.4	7	30.4
Both	4	25.0	5	31.3
Significance	<i>ns</i>		<i>ns</i>	
Psychological violence				
None	33	7.9	67	16.0
Father	3	9.1	9	27.3
Mother	5	20.0	9	36.0
Both	8	24.2	8	24.0
Significance	<i>p</i> < .005		<i>p</i> < .02	
Psychological violence only				
None	39	8.4	79	17.0
Father	2	15.4	5	38.5
Mother	4	30.8	6	46.2
Both	4	21.1	3	15.8
Significance	<i>p</i> < .01		<i>p</i> < .01	
Father violence				
No	36	8.5	71	16.7
Yes	13	15.1	22	25.6
Significance	<i>ns</i>		<i>p</i> < .05	
Mother violence				
No	33	7.7	69	16.0
Yes	16	20.3	24	30.4
Significance	<i>p</i> < .001		<i>p</i> < .002	
Family violence				
No	29	7.4	58	14.9
Yes	20	16.7	35	29.2
Significance	<i>p</i> < .002		<i>p</i> < .001	

only with partner violence. Mothers' violence and family violence showed stronger and significant associations both with sexual violence and with partner violence.

Logistic regressions were performed on the associations between family violence and violence by other perpetrators, controlling for women's age when interviewed. Both the associations between family violence and sexual violence, and between family

violence and partner violence were highly significant after adjustment for age (respectively, $p = .008$ and $p = .0007$) (data not shown).

PATHS LINKING VIOLENCE BY PARENTS TO OTHER KINDS OF VIOLENCE

We also explored the possible paths linking violence inflicted by parents during childhood and adolescence to violence women have suffered at other moments in their lives (sexual violence by known or unknown men, and partner violence). We drew on the 148 case histories we were able to reconstruct from the interviews with our respondents. Several patterns emerged from this qualitative analysis:

Pattern 1. The woman suffered violence by parents and was sexually abused in childhood by known men who were very probably aware of her family situation. For instance,

Ms. L. is 40 years old. As a child, she was physically and psychologically abused by both her parents and her older brother. As a consequence of the battering, she was injured and was hospitalized twice. Moreover, she suffered from depression, panic attacks, and low self-esteem. When she was 8 years old, a tenant repeatedly abused her sexually.

Ms. M. is 51 years old. Her father was psychologically abusive with her during all of her childhood and adolescence, until she left home at 23. She remembers that she cried all the time and had attacks of nerves. When she was about 5 years old, she was sexually molested several times by a family friend. At 12, a young man in the village attempted to rape her. The father still insults and denigrates her when they meet.

Ms. N. is 26 years old. Her father has beaten her since she was little; she suffered repeated injuries, felt anxious, was depressed, and had panic attacks. When she was 14, a friend of her father tried to rape her.

Pattern 2. The woman suffers violence and neglect by her parents. To escape her violent home, she marries early to a man who also turns out to be violent. For instance,

Ms. R., 35 years old, has completed only primary school, is separated, and has three children. Her mother was physically abusive

to her until she was 14 years old, when she got pregnant and married. Her husband was physically and psychologically violent with her from the beginning of their marriage. She has left him, but psychological violence is still ongoing, and she is afraid of him.

Ms. S., 36 years old, is separated with two children. As a child, she was neglected by her mother; at 9, her father committed suicide, and she was placed in a children's home. She left the institution at 18, met her future husband, got pregnant, and married him. The husband abused her severely physically and psychologically, and she left him after 10 years of marriage. After the separation, his violence continued and is still ongoing.

Ms. T., 42 years old, divorced with two children, has completed only primary school. As a child, she was psychologically abused by her father, who was often drunk. She married at 19, to a man who was psychologically violent, insulting, and controlling even during the engagement period. This violence continued during the marriage, until she left him. After the separation, he became more violent and still physically or sexually assaults her.

Ms. V., 40 years old, is separated with one child. She has completed only primary school. Both her parents were alcoholics, and her mother beat her until she left home to marry, at 19. The marriage lasted 6 years, and her husband was abusive. When she left him, he became even more violent and for years physically and sexually assaulted her when they met for child visitations.

Pattern 3. The woman suffers violence and neglect by her parents; as a consequence, she suffers violence by other perpetrators. Every incident of violence puts her at higher risk for further abuse. A special case is that of children taken away by the child protection agency and placed in a children's home or with a foster family where they suffer further violence.

Ms. O., 18 years old, sought care at the ED because an unknown man physically assaulted her. As a child, she was neglected by her parents and was placed in a children's home, where the personnel psychologically abused her. She spoke to the managers of the institution, but nobody intervened. As a consequence, she was depressed, aggressive, and often she injured herself. At 13, at a party, two friends attempted to rape her.

Ms. P., 18 years old, is living in a children's home. As a child, her parents abused and neglected her; as a result, she was taken away

and placed in a religious institution. There, she suffered further physical and psychological abuse by the personnel. At 12, while visiting her mother, she was raped repeatedly by her mother's partner; she was injured and underwent a medical examination. Among the many people who were aware of the rape—the nuns, the medical personnel, her mother—nobody intervened, and the man was never reported. At 13, she was placed with a foster family, where the father was abusive to her. As a consequence, she suffered repeated injuries, was anxious, was depressed, and could not sleep. She disclosed the abuse to her teachers and was placed in the home where she now stays. She is still afraid of her foster father. She had a boyfriend, who also lived in the home; after she left him, he physically assaulted her and, with another young man, tried to rape her and repeatedly molested her. She reported the abuse and the man was removed from the home.

This contextual vulnerability may also exist without the stay in a children's home:

Ms. J., 51 years old, is separated and has an adult son. Her parents abused and neglected her during all of her childhood and adolescence, until she was 18 and began to fight back. Physical violence, especially by her father, was severe. Her parents cared so little for her that when she was 14 and had surgery for appendicitis, she got to the hospital and then home by herself, taking the bus. In the village where they lived, everyone was aware of the abuse (including her teachers and the family doctor), but only a married sister cared for her. From the time she was 10 years old, the sister repeatedly called the police, asking them to intervene, but according to the officers, they could intervene only if there was a formal denunciation. Ms. J. was afraid to report her father, for he threatened to kill her if she reported him. When she was 17, after a particularly violent beating, she got to the police station and recounted her story. Still, she was too terrified to report her father. The officers were kind to her, but when she left, two of them followed her and attempted to rape her. She struggled and escaped the assault. The next day her sister confronted the officers, who denied everything; it was clear that she could not find any protection from her father there. Ms. J. began to work at 14, married at 23, and had a child. Her husband was psychologically abusive to her; moreover, her father-in-law was also physically abusive. Both despised her because she came from a poor and difficult family. The marriage lasted 20 years, when she decided to leave him. He opposed the separation and became physically violent with her during this transition period. To be safer, she moved to another town. Here, Ms. J. happened to accept an invitation for dinner from a male acquaintance; on the way home, he assaulted and raped her. She

was severely traumatized by the rape, but with the support of two friends, a male police officer and a female doctor, she decided to report her assailant. The man was convicted and she recovered. She said that this recent experience had changed her profoundly, giving her the strength and the will to help others. In the past year, she has been supporting a friend who is in the process of leaving a violent husband; as a consequence, the man physically assaulted and threatened Ms. J. and damaged her car. Ms. J. says that all this violence did not have long-lasting psychological consequences for her, because she is a woman who loves to live, has the capability to enjoy even small things, and has always been able to find ways to have a good life. Now she has a loving partner and a good relationship with her adult son. She feels strong and content.

DISCUSSION

The aims of this research were to analyze the links between violence suffered at the hands of mothers and fathers and violence by other men perpetrators, and to explore the possible paths linking violence in childhood by parents to other kinds of violence, using both quantitative and qualitative data. The study considered a sample of 510 Italian women, aged 18 to 92, attending different health care and social community facilities. Results show the extent and the severity of violence suffered by the women: Almost one quarter of the respondents reported some kind of abuse by one or both parents before age 17; 9.6% had suffered sexual violence by a known man (excluding their father or partner), and 18.2% had experienced partner violence. Violence by one or both parents during childhood was associated with an increased risk of sexual violence and partner violence.

LIMITATIONS OF THIS STUDY, VALIDITY OF THE DATA, AND FREQUENCY OF VIOLENCE

Several limitations of this study should be noted. The sample consisted of patients and not women from the community. This poses problems about the extent to which the results may be generalized. Moreover, the measures of physical, sexual, and psychological violence in the past are based on only a few questions. Because the questions concerning violence in the past 12 months were more numerous, contained examples of different kinds of

violence, and were asked before the questions on violence in the past, we were hopeful that this would serve as a kind of reminder of different kinds of violence. Still, we are far from what is currently considered the optimal means of investigating violence, that is, several behaviorally formulated questions for each type of violence (Schwartz, 1997; Wyatt & Doyle Peters, 1986). This was a deliberate choice on our part, made to make the questionnaire more acceptable to women who were waiting to be examined or to meet a social worker, who were sometimes ill, and who were often in a hurry. In the end, we think it bore fruit, because not one woman interrupted the questionnaire or refused to answer any of the questions. In fact, most of them actually added information, allowing us in 148 cases to reconstruct in considerable detail their histories of violence.

A way to assess the validity of our data is to compare them with those found in other studies. However, as far as physical and psychological abuse in childhood is concerned, comparing frequency across studies is a tricky task, for even when the same or more objective measures are used, what is considered an acceptable physical punishment or an acceptable way of controlling children varies widely across cultures and across families (Clément et al., 2000). Moreover, at least some degree of subjective evaluation from the respondent is unavoidable. In our study, women sometimes discussed with the interviewers whether occasional episodes of physical punishment by parents should be considered physical violence and ended up answering no, both because these episodes were infrequent and because they were seen as being well deserved. It would therefore seem reasonable to suppose that what we were uncovering with our questions on physical violence corresponded to quite severe and frequent abuse and excluded occurrences of "normal" punishment.

With regard to psychological abuse, available studies use measures so different from each other (including verbal abuse, controlling, threatening and frightening behavior, making the child feel worthless, neglect) and so subjective that any comparison is almost meaningless.

As far as we know, there are no other studies in Europe on the frequency of violence among female patients. In fact, the results we found are in the same range as those found in other European community studies. This is not surprising, for the women we

interviewed attended the services for different health or social reasons; only 5% of them said, at the end of the questionnaire, that they were there for reasons linked to present or past violence.

Among the women interviewed in this study, 14.4% had suffered physical violence by one or both parents. This frequency is in a similar range of what was found in an Ontario population study with adult women; 21% had suffered physical violence in childhood and adolescence and 9.2% severe violence (MacMillan et al., 1997). In a Finnish study with a school sample of 15-year-old girls, 12.3% reported having been beaten up, whereas 8% reported severe violence (Sariola & Uutela, 1992).

With regard to domestic violence, 18.2% of the women interviewed in this study reported physical and/or sexual violence by a partner or ex-partner at some point in their lives; the frequency in the past 12 months was 6.5%. In a representative sample of Swiss women, lifetime prevalence was 20.7%; 6.1% had experienced physical or sexual violence by a partner or ex-partner in the past year (Gillioz, DePuy, & Ducret, 1997).

To sum up, even though comparisons with the frequency of violence obtained in different studies should be made cautiously, it is reassuring for us to have obtained results in the same range as those found by other researchers.

VIOLENCE BY FATHERS AND MOTHERS

In this study, violence by fathers was more frequent than violence by mothers. According to women's answers, 51 fathers and 39 mothers (10% and 7.6%, respectively) were physically abusive. An equal number of fathers and mothers (32, or 6.3%) were psychologically abusive without other kinds of violence. Overall, 16.9% of fathers and 15.5% of mothers were abusive; fathers' violence also included three cases of rape. According to case histories, fathers' violence, especially physical violence, seemed to be more serious; it is not surprising that these adult daughters were more often afraid of their fathers ($n = 15$) than of their mothers ($n = 3$). These results are consistent with the findings of those few studies that considered the issue. Although mothers usually spend much more time with children and bear a bigger share of the responsibility to educate and discipline them, fathers are more often physically violent, and this is especially true as far as severe

violence is concerned (MacMillan et al., 1997; Moeller et al., 1993; Sariola & Uutela, 1992).

No information is available either in our study or in the others about whether the fathers were actually present in the household during the respondents' childhoods. The rates of fathers' abuse were therefore calculated on the total sample of respondents; if the denominator had consisted of cohabiting fathers alone, rates would certainly have been higher. Otherwise, fathers who desert the family, thus withholding material and psychological support from their wives and daughters, should be considered neglectful, which represents another category of child abuse. Either way, having this information available would likely increase the rate of paternal child abuse. It should nevertheless be borne in mind that in many instances respondents reported suffering violence at the hands of both parents: 3.1% of women were physically abused, 6.5% were psychologically abused, and 3.7% were psychologically abused in the absence of other kinds of violence by both their father and mother.

THE ASSOCIATION BETWEEN VIOLENCE BY PARENTS AND VIOLENCE BY OTHER MEN

Overall, we found associations between parents' violence during childhood and adolescence and violence perpetrated by others: sexual violence by a known man and domestic violence, that is, physical and/or sexual violence by a partner or ex-partner. These associations have been previously found in the literature, as we reported in the Introduction. Two trends emerged from our data.

First, in most cases when both parents were abusive to their daughters, the association with violence by other perpetrators was stronger than when only one parent was violent (see also Mullen et al., 1996). In this latter case, however, the association with further victimization was stronger in presence of mothers' violence than fathers' violence. Although mothers are held socially accountable for any harm to their children, including the violence perpetrated by fathers or by other men and its consequences, only one other study, as far as we know, has empirically tested whether mothers' violence has more serious consequences than fathers' violence. Specifically, Downs et al. (1992) found that

mothers' abuse was a better predictor of subsequent partner violence than fathers' abuse.

Two complementary hypotheses can be formulated to explain why the association with mothers' abuse is stronger than the association with fathers' abuse. First, remembering that association does not mean causation, we can hypothesize that a third variable explains this link. In a now classic work, psychiatrist M. Rutter (1981) has shown that the link between early maternal deprivation and later problems in a child's development was explained by a host of factors associated with maternal deprivation and not only by maternal deprivation itself. Children who had been separated from their mothers and deprived of their presence and love had been deprived at the same time of the presence of other loved family members (fathers, siblings), their usual physical and social environment, and sometimes the attention and stimulation of any caring adult (Rutter, 1981). Mothers' violence against their children is less frequent than fathers' violence, especially when considering the respective time they spend with their children and their involvement in child care. Mothers' abuse and neglect are also less tolerated socially. It is possible that for mothers' violence to occur, more harsh contextual conditions are necessary, such as being battered or deserted by the father, being seriously ill, or facing extreme financial hardship (see Stark & Flitcraft, 1988). We lack this information in our sample, although case histories suggest that often the mother was abused as well. Other studies have shown that child abuse is more likely to occur in disturbed and disrupted families and more particularly in the presence of marital violence or, more precisely, wife-battering, social isolation, mothers' or fathers' psychological difficulties, and financial problems (Fergusson & Lynskey, 1997; Fleming, Mullen, & Bammer, 1997; Mullen et al., 1996). Results from these studies show that part of the association between abuse in childhood and further problems, be they mental suffering, social difficulties, or revictimization, may be attributed more to the background factors of the abuse than to the abuse itself. Again, these studies did not differentiate between mothers' and fathers' violence, so it is not possible to know whether these background factors differ according to which parent was violent.

A second hypothesis explaining the greater impact of mothers' abuse relative to fathers' abuse is that mothers' abuse, especially

when psychological, may indeed have a stronger negative effect than fathers' abuse on the risk their daughter runs of suffering violence by other men. This need not represent another instance of the mother blaming ideology. On the contrary, it points to just what society imposes upon mothers: an immense task combined with insufficient means, a situation that Adrienne Rich (1976) has defined as *powerless responsibility*. In a society basically indifferent to the welfare of children, in a family in which child care is unequally shared between parents, and in a context of male domination and predatory sexuality, only mothers really care for daughters and can protect them. If they are absent or unable to protect their daughters for various reasons (illness, death, personal incapacity, or lack of interest or love for the child), nobody else would care enough to do the job in their place. Other studies have shown that maternal physical or mental illness or death represent strong risk factors for intrafamilial or extrafamilial CSA (Finkelhor, Hotaling, Lewis, & Smith, 1990; Fleming et al., 1997). With regard to depression, British sociologists G. Brown and T. Harris (1978) have shown that the mother's death when the daughter was still an adolescent was the only personal risk factor associated with depression in adult women. Moreover, as mothers are so important in their children's lives, abuse or lack of love from mothers may be particularly devastating. Our data show that fathers' violence was more frequent and probably more severe than mothers' violence; it is not surprising that adult daughters were more often afraid of their fathers than their mothers. But qualitative data suggest that mothers are the ones that daughters cannot forgive; moreover, daughters cannot forgive their mothers for the violence that fathers have inflicted. This trend has been found by other researchers working on incest (Herman, 1981; Hooper, 1997; Russell, 1997). How can we explain this paradox? Philosopher Susan Brison (1998), trying to understand why she was unable to feel any anger for the man who had raped and beaten and tried to kill her, formulated the hypothesis that the terror she still felt precluded the appropriate angry response. She quoted Aristotle as saying, "No one grows angry with a person on whom there is no prospect of taking vengeance, and we feel comparatively little anger, or none at all, with those who are much our superiors in power" (Brison, 1998, p. 20). In the same vein, French sociologist Christine Delphy (1984) noted that

"it is precisely the real power of the oppressor . . . which makes him unattackable, or at least not attackable without enormous risks" (p. 121).

To return to empirical data, we should not forget that very few studies have considered the long-term influence of mothers' and fathers' abuse respectively, so the trend we found should be considered cautiously. Results from other studies point to the role of fathers in their daughters' lives. Fleming et al. (1999) have shown that having a psychologically abusive father was associated with having an alcoholic or violent partner later on and with suffering from mental health problems. Downs et al. (1987, 1992) found an association between father abuse and alcohol problems in adult women.

Secondly, parents' psychological violence was more strongly associated with violence by other perpetrators than parents' physical violence. Other authors report the same trend (Andrews & Brown, 1988; Krahe et al., 1999). Vissing et al. (1991), studying a representative sample of parents in the United States, found an association between parents' verbal aggression and psychosocial problems in children. Although the combination of verbal and physical violence was found to be more strongly related to psychosocial problems than experiencing either form of abuse, the authors noted that verbal aggression is somewhat more related to psychosocial problems of the child than is physical aggression.

These results are surprising, especially given the seriousness of many instances of physical violence experienced by respondents, and we can only formulate some tentative explanations. Physical violence is mostly acted out in moments of exasperation and is linked to something wrong the child has done. Therefore, the child may experience a contingency between her or his behavior and the parents' behavior; this implies an interest from the parent, which is completely lacking, for instance, when the child is neglected (Gauthier et al., 1996). Another hypothesis is that physical violence is acted out when the parent is intoxicated or angry because of personal problems. The child may be able to recognize that she or he is not the true object of the parents' rage and is therefore able to preserve his or her self-esteem. Psychological abuse, on the other hand, when not accompanied by physical or sexual violence, seems to be a more cold-blooded action and may

therefore convey a stronger message to the child that she or he is really disliked by the parent. The trend showing that psychological abuse has a stronger negative effect than physical abuse is of interest for theoretical and clinical reasons. Nevertheless, it should be borne in mind that different types of abuse are often accumulated, and that the more abuse a child experiences, the more she or he is likely to suffer negative consequences (Moeller et al., 1993; Mullen et al., 1996; Vissing et al., 1991).

THE PATHWAYS LINKING VIOLENCE BY PARENTS AND VIOLENCE BY OTHER MEN

This analysis, based on the 148 case histories we reconstructed from interviewers' notes, is exploratory. These qualitative data were not collected systematically; the extra information provided was freely volunteered and dependent on how willing the woman was to speak, to what extent she trusted the interviewer, how much time she and the interviewer had available, and a whole range of other unknown factors. Nevertheless, we think that this material is valuable to help us delve into a subject still poorly investigated and to develop new hypotheses to be tested in future work.

Considering the statistical association between violence in childhood, and more particularly CSA, and further gendered violence in adult life, some authors have suggested a major role of the victims' psychological and personal vulnerabilities. CSA might predispose to a specific deficit in forming and maintaining intimate sexual relationships; abused women might be more prone to entering relationships with violent men either because their lowered self-esteem limits their choices or from some neurotic compulsion to repeat their experiences (Fleming et al., 1999). Our qualitative data point instead to the role of a more contextual vulnerability. An abused and neglected girl is more vulnerable to male sexual violence, both because she is in need of attention and affection and also because she is more likely to be unsupervised (see also Boney-McCoy & Finkelhor, 1995; Miller et al., 1987). In a heartbreaking study (Conte, Wolf, & Smith, 1989), male sexual offenders claimed a special ability to identify vulnerable victims: children who were living in a disrupted home, needy, unloved, or presenting behavioral cues, such as being inappropriately

dressed or alone too much. According to some abusers, the easy, ideal prey was a child who had been a victim before (Conte et al., 1989). This kind of experiential knowledge seems to be widespread. In a nationally syndicated American radio show, the host encouraged men to go for women who have been abused because they are all "messed up," and therefore they "put out" easier.¹ An example of contextual vulnerability among the women we interviewed was Ms. J.; the men who assaulted her at different times of her life (the policemen, her husband and her father-in-law, the male acquaintance who raped her) knew that nobody would intervene to protect her and take action against them.

Another kind of vulnerability characterizes maltreated or neglected adolescents. Because they so much need to be loved and to escape a violent home, they tend to become pregnant and marry too early (see Andrews & Brown, 1988). Abused children lack social and relational skills (Stevenson, 1999); because they have experienced betrayal from a loved one, their ability to judge the trustworthiness of others may be impaired (Browne & Finkelhor, 1986). Moreover, it is easy to make wrong choices when you badly want to be loved and change your life, but lack power and autonomy. These girls may take their boyfriends' excessive possessiveness and jealousy for a manifestation of love, whereas these behaviors are often the precursors of marital violence (see Russell, 1997). Again, a more contextual kind of vulnerability may also be present. As we have seen, abused or neglected children and adolescents may present external cues to their family situation. Such a stigma, and also being too controlled or not having pocket money, may further isolate an adolescent: She is not invited over by peers who live in normal family situations, she can not invite friends home, she can not attend social events (Miller, Downs, & Testa, 1993; Russell, 1997). Her relational choices may therefore be restricted to boys with similar difficulties. This developmental approach (Rutter & Rutter, 1992) is not deterministic and places a greater emphasis on the continued interplay of external and internal factors over the life course. It runs against a prejudice widely held by health professionals, at least in Italy, that the association between family and domestic violence is mostly explained by the woman's wounded personality (e.g., she is used to violence, she needs it, she's addicted, she's a masochist) (see Gonzo, 2000, and Paci & Romito, 2000, for cri-

tiques of this approach; see also Andrews & Brown, 1988). In fact, our case histories show that women did not accept the violence. On the contrary, many of them left their abusive partners, although this did not always mean the violence stopped. In another analysis of these data, we found that the frequency of partner violence in the past year was significantly higher among separated or divorced women (respectively, 18% and 13%). In most cases, the perpetrator was an ex-partner, who would not accept the fact that she had left him (Romito & Gerin, in press). A Swiss study reported similar findings (Gillioz et al., 1997). In the same vein, in a study conducted in England, which adopted a biographical approach, Andrews and Brown (1988) found that women who had been involved in a violent relationship tended not to repeat the same pattern.

The link between parents' violence and other violence or other negative outcomes in adulthood is not inevitable and is not direct, but is mediated by a variety of specific factors or conditions. Andrews and Brown (1988) showed that the association between childhood neglect and marital violence was mediated by a premarital pregnancy and an early marriage. In a U.S. study, chronic interpersonal stress in adulthood mediated the effect of childhood family violence on recurrence of depression. In the absence of this chronic stressor, there was no association between family violence and adult depression (Kessler & Magee, 1994). Our case histories point to another factor: the lack of support given to many of these abused children by institutions such as the school or care professionals such as medical staff. If a link between parents' violence and other violence or other negative outcomes existed, it was so also because nobody intervened, or they intervened with insufficient determination to protect the child or to help her recover. On the other hand, other studies have shown that the presence of certain factors can indeed protect a child from the negative effects of maltreatment (Stevenson, 1999). More specifically, having a good confiding relationship with an adult outside the family and gaining recognition in some area of achievement are particularly important for children experiencing stress or abuse within the family (see Rutter & Rutter, 1992). Here, it would appear that schools have an important role to play in preventing the adverse sequelae of abuse (Stevenson, 1999).

Our data point to the high incidence of violence within the family by fathers and mothers, the high frequency of male violence against children and women, and the links between these two sets of phenomena. Case histories illustrate how each successive episode of violence may put the child or the woman at higher risk for further abuse. In the long run, we can only hope to reduce the extent of parents' violence and of male violence by working at both the individual and the sociopolitical levels. In the meantime, there is great scope to intervene to support and protect abused and at-risk children and women.

NOTE

1. Excerpts from the Tom Leykis Show, December 27, 1999, from Media Watch, P.O. Box 618, Santa Cruz, CA. Retrieved from <http://www.mediawatch.com>

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Impulsive, but Violent?

Are Components of the Attention Deficit–Hyperactivity Syndrome Associated With Aggression in Relationships?

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Links between attention deficit/hyperactivity disorder (ADHD) and relationship aggression were explored in 157 college students. ADHD and comorbid disorders, such as conduct disorder (CD), were small but significant predictors of both physical and sexual aggression in relationships. The role of pragmatic language difficulties was also investigated. Verbal impulsivity—a tendency to blurt out thoughts and interrupt others—predicted relationship aggression. Once verbal impulsivity had been accounted for, ADHD and CD symptoms were no longer significant predictors, suggesting that verbal impulsivity and an inability to successfully negotiate relationship difficulties might account for the ADHD–relationship aggression link.

Why would one partner in a close interpersonal relationship turn to aggression against the other partner (whether psychological, physical, or sexual) when attempting to cope with difficulties within that relationship? Answers to this question are no doubt diverse and complex. Some investigators have focused on sociocultural factors, particularly gender socialization (Bersoni & Chen, 1987; Brownmiller, 1975; R. E. Dobash & Dobash, 1979; Koski & Mangold, 1988), whereas others have turned to evolutionary explanations (Burgess & Draper, 1989; Buss, 1988; Daly & Wilson, 1988; Pines, 1992). Most acknowledge that multiple factors play a role. One potential contributing factor that has

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received relatively little research attention is the presence of attention deficit/hyperactivity disorder (ADHD).

IS ADHD SYMPTOMATOLOGY ASSOCIATED WITH RELATIONSHIP AGGRESSION?

Some clinicians believe that ADHD is a contributing factor to relationship aggression. For example, Walker (1996) and her colleagues, after many years of treating couples in abusive relationships, have formed a strong clinical impression that the incidence of ADHD is abnormally high in their male clients. Is this clinical impression borne out in the research literature? Some researchers do mention in passing that adults with ADHD tend to be hot tempered and suffer disrupted relationships (e.g., Barkley, Murphy, & Kwasnik, 1996; Hechtman, 1984), but solid empirical data are rare. Two studies, however, do offer evidence that there may indeed be a connection between ADHD symptomatology and relationship aggression.

Mandell (1999) studied 65 male volunteers from a court-mandated domestic violence treatment program. These individuals were administered two measures of ADHD symptomatology, one a retrospective childhood measure (the Wender Utah Rating Scale, or WURS) and the other a measure of current adult symptomatology (the Attention Deficit Scales for Adults, or ADSA). The results showed that very high percentages of these offenders showed ADHD symptomatology; for example, 93.8% passed a cutoff score on the WURS suggesting the presence of childhood ADHD symptoms, whereas 23% met the criteria for adult ADHD symptoms on the ADSA.

Kashani, Deuser, and Reid (1990) examined predictors of adolescents' use of verbal and physical aggression within their family and found that ADHD symptomatology was associated with the use of physical aggression but not verbal aggression in their sample.

Thus, there is some evidence that those who are higher in ADHD symptomatology tend to turn to aggression in dealing with interpersonal problems in close relationships. The two studies that have been done raise additional questions, however. For example, the Kashani et al. study (1990) looks at relatively young adolescents within a family context. Will the sort of semisplayful

sparring with siblings that is probably being assessed here carry over to the less socially acceptable use of aggression in dating or marriage relationships? Mandell's (1999) study looks only at males and serious offenders. Will any relationship between ADHD and relationship aggression hold in a nonclinical sample? Will it apply to women as well as to men?

Thus, our first research question was to investigate whether ADHD symptomatology was in fact related to the use of aggression in a close relationship context, using a nonclinical, young adult sample containing both men and women. We also investigated whether ADHD symptoms relate only to physical aggression or if they are also associated with psychological and sexual aggression.

IS IT ADHD PROPER OR ASSOCIATED DISORDERS?

If ADHD symptomatology is found to relate to relationship aggression, the next natural question is why? At one level, the connection is quite intuitive. Children with ADHD are excitable and impulsive, experiencing difficulties with the "executive functions" which aid in self-inhibition and compliance with social conventions (Aronowitz et al., 1994; Henker & Whalen, 1989; McBurnett et al., 1993). ADHD symptoms often persist into adulthood (Claude & Firestone, 1995; Gittleman, Manuzza, Shenker, & Bonagura, 1985; Manuzza, Klein, Bessler, Malloy, & LaPadula, 1993); although these adults are generally no longer overtly hyperactive, their inattentiveness and impulsivity are clearly still present (Barkley et al., 1996; Buchsbaum et al., 1985; Weyandt, Linterman, & Rice, 1995). It seems quite understandable that those who are impulsive and lacking in self-inhibitions may lose control during a disagreement and lash out in an aggressive fashion.

It should be noted, however, that a link between impulsivity and aggression is not always found. The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) criteria for diagnosis of ADHD do not include aggressive behaviors (American Psychiatric Association, 1994). In fact, Pihl and Peterson (1991) argued that although those with ADHD tend to be noncompliant with established rules governing social behavior, a hallmark of "pure"

ADHD is that the rights of others are typically not actively infringed upon. Those with ADHD may not sit down or pay attention, but they generally do not actively interfere with others around them. Pihl and Peterson suggested that this more benign form of noncompliance is what distinguishes those with ADHD from those with conduct disorder (CD), another childhood disorder involving noncompliance with the social contract. Those with CD display their noncompliance in more active and aggressive ways, ranging from defiance against authority to overt acts of cruelty and destruction. Given their characterizations, Pihl and Peterson would no doubt expect the use of relationship aggression in those with CD but not in those with pure ADHD.

Unfortunately, in the real world, ADHD may seldom be "pure." Several empirical studies have revealed a high degree of co-occurrence between ADHD and CD (Bird, Gould, & Staghezza-Jaramillo, 1994; Kashani et al., 1990; Pihl & Peterson, 1991). Estimates of comorbidity range from 29% (Burket & Myers, 1995) to 73% (Aronowitz et al., 1994) and average around 40% to 50% in children. Adults with ADHD are also often diagnosed with antisocial personality disorder, the adult counterpart to childhood CD (Manuzza et al., 1993), suggesting that the link between these disorders persists into adulthood.

Even the measures used to assess CD and ADHD muddy the waters. Mandell (1999) pointed out that the WURS, supposedly a measure of ADHD, actually measures a combination of ADHD and CD behaviors. Hinshaw (1987) reported that even supposedly orthogonal factors measuring ADHD and CD share, on average, half their variance. Thus, any relationship found between standard measures of ADHD and relationship aggression might be due to the core ADHD symptoms of impulsivity, inattention, or hyperactivity, or might instead be due to the frequently confounded symptoms of CD.

To further complicate the issue, those with ADHD often also experience other disorders, from anxiety (Kashani et al., 1990) to depression and substance abuse (Burket & Myers, 1995), which might be the root cause of any aggressive tendencies. Thus, our second research question is whether any relationship between ADHD and aggression is accounted for by "core" ADHD symptoms (e.g., impulsivity and inattention), or is solely due to associated disorders, such as CD and negative mood. Accordingly, we

investigate whether core ADHD symptoms are still predictive of relationship aggression once associated disorders have been taken into account.

WHAT ROLE DOES PRAGMATIC LANGUAGE ABILITY PLAY?

If core ADHD symptoms, such as impulsivity and inattention, are in fact associated with relationship aggression, one potential mechanism is through their interference with the normal process of verbally negotiating difficult relationship issues. Research suggests a high degree of co-occurrence between ADHD and language disorders (Cohen, Davine, Horodezky, Lipsett, & Issacson, 1993; Love & Thompson, 1988; Warr-Leeper, Wright, & Mack, 1994). Estimates of comorbidity are consistently high; the Love and Thompson (1988) study, as an example, reported a dual diagnosis rate of 48.3% in a sample of 116 children.

The Warr-Leeper et al. (1994) study suggests that ADHD children have particular problems with using expressive and receptive vocabulary, understanding ambiguous sentences, and making inferences. The last two items listed are less like the semantic function of vocabulary and more like the various functions that make up the areas of linkage between language and behavior that are termed *pragmatics* (Watzlawick, Beavin-Bavelas, & Jackson, 1967). Donahue, Cole, and Hartis (1994) defined pragmatics as the social uses of language in communicative contexts and listed examples such as requesting, informing, questioning, and turn-taking. Love and Thompson (1988) added behaviors such as a sense of timing in a conversation, use of appropriate eye contact, and adapting a message to the listener. This set of skills is distinguishable from other areas of language competency (vocabulary, grammar) by the inclusion of many extralinguistic variables (Bishop & Adams, 1991), especially in the area of social skills (Gerber, 1991). Several of these authors have suggested that a close relationship exists between the incidence of deficits in pragmatic language skills and ADHD, and that there may be a common etiology.

If those with ADHD also have difficulty with the normal give-and-take of conversation, they may find calmly negotiating the differences of opinion that are bound to arise in any

relationship beyond their capabilities, and thus turn to relationship aggression in frustration. Accordingly, our last research question is whether the presence of pragmatic language deficits can account for any relationship between ADHD symptoms and relationship aggression.

To address these research questions, we had 157 university students complete measures of ADHD and related disorders, measures of relationship aggression, and a measure of pragmatic language deficits. The ability of core ADHD symptoms to predict relationship aggression, once associated disorders and pragmatic language deficits had been accounted for, was then assessed.

METHOD

PARTICIPANTS

The sample consisted of 157 introductory psychology students (89 women and 68 men, mean age 19.78 years, range 17 to 46, primarily of Euro-Canadian descent). They volunteered to take part in exchange for extra credit toward their course grade. All participants had been involved in a dating or marital relationship at some point within the previous 12 months.

MATERIALS

Conflict Tactics Scales

The dependent variable, the type of tactics used in conflict between intimates, was assessed via the Revised Conflict Tactics Scales (CTS2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), an updated and expanded version of the widely used CTS (Straus, 1979). The scale asks respondents to indicate how often they have engaged in various behaviors in conflict situations with their intimate partner within the past 12 months. Examples include, "I said I was sure we could work out a problem" and "I slapped my partner." Responses are made on a 7-point scale, with response categories indicating 0, 1, 2, 3-5, 6-10, 11-20, or *more than 20* times. For scoring purposes, the first three categories are recorded as is, the next three categories are coded using the midpoint of the range,

and the last category is given a score of 25. A final option indicates that the particular response had not occurred within the past 12 months, but that it had happened at some earlier point in the relationship. Such responses were given a score of 1.

Factor analyses by Straus et al. (1996) reveal five factors in the CTS2. Three map closely onto factors in the original CTS: Physical Assault (formerly Violence), Psychological Aggression (formerly Verbal Aggression), and Negotiation (formerly Reasoning). The Negotiation scale expands upon the former Reasoning scale, using six items rather than only three. Two new scales, Injury and Sexual Coercion, have also been added to the CTS2. Full descriptive statistics for all scales for the current sample are available from the second author on request.

WURS

The WURS is a 61-item retrospective self-report measure of childhood ADHD (Ward, Wender, & Reimherr, 1993). WURS items are self-descriptive statements with a 5-point response. Good reliability has been demonstrated both in terms of internal consistency and test-retest reliability (Rossini & O'Conner, 1995; Stein, Sandoval, Szumowski, & Roizen, 1995; Ward et al., 1993; Weyandt et al., 1995). In the current study, the overall scale showed an alpha of .88, with a mean of 58.89 (out of a possible 305) and a standard deviation of 22.59.

Ward et al. (1993) have described the use of a clinical subscale consisting of 25 of the 61 WURS items. A score greater than 36 on this subscale differentiated 86% of those known to have ADHD from a group of normal participants, whereas a score of 45 further differentiated 90% of those with ADHD from a group with anxiety disorders. When applied to the current sample, 27 individuals scored greater than the lower cutoff (17.2%), and 15 individuals scored greater than the higher cutoff (9.6%). These estimates are in line with, or perhaps slightly higher than, other studies using general samples (Cantwell & Baker, 1992), as well as those using university samples (Javorsky & Gussin, 1994; Shaw & Giamba, 1993). Nonetheless, it is important to note that the large majority of the sample reported relatively few symptoms of ADHD, as would be expected. Only 2 of the 157 participants had been formally diagnosed with ADHD at some point in their lives.

Adult Rating Scale

The Adult Rating Scale (ARS) (Weyandt et al., 1995), contains 25 items answered on 4-point scales, which assess adults' current levels of inattention, impulsivity, and hyperactivity, as well as some items that appear to tap disordered conduct. Weyandt et al. (1995) reported acceptable levels of reliability for the ARS, $\alpha = .87$, test-retest $r = .80$. In the current sample, $\alpha = .88$, mean = 19.91 out of a possible 100, $SD = 10.19$.

Factor analysis of ADHD measures

Because we wished to assess the importance of core ADHD symptoms over and above other associated disorders, we needed to separate out the overall ADHD scores into clear subscales assessing each of these constructs. Previous research has demonstrated that the WURS is not unidimensional (Mandell, 1999; Stein et al., 1995), showing factors relating to areas such as CD, learning problems, poor social skills, and negative affect, as well as core ADHD symptoms such as attention deficits. Factor analyses have not previously been conducted on the ARS; however, examination of the items suggests some which may be related to disordered conduct (e.g., frequently gets into trouble with the law, hot or explosive temper), in addition to the core symptoms of inattention, impulsivity, and hyperactivity.

To develop clear subscales of core ADHD symptomatology and associated disorders, exploratory factor analyses were run. Initial attempts to factor analyze the WURS and the ARS separately proved unsatisfactory; the resulting factors represented approximately the same domains for each measure, but some factors in each scale contained too few items to offer stable solutions. Given the high intercorrelation between the two measures, $r = .69$, $p < .001$, an attempt was made to factor analyze the two scales together. These results were much more satisfactory.

Looking at the WURS and ARS items together, an exploratory principal components analysis with varimax rotation revealed 25 factors with eigenvalues greater than 1.0. Examination of the scree plot clearly suggested retention of four factors (initial eigenvalues = 14.7, 5.5, 4.0, 3.8; then 2.9, 2.7, 2.6; and down in increments of .2 or .1 to 1.0). Furthermore, the data were broken

down into two random subsets, and an analysis specifying four factors was completed on each. The factor loadings replicated very well across the two subsamples, suggesting a relatively stable factor structure.

The final result was four factors accounting for 33% of the variance overall. These factors represent Core ADHD symptoms (eigenvalue = 8.57, 9.97% of variance explained, $\alpha = .90$), CD symptoms (eigenvalue = 7.81, 9.08% of variance explained, $\alpha = .88$), Negative Mood (eigenvalue = 6.51, 7.57% of variance explained, $\alpha = .82$), and Learning Difficulties (eigenvalue = 5.15, 5.99% of variance explained, $\alpha = .80$). The items in each factor, with their primary factor loadings, are shown in Table 1. Four new subscale scores were created, consisting of a sum of the items with factor loadings greater than .40 on each item. In those cases where an item cross-loaded (five items), it was included in the factor for which it had the highest loading. Items which failed to load $> .40$ on any factor (26 items) are not included in these scores.

Pragmatic Language Inventory (PLI)

Although the WURS contains some items tapping learning difficulties, they are of a general nature and do not specifically address the pragmatic language problems that the literature suggests are common in those with ADHD. A literature search indicated that although some studies have reported the results of structured interviews in this area, there is no published self-report measure of pragmatic language difficulties. The same literature suggests that such problems might be strongly associated with CTS scores. For this reason, a new scale, the PLI, was developed for the current study.

The PLI (see Table 2) consists of 26 items derived from the literature in this area of ADHD research. Responses to each item were made on a 5-point scale (*never or rarely, sometimes, as often as not, most of the time, always or almost always*). Pilot testing of the PLI was conducted by the first author using a sample of introductory psychology students, $N = 94$; 56 women, 38 men; mean age = 19.7 years. A subset of this sample ($n = 39$) completed the PLI twice, with a 2-week interval between testing sessions. Reliability analyses indicated acceptable levels of internal and test-retest consistency, Cronbach's $\alpha = .76$, test-retest $r = .86$.

TABLE 1
Four Factors Resulting From Factor Analysis of Attention
Deficit/Hyperactivity Disorder (ADHD) Items From the Wender
Utah Rating Scale (WURS) and the Adult Rating Scale (ARS)

<i>Item</i>	<i>Loading</i>
Factor 1: Core ADHD	
<i>Often lose things</i>	.647
<i>Forget to do things</i>	.640
<i>Difficulty sustaining attention</i>	.628
<i>Sloppy, disorganized</i>	.623
<i>Easily distracted</i>	.565
<i>Talk excessively</i>	.563
<i>Lack of organizational skills</i>	.560
<i>Difficulty completing tasks</i>	.538
<i>Trouble with stick-to-itiveness, not following through</i>	.534
<i>Often interrupt others</i>	.534
<i>Shift often from one uncompleted task to another</i>	.490
<i>Difficulty concentrating</i>	.485
<i>Inattentive, daydreaming</i>	.481
<i>Does not appear to listen to others when spoken to</i>	.480
<i>Tendency to be immature</i>	.469
<i>Impatient</i>	.455
<i>Acting without thinking, impulsive</i>	.453
<i>Always on the go; difficulty sitting still</i>	.439
<i>Inability to establish and maintain a routine</i>	.438
<i>Impulsive</i>	.438
<i>Physical restlessness, excessive fidgeting</i>	.438
<i>Trouble seeing things from another's point of view</i>	.430
<i>Concentration problems, easily distracted</i>	.421
<i>Performance below level of competence in school or at work</i>	.405
<i>Active, restless, always on the go</i>	.404
Factor 2: Conduct Disorder	
<i>Losing control of oneself</i>	.659
<i>Teasing other children</i>	.652
<i>Hot- or short-tempered</i>	.648
<i>Trouble with authorities</i>	.633
<i>Getting into fights</i>	.590
<i>Angry</i>	.587
<i>Suspended or expelled</i>	.557
<i>Disobedient with parents</i>	.555
<i>Hot or explosive temper</i>	.534
<i>Moody, ups and downs</i>	.516
<i>Trouble with police</i>	.510
<i>Tendency to be or act irrational</i>	.508
<i>Incautious, dare devilish</i>	.499
<i>Afraid of losing control of self</i>	.485
<i>Irritable</i>	.472
Factor 3: Negative Mood	
<i>Sad or blue, depressed</i>	.690

(continued)

TABLE 1 continued

Factor 3: Negative Mood	
Low opinion of oneself	.625
Anxious, worrying	.581
Not getting a kick out of things, dissatisfied with life	.567
Well-coordinated, first picked in games	-.540
Nervous, fidgety	.537
Shy, sensitive	.499
Many friends, popular	-.486
Outgoing, friendly	-.485
Temper outbursts, tantrums	.483
Poorly coordinated	.480
Unpopular with other children	.412
Factor 4: Learning Difficulties	
Overall a poor student, slow learner	.670
Not achieving up to potential	.627
Trouble reversing numbers	.622
Trouble with mathematics or numbers	.587
Slow reader	.564
Slow in learning to read	.494
Trouble with spelling	.472
<i>Inconsistent school/work performance</i>	.429

NOTE: Items in italics are from the ARS; all other items are from the WURS.

The 26-item PLI was administered to the current sample. Initial reliability analyses suggested that the overall alpha, although acceptable, was slightly low (.74). Furthermore, four items revealed low item-total correlations. Removing these variables (see Table 3), resulted in a 22-item scale with an alpha of .81. These 22 items were then submitted to a principal components analysis with varimax rotation to explore whether one overall score would be most helpful for analysis and interpretation, or whether several subscales would be more revealing. Six factors had eigenvalues greater than one. Examination of the scree plot suggested retention of either two or four factors. The four-factor solution was selected for its greater interpretability.

The final four factors, accounting for 46% of the variance, can be seen in Table 2. Factor 1, Verbal Impulsivity, eigenvalue = 3.00, 13.6% of variance explained, contains items relating to an impatience in conversations, a tendency to blurt out one's thoughts before one's proper turn. Factor 2, Expressive Language, eigenvalue = 2.85, variance explained = 13.0%, contains items relating to a tendency to have trouble expressing oneself in conversations, especially because emotions get in one's way. Factor 3,

TABLE 2
Pragmatic Language Inventory Items With Their Primary Factor Loadings

<i>Item Number</i>	<i>Item Content</i>	<i>Loading</i>	<i>Item Total Correlation</i>
Factor 1: Verbal Impulsivity			
11.	I'll interrupt someone who is speaking if I think of something interesting to say.	.774	
13.	People I'm speaking to take so long to say what they mean that I'll finish their thought for them.	.734	
23.	People criticize me for butting in when they are speaking.	.721	
3.	I get anxious and impatient listening to someone else speak.	.576	
12.	I find that people are sending mixed or ambiguous messages in conversations.	.540	
Factor 2: Expressive Language			
2.	I have trouble getting my point across.	.714	
1.	I find it hard to express my emotions in words.	.659	
6.	I feel that trying to talk a problem out is a waste of time.	.596	
7.	Arguing with someone makes me so frustrated that I get tongue tied.	.553	
9.	I get flustered or lost for words.	.552	
4.	My emotions get in the way of what I'm trying to say.	.480	
10.	Maintaining eye contact during a conversation is a problem for me	.400	
5.	If I'm arguing with someone, they become impatient and won't let me explain myself.	.400	
Factor 3: Receptive Language			
18.	I have a problem with losing track of what someone is saying.	.714	
19.	I have to ask people to explain or repeat something they have just said.	.639	
15.	I have trouble remembering the meaning of words.	.593	
16.	I misinterpret the gestures and other body language of the person I'm talking to.	.483	
26.	It's hard for me to tell when the person I'm talking to is uncomfortable with the topic being discussed.	.407	
Factor 4: Self-Talk			
22.	When I have a difficult task to do, I talk my way through it inside my head. (R)	.705	
25.	I rehearse important conversations to make sure that what I really want to say gets said. (R)	.672	
20.	If a conversation stops, I feel a strong urge to say something that will get it started again.	.651	
Items deleted from original 26-item scale due to low item-total correlations			
8.	It's easy for me to understand how the person I'm talking to feels about the issue being discussed. (R)		-.07

(continued)

TABLE 2 continued

Items deleted from original 26-item scale due to low item-total correlations	
14. I read just for enjoyment. (R)	-.01
17. Even though a conversation might remind me of something interesting, I'll wait for a pause before I change the subject. (R)	-.19
24. I can tell how someone I'm talking to is feeling just by watching their facial expressions. (R)	.07
Item not included in factor scores due to no loadings >.40	
21. If someone stands too close or touches me while speaking, I get anxious.	

Receptive Language, eigenvalue = 2.35, variance explained = 10.7%, contains items referring to difficulty understanding what others are trying to convey in their conversations. Finally, Factor 4, Self-Talk, eigenvalue = 1.88, variance explained = 8.5%, contains items relating to a tendency to rehearse and prepare one's conversations in advance.

Factor scores were created, summing the items with loadings >.40 on each factor. One item, Number 21, did not load >.40 on any factor, and thus was not included in the factor scores. Two items, Numbers 4 and 9, cross-loaded on Factors 2 and 3; however, their highest loadings were on Factor 2, so they were included with that factor. Table 3 shows the means, standard deviations, reliabilities, and correlations with the ADHD measures for each subscale.

PROCEDURE

All measures were completed by small groups of individuals in sessions scheduled at their convenience. To minimize order effects, the various measures were presented in randomized order. It was stressed that all responses were completely anonymous and that participants were free to withdraw at any time. It was suggested that if they wished to withdraw, they could place their incomplete questionnaire in an envelope when other participants began to leave the room. In fact, all participants completed all items without difficulty.

TABLE 3
Descriptive Statistics for Pragmatic Language Inventory (PLI) Subscales

<i>Measure</i>	<i>M</i>	<i>SD</i>	<i>Maximum Possible Score</i>	<i>r With ARS</i>	<i>r With WURS</i>	<i>r With Core ADHD</i>	<i>r With CD</i>	<i>r With Negative Mood</i>	<i>r With Learning Difficulties</i>	<i>α</i>
Verbal Impulsivity	4.50	3.32	20	.53****	.33****	.55****	.31****	.26***	.02	.76
Expressive Language	7.82	4.64	32	.28****	.39****	.36****	.15*	.39****	.31****	.75
Receptive Language	4.06	2.42	20	.40****	.36****	.44****	.22***	.31****	.20**	.62
Self-Talk	5.54	2.66	12	.17**	.20**	.21***	.04	.21***	.11	.55
22-item full PLI	22.75	9.34	88	.50****	.49****	.57****	.28****	.45****	.26***	.81

NOTE: ARS = Adult Rating Scale; WURS = Wender Utah Rating Scale; ADHD = attention deficit/hyperactivity disorder; CD = conduct disorder.
 * $p < .10$. ** $p < .05$. *** $p < .01$. **** $p < .001$.

RESULTS

CHECKING GENDER DIFFERENCES

A MANOVA was performed with the two overall ADHD measures, the four ADHD factor scores, the four PLI factor scores, and the five CTS2 subscales as dependent variables, and gender as the independent variable. An overall multivariate effect for gender was found, Wilks's lambda $F(15, 141) = 2.93, p < .001$. Univariate follow-up tests indicated that men experienced more ADHD symptomatology than women, obtaining significantly higher scores on the overall WURS, the ARS, and on all factor scores except Negative Mood. Men were also higher on the Verbal Impulsivity subscale of the PLI, but no gender differences were found on any other PLI subscales. There were no gender differences on any of the CTS2 subscales.

All regression analyses reported hereafter were also completed separately for men and for women. Although significance levels varied somewhat, largely due to decreased power with the smaller samples, the overall pattern of results was very similar between genders. Thus, for simplicity's sake, only the overall analyses are presented. Exact statistics for all gender differences and details of the few places where gender differences did emerge in the regressions are available from the second author on request.

ARE ADHD SYMPTOMS ASSOCIATED WITH RELATIONSHIP AGGRESSION?

Our first research question was whether those individuals reporting higher levels of ADHD symptomatology would also report higher levels of relationship aggression (i.e., less use of negotiation; greater use of psychological, physical, and sexual aggression; higher levels of injury to partner). To examine this question, we conducted a series of five regression analyses, with the five subscales of the CTS2 serving as criterion variables and the ARS and WURS serving as predictor variables. Although these two variables are highly correlated, they still have greater than 50% unshared variance and tap into somewhat different aspects of ADHD (current symptomatology vs. retrospective child-

TABLE 4
Regression Analyses Predicting Relationship Aggression With
Measures of Attention Deficit/Hyperactivity Disorder Symptomatology

<i>Relationship Aggression Measure</i>	<i>Beta for WURS</i>	<i>Beta for ARS</i>	<i>Regression F</i>	<i>R²</i>
Negotiation	.00	-.13	1.27	.02
Psychological Aggression	-.01	.11	.78	.01
Physical Aggression	-.11	.35***	6.70***	.08
Sexual Coercion	.07	.21*	5.47***	.07
Injury	-.22**	.23**	2.49*	.03

NOTE: WURS = Wender Utah Rating Scale; ARS = Adult Rating Scale.

* $p < .10$. ** $p < .05$. *** $p < .01$.

hood symptomatology). Accordingly, both measures are retained as predictors.

The results of these analyses are shown in Table 4. Our hypothesis received moderate support. Although those higher in ADHD symptomatology were no less likely to negotiate and no more likely to engage in psychological aggression compared to those lower in symptomatology, they were significantly more likely to engage in physical and sexual aggression and marginally more likely to injure their partners. It should be noted that although these effects are significant, they are relatively small in magnitude (proportion of variance explained ranges from 3% to 8%).

When both measures are included together in the regression equation, thus assessing their unique effects, the ARS proves to have the stronger relationships with the criterion variable. Not surprisingly, current symptoms are better predictors of current behaviors than are memories of childhood symptoms. Thus, ADHD symptomatology, especially current symptomatology, does appear to be a small but significant predictor of relationship aggression.

IS IT CORE ADHD OR ASSOCIATED SYNDROMES?

As noted in the introduction, clinical observations of a connection between ADHD symptomatology and relationship aggression are difficult to interpret due to the high comorbidity of

ADHD and other disorders. Are core ADHD behaviors (attention deficits, impulsivity) in fact associated with relationship aggression? Or is any apparent association simply because many with ADHD symptoms also tend to have other difficulties (e.g., CD, negative mood), which might fully account for their relationship problems?

To address this question, a series of five hierarchical regression analyses was run, with the five CTS2 scales as the criterion variables. Factor scores representing CD, Learning Difficulties, and Negative Mood were entered in the first step. The core ADHD symptomatology score was entered in the second step to determine whether it could still account for significant variance in the relationship aggression variables, over and above that explained by the associated disorders.

The results of these analyses are shown in Table 5. The overall model remains significant for two CTS2 measures, physical and sexual aggression. The important predictors for these two measures differ. For sexual aggression, it is in fact associated disorders, specifically CD, that are important predictors. Core ADHD does not explain additional variance over and above these initial measures. In contrast, for physical aggression the associated disorders as a group do not account for a significant proportion of the variance (although the beta for negative mood is marginally significant). Here, it is in fact core ADHD symptoms that are most strongly related.

In summary, for sexual aggression, it is not core ADHD symptoms that are associated, but rather the highly comorbid CD symptoms. For physical aggression, however, it is in fact core ADHD symptoms that are related. Those who are impulsive and have poor attention skills also tend to be more likely to use physical aggression to settle relationship disputes. Again, it should be noted that the absolute magnitude of these effects is relatively small.

DO PRAGMATIC LANGUAGE SKILLS PLAY A ROLE?

As noted in the introduction, one possible reason why those with ADHD symptomatology might be more inclined to engage in relationship aggression is because they lack the pragmatic

TABLE 5
Hierarchical Regression Analyses Predicting Relationship Aggression
With (a) Measures of Conduct Disorder, Learning Difficulties,
and Negative Mood and (b) Measures of Core Attention
Deficit/Hyperactivity Disorder (ADHD) Symptomatology

	<i>Negotiation</i>	<i>Psychological</i> <i>Aggression</i>	<i>Physical</i> <i>Aggression</i>	<i>Sexual</i> <i>Coercion</i>	<i>Injury</i>
Step 1 betas					
Conduct Disorder	-.08	-.07	-.04	.25**	-.14
Learning Difficulties	-.16*	-.13	-.01	-.01	-.06
Negative Mood	.13	.25**	.20*	-.03	.12
R ²	.03	.04*	.03	.06**	.02
Step 2 beta					
Core ADHD	-.14	.11	.27***	.11	.13
R ²	.01	.01	.05***	.01	.01
Overall R ²	.04	.05	.08**	.06**	.03

* $p < .10$. ** $p < .05$. *** $p < .01$.

language skills to negotiate successfully when conflicts arise. To explore the role of such pragmatic language skills, measures of the four factors of the PLI were entered in the first step of a series of hierarchical regressions, again with the five subscales of the CTS2 as the criterion variables. We wished to assess whether the PLI scores could account for a significant proportion of the variance in the relationship aggression measures. The ADHD measures were then added as before, with CD, Learning Difficulties, and Negative Mood in the second step, and core ADHD measures in the final step. If the ADHD measures fail to maintain their predictive power over and above the PLI measures, it will suggest that their effects are at least partially explained by participants' pragmatic language skills (or lack thereof).

The results are shown in Table 6. Four of the five regression analyses are significant overall (all but Negotiation), and for each, the pragmatic language items are the strongest predictors. These scales, and especially the Verbal Impulsivity scale, account for a significant proportion of the variance in each equation. Once the pragmatic language abilities have been accounted for, the ADHD measures are no longer significant predictors of relationship aggression. In fact, the core ADHD symptoms now account for essentially no variability in the criterion variables whatsoever.

TABLE 6
Hierarchical Regression Analyses Predicting Relationship Aggression
With (a) Measures of Pragmatic Language Abilities; (b) Measures of Conduct Disorder, Learning Difficulties, and Negative Mood; and (c) Measures of Core Attention Deficit/Hyperactivity Disorder (ADHD) Symptomatology

	<i>Negotiation</i>	<i>Psychological Aggression</i>	<i>Physical Aggression</i>	<i>Sexual Coercion</i>	<i>Injury</i>
Step 1 betas					
Verbal Impulsivity	.05	.26***	.36****	.29***	.17**
Expressive Language	.02	.15*	.04	-.05	.16*
Receptive Language	-.24**	-.16*	.06	.02	.13
Self-talk	.06	-.06	-.06	.07	-.12
R ²	.05	.08**	.15****	.10***	.11***
Step 2 betas					
Conduct Disorder	-.07	-.12	-.15	.20*	-.18*
Learning Difficulties	-.14	-.11	.03	.03	-.08
Negative Mood	.16	.22**	.15	-.08	.00
R ²	.02	.03	.02	.03	.04*
Step 3 beta					
Core ADHD	-.11	.01	.07	-.05	-.12
R ²	.01	.00	.00	.00	.01
Overall R ²	.08	.11**	.17****	.12**	.16***

* $p < .10$. ** $p < .05$. *** $p < .01$. **** $p < .001$.

In summary, the observed relationship between ADHD symptomatology (whether core symptoms or associated disorders) and relationship aggression can be almost completely explained by taking into account participants' pragmatic language abilities. Most clearly, those who are verbally impulsive, who tend to blurt out their responses or interrupt their partner, are also somewhat more likely to engage in relationship aggression. Once that aspect of interpersonal interaction has been taken into account, other aspects of the ADHD syndrome are not associated with relationship aggression.

DISCUSSION

Our findings suggest that the presence of ADHD symptomatology is indeed a small but significant predictor of the use of aggressive tactics in relationship conflict. Connections found in a clinical sample of domestic violence offenders (Mandell, 1999) also appear to extend to a nonclinical sample and their "common couple violence" (i.e., occasional lapses of control by either

partner, primarily characterized by pushing, slapping, or throwing objects, and not extending to pervasive or extreme acts of violence) (Johnson, 1995).

Although it is true that the percentage of variance accounted for in the relationship aggression variables is not large, it must be remembered that ADHD symptoms are just one piece of the larger puzzle. Other theories of relationship aggression focus on cultural (e.g., Bersoni & Chen, 1987; R. E. Dobash & Dobash, 1979) or evolutionary (e.g., Buss, 1988; Daly & Wilson, 1988) explanations as to why men may use aggression against their women partners. However, these explanations are less successful at explaining why some men use aggression and others do not under similar circumstances or at explaining why women may at times also engage in aggression in their relationships (e.g., Archer, 2000; Brikenhoff & Lupin, 1988; Stets & Straus, 1990; Straus, Gelles, & Steinmetz, 1981). Individual-difference explanations such as ours can help address these questions.

Our results also suggest the need for a closely nuanced examination of any individual differences. For example, careful attention to which particular aspects of the ADHD constellation of symptoms are related to various types of relationship aggression proved important in our study. The overt invasion of others' rights implied by sexual aggression is most clearly associated with CD, not ADHD. On the other hand, the escalation of a fight to kicking, shoving, or throwing objects, sometimes even to the extent of slight injury, is related not to CD but to the inattention and impulsivity of core ADHD. Comparison of the content of the CD factor versus the ADHD factor makes it clear that these results are unintuitive. Those high in CD are the ones with the hot or explosive temper, who acknowledge losing control of themselves and getting into fights when they were children. Yet in their current relationships, it is the inattentive, impulsive, disorganized daydreamers high in ADHD symptoms who report resorting to physical aggression.

The role of pragmatic language difficulties in accounting for these somewhat surprising links deserves further investigation. One particular type of impulsivity highly correlated with core ADHD, namely the verbal impulsivity that leads one to jump into conversations before waiting for one's proper turn, seems to be a particularly good predictor of the use of relationship aggression.

Once this verbal impulsivity has been taken into account, other aspects of CD, negative mood, and core ADHD symptoms no longer maintain their predictive power.

Of course, the current study contains only correlational data; therefore, no causal statements can be made. It is certainly possible that verbal impulsivity is not in fact key in explaining relationship aggression and that those items simply tapped well into an underlying construct of impulsivity that is important for other reasons. Still, the possibility is there that ADHD symptoms translate into relationship aggression primarily because these individuals lack the verbal skills necessary to attend to their partner and negotiate calmly when things go awry. The efficacy of training in pragmatic language skills as a means of reducing aggression in those with ADHD merits further investigation.

LIMITATIONS OF THE CURRENT STUDY

If verbal impulsivity and an inability to negotiate are in fact critical in explaining the link between ADHD measures and relationship aggression, then one mystery clearly remains in these data: Why were we not more successful in predicting scores on the Negotiation subscale of the CTS2? One possibility may be that although the Negotiation scale asks respondents how often they engage in behaviors such as explaining their side of a disagreement to their partner or saying they were sure a problem could be worked out, it does not ask how successful these attempts at negotiation might be. Some couples may in fact be able to work out their problems this way, thereby averting further difficulty. Others, however, especially those weak in pragmatic language ability, may try these strategies just as often but with much less success. For example, Table 6 shows a negative relationship between Receptive Language skills and Negotiation; the worse one is at accurately understanding a conversational partner's point of view, the more one attempts to negotiate. These efforts at negotiation, although admirable, may not be fruitful.

Thus, high scores on the Negotiation subscale may not always indicate an ability to talk one's way through relationship difficulties successfully. In fact, positive correlations with other subscales of the CTS2 ($r = .65, p < .001$ with Psychological Aggression; $r = .22,$

$p = .007$ with Physical Aggression; $r = .17$, $p = .038$ with Sexual Aggression) suggest just the opposite: In the current sample at least, negotiation is not something one does instead of more aggressive behaviors; it is something that one does along with or perhaps after behaving abusively. A measure asking participants how often they were successful at negotiating differences of opinion with their relationship partner might have yielded very different results.

An additional limitation of the current study is its focus on college students in dating relationships. With their restricted age range and high levels of education, results found in this sample obviously cannot be generalized to a broader community sample of dating individuals. However, it is perhaps comforting to note that ADHD symptomatology is likely to be low in such a select sample, and pragmatic language skills are likely to be high. Furthermore, awareness of the social undesirability of the use of aggression in relationships is likely to be high. All these factors suggest a restriction of range of the key variables in the current sample. Further investigations must certainly be done, but it would not be surprising if the predictors found here proved to be even stronger in a community sample with a less restricted range.

Likewise, with the current sample, results cannot necessarily be generalized to those in common-law or marital relationships. Archer (2000) showed that some dynamics of relationship violence work differently in dating versus common-law or married couples; it would not be surprising if the key predictors of such violence also vary by group. In particular, the results shown here do not necessarily generalize to relationships characterized by high levels of violence, in which the relationship dynamics may be quite different (Johnson, 1995). Mandell's (1999) work suggests that ADHD symptomatology may play a role in these relationships as well, but more work is clearly needed to examine the importance of ADHD across the full range of relationship types.

Finally, a possible limitation of the current study is its use of the CTS. This scale has been criticized for taking acts of aggression out of context, failing to take into account their consequences (e.g., R. P. Dobash, Dobash, Wilson, & Daly, 1992), failing to separate mild from severe acts of aggression, and focusing only on limited forms of aggression (e.g., White, Smith, Koss, & Figueredo, 2000). The CTS2 goes some way toward addressing these concerns by

assessing sexual and psychological aggression in more detail and by explicitly assessing consequences in the form of injuries. Nonetheless, further work should be done to develop measures that appropriately assess the context and meaning behind acts of relationship aggression (Archer, 1999). For the present, however, the CTS is by far the most widely used measure of relationship aggression (Archer, 2000) and therefore has the advantage of comparability with other studies. It must be remembered, however, that the aggression that is being measured here is in the nature of occasional pushes, slaps, kicks, or throwing objects by either males or females and does not extend to systematic spousal abuse (Johnson, 1995).

In summary, the current study suggests that clinical observations of a link between ADHD and relationship aggression may in fact be correct. Such a link appears even in a university sample, which is likely to have particularly low levels of ADHD and to be particularly aware of the negative social perception of both ADHD symptoms and relationship aggression. It is possible that even stronger relationships might be found in a broader community sample or using non-self-report measures, such as the Conners Continuous Performance Test (Conners & Staff of Multi-Health Systems, Inc., 1995) as a measure of ADHD. Generalization beyond the current sample, however, can only be done with extreme caution. Further investigation of the link between ADHD and relationship aggression in a variety of samples and, in particular, investigation of the role of pragmatic language skills, seems worthwhile.

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Book Reviews

The Wages of Seeking Help: Sexual Exploitation by Professionals, by Carol Bohmer. Westport, CT: Praeger, 2000. 224 pp. \$59.95 (cloth).

When doctors take the Hippocratic oath, they pledge, "In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves" (as quoted in Bohmer, p. 5). Unfortunately, not all doctors or other professionals abide by these words. Psychiatrists have drugged patients and molested them, therapists have convinced clients of the benefits of a sexual relationship and slept with them, and lawyers and clergy have seduced the people they are supposed to be helping. Such behavior by these and other professionals is known as "professional sexual exploitation," "professional sexual misconduct," and "professional sexual abuse." In *The Wages of Seeking Help: Sexual Exploitation by Professionals*, Ohio State University lawyer and sociologist Carol Bohmer outlines the problem of professional sexual exploitation and the efforts under way to deal with it. Though she highlights a few successes and hopes for activists and survivors of professionals' sexual advances, Bohmer paints a generally glum picture of the associated social movement and its effectiveness in addressing the problem and helping the mostly women survivors.

Bohmer begins by describing professional sexual abuse as a problem of importance to women. In 80% of the known cases, the professionals are men and the victims are women. This is not surprising, considering that the majority of therapists, clergy members, and lawyers are men and that most of the individuals seeking help from these professionals are women. Like women who file domestic violence and rape charges, women who make claims about professional sexual misconduct often are not believed. Unlike survivors of domestic violence and rape, however, the survivors of professional sexual abuse frequently must convince others that whether or not they consented to the sexual relationship is unimportant. As the author illustrates, these professionals have a great deal of power over their women patients and clients because they are both men and members of esteemed professions. Using this power to seduce the women under their care is morally reprehensible. But the female victims are seen as weak and perhaps even "crazy" for needing professional help, so their complaints often are not taken seriously.

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This is not the only problem for survivors of professional sexual exploitation. Bohmer thoroughly documents the difficulties that plague every facet of the social movement surrounding the issue, from the self-help groups and organizations that support survivors of professional sexual misconduct to the courts, legislatures, and regulatory boards that punish the perpetrators. All of these entities suffer from lack of resources and interest in the cause. Little money is available, and survivors' need for confidentiality and lack of a celebrity spokesperson prevents much publicity and activist recruitment. Government authorities are not interested in professional sexual abuse, and most members of the public think of it as "other people's business." As Bohmer puts it, "This problem seems to languish in the netherworld as an issue of great importance to a few but no importance to most" (p. 9).

Support groups and organizations for survivors of professional sexual abuse provide much needed support and information, but they are not structured and financed enough to deal very effectively with the problem. Though organizations have offered conferences and workshops for professionals and dues-paying members, these meetings are not well attended. Those members who do attend meetings are usually treated to stories of other victims' experiences and advice on suing the professionals who have hurt them, not the guidance on mobilizing individuals for social change that is needed by activists in an effective social movement. Activist goals also suffer because of the high turnover in these organizations; most of the members are survivors of professional sexual exploitation who become active in the cause long enough to help themselves heal before moving on to other pursuits.

Legal actions against professionals charged with sexual exploitation have provided some relief to survivors and some publicity about the cause, but Bohmer shows that the processes of passing relevant legislation and bringing cases to trial are fraught with difficulties. In most states, passing criminal laws against professional sexual exploitation requires a number of ingredients, including media publicity about an outrageous case and the support of powerful legislators, professional organizations, and articulate survivors. Legislators must be convinced that the power imbalance in victims' relationships with professionals makes victim consent irrelevant. Even if these components are in place, legislative initiatives often fail. In those few states that have passed laws criminalizing professional sexual exploitation, the laws' deterrent effects are limited because few professionals or potential victims know that sexual relationships between professionals and patients or clients can be prosecuted as crimes. Consequently, few cases are brought to trial.

Other tactics for pursuing claims against sexually exploitative professionals also present many challenges to survivors. Potential civil suits

against professionals often fail because of statutes of limitation and limits on professionals' insurance coverage, although victims have had some success with civil suits against licensed therapists whose professional organizations and regulatory boards punish individuals who have sex with their clients. Even filing complaints with these professional organizations and regulatory boards can be difficult, though, because the committees dealing with these matters are disorganized and poorly funded and are made up of the perpetrators' professional peers. Given these circumstances, it is not surprising that Bohmer questions the movement's seemingly exclusive focus on legal and regulatory remedies for the problem of professional sexual exploitation.

But she also notes that activists in a few states have been able to overcome some of these problems. For example, in Minnesota, a combination of approaches has resulted in some evidence that professional sexual exploitation has decreased statewide. A legislatively appointed task force held hearings on the issue over 3 years before 1985, when the state passed the first law in the nation that made professional sexual misconduct a felony. The state also adopted other relevant legislation, including a civil statute making it easier for survivors to sue in civil court, a law extending the statute of limitations on professional abuse, and a mandate that therapists report past perpetrators of sexual misconduct against their clients. These legislative hearings and laws have been publicized in newspapers and professional publications throughout Minnesota, and public education efforts by the state and its institutions help ensure that professionals know the law and survivors know the process for pursuing claims. Meanwhile, the state's walk-in counseling center is the only clinic in the country geared toward survivors of professional sexual exploitation, and it provides advice for activists around the country. All these efforts may be working, as indicated by declining support group membership and decreasing numbers of relevant court cases.

Expanding on Minnesota's successes nationwide may be possible with a few changes, according to Bohmer. Throughout the book, she suggests that individuals concerned with professional sexual exploitation need to change the way they frame the problem. Instead of framing professional sexual misconduct by psychiatrists, therapists, lawyers, or clergy as separate issues for women, medical consumers, lawyer clients, or religious congregations, Bohmer suggests that the issue be viewed as one concerning power differences in relationships. That is, women, patients, clients of therapists and lawyers, and congregation members can all be seen as less powerful than the professionals whose services they need and therefore as susceptible to the professionals' sexual advances. Reframing the problem to include the interests and resources

of all these groups of potential victims may result in more effective efforts to deal with the issue.

Unfortunately, Bohmer gives few examples of concrete ways to accomplish this reframing. She suggests more efforts to educate professionals and the public about professional sexual abuse, and she recommends using newer technologies such as the Internet to increase communication between advocates and survivors. But at the end of the book, she admits that the social movement against professional sexual exploitation probably will never be widely recognized or well financed. Rather, she speculates that professionals will gradually accept the irresponsibility of sexual relationships with those they are supposed to help.

Carol Bohmer's *The Wages of Seeking Help* presents a grim but thorough analysis of an often-ignored problem, professional sexual exploitation, and its surrounding social movement. Perhaps one of the best things that individuals concerned with the issue can do is read it.

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Sexed Crime in the News, by Adrian Howe (Ed.). Sydney, Australia: Federation Press, 1998. 176 pp., \$25.00 (paper).

In *Sexed Crime in the News*, Adrian Howe examines the concept of sex crime as defined and reported by the mainstream Australian news media. Specifically, she is interested in (a) how the Australian media, primarily print media, define sex crimes; (b) how the media report these crimes; and (c) how sex and violence coalesce in these reports. Howe attempts to answer these inquiries by presenting eight previously unpublished essays by various authors, which allow the reader to consider the Australian media's reporting of crime from different theoretical perspectives and empirical findings.

As a framework for the essays, Howe delineates her objectives more thoroughly in an introductory essay entitled, "Sex, Sex . . . Sexed Crime in the News." In this essay, she differentiates her text from other work (e.g., Soothill & Walby, 1991), which unquestionably accepts the media's conceptualization of sex crime. Howe contests the simplistic and taken-for-granted way in which sex and gender have been handled by the media and within scholarship generally. Rather than accepting narrow definitions for sex crime, Howe suggests the term sexed crime, which she defines as "all crimes and all forms of violence in which the gender or sexed status of the offender and victim is relevant to the criminal or violent act" (p. 6). By defining *sexed crime* more broadly than *sex crime*, it is possible to consider the media's portrayal of various actions

not conventionally regarded as sexed, but for which the gender and sexed identity of the victims and offenders are salient. In this way, Howe provides the foundation for media analyses to more adeptly question common, hegemonic conceptualizations and portrayals of crime. Thus, the purpose of the book is to go about "sexing crime" (p. 7) to situate public discourse as it is portrayed in the media on sex, violence, and criminality within the ideological and political context of contemporary Western culture.

The first two chapters of the book address the sexed, gendered, and racialized nature of media portrayals of violence against women and children. In the first chapter, "Racializing Reports of Men's Violence Against Women in the Print Media," Catriona Elder explores the media's portrayal of sexual violence by men toward women and the racialized nature of such representations. She then goes on to question how feminists, primarily White feminists, have studied these representations, using her own experience in an earlier study as the basis for discussion. Thus, her overarching goal is to critique the ways in which the White, mainstream media produce, and White (Anglo-Celtic) Australian citizens consume, news about violence against women with specific attention to how White feminists have combated this violence and critiqued the media.

Elder's analysis engenders critical thought on Whiteness and the privileged subject positions Anglo-Celtic Australians enjoy in their production and consumption of news. Particularly interesting is her critique of the formalized news reporting policy in Australia, which forbids discussing the race or ethnicity of the parties involved with a crime if such information is deemed irrelevant to the story. This, she argues, masks the power differential Whiteness provides and consequently perpetuates racism. She indicts herself in this regard by describing instances in her own research where she failed to acknowledge her White privilege. She concludes that race and ethnicity continue to affect news reporting and studies thereof by "omission and evasion" (p. 26) rather than obvious stereotyping and encourages scholars to accept that we can never "put 'race' aside" (p. 27) in our studies of sexed crime.

Similarly, the second chapter by Adrian Howe entitled, "Notes From a 'War' Zone: Reporting Domestic/Family/Home/Epidemic (Men's) Violence," examines how violence against women and children in the home is sexed and racialized by the media. Howe concentrates her analysis on a series of articles appearing in a mainstream newspaper over a 3-week period in June 1993. She argues that the articles' failure to identify the perpetrators of domestic violence as men served to neutralize blame and responsibility for such violence. In particular, Howe notes the mechanisms used in the reports for silencing and discrediting evidence,

especially that provided by feminists, on the severity of White men's violence in the home.

Alternatively, Howe finds that discussions of perpetrators were more common in stories about violence in minority communities. Where possible, attention was paid to the cultural (i.e., non-White) supports for violence in the home. At the same time, in accordance with the reporting policy discussed by Elder, discussion of race and ethnicity were absent in articles in which they were particularly salient (i.e., minority women's struggles in obtaining court intervention orders). Howe concludes the chapter by pointing to the ways in which "ethnic" (non-White) women have been silenced by the Australian mainstream media and are spoken for by White reporters.

In the third chapter, Cherry Grimwade takes the book in a slightly different direction in her analysis of media portrayals of HIV/AIDS transmission among heterosexuals. In an essay titled, "Reckless Sex: The Discursive Containment of Gender, Sexuality and HIV/AIDS," Grimwade's primary objective is to consider the contradictory images of women portrayed in the media's coverage of "reckless" sex between heterosexuals in which one partner is HIV-positive. Using two specific news stories as examples, she finds that the portrayal of women's sexuality on this issue coincides with stereotypical rhetoric. Frequently, women who have been or could have been infected with HIV from a male partner are presented as passive, naïve, and vulnerable sexual objects of men's desire, which supports dominant constructions of heterosexual gender relations. At the same time, these women are held responsible for failing to protect their sexual propriety. Alternatively, women who are seen as active transmitters of HIV are also sexualized stereotypically in that they are portrayed as out-of-control seductresses of innocent men, so much so that they are sometimes identified as public health risks. In short, these women are pathologized as sexual deviants because of their presumed "uncontrolled female sexuality" (p. 71).

In the fourth chapter entitled, "The Case of the Missing Body: The 'Ormond College' Case and the Media," Jenna Mead analyzes a sexual harassment case in which two women resisted efforts by the media to sexualize them. In the case, two students levied sexual harassment charges against a college administrator. However, they remained anonymous throughout the proceedings; they never spoke to the media or offered any firsthand accounts of their victimization. As Mead argues, without a "body" on which to project victim imagery, the media were unable to portray the case as a sexed crime. Thus, little attention was paid to the case until the story was transformed into one involving sexual assault some years later. Mead concludes that by not providing information to the media and remaining anonymous throughout the case, the

complainants effectively resisted the media's attempt to sexualize their bodies in the way necessary to portray a sexed crime.

The fifth and sixth chapters address media constructions of "non-heterosexuality." Wayne Morgan, in an essay entitled "'Damned in the Eyes of the World': The Media, Sexed Crime and Tasmania's Anti-Gay Laws," analyzes mainland newspaper reporting of the struggle to overturn Tasmania's anti-gay laws. Morgan argues that although the mainland media were generally opposed to the anti-gay laws, their basis for opposition rested firmly within traditional liberal notions of privacy. Thus, whereas sexuality was central to the gay and lesbian community's struggle to overturn the laws, the media desexualized the debate. Same-sex relations were constructed as private matters between consenting adults that were to be tolerated by the public. In this sense, homosexuality was constructed as a secretive, marginalized practice to be merely put up with, rather than valued and openly celebrated. By contextualizing the debate in this fashion, the media were able to avoid directly addressing the issue of homosexuality. This desexualization was also fueled by the media's focus on the balancing of federal and state powers, as the federal government considered ways of intervening in Tasmania's anti-gay policy.

In similar fashion, Susanne Davies addresses the media's desexualization of an abusive and discriminatory police raid of the Tasty Club, a primarily gay and lesbian nightclub in Melbourne. In "Just a Passing Attraction: The Tasty Club Raid and the Vanishing Homosexual," Davies describes the raid, which involved the detainment and strip searching of 463 people, only 6 of whom were charged with drug offenses. Rather than conceptualize the raid as a sexed crime driven by homophobia, the media portrayed it primarily as a civil rights issue. As coverage of the raid continued and victims initiated legal action against the police, the focus of news stories shifted further toward questioning the legality and justification for the raid and police search practices. Similar to Morgan's conclusions, Davies argues that rather than embracing homosexuality in a positive and open fashion, the Australian mainstream media continuously masked the gendered and sexualized nature of crimes against gay men and lesbians.

Turning back to crimes involving sexual assault, the last two chapters address media portrayals of child sexual abuse and rape, respectively. A prominent theme throughout both essays is the way in which the media downplay violence in the home and/or between known parties. In an essay entitled, "Towards 2000: Child Sexual Abuse and the Media," Chris Atmore thoroughly examines news reporting on child abuse. Her empirical analysis focuses on stories regarding child sex tourism, primarily involving boys, in Asian countries. She draws attention to the ways in which the media conceptualize pedophiles within this context,

and the distancing of this type of abuse from more common forms of child abuse in the home. In the stories she analyzes, child abusers, who were predominantly men, were portrayed as “demonized molester[s]” (p. 135) acting as pimps or customers who pay for or sell sex with boys. The fact that boys were named as the victims in many of these reports conjured up notions of homophobia and downplayed the frequency at which women and girls are forced into prostitution. Atmore also recognizes notions of imperialism strewn throughout the stories as the media portrayed child prostitution as a problem in Asian countries in which participation by Australian tourists was perceived only as casual experimentation.

Finally, Alison Young considers how rape is constructed by the media as sexual violence through a comparison of newspaper stories surrounding the release of a convicted serial rapist, a television show about a serial rapist, and a film scene depicting a rape. In her essay entitled, “Violence as Seduction: Enduring Genres of Rape,” Young’s primary objective is to investigate the framing of sexual assault as either “real rape” (that which occurs between strangers with elements of unpredictability, injury, and violence) or “non-rape” (that which occurs between intimates or acquaintances in which threats, coercion, and fear are difficult to substantiate). Not surprisingly, Young finds that the news and entertainment media perpetuate similar stereotypical notions of real rape and nonrape in ways that downplay the widespread occurrence of sexual assault between intimates and acquaintances. Media attention often focuses on the likelihood that convicted (primarily stranger-on-stranger) rapists will reoffend. Meanwhile, rape between intimate partners or acquaintances is frequently misconstrued as nonviolent seduction, perpetuating common rape myths. Young concludes that the media, through various outlets, support cultural and legal practices of framing sexual assault in stereotypical ways.

Sexed Crime in the News is a valuable work because of its important contributions to the literature on media and crime. The contributors carefully critique the media’s portrayal of crime with attention to gender, sexuality, class, race, ethnicity, and colonialism. In addition, the theoretically informed essays provide varying perspectives and thought-provoking analyses on a wide range of topics addressed by the Australian mainstream media. My only criticism of the text is that some of the authors relied on small amounts of data to illustrate their theoretical arguments, which limited the extent to which their findings could be generalized. This was not addressed anywhere in the text. However, this criticism is minor and does not significantly detract from the importance of the overall text. In fact, it was refreshing to read such in-depth case studies of the nuanced ways in which gender, sexuality, and crime coalesce within the context of the media’s portrayal of Australian

society. That the complexity of these essays was presented in such a readable and accessible manner further illustrates the value of the text. Thus, I would recommend *Sexed Crime in the News* as a supplemental reader in upper-division undergraduate and graduate courses on crime and the media and suggest it be reviewed by anyone undertaking a critical analysis of the media.

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