

Surviving Domestic Violence
An Exploratory Analysis of Survivor Needs

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DISSERTATION

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This work is dedicated to the survivors who have faced adversity and demonstrated resiliency beyond all measure. It is my hope that your experiences will be understood and your needs will be met.

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SUMMARY

Domestic violence is a persistent problem that impacts individuals and communities. Unaddressed violence can have serious psychological effects and, if prolonged, can lead to the death of the victim. Out of concern for victims and their families, research has centered on individuals who wish to leave abusive relationships. Initiatives have been implemented to provide resources that criminalize abusive behavior and assist victims in leaving abusive relationships. Overall, these resources were designed for victims of domestic violence who are in immediate crisis, those who experience severe abuse, and those who want to leave their relationships. However, less attention has been given to the needs of those who experience less lethal abuse and who choose to remain in relationships with their abusers. With this study, I sought to fill this gap. I examined the experiences of 20 female victims of domestic violence who have remained in romantic relationships with their abusers. Specifically, I explored survivors' perceptions of safety when remaining in their relationships and identified six needs that, when met, would assist participants with ending the abuse.

I. INTRODUCTION

A. Background

In general, domestic violence occurs across racial and ethnic groups, gender, sexual orientation, age, and social class and remains an atrocity that requires immediate response. A recent large study found that in the U.S., nearly 25% of women and 7.6% of men have been raped and/or physically assaulted by a current or former spouse, cohabiting partner, or dating partner/acquaintance at some point in their lifetime. The statistics reveal the gendered nature of these types of behaviors. Approximately 1.3 million women and 835,000 men in the U.S. are physically assaulted annually by an intimate partner (Tajden & Thoennes, 2000ab). According to the Bureau of Justice Statistics (BJS), intimate-partner violence made up 20% of all nonfatal violent crimes experienced by women and 3% experienced by men in 2001 (Rennison, 2003). Further, the Centers for Disease Control and Prevention (CDC, 2009) reports that, annually, women experience about 4.8 million intimate-partner-related physical assaults and rapes, and men are the victims of about 2.9 million intimate-partner-related physical assaults. The CDC also reports that in 2005, intimate-partner violence resulted in 1,510 deaths, of which 78% were females and 22% were males.

In 2000, 1,247 women and 440 men were murdered by an intimate partner. Intimate partners were responsible for one-third of female murder victims and 4% of male murder victims in 2001 (Rennison, 2003). The availability of firearms has increased the lethality of domestic violence and is responsible for a fivefold increase in risk of intimate-partner homicide, after accounting for other factors of abuse. A recent study illustrates that abusers in possession of firearms inflict the most severe abuse on their partners (Campbell, Webster, Koziol-McLain,

Block, Campbell, Curry, Gary, Glass, McFarlane, Sachs, Sharps, Ulrich, Wilt, Manganello, Xu, Schollenberger, Frye, & Laughon, 2003). In fact, of females murdered with a firearm in 2002, almost two-thirds were killed by their intimate partners, and according to the Violence Policy Center, the number of females killed with a firearm by their husband or intimate partner was more than three times higher than the total number of women murdered by male strangers using all weapons combined (Violence Policy Center, 2004).

Instances of domestic violence are not limited to physical abuse, as 3.5 million people have been a victim of stalking by current or former intimate partners (Baum, Catalano, Rand, & Rose, 2009). According to the BJS, nearly 75% of victims knew their stalker, and 38% identified their stalker as an intimate friend, roommate, or neighbor. Domestic violence is also not confined to one age group. Young adults comprised 12% of the population in 2002 but were 42% of those victimized by intimate partners (Durose, Harlow, Langan, Motivans, Rantala, & Smith, 2005). Likewise, between one million and two million Americans aged sixty-five and older have been injured, exploited, or otherwise maltreated by someone on whom they depended for safety (Committee on National Statistics & Behavioral and Social Sciences and Education, 2003). However, this may be an underestimation because for every case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, about five more go unreported (National Center on Elder Abuse, 1998). Furthermore, victims who remain in abusive relationships increase the likelihood of severe physical injury and/or death, and this increase also may be a precipitating factor for victim suicide (Goodman, Koss, & Russo, 1993). These statistics yield the undeniable conclusion that abuse of intimates is a major issue within our society.

When exploring domestic violence, there are no typical cases, no single reference points against which all cases can be judged. Each instance comes with its own caveats and situational circumstances. In some cases, victims of abuse leave the relationship. In other instances victims of abuse may leave the relationship only to return at a later time. And still, in other cases, victims of abuse may decide to remain in the relationship with the hope that the abusive behavior will cease. There are various factors that inform victims of domestic violence decisions to leave the relationship, remain in the relationship, or return to the relationship including individual characteristics, familial responsibilities, cultural beliefs, and available social support (Anderson, 2001; Bell & Naugle, 2005; Brabeck & Guzman, 2009; Christman, 2009; Grovert, 2008; Payne & Triplett, 2009; Payne & Wermerling, 2009; Saunders, 2008).

The leave-stay behavior of victims has been studied by researchers over the last several decades. Prominent theories have attempted to explain the behavior of domestic violence victims, including: the learned behavior theory (Bandura, 1973, 1977, 1979; Giles-Sims, 1983; Kalmuss, 1984; O'Leary, 1988; Skinner, 1953; Strauss, 1980; Straus, Gelles, & Steinmetz, 1980), the psychopathology theory (Dutton & Golant, 1995; Dutton, Saunders, Starzomski, & Bartholemew, 1994; Dutton & Starzomski, 1993; Gondolf, 1988; Hamberger & Hastings, 1986, 1991; Hart, Dutton, & Newloves, 1993; Holtzworth-Monroe & Stuart, 1994; Zorza, 2002), the learned helplessness theory (Dobash & Dobash, 1992; Walker, 1980, 1984; Walker & Browne, 1985; Wilson, Vercella, Brems, Benning, & Refro, 1992), the attachment theory (Craft, Serovich, McKenry, & Ji-Young, 2008; Kesner, Julian, & McKenry, 1997), and the coercive control theory (Anderson, 2009; Stark, 2009). In addition, alternate explanations have been applied, such as, victims having masochistic personality (Glickauf-Hughes & Wells, 1991; Goleman, 1985; Gudjonsson & Main, 2008), posttraumatic stress disorder (PTSD) (Brewin,

Andrews, & Valentine, 2000; Dutton & Painter, 1993), battered women's syndrome (Walker, 1980, 1984), and/or Stockholm syndrome (Cantor & Price, 2007). The aforementioned theories have been helpful in illuminating the impact of domestic violence on victims, sadly however, none of them have fully explored the experiences of female victims of domestic violence who have chosen to remain in the romantic relationship with the person who has abused her with the goal of addressing the violence, ending the abuse, and working to rehabilitate the relationship.

Prior research has addressed important aspects of domestic violence and created a wealth of knowledge about the phenomenon. We now understand the prevalence of domestic violence, the psychological, physical, and long-term impact of domestic violence; the barriers victims face to disclosing abuse, and the mechanisms victims use to cope with the abuse. However, there is no one theoretical box that can be neatly unpacked to solve the problem of domestic violence. There also is no strict course of action that every victim of domestic violence can take to persuade them to leave the relationship or dissuade them from leaving the relationship. Therefore, an approach to providing resources and services is needed that incorporates divergent theoretical perspectives that understand the interactive dynamics of the abusive relationship with a common goal of providing assistance to all victims of domestic violence whether they decide to leave the relationship or remain in a relationship with a partner who has been abusive.

Domestic violence theories, when viewed separately, each address an aspect of a victim's circumstance. Research on the barriers of reporting domestic violence assists in providing a rationale for the non-disclosure of abuse (Abrahams, 2010; Jackson, 1994; Sassetti, 1993; Wagner & Mongan, 1998). Research on coping mechanisms employed by victims of domestic violence to survive the abuse assists in identification of help-seeking patterns (Bliss, Ogley-Oliver, Jackson, Harp, & Kaslow, 2008; Goodkind, Sullivan, & Bybee, 2004; Krause, E. D., Kaltman,

Goodman, & Dutton, 2008). Research on the stages and processes of change assist in identifying the progression of addressing the abuse (Babcock, Canady, Senior, & Eckhardt, 2005; Burke, Denison, Gielen, McDonnell, & O'Campo, 2004; Burke, Gielen, McDonnell, O'Campo, & Maman, 2001; Eckhardt, Babcock, & Homack, 2004; Frasier, Slatt, Kowlowitz, & Glowa, 2001). However, these insights were developed with the needs of domestic violence victims who were in immediate crisis, those experiencing severe abuse, and/or those who wanted to leave the relationship in mind. This frame of reference; therefore, is not representative of many cases of domestic violence and is inconsistent with contemporary domestic violence literature. As our conception of domestic violence has evolved over the last several decades we not only see domestic abuse as severe physical and/or sexual abuse, but additionally include stalking, emotional and psychological abuse, financial and economic abuse, verbal abuse, and neglect. The remedies evolving out of our previous understanding, therefore, are incompatible with the needs of many survivors of abuse who are not in immediate crisis, who do not experience the more severe types of domestic abuse such as physical and sexual abuse, and who do not want to leave the relationship.

Contemporary research illustrates perceived inconsistent remedies provided to victims of abuse by the criminal justice, social work, and healthcare systems (Anderson, 2001; Burman, 2010; Coohey, 2007; Covington, 2005; Grovert, 2008; Hetling & Zhang, 2010; Lindhorst & Casey, 2010; Payne & Wermerling, 2009; Robinson & Spilsbury, 2008; Sumter, 2006). Existing research also recognizes the overriding paradigm in place, mainly feminist-based efforts, supporting the idea that having all abuse victims to leave the relationships as being the proper course of action (Evans, 2007; Grovert, 2008; Shurman & Rodriguez, 2006). Furthermore, research reveals a disparity in the treatment of victims who express a desire to remain in a

relationship with the abuser as often they have been pathologized and consequentially revictimized by friends, family members, advocates and/or healthcare/service providers (Chantler, 2006; Cole & Caron, 2010; Vidales, 2010). Additionally, research demonstrates that victims of abuse have multiple reasons for their decision to stay in or return to abusive relationships including practical and cultural issues (Anderson, 2001; Bell & Naugle, 2005; Brabeck & Guzman, 2009; Christman, 2009; Grovert, 2008; Payne & Triplett, 2009; Payne & Wermerling, 2009; Saunders, 2008). Finally, theoretical issues with the current paradigm illuminate the need for a change of the paradigm that would be more responsive to the needs of women wishing to remain in the relationships or remain in contact with the person who abused them (Awoyomi, 2009; Baker, 2009; Bouffard, & Muftic, 2007; Desmond, 2011; Drigo, 2010; Grauwiler, 2004; Perez, 2007; Sumter, 2006; Vincent & Eveline, 2008).

B. Statement of the Problem

Domestic violence is a persistent problem that impacts individuals and communities. As a result of growing concern for victims and their families, research has centered on victims who wish to leave abusive relationships and initiatives implemented provide resources that criminalize the abusive behavior to assist victims in leaving. However, less attention has been given to the needs of women who choose to remain in a romantic relationship with the person who abused her. The current study sought to address this gap in the literature by identifying these survivors' perception of safety when remaining in the relationship and their perceived resource and service needs to assist in ending the abusive behavior in their relationships. For the purpose of this study "remaining in the relationship" means the woman has decided to stay involved in a romantic capacity with the abuser and has the desire to work things out with her partner and to work toward ending the abuse. Exploring factors such as the abuse experienced, the rationale for

staying in the romantic relationship, their perceived needed support, resources, and referrals; and their outlook on their future and the future of their relationship has assisted in illuminating the participants' experiences and identifying six needs for safety.

C. Purpose of the Study

The current study used qualitative methods to explore the perceived needs of victims of abuse who chose to remain in relationships that have experienced abuse for the purpose of work things out with their partner and working toward ending the abuse. Through this study, I sought to expand knowledge of survivors' experiences and their needs for safety planning in these circumstances. This was accomplished through the facilitation of semistructured interviews of twenty domestic violence survivors. The ultimate goal of domestic violence advocacy is to end all abuse; however, until that goal is reached, advocacy professionals need to understand the safety requirements for all victims of abuse to adequately assist them in safety planning.

Few studies have examined the resources available to victims who decide to remain in relationships that have experienced abuse (Davies, 2008; Davies, 2009, Grauwiler, 2008) and studies have not explored the perceived needs of these help-seekers. To assist victims who choose to remain in these relationships we need to identify their requirements for safety. With a better understanding of the situational contexts of victims' experiences, we will be able to conduct a more holistic analysis of needs for survivors of domestic violence who remain in relationships to work things out and require resources or services to assist them with managing their situations and ending the abuse. To obtain a more cohesive understanding regarding how victims perceive safety when they decide to remain in the relationship this study was guided by the following research question: (1) What do women who are still in a romantic relationship with the person who abused them need to manage the abuse and be safe?

D. Significance of the Problem

The problem of domestic violence has been illustrated by its frequency and the magnitude of people that are impacted by the phenomenon. Scholarship over the last several decades have produced resources and services that assist those who are in immediate crisis, those who experience severe abuse, and those who wish to leave the relationship. These resources were central to the initiative to eradicate domestic violence at the inception of the domestic violence movement and remain a significant element in contemporary domestic violence advocacy; however, with the expanded conception of domestic violence to include not only the most severe forms of abuse but additionally comprising nuanced elements such as emotional and psychological abuse, financial and economic abuse, verbal abuse, and neglect we must better understand the experience and needs of not only the aforementioned population of survivors but also those who are not in immediate crisis, those who experience less lethal forms of abuse, and those who do not wish to leave the relationship.

E. Significance of the Study

This study adds to our current knowledge by illuminating the experiences and needs of survivors of domestic violence who choose to remain in a romantic relationship with a partner who has been abusive to her. Previously, domestic violence scholarship has not provided empirical evidence of the experiences or needs of this population of survivors. Better understanding the experiences and needs of this population of survivors is paramount because the central objective of domestic violence advocacy is to eradicate all instances of domestic abuse; however, this goal will not come to fruition until the experiences and needs of all populations of domestic violence survivors are understood. The illumination of these

experiences and resource/service needs of this population of survivors represents a much needed contribution to domestic violence advocacy.

II. CONCEPTUAL FRAMEWORK AND RELATED LITERATURE

A. Conceptual Framework

This literature review will survey the experiences of domestic violence victims who have declared intention to remain in a relationship with a partner who has been abusive (Anderson, 2001; Covington, 2005; Grovert, 2008; Payne & Wermerling, 2009; Sumter, 2006). The review begins by surveying the current state of response to domestic violence by the criminal justice, social work and healthcare systems (Anderson, 2001; Covington, 2005; Grovert, 2008; Payne & Wermerling, 2009; Sumter, 2006). The review then examines the dominant domestic violence advocacy paradigm, mainly feminist-based efforts, which overwhelmingly support the philosophy that victims of abuse should leave abusive relationships to establish safety (Evans, 2007; Grovert, 2008; Shurman & Rodriguez, 2006). The review then surveys research on women who seek to remain in a relationship with an abusive partner, and their reasons for doing so, ranging from individual to structural issues (Anderson, 2001; Bell & Naugle, 2005; Brabeck & Guzman, 2009; Christman, 2009; Grovert, 2008; Payne & Triplett, 2009; Payne & Wermerling, 2009; Saunders, 2008). Theoretical problems with the current paradigm are then reviewed, as well as contemporary proposals for a modification of the paradigm that would be more responsive to the needs of all victims of domestic violence, and more specifically women wishing to continue in abusive relationships (Awoyomi, 2009; Baker, 2009; Bouffard, & Muftic, 2007; Desmond, 2011; Drigo, 2010; Grauwiler, 2004; Perez, 2007; Sumter, 2006; Vincent & Eveline, 2008). The response of the advocacy system to domestic violence victims in general and to women who seek to remain in abusive relationships specifically is then reviewed. This discussion includes an exploration of such contexts as the circumstances of first disclosure, and

and overview of victim treatment in the social work context (Burman, 2010; Coohey, 2007; Hetling & Zhang, 2010; Lindhorst & Casey, 2010; Robinson & Spilsbury, 2008). Finally, studies are presented to explore the treatment of women who express a desire to remain in a relationship with an abusive partner, what the outcome of their cases may be and what their perceptions are of the system (Chantler, 2006; Cole & Caron, 2010; Vidales, 2010).

Overwhelmingly, while the domestic violence literature and the response of the criminal justice, social work, and healthcare systems to it is currently being challenged by innovative paradigmatic methods that would acknowledge the complexity of relational issues that might account for why women would want to remain in abusive relationships, many women experience a system, focused on encouraging women to leave, pathologizing any desire to stay or return, and, as a result, routinely creating negative and even revictimizing experiences for victims of domestic abuse.

Domestic violence remains one of the most difficult social problems to resolve, having emerged as a significant concern for public services in the past generation (Anderson, 2001; Covington, 2005; Grovert, 2008; Payne & Wermerling, 2009; Sumter, 2006). While it is difficult to determine the number of women who experience domestic abuse from their intimate partners due to underreporting, it is estimated by some that up to 30% of all women will experience some form of domestic abuse in their lifetimes, and that for women who use mental health services up to 50% of all women have experienced domestic abuse (Crawford, Liebling-Kalifani & Hill, 2009). Grovert (2008) found that 1.5 to 3.6 million women are raped or physically assaulted by intimate partners, and that if one took into account multiple assaults per individual this means that there are as many as six million intimate partner physical and sexual

assaults per year. In 2000, about 1,200 women, or 33% of all female murder victims, were killed by intimate partners after sustained campaigns of abuse (Grovert, 2008). Payne & Wermerling (2009) reported that domestic violence affects 6.2 million women in the U.S. each year and that 95% of all domestic violence cases entail men acting against women. Among African American women, assault by an intimate partner is the leading cause of premature death. African American women experience more violence than white women, at a rate of 12 as opposed to 8 per 1000 (Sumter, 2006). Abuse is also prevalent among other cultures, with 34% of Latinas reporting abuse and Asian women reporting a three-fold increase in abuse in recent years. Overall, domestic violence is the leading cause of injury to women under the age of 44, more than any other crime, with most abuse happening to women between 16 and 24, but women between 35 and 49 are more vulnerable to intimate murder (Sumter, 2006). Statistics also show that separated women are more in danger of abuse than married women, though generally women who do not marry but live with a man are more vulnerable to abuse. Domestic abuse also has collateral damages, with \$5 billion in annual medical costs and \$100 million in lost work hours and wages resulting from recovery from abuse (Sumpter, 2006).

While most domestic violence services seek to have abused women leave the relationship, it remains that many women sever ties several times, each time returning before the relationship finally terminates. In one study of female victims of domestic violence in a shelter in the Midwest it was found that 79% had left their partners at least once prior to the current abuse, and 19% had left their partners at least ten times. Anderson (2001) argued that in many cases leaving as a gesture is more symbolic in nature, a kind of statement of lack of toleration of

the abuse, or, if the leaving is permanent, the woman finds that there are few opportunities for her outside the relationship, or she may worry that no one will take care of her children.

While domestic abuse was understudied prior to 1980, during the past several decades research into abuse has grown significantly. This has brought greater insight into the dynamics of abusive relationships, the development of emerging models of abusive patterns, and the scope of abuse. One model argues that abuse usually follows a cyclical pattern, the initial incident, then a tension-building phase, usually entailing more subtle abuse, and involving the abused person walking on eggshells in order to be a better partner to the abuser. It is then that what victims of abuse describe as brainwashing occurs, as the tension builds up so casually that many women do not even realize they are being placed in a more vulnerable state, or come to believe that they were at fault and deserved the abuse (a belief that women are shocked to report they subscribed to, looking back on the phase). This stage is also marked by symbolic violence against objects in the house, “the woman watching knows that even though the violence is directed at a piece of furniture this time, it may be her next time” (Grovert, 2008, p. 16). This stage is followed by stage three, or the explosion, when the slow progression of the former stage reaches a crescendo of significant, criminal abuse. This explosion usually involves an assault, a rape or an attempt to seriously injure the woman. The fourth phase is the making-up stage, in which the abuser apologizes for the abuse, with the abused wife usually promising to stay with him as she believes the abuse has stopped. The fifth stage is the honeymoon stage, a calm period, which can last for months, before reverting to the tension-building phase eventually leading to another explosion. In recent years the cycle of violence theory has received criticism; however, this cyclical model has helped advocacy agencies deal more effectively with abuse, and

helped women identify abuse in more detail and in all of its facets. At the same time, the cycle occurs differently, paced differently, in every relationship, often making it difficult to apply the model neatly to relationships (Grovert, 2008).

Domestic violence is formally defined as a pattern of abusive behavior that escalates over time and as such gradually undermines the victim's confidence and ability and/or willingness to leave the perpetrator. Most victims of abuse suffer from depression and often fall into substance abuse. Insofar as 90% of all victims of domestic violence are women means that abuse is also linked to gender and power dynamics in current society, meaning that violence can also be seen as a form of gender-based human rights violation (Evans, 2007). More advanced theory has extended to models of domestic violence to include a long-term continuum which can have lasting negative effects on the ability of survivors to rebuild and rejoin society. Most current approaches to domestic violence however concentrate on the crisis point of separation and then seek a finite point of resolution and restoration, ignoring the continued repercussions of abuse. That is, most social services provide resources up to the point where the woman leaves her abuser, and secures her independent housing, and then services end. By focusing on the survivors' perspectives, however, a much more longitudinal approach to care is indicated.

Another line of research into domestic violence victims is resiliency, or the ability to make meaning out of stressful situations and resolve stress with internal resources (Evans, 2007; Grovert, 2008; Shurman & Rodriguez, 2006). Women who have a sense of hope in their life, for example, have been found to be more resilient in situations of domestic abuse than those lacking it. Social support has also been found to be a buffer against long-term stress effects resulting from domestic abuse. The research into resilience is split between those who see it emerging

from situational factors, such as social support, and those who construe resilience as deriving from internal resources such as avoiding learned helplessness and low self-esteem. According to this line of research, low self-esteem is often the primary cause for women continuing to live in abusive relationships. According to one well-known conceptual vulnerability model women stay in abusive relationships because of an accumulation of risk factors with no protective factors to buffer against the full effect of those factors, intensifying their sense of vulnerability. Another integrative model argued that women with optimism, self-esteem, flexibility and physical health were much more likely to respond resiliently to domestic abuse. The emphasis in most research along these lines is to develop women's coping strategies, at first to manage the relationship, but with the goal of increasing their agency to the point where they can leave the relationship.

B. Review of Related Literature

1. The emphasis on leaving

The preferred approach being used under the current domestic violence advocacy framework overwhelmingly provides services and resources designed to assist victims who wish to leave the relationship. Women reported a number of different reasons why they chose to leave an abusive relationship. Most leave when they feel like they have no other choice, that is, leaving is often the last resort, a surrender, a giving up on a relationship, or hope that it can ever be repaired (Grovert, 2008). Many women report leaving based on some final "straw", which can often be trivial, but this last straw may come after months or years of planning an escape. Sometimes these "last straws" are spiritual, with one Jewish woman leaving after hearing at Seder meal the plight of the Jews in Egypt, others leave after life-threatening abuse, one woman awaking from a coma and declaring her intention to leave.

Most women who do not leave abusive relationships immediately are asked repeatedly, “why didn’t you just leave”. Grovert (2008) argued that there is lack of research into how in fact women gather together the resources they need to make leaving plausible. Pregnancy, the research has found, is a common reason giving women the courage to leave an abusive relationship. While women may have become used to being abused, recognition that the husband is now also abusing a baby motivates them to leave.

Indeed, leaving is the primary goal of most models of domestic abuse resilience. Leaving has been conceptualized as a process as opposed to a single event, involving a number of stages of preparing for and protecting themselves in the event of departure. Many women stay in abusive relationships because of dependency, social factors, or because they retain an idealistic view of love. The abuse may damage these perceptions, but then they may resist leaving out of fear that in attempting to do so they may give cause for an escalation of violence. Through a process of increased empowerment, in models which describe abuse as a stripping away of a woman’s power, women can regain control over their lives (Crawford et al., 2009).

Adding to the problem of dealing with domestic abuse is the fact that in too many cases abuse is kept secret or not talked about, even if family members know that it is going on. This silence may be an aspect of the fact that, according to some research, abuse “spoils” a woman’s fundamental identity, leaving them passive and confused, with a loss of identity, dignity and trust in others. Some women even report feelings of shame and guilt, or a sense of failure, when a relationship fails, reinforcing their silence. They may “choose” to remain in an abusive relationship, then, simply because their psychological resources have been so depleted that they are unable to act for themselves. Shame has been singled out in the research as a particularly

damaging state of mind, resulting in one feeling oneself as inferior or defective. Insofar as women are socialized to feel a sense of responsibility to others, especially support of families, the shame experienced as a result of abuse, and failing to protect themselves or their family, are theorized to be more extreme for women.

Shurman & Rodriguez (2006) presented a model to predict the readiness of a woman to leave an abusive relationship, based on the transtheoretical change model, but including both cognitive and emotional factors. Cognitive predictors were attribution and attachment style, while affective predictors were depression, hopelessness, anxiety and anger. They developed the model out of concern that most women who leave the relationship, return to the abuser, and one study found that one third of women in shelters return to their abusers after leaving the shelter, with 60% returning within two months. They also presented the model to counter the tendency in the research to equate shelter help in resolving economic, housing and safety issues as the primary way to encourage women to leave, when this has not been the case. This means that the research has shifted its attention to the psychological barriers that women encounter when they begin to think about leaving a relationship. Shurman & Rodriguez (2006) noted that “identifying the specific intrapsychic aspects contributing to a woman’s decision to leave her abuse would enable mental health and social service workers to provide more meaningful services” (p. 1418). Their research and model-building was based on the investment model in the domestic violence research, which argues that a woman makes a decision about leaving based on “the perceived rewards and costs associated with the relationship in comparison to her standard for relationships” (Shurman & Rodriguez, p. 1418). That said, Shurman & Rodriguez

(2006) found that most tests of this so-called cost-benefit analysis model did not predict termination.

The learned helplessness model struck Shurman & Rodriguez (2006) as somewhat more helpful, as it explains why women come to learn not to expect their responses to have the desired effect, and internalize this inconsistency as having something to do with her attributional style. Thus, she develops learned helplessness, or the inability to imagine how to end a relationship. The importance of this theory is that it explores self-attributions. Finally, Shurman & Rodriguez (2006) saw promise in the transtheoretical change model, originally used to deal with smoking cessation problems, and now being applied to domestic abuse. As noted, this model places a woman along a continuum of change entailing the precontemplation, contemplation, preparation, action and maintenance phases. These phases move from lack of awareness of a problem, to recognition and willingness to deal with a problem, to making plans towards change (though remaining unclear how to carry it out) and then actually changing, and then maintaining the change. Application of this model to case studies of abused women have found that it has good explanatory power for why women respond to abuse in different ways, and in predicting how successful social services advice will be.

Shurman & Rodriguez (2006) also believed that cognitive-behavioral models can contribute to better understanding the stages of awareness that women have as they move through the precontemplation and contemplation stages. More importantly, synthesizing these theories, Shurman & Rodriguez (2006) argued that a woman's attribution for the cause of the abuse is of critical importance in determining her readiness to leave. Women usually move from self-blame to proper attribution of blame as they progress from precontemplation to

contemplation and action. Finally, Shurman & Rodriguez (2006) argued that inserting attachment style theory into the model would provide still more finely-grained consideration of what stage a woman is in. That is, as developed by Bowlby, persons develop a secure, insecure or ambivalent attachment style to others, based on their original relationships with their mothers. An internal working model of attachment in all future relationships thus develops, based on that original relationship. According to the model of adult attachment, adults either have a secure style, characterized by a positive view of self and others, a preoccupied style, which entails a negative view of self and a positive view of others, or a fearful attachment style, where negative views of self and others persist. Secure attachment style leads to solid relationships, preoccupied attachment style leads to one becoming overly dependent on others for their self-esteem while a fearful attachment style results in one avoiding intimate relationships out of fear of rejection. The dismissing attachment style means that one has such a positive view of self, and a negative view of others, that one avoids close relationships and has a compulsive self-reliance.

Application of this model to abusive relationships has found that positive self-model persons do not have abusive relationships, and that dismissing attachment persons also do not stay in abusive relationships. But, “individuals with preoccupied and fearful attachment patterns appear to be at the greatest risk of remaining with abusive partners” (Shurman & Rodriguez, p. 1420).

One study found that women who had recently left abusive relationships, 35% had fearful attachment style and 53% had preoccupied attachment styles. Finally, if one is depressed, one is less likely to leave and the same problem emerges if one is filled with anxiety. It has been found, in fact, that only a heightened sense of anger, combined with reduced fear, helps women leave.

Shurman & Rodriguez (2006) argued that all of these theories can be combined in one model to accurately predict a female client's likelihood of leaving or returning to an abusive relationship. The results of application of the model to 85 female victims of domestic abuse found that their readiness to terminate the relationship was predicted by a preoccupied attachment style and high emotional arousal. The Abusive Behavior Inventory was used to determine the type of abuse experienced by the women, the Relational Attribution Measured was used to determine their attribution of abuse and the Attachment Style Questionnaire was used to determine their attachment style, and the Beck Depression Inventory, the Beck Hopelessness Scale, the Beck Anxiety Inventory, the State-Trait Anger Expression Inventory and the stages of change questionnaire were also used. Women in the precontemplation stage only evinced a low level of anger, while emotional difficulties and preoccupation with the abuser predicted maintenance phase behavior. That is, "the more preoccupied the victim is with her abuser, the more emotional she feels, the more likely she was to report being ready to end the relationship" (Shurman & Rodriguez, p. 1426). Also, anger was found to be the trigger that moved women from the precontemplation to the contemplation stage.

Overall, however, a preoccupied attachment style combined with emotional arousal generally predicted overall readiness to end domestic violence relationships. In contrast to most research, Shurman & Rodriguez (2006) also found that attribution style had little to do with how a victim responded to the abuse, though self-blame was correlated with greater preoccupation about the batterer. Finally, older women were more likely to blame their partners and be less preoccupied with them. Overall, then, Shurman & Rodriguez (2006) argued that using this model with clients in shelters social services agents can tailor response to the current emotional,

attachment and readiness of a victim, and prepare them better for leaving. Here again, the model was developed to help counselors guide victims of domestic violence toward leaving a relationship, and maintaining separation once they have left.

2. Domestic violence victims who seek to remain the relationship with abusive partners: what we know about why they stay

In spite of the current framework that promotes leaving the relationship as the only solution to domestic violence, a substantial subpopulation of women remain or return to abusive relationships, a response to domestic violence that is often confounding to experts. A number of reasons have been found for why a woman would remain or return to an abusive relationship (Anderson, 2001; Bell & Naugle, 2005; Brabeck & Guzman, 2009; Christman, 2009; Grovert, 2008; Payne & Triplett, 2009; Payne & Wermerling, 2009; Saunders, 2008).

a. Self-blaming

In the cyclical model of domestic abuse, the tension-building phase is strongly characterized by a brainwashing problem in which, in response to a pattern of criticism, women begin to believe that they are at fault and may even deserve abuse (Grovert, 2008). The mental side of abuse is one of the leading reasons why women choose to return to abusive relationships. At the same time, many women return to abusive relationships for other reasons. Paradoxically, some women return out of safety concerns, that is, they calculate that they have less to fear from their abuser if they stay as opposed to if they attempt to leave. Under these circumstances, the abused women may be responding to a threat by the abuser about what he might do if she left. This philosophy is partly borne out by research, which found that divorced and ex-spouses are 14 times more likely to be abused. Whereas divorced or separated women make up 10% of all

women, they constitute 75% of all intimate partner violence reports. While this may be a reporting anomaly, there is nonetheless strong evidence that leaving can be very dangerous for women indeed.

A variant on self-blame is the notion of learned helplessness (as noted above). Grovert (2008) mentioned the theory of learned helplessness as another reason why women stay in abusive relationships. This theory is somewhat controversial in that it appears to some to blame the victim, however. Learned helplessness is often misinterpreted as passivity, but in fact entails women making use of a number of coping skills such as minimizing, dissociation and denial, in order to continue living in an abusive relationship. Acknowledging all of these reasons cited in the research for why women stay in or return to an abusive relationship, Grovert (2008) concluded that “there is no universal answer for why women stay in abusive relationships” (p. 25). That said, acknowledging all of these reasons is required for service providers to appreciate that abusive relationship resolution is more complicated than just telling women to leave. Iverson, Shenk & Fruzzetti (2009) found that dialectical behavior therapy may be more effective in addressing the depression and sense of hopelessness felt by victims, to restore their well-being, and help them leave. Kostouros (2008), while focusing on abuse of children, also suggested that brain theory could offer insight into therapy addressed to overcoming the trauma involved in abuse.

b. Social support

A second reason women may choose to stay in an abusive relationship is lack of social support. Without support, it may be impossible to imagine how they would manage on their own.

Without support, it will be difficult to find safe places and financial means to leave an abusive relationship. The woman's isolation may in fact be a side-effect of abuse, as social isolation is one of the ways in which abuse is manifest. The abuser may enact a process of socially isolating the abused woman by refusing to let her work, have a car or even leave the home. They may cut women off from their friends or family. If the woman is an immigrant with limited command of the English language this problem will be exacerbated. Rural women are notoriously bad at reporting abuse due to their social isolation. A broader issue contributing to social isolation in abused woman is shame or guilt, that is, they may feel like a failure or be embarrassed for having become caught in such a situation. These feelings can be offshoots of the brainwashing phase of the abuse, or simply be the result of not knowing much about the causes and effects of abuse. If women go to clergy members for advice, their religious-based teachings may only reinforce their feelings of shame or guilt (Grovert, 2008).

c. Cultural beliefs

Social or cultural beliefs are still another reason why women do not leave abusive relationships. Women may believe that their husbands are in charge, and therefore will not challenge them. In many cultures, divorce is not a viable option. Value systems derived from religious beliefs about marriage can also reinforce aforementioned feelings of failure, shame and guilt about the failure of a marriage (Grovert, 2008). In Asian and other cultures, so great is the concern over losing face that women will be pressured by the family at large to remain silent about the abuse.

Sociocultural background may also influence the way in which women report abuse, and to whom they disclose it. Brabeck & Guzman (2009) examined the help-seeking behavior of Mexican-origin women who had been abused in their relationships. They studied disclosure both in informal, or family circumstances, and formal, or shelter circumstances. The cultural variables identified to explain their behavior were *machismo*, or traditional gender roles, and *familismo*, which values family cohesion and reciprocity. *Machismo* validates male aggression, and requires, through its counterpart of *marianismo*, female suffering as a result of male behavior. Women are expected according to this value system to defer their personal goals in favor of family. Latinas are also socialized to believe that marriage and having children is the most important element of life, and as a result will do anything to stay in the marriage, even at the cost of being forced to be submissive and abused. Studies have found that women with traditional role beliefs characteristic of patriarchy are, indeed, less likely to leave abusive relationships. With regard to *familismo*, the extent to which this entails placing family ahead of self also reinforces women's tendency to discount their problems. At the same time, traditional *familismo*, with several generations living under one roof, tended to work against abuse, and acted quickly against it. At the same time, the stigma of divorce and the goal of preserving family dignity also reinforced not leaving. Thus, *familismo* is mixed in both protecting the Latinas from abuse, but preventing them from reporting it if it occurs. It is theorized that because of these values, Latina survivors of domestic violence tend to stay in abusive relationships longer than European-American women, are much more likely to return to their abuser, have a narrower sense of what abuse is, and are generally less likely to seek out help for domestic violence. Latinas are also more likely to suffer in silence, not to compromise their position in a larger

family dynamic. In most situations, as well, awareness by Latinas that their behavior differs from norms they witness in U.S. culture may reinforce their decision not to seek help, for fear of being blamed for what would be perceived as inadequate coping with the problem. Disclosure rates of 75 Latinas were also examined at a center in Texas based on educational level and stage of immigration. The Multiphasic Assessment of Cultural Construct and the Brief Familism Scale were used. It was found that women with a higher sense of *familismo* are more likely to seek informal help inside the family than those with lower sense of the same, and also less likely to seek help from formal agencies or shelters. Women with less education, who do not speak English and whose status in the U.S. is undocumented are also less likely to disclose domestic abuse to anyone, or to seek help from shelters. Nonetheless, the fact that *familismo* and informal help-seeking were correlated was interpreted by Brabeck & Guzman (2009) as a cultural strength which may protect some with Mexican origin from abuse. Nonetheless, the study established the existence of cultural values that contribute to women making decisions to stay or return to an abusive relationship more often, which might be frowned upon by officials.

d. Children

Still another reason women stay in relationships is children. That is, the abusive partner may use the children to coerce a woman to stay in a relationship. This can come in the form of threats against the children, or threats involving custody and financial support (Grovert, 2008). It is also true that the system as currently implemented is “stacked against” women as they may lose custody of their children, blamed with not having protected their children from exposure to abuse (Saunders, 2008). Then, if the mother enters a visitation or exchange program to arrange for visiting her children, this can only deepen her problems. Saunders (2008) remarked that

“ironically, their very attempts to protect their children may make it more likely that they will lose custody to an abusive ex-partner” (p. 14). The fact that an urban myth has developed that women often make false domestic violence claims as part of a custody dispute adds to their problems. In courts, too, women fare less well because of judge gender bias, or because they have in mind stereotyped images of how a victim of domestic violence should look and behave, and respond accordingly. Most judges also fail to properly consider the evidence of domestic violence in custody hearings. Another study found that if women in any way interfere with custody proceedings, such as coaching their children to say negative things about their father, that too can be used by a judge to grant custody of the children to the abusive father (White, 2006). In this and other ways, White (2006) argued that the courts are revictimizing women by allowing abusive partners to continue to keep power over abused women through manipulation of custody of her children.

Another set of reasons for why women would delay or forego leaving a relationship, is that they fear the consequences of reporting abuse with regard to their parenting. Many women fear the actions of social services in response to reports of domestic abuse. Especially if they have children, women are often aware that they may be held culpable for not acting more quickly in reporting abuse, and thus exposing their children to abuse. This could result in a battered woman in fact losing custody of her children, in effect revictimizing her a second time. Thus, many women end up “caught in a trap of fear of the perpetrator, fear of the consequences of seeking help and an overwhelming sense of shame for continuing to live with domestic abuse” (Crawford et al., p. 65). Even if they seek help or report abuse, women often report not feeling

safe in contact with social services. They do not feel free to speak the truth, for fear of losing custody of their children, as noted.

e. Economic reasons

Economic reasons are also a major explanation of why women have to stay in abusive relationships. If women are cut off socially and do not work, they have to rely upon their abusive partner for financial support. In cases where family finances have gone into the purchase of family business or elements of it, the woman may have become so attached to that lifestyle that she cannot leave it. Statistics also starkly demonstrate the economic impact of leaving an abusive partner. A study found that 50% of women who leave abusive relationships experience downward social mobility, sometimes dropping below the poverty line. If the couple lives on welfare to begin with, there is much less likelihood of the woman leaving the relationship. It is also true that, in most cases, a woman who leaves will require some form of public assistance, financially, to get back on her feet. Whether or not benefits' workers to whom she applies for such aid are adequately trained to address the needs of domestic violence victims is a question. Indeed, Payne & Triplett (2009) studied the effectiveness of benefits workers responses to domestic violence victims in 189 social services workers in Virginia and found that, in fact, most workers knew little about the financial ramifications of domestic violence departure, and as a result did not offer best practice guidance in terms of offering them benefits. Additional training, then, is required for benefits' workers to screen for domestic violence and then offer benefits that help domestic violence victims appropriately.

In 2007, the National Law Center on Homelessness and Poverty (NLCHP) reported that domestic violence is one of the leading causes of homelessness, with 22% to 57% of homeless women, varying by region, reporting that abuse is the cause of their homelessness. This happens because many women lose legal right to occupancy of a home if they flee their home. Many women are then evicted from their homes, or denied housing as a result of a record of having been a victim of domestic violence, in effect the housing market revictimizing them. A federal program which evicts abused women from federally-funded public housing is, for NLCHP (2007), particularly pernicious in revictimizing women. Circumstances where women were evicted simply for reporting abuse or obtaining an order of civil protection from abuse are common, based on federal regulations that seek to maintain quality of life in housing. Moreover, once a woman is evicted, this becomes cause to deny her housing because of domestic violence, as most landlords will not rent to women with records of domestic violence. Needless to say, NLCHP (2007) argued that this situation represents a major problem that would give a woman pause before reporting domestic abuse, especially in low-income neighborhoods. In the United Kingdom, this problem has been addressed by creating prevention-centered homeless policy based on the sanctuary model which supports women to remain in their current residence and protect them from attack outside the home. Traditional support of abused women was to relocate them, but this involved problems in finding new accommodations and severed links with key services and social networks, disempowering them. Netto, Pawson & Sharp (2009) tested the use of the sanctuary model in Scotland and found that while it is appropriate for some women, however, it can also act to prevent women who prefer to move from doing so.

Indeed, the non-cooperative household bargaining model predicts that a woman is more likely to leave a relationship if her “threat point,” defined as “her reservation utility outside the relationship”, that is, economic resources, are greater (Anderson, 2001, p. 93). This theory has been repeatedly borne out in empirical research at shelters. Resource theory also explains why there is more violence in low income than in high income households. Status inequities in relationships are also believed to lead to more violence. Overall, then, economic dependency is negatively associated with propensity to leave. Testing these ideas with data from the Physical Violence in American Families Survey of 1985, with a special focus on what happens to women who leave and return, Anderson (2001) found that women who temporarily leave and then return suffer more violence, a finding that is “consistent with a feminist interpretation that aggressors are angered by and punish the attempt to escape” (p. 110).

f. Fear of consequences of reporting abuse to public officials

Finally, still another reason why women remain in abusive relationships is a feeling that reporting the abuse will do them more harm than good. In this regard, at least half of all women report feeling dissatisfied or even revictimized by police response to domestic abuse. Most women first report abuse to the police, but most also report that the police were by and large unhelpful. Many police officers were reported to have blamed women for having stayed in an abusive relationship after the initial act of abuse, demonstrating ignorance of the cyclical nature of abuse in the context of a relationship (Grovert, 2008).

Payne & Wermerling (2009) argued that feminist notions about patriarchic values supporting a culture where the domestic realm is sacrosanct, with men in charge and women submissive, may in itself create a belief system where women may think that, if their behavior has in fact threatened male domestic power or his standing in the hierarchy of the family, domestic violence is justified. Indeed, it is the feminist's viewpoint that these traditional values accounted for why police for so long failed to respond to domestic violence, treating it more as a family matter rather than a crime. In the past 20 years, domestic violence has in fact been criminalized, but the primary intervention used to act against it is interventions to rehabilitate the abuser. Still, the criminal justice system remains "flummoxed" by many women's response to domestic violence, often minimizing the abuse, refusing to prosecute, bailing their abusers out of jail, staying with the abuser and returning to abusive men.

In answering the question "why do they stay?" Payne & Wermerling (2009) pointed out that there are situational, relational, and systems-level factors in the criminal justice system which may in fact prevent women from reporting, or cause them to engage in any other of the above behaviors. Only women who were treated well by the system and whose cases turned out as expected had favorable views of the system. Other women who had been pressured into prosecuting, who had limited financial support, whose proceedings had been cancelled a few times, and who had experienced more abuse before the court case was closed, were less likely to be cooperative. It therefore quite often happens that victims of domestic violence fail to appear at court hearings, causing the case to be dismissed. Because by not showing up at a hearing a victim is perceived to have wasted the time of the court and its employees, there is a tendency in the system to blame these women for setting their assailants free. Moreover, if a woman does

walk away from a case, and fails to prosecute, the next time she enters the system she is likely to receive much less sympathy from the police or the court, resulting in withdrawing a second time. But women may also have other reasons for withdrawing a case. For one thing, studies show that abused women experienced 32% more domestic violence revictimization in the months after a criminal justice intervention. They may also be reluctant to serve as a witness against their abuser, usually because they determine that it is less risky to be exposed to more violence as a result of taking the stand afterwards. Protective orders, while they do hold the abuser accountable, do not in fact protect women from further abuse after a case. Also, “female victims often remain in violent relationships realizing that participation in prosecution is by no means a guarantee of their safety, nor will it change the behavior of the batterer” (Payne & Wermerling, p. 3).

Temporary restraining orders, most women see, will not protect them, and thus they become more concerned with preventing future attacks than prosecuting the current one. Women also often terminate proceedings when they are unable to find an alternative financial solution to keeping a roof over their head. It is also true that many employers make no provision for a female employee to take time off of work to undergo the medical appointments and court proceedings necessary for prosecution. Payne & Wermerling (2009) argued that the only way that women will be made to view the criminal justice system with less suspicion is for all stakeholders in the system to become more sensitive to the woman’s motives in failing to pursue prosecution and develop a safety planning protocol to provide for the longer-term safety of the victim. Police departments also need to become more deeply involved in the process of guaranteeing ongoing safety for women who prosecuted domestic violence. Provision of

financial aid in the form of temporary shelters might also prevent women from returning to abusive relationships purely on economic grounds. Generally, then, Payne & Wermerling (2009) blamed both the procedures and the response of the criminal justice system to women's internal calculations about whether or not it would be better to prosecute or drop a case against their abuser, and work to provide more safety for women so that the barriers identified above can be minimized.

Christman (2009) sought to determine the extent to which forgiveness mediated the traumatic bond said to be one reason for women staying in abusive relationships. The purpose of the study was to enjoin caseworkers to explore more of the emotional variables involved in victim decisions to return to abusive relationships, including forgiveness. Traumatic bonding occurs when a power imbalance develops in a relationship resulting in a pattern of build-up and decline of abuse. The construct has been linked to Stockholm syndrome, another case where extreme power between abuser and victim can lead to strong emotional bonding. This develops when a life is threatened, when one cannot escape, becomes dependent, is isolated from others and the abuser shows some degree of kindness to the threatened person. This can be strengthened depending on the attachment style of the victim as well, with adult attachment theory including emotional or preoccupied attachment as most likely to reinforce the syndrome. In this context, forgiveness, in spite of its positive elements, may be where the kindness that forms the syndrome exists, leading a victim to return to an abusive relationship. Studies have shown that women were more forgiving of a strong dominant personality, and if they feel empathy for him, even if it is created by the traumatic bonding. In a sample of 121 women in urban and rural domestic violence shelters forgiveness was found to mediate the relationship

between traumatic bond and intention to return and the existence of a traumatic bond mediated the relationship between preoccupied attachment and intention to return. By attending to these dynamics, Christman (2009) argued that caseworkers can gain better insight into the dynamics of victims' decisions to stay or leave, and refer victims to services that will help them address these issues.

Evans (2007) argued that only by developing an understanding of the degree to which abuse is a multifaceted phenomenon will services truly serve abused women and help them leave. In examining the case histories of 134 abused women receiving services in Australia, Evans (2007) found that in all cases there was a greater need for understanding of the long-term impact of abuse by service providers, in order to improve services. Enduring problems lingered for all women in terms of health, where little long-term care was offered. Many women often minimized health problems lingering after abuse, most likely only to comply with a model of quick recovery as expected of them by the system. Still, the study found that 12% of women after abuse later developed symptoms of chronic fatigue syndrome, multiple sclerosis, lupus, Sjogren's syndrome, osteoporosis, or diverticulitis. The fact that women who have suffered abuse have 14% more cancer than others is also a matter of concern.

Breast cancer studies have also found that patients "almost invariably had a history of unresolved emotional pain throughout their lives" (Evans, p. 16). Only 12% of victims or survivors reported being in good health overall, and 26% indicated suffering from co-existing conditions. Most women had suffered rape during abuse but often minimized this, even though they spoke of their bodies as like a sack of potatoes. Only about a quarter of women had discussed abuse with their doctors and only 44% had been referred from medical to social

services. They also struggled with getting justice, with few of the women finding their contact with the legal system empowering, describing a system which gives advantage to the perpetrator and often forces the victim to settle for less than what they are entitled to. The justice system also engendered in most women a lack of faith in family court, especially connected to issues of contact with or residence of children. Most reported that the justice system failed to neutralize the perpetrator, but “provided the perpetrator with a legally sanctioned avenue through which to vent his aggression” (Evans, p. 5). This situation often made it extremely difficult for women to rebuild their lives. In terms of finances, the system also made it impractical to recoup child support, resulting in lasting long-term damage to women’s economic status. Many women accepted living with less simply because they did not want to continue to contact the perpetrator through the legal system.

With regard to children, Evans (2007) also found that the system at present often sets up child access in ways that act “as a conduit for the continuation of the abusive relationship itself” (p. 6). By contrast, most women found counseling to be helpful, though said that it was more or less short-term. Evans (2007) recommended further development of support groups under the mutually rehabilitative model to improve recovery even more and finally found that most women felt that they would in some ways never recover from abuse, and would only describe themselves as survivors, and that the focus of the system to process them, help them get over it and move on, is short-sighted and often retraumatizing.

With regard to system specifics, Evans (2007) concluded from the women’s responses that the first point of contact with the system was sporadic and often clumsy, resulting in distrust of services thereafter. Thus, first contact personnel, police, medical services, or the justice

system, need to improve the way they intake abused women by referring them to appropriate support services sooner than later. The women also reported few instances where contact with the health system was positive for them, and that the health system was poor in terms of early detection of abuse. It was also recommended that health professionals need more training in post traumatic stress disorder, and treat abuse victims as trauma victims.

As for the justice system, respondents felt that the justice system only created legal avenues which extended unwanted contact with the perpetrator, and “often locates the issue within an adversarial framework which continues the adversarial relationship from which domestic violence survivors are attempting to escape” (Evans, p. 7). This policy thus extends victimization in ways that compromise survivors’ abilities to rebuild their lives. Evans (2007) argued in particular that exclusion orders which, in effect, favor the perpetrator, by ordering the removal of victim and children from the home, is inadequate, and an “inappropriate response to the safety needs of the victim and children” (p. 8). The degree to which the perpetrator remains in contact with the victim in the context of child support also needs to be changed in favor of the victim.

Lastly, Evans (2007) recommended models that see abuse as a sign of poor parenting skills and mandate parenting training for abusers so that if further contact is mandated it will be more effective and less damaging to all involved. A final note with regard to social services, Evans (2007) found that most services were short-term crisis and recovery effects, and gave little consideration to helping abused women cope with long-term needs. The development of an incorporation rather than recovery model would provide a more open-ended model of assistance that could address problems that emerged as repercussions of abuse spread in victims’ later lives.

A mutual support program on the model of Alcoholics Anonymous (AA), that is open-ended, mutually rehabilitative, non-obligatory and democratic, would be recommended in this situation.

Overall, then, Evans (2007) provided empirical evidence from victims of abuse of their dissatisfaction with social services and on the basis of these findings made recommendations for changes in practice to better assist women recover from abuse over the long-term. Though acknowledging, then, that changes to social services are required to better serve abused women, it is also worth noting that Evans' (2007) approach to services and ideas for improvement of services is fixed squarely on the goal of leaving the perpetrator and helping victims rebuild their lives after leaving the perpetrator. Little or no attention was given to women who espoused a desire to stay in or return to an abusive relationship.

Though all of these reasons for staying in or returning to an abusive relationship are known, Bell & Naugle (2005) argued that the current paradigm still fails to account for the complexity of the decision-making involved in resolution of the abuse. Bell & Naugle (2005) argued that most reasoning on this issue is based in three theories, learned helplessness, psychological entrapment, and investment theory. All of these theories make the assumption that the decision to leave a relationship is a rational one. To review, according to learned helplessness theory, women who believe in traditional sex roles come to believe that they are powerless to stop the abuse or leave, or continue to strive for the perfect marriage in spite of the abuse. These women may also come to think that they are responsible for the abuse and engage in self-blame. Entrapment theory argues that in order to make her relationship perfect a woman will invest so much time that psychological entrapment will occur, entailing performance of various relationship-nurturing behaviors to appease the violence in the hope that eventually it

will end. Women may end up conflicted over whether to leave or stay, and in this conflict they may become trapped. Finally, the investment model argued that women make cost-benefit decisions on how much they have invested in the relationship, and thus hope that their efforts will pay off at some point in reduction of the violence. They measure the rewards of the relationship versus the violence, and make a decision to stay or leave. As part of this process they may engage in self-punishing, aggressive response or early disengagement response coping mechanisms.

While acknowledging some insight offered by these models, Bell & Naugle (2005) still argued that these models represent a limited conceptualization of stay-leave decisions, and proposed a behavioral model to identify the contextual and environmental variables that lead to decisions. According to this model, decisions are made in the context of positive and negative reinforcement about decisions, punishment, extinction, behavioral deficits, rules-governed behavior, behavioral economics and delay discounting as the dynamics that are operable in a decision to stay or leave. Thus, the victim makes a decision based on whether or not she is praised or suffers from leaving, continues to be abused after leaving, lacks the skills to find alternative living arrangements, believes that if she works on her relationship he will change, believes the current relationship offers more incentives than not having it and chooses in favor of the immediate reinforcers of staying, such as familiarity and emotional attachment, than the unknown or delayed reinforcers by leaving. Bell & Naugle (2005) argued that this model offers a case worker many more insights into the various dynamics at play in a victim making a decision about staying or leaving a relationship, and would tend, if applied, to increase

caseworker understanding of the thought processes of the victim at any given moment in the evolution of the relationship.

g. Myths

One final possibility for why women who want to stay or return may not be taken seriously was suggested by Partnership Against Domestic Violence's (1997) itemization of various myths that continue to inhibit treatment of domestic violence victims. Domestic violence as a crime failed to be taken seriously for years because of various beliefs, such as that it was a private matter and perhaps even a husband's prerogative. But other myths that slowed research were that victims of domestic violence are masochistic women who enjoy being beaten, an "anachronistic psychological theory" that merely masks the survival tactic of silence and endurance until a woman figures out how to leave or that victims are mentally ill, which would explain why they take the abuse. These myths have been overturned by evidence that women resist violence. In truth, it is the other way around, women who experience abuse then begin to suffer mental illness problems. Still another traditional theory is that abused women tolerate abuse because they have low self-esteem, again this idea putting the result before the cause. Another belief is that abusers beat their wives simply because of alcohol or substance abuse, but this theory has also been discredited. Partnership Against Domestic Violence (1997), specifically mentions that, based on these notions, the myth persists that abused women never leave their abusers, and if they do they return to another abusive relationship. In fact, even though it often takes many attempts, and requires a good deal of support, abused women do leave their relationships and seek out healthy partners in the future. The myth that law enforcement is useless in helping them leave has also been refuted by the evidence since. Overall, then, while

dated to account for the lingering effect of unexamined traditional ideas, it is acknowledged that domestic violence is so framed by myths that women may feel like they caused the abuse and will never leave it.

While most of the above reasons cited for women staying or returning to abusive relationships focus on situational constraints, there remains some research which examines the extent to which the psychological histories of abused women may account for their return. Griffing, Ragin, Morrison, Sage, Madry & Primm (2005) examined the correlation between revictimization and a history of childhood abuse in 104 adult domestic violence survivors. The participants were interviewed about why they returned to their abusers. One third of the women had experienced childhood sexual abuse (CSA), and as a result struggled to permanently separate from their abusers. The results found that most women who returned had a greater number of past separations and returns, and were more often than not influenced by their emotional attachment to the batterer. They also did not think that they would be abused again, or have to return again. Griffing et al. (2005) worried that women with histories of CSA, therefore, may not only continue to return for more battery, but underestimate the extent of their danger, because of the nature of their emotional attachment with the batterer. Wellbourn & Zemek (2001), examining the degree to which college women understood some of the reasons women give for returning to abusive relationships, while finding that most had a fairly good sense of these reasons, also found that their acknowledgement of the reasoning behind such decisions correlated with the respondent's history of prior abuse, indicating according to social learning theory that one's response to leaving or staying may be colored by one's own experience.

3. Theoretical issues: The current and changing paradigm for social services treatment of victims of domestic violence

Because domestic abuse prevention policy was originally promoted in response to feminist criticism, a paradigm of response remains firmly in place—but some experts are arguing that a change in paradigm is also needed (Awoyomi, 2009; Baker, 2009; Bouffard, & Muftic, 2007; Desmond, 2011; Drigo, 2010; Grauwiler, 2004; Perez, 2007; Sumter, 2006; Vincent & Eveline, 2008). Most women report abuse to the legal system, including the police, the health and mental health field, support groups or shelters. Advocates have also entered into the service picture, as they help abused women access the resources available in their community. Most of the time, advocates are employed by domestic violence shelters. One study found that women who went to shelters and made use of advocates were more likely to leave their partners after six months, and obtained improved results after leaving.

But there is considerable concern that abused women are correct in suspecting that police officers or social service professionals will not adequately protect them or understand their situation, should it become a police or social services matter. Awoyomi (2009), basing a study of this problem on a case in upstate New York where police responding to a domestic violence call talked football with the abuser, arrested no one, only to have the abuse continue, studied the doctrine of state-created danger, which, while not yet accepted by the Supreme Court, and still a subject of dispute in state courts, has emerged as a cause for lawsuits of women against police departments.

State-created danger is shaped when police fail to respond to clear cause of arrest or in other ways act in domestic violence cases that put the victim in still greater danger of abuse, or escalation of abuse. While Awoyomi's (2009) discussion focused on legal issues, and examined the various ways in which cause for suit based on this doctrine would be valid, the case itself, and similar examples where police responded inappropriately to domestic violence, are elements of concern. Historically, feminists in the 1970s began to protest against police laxity in response to domestic abuse, but this only resulted in mandatory arrest laws which ended up arresting people for minor domestic violence cases. It still happens, however, that even when there is reasonable evidence that an assault has occurred, many police, accustomed to response as domestic violence is the "common cold" of their practice, often fail to arrest. As such, Awoyomi (2009) presented a number of cases when abused women were, in effect, revictimized by their contact with the police, a fact which would itself, once it becomes a common perception, contribute to unwillingness to report abuse or take action against it. That is, fear of the consequences of police response is another reason why women choose to stay in abusive relationships, or not report abuse. In a similar study, Perez (2007) found that a protocol developed for police to respond more effectively to domestic violence, developed almost 15 years ago, continues to fail to improve police response to domestic violence. A pro-prosecutorial response is called for, focused on the offender and not the victim.

Whether or not programs developed to reduce domestic violence according to the current paradigm of reporting are effective is a question. For example, Hovell, Seid & Liles (2006) examined the effectiveness of the Family Violence Response Team of police officers developed at San Diego police department in 1998 to better train police officers in response to domestic

violence to determine the extent to which it reduced domestic violence in the future, focusing on the recidivism rate. The program was replicated in six sites as the Spouse Abuse Replication Project, but some of these replications found that application of the program only increased domestic violence, with the suggestion that application of the program and stigmatization of arrest might only provoke offenders to commit more violence. The program also involved referral to victim services and social services. Hovell's et al. (2006) study of its implementation in San Diego found increased rate of recidivism, more quickly following reporting, again calling into the question police response to domestic violence and giving rise to a reason why women might be reluctant to report abuse.

Desmond (2011) argued that too many women remain in danger after separation from an abusive relationship, and often have to return to the relationship, because they lack on-going support in attempting to create for themselves a new, independent life. Indeed, poor housing, and lack of financial capacity to support their children has been determined to be "major factors influencing a woman's decision to either remain with or return to a violent partner" (Desmond, p. 3). For services, this means that more long-term post crisis services and support needs to be provided for women and children to remain separated from the abuser.

Desmond (2011) reported on the Development of a post crisis support model, for this purpose, set up in Australia. The overall goal of these services is, explicitly, to prevent women from returning to violent relationships due to lack of support or work. Theoretically, the program seeks to break the cycle of violence, by providing support safeguards that help women maintain their separate life apart from their abuser. The program also seeks to reduce the problems during the post crisis separation that can retraumatize children from domestically

violent families, all of which can negatively affect them. The program takes what it terms a woman-centered approach to support, meaning that it “acknowledges and recognizes women and children’s right to live free from violence” (Desmond, p. 12). While Desmond (2011) primarily outlined the various ways in which the program is implemented, it is clear that she presents reform as an effort to improve the capacity of women to leave abusive relationships as the only resolution to the problem of domestic violence. Thus, this reform extends the preexisting separation model.

Sumter (2006) also argued that most service for domestic violence is controlled and delivered by the racial majority culture and as a result is often inappropriate in response to the day-in day-out needs of African American women. Lacking cultural sensitivity, many caseworkers therefore will not understand alternative approaches to coping with domestic violence that minority women often take. African Americans, for example, emphasize peoplehood, often express themselves through nonverbal behavior, value extended families and “are paranoid due to oppression” (Sumter, p. 181). They cope with abuse through extended families, and adapt to it in various ways not valued by mainstream caseworkers who will then pathologize that behavior, and as such inadvertently engage in victim blaming and stigmatizing. For this reason, it has been found that African Americans underutilize social services because they feel uncomfortable with the values imposed upon them by the system. For this reason, Sumter (2006) argued that caseworkers needed to become more culturally competent, offering cross-cultural services that are consistent with the lifestyles of minorities. Though no mention is made of it, Sumter (2006) strongly suggested that most caseworkers would remain insensitive to African Americans returning to abusers for various reasons.

4. Changing the paradigm of services for victims of domestic violence

Grauwer (2004), while acknowledging that the feminist paradigm has done much to bring domestic violence to prosecution, also notes the results of a recent survey which found that most abused women think that the criminal justice system is not the proper place to resolve domestic disputes. Reasons cited for their resistance to justice is that male stereotypes dominate the field and there is an assumption that women will leave their abusers. In essence, women still see that there are a great deal of invisible gendered decisions being made in the criminal justice system, and that even when ostensibly helpful, most of them risk further victimization (Vincent & Eveline, 2008). They also complain that anything short of leaving is proof to service providers that the woman is being negatively influenced by her abusive partner to stay and not thinking for herself: these women are then tagged as uncooperative in criminal prosecution, which can place them in jeopardy of losing custody of children. The decision to stay is rarely understood as a choice, a statement of commitment to the relationship, or an expression of self-determination, which it often is.

The fact that mandatory arrest policies means that women are no longer consulted as to whether or not their partner should be arrested has also been disempowering. They propose a restorative justice model to accommodate the desire by most abused women to not deal with the problem in the context of criminal justice. As a result, Grauwer (2004) examined the assumptions behind the mandatory arrest laws and the current practice of the criminal justice system. The assumptions behind arrest are that men are privileged, patriarchy dominates, criminal justice is per se sexist (and thus we need mandatory rules) and not arresting simply reiterates long-held views that domestic violence is not serious. Yet most of these theories

collapse, when cultural diversity enters the picture, as diverse clients focus on more practical difficulties and situational constraints. Treating intimate violence on the model of stranger violence also overlooks the internal dynamics of relationships that can lead to violence. Also, “ignoring of a woman’s agency by ignoring her desires in relation to the arrest or prosecution leaves her both without insight into the dynamic of abuse” but no protection should the prosecution fail (Grauwiler, p. 6).

The above assumptions are crumbling, moreover, with increased proof of violence originating from both sexes, and more study of the indirect ways in which women engage in aggressive behavior. There is also a growing tendency to look at psychological violence as equivalent to physical violence, in many ways. As such, then, Grauwiler (2004) argued that a restorative justice conference model might be better applied to domestic violence treatment, insofar as it retains female agency and avoids simplistic patriarchal assumptions, but examines the dynamics of the relationship in detail, to come to a resolution. Restorative justice approaches not only empower the parties involved but usually come to a resolution that is more acceptable to both parties. Experimental use of the restorative justice conference idea in treating cases of child maltreatment, in Miami Dade County in 1998, for example, not only improved relationships but reduced the amount of time children spent in the system.

Grauwiler (2004) developed the notion of Intimate Abuse Circles using restorative justice principles in order to adapt the idea to domestic violence and argued that this model of treatment will have much more success in actually resolving domestic violence disputes and keep women safer as a result. In a similar vein, Kuennen (2010) argued that the principles of relational contract theory could be brought into cases of domestic violence to counteract the no-drop rules

which force prosecutors to pursue cases even against the wishes of the victim. As currently practiced, this rule ends up terminating the relationship between abuser and victim, simplifying a complex situation while relational contract theory, by analyzing the domestic violence as a breach of the contractual contexts of the relationship would allow for better assessment of the multiple and complex relational forces that contributed to the violence. By examining the relational values involved in a case, Kuennen (2010) argued, states could resolve domestic violence cases in ways that would not put victims in further danger, or at least would be sure that if cases were brought to trial they were done so with the support of the victim.

Baker (2009) described how some states are changing the way they respond to domestic violence by developing multidisciplinary practices involving not only counselors, but social workers, attorneys and others in order to provide victims with a “whole client” response to their abuse. Multidisciplinary services have been found to yield more satisfactory outcomes for victims of domestic abuse, and better help women escape and leave relationships. While describing the nature of this multidisciplinary response in detail, Baker (2009) nonetheless focused on the legal questions that emerged in light of the fact that “current applications of professional privilege do not accommodate multidisciplinary practices adequately” (p. 284). As such, these current laws continue to expose victims to continued exploitation and abuse by their abusers, and the ethical rules of each profession also fail to protect clients adequately from further abuse.

Legal confidentiality and counselor confidentiality rules often leave clients defeating the purpose of multidisciplinary collaboration in care, and may deplete the quality of service and even, “aggravate her trauma, disrupt her access to the judicial system and compromise her legal

outcome” (Baker, p. 285). This situation is complicated by the fact that when women at last present themselves to the legal system the abuse is often at an extreme state, and they are fearful that having left will only bring the abuse to a crisis which could be dangerous to their well-being, and even life. Indeed, studies indicate that women are 75% more likely to be murdered when they try to flee a relationship as opposed to if they stay in the relationship. The fact that clients are often suffering from psychological and even physical pain also means that they may fail to understand fully the consequences of their attempting to leave, or the degree to which services can help, and even confidentiality and how it limits service help. This means that professionals serving abused women must “tread carefully into their lives to seek understanding and information efficiently and therapeutically” (Baker, p. 295).

Women finally arriving at service provision may also fear disclosing the facts of the abuse as this could lead to events that would put them in greater danger, and may also result in them being blamed for not protecting their children. Baker (2009) itemizes the roles of counselors, victim advocates, attorneys and others, with regard to how to best treat abused women who present themselves for care. Without detailing the intricacies of each stage of service, involving a myriad of different stakeholders, Baker (2009) argued that only by extending confidentiality conditions to allow for better collaboration between privileged professionals will many of the pitfalls and dangers that exist in the current care paradigm be reduced. Thus, “reforming the rules of privilege and confidentiality will promote collaboration, ensure client trust and generate more favorable outcomes for clients and society” (Baker, p. 36).

Bouffard & Muftic (2007) also noted that police intervention alone, having not been entirely effective in combating domestic violence, is being replaced by coordinated community

response, which is emerging as a new paradigm of social services response. Police involvement in domestic violence cases only occurred as a result of mandatory arrest laws which were passed in an effort to force police to take action against domestic violence crimes. These laws were initiated when the Minneapolis police department was sued for failing to protect a victim of domestic abuse. Both these policies and preferred arrest policies are based on the notion that if the police suspect that there is probable cause for believing that domestic abuse has occurred, an arrest must be made.

Preferred arrest is distinguished from mandatory arrest by allowing for a measure of police officer discretion. Warrantless arrest and civil protection orders, or restraining orders have also become part of the landscape of police-centered response to domestic violence. Studies, however, have shown that the effectiveness of police response is still questionable, and may not deter domestic violence. For that reason, a new model, the Coordinated Community Response model (CCR), was developed to improve system effectiveness, delineate required services across agencies, deliver appropriate services with minimal stress, protect the victim and sanction the offender. The coordinated community response model has added aggressive prosecution of offenders, advocacy services for victims, and treatment for offenders, to the mandatory or preferred arrest rules. The first coordinated community response model was the Duluth Domestic Abuse Intervention Project, resulting in the so-called Duluth model, focusing on a batterer intervention program as opposed to jailing. The Minnesota Intervention Project followed, involving expanded community services including judges, probation officer, volunteer advocates and others. The focus of this and other coordinated community response programs is to reduce recidivism by offenders to remove danger for the victim, and most studies appraising

the effectiveness of these programs have measured their success in terms of offender recidivism rates.

A number of studies have found that coordinated community response programs have successfully reduced offender recidivism, suggesting that this focus is an important element in breaking the cycle of domestic violence. At the same time, Bouffard, & Muftic (2007) noted that many of these studies had limitations in terms of methodology and sample population. Therefore, they studied in particular the coordinated community response of a mid-sized city in the midwestern United States specifically examining the degree to which arrested male offenders experience recidivism into re-arrests, also for domestic violence. The coordinated community response program examined had various collaborating stakeholders including the police, the district attorney, a victim advocacy group, counseling and community corrections, all of these efforts overseen by the county's Family Violence and Sexual Assault Committee.

Each step of the intervention from police contact to issuance of restraining orders, to prosecution on to intake and screening, and then ongoing monitoring of offender compliance with the intervention, were reviewed. Even more specifically, Bouffard, & Muftic (2007) sought to determine if specific offender characteristics predicated the extent to which offenders would progress through all of the stages of a post-conviction coordinated community response-type intervention. Some 189 offenders were studied over the course of 12 months based on background variables, coordinated community response process variables, and recidivism measures. The results found that program success was related to offender history and characteristics, with offenders with a previous history of domestic abuse being less likely to cooperate with programming and appear for intake interviews and being more likely to recidivate

back to more domestic violence. This raised questions as to the effectiveness of a coordinated community response approach for repeat offenders, even though the program worked well for first-time offenders. Bouffard & Muftic (2007) also found that the number of intervention components did not seem to have a measurable impact on whether or not offender recidivism occurred, that is to say, the study could not prove that coordinated community response intervention reduced re-offending. The findings suggested either that the coordinated community response model was not properly implemented or that further research is needed as to which elements of the model combine to create the most effective treatment for offenders.

Corvo, Dutton & Chen (2009) probed more deeply into the problems in interagency cooperation caused by the mandatory imposition of Duluth model programs in intervening against domestic violence offenders, in spite of studies finding that such interventions are of questionable value. Again, the Duluth Domestic Abuse Intervention Project was established in 1981 to protect women from recidivist violence and has since spread to 41 states and become the de facto alternative domestic violence response program. The model uses the concept that men abuse in order to seek power and control, and the intervention works to deconstruct male privilege and reeducate men in order to prevent them from abusing again. The intervention also usually entails anger and stress management programs, addiction counseling and training in developing conflict resolution skills. Generally, as a result of its narrow, ideological focus, the Duluth program has been criticized for its simplistic explanation for domestic violence.

Indeed, Duluth programs have been criticized mainly on fidelity grounds, as failing to consider evidence properly, failure to maintain best practice, poor diagnosis, inability to connect treatment to assessment, inaccuracy of individual treatment plans and provision of inappropriate

treatment, a host of problems each of which would give pause to women seeking to report abuse in districts that made use of the Duluth plan. In particular, they focused on the fact that the Duluth model program often ignores mental health and substance abuse issues in perpetrators (a charge also often leveled against child protective services as well) in these cases, and as such could compromise mental health professional ethics and impair program efficacy even further.

Whether the Duluth model accords with evidence-based practices (EBP) are another serious question, and the fact that it continues to be enacted without grounding in best practice itself is often seen as unethical and a violation of professional norms in fields like mental health. The fact that feminist and sociocultural explanations for domestic violence are being replaced by social learning-theory based intergenerational transmission and psychological theories, with the latter now believed to provide the strongest and most accurate descriptions of factors, also places the Duluth model in a suspect position. This is because research has provided strong evidence that men who repeatedly abuse women are distinguished psychologically from other men, and differ in terms of psychopathology, attachment and personality styles, hostility and substance abuse. It has also been found that close correlation exists between criminal offending and partner violence. Brain research has also found that frontal lobe deficits are related to violence insofar as it is more difficult to inhibit impulsivity or aggression. The disinhibition, overreaction to perceived threats, deviance disavowal and hormone effect factors all also link violence to substance abuse. Thus, research is converging on a more holistic model than the feminist model grounding the Duluth model, meaning that models based on these broader evidence-based theories are likely to be more effective.

In spite of the fact that many experts acknowledge that the Duluth program is ineffective, the program continues to be, for ideological reasons, imposed on offenders, and this has resulted not only in ethical dilemmas for mental health personnel involved, as they are committed to evidence-based practices, but would give reason for women doubting the effectiveness of the programming in protecting them as well. Indeed, in studies of victim response, most were apprehensive about how their partner would respond, but were hopeful that it would help. As a result, women abided by implementation. As such, the fact that women place hope in a program that is ineffective would seem to place women at greater risk for repeat violence by creating in them a false sense of security.

A woman who returned to an abusive spouse in the belief that he had been rehabilitated by a program that did not do so would also be at risk. Even if clients know or are told that the Duluth program may not be entirely effective, simply because it is the method of choice means that clients often believe that it will solve their problems. This gap places mental health professionals in still another type of quandry. Indeed, even social workers are mandated to operate out of a broad biopsychosocial theoretical framework in client treatment, meaning that insofar as the Duluth model rejects that framework in favor of a simplistic sociocultural model means that they become unethical by proceeding with the intervention. The Duluth model is also at odds with American Psychological Association (APA) and other professional codes of ethics, leading Corvo et al. (2009) to question why it continues to be used at all. In the bigger picture, then, social service response to domestic violence is revealed to be overly dependent on its activist origins and, having not yet evolved to professional ethical standards, would clearly be cause for women to hesitate to seek out help. On the other hand, Day, Chung & O'Leary (2009)

also found evidence that anti-domestic violence programs directed at rehabilitating the offender as less than effective, but argued that with better integration with other inter-agency programs, and with improved design and delivery, such programs could develop a good practice that would reduce offender recidivism.

Drigo (2010) introduced an agent-based model to stimulate the help-seeking behavior of abused women in formal and informal social support systems to reduce the gap between reported incidents of domestic violence and the number of incidents that occur in reality. The model focused on low-income women in that their lack of economic independence was found to be a primary reason for their failure to leave relationships. Former models have derived from the culture of violence theory, developed in the 1970s, which argued that subcultures in pluralistic societies develop norms of behavior that countenance physical violence. Ecological theory, by contrast, linked violence in broader social contexts ranging from the culture to the family. Evolutionary theory argued that violence is sparked by attempts to change relationships, while resource theory echoed the notion that loss of resources of power might cause a man to become violent.

Only in the 1980s, did the theories surrounding domestic violence begin to take into consideration the way that individual persons bargain to stay in or leave relationships, with investment theory being one explanation for staying, in that the costs of staying in the relationships are calculated as still less dangerous than the risks of leaving. In essence, a woman does a cost-benefit analysis of intrinsic versus extrinsic factors to determine if she will leave. Traumatic bonding theory also emerged as an albeit highly negative explanation for why a women would stay in a relationship, based on unhealthy dependency. Family violence theory

meanwhile argues that all families are violent more or less, while feminist theory argued that male-female relationships experience more violence because of imbalance of power. Only in the 1990s, with common violence theory, did recognition develop that women are better seen as survivors than as victims, but that ending violence and breaking free of it can take years, and required the building up of coping mechanisms until the woman can decide to leave.

Only in the past decade have refinements to these notions been developed to account for conceptualizations of violence by women of different origin cultures. For example, for a woman from South Asia, Drigo (2010) noted, the concept of marital rape is an alien concept, and they would not recognize this act as abuse. Both the recognition that most domestic violence programs were developed for white middle-class women and that acculturation of immigrant women can lead to change led Drigo (2010) to develop the agency model focused on putting abused women together with resources to empower them to take action against their abuse. The model is sensitive to the myriad barriers to reporting domestic violence in ethnic communities, including fear of police, fear of immigration, cultural values, attachment to family and differential treatment by police, all barriers to care, and reasons why many non-white women stay in relationships.

The fact that ethnic women often seek help using informal channels, and that many hold patriarchic values that countenance battery is yet another factor that may lead them to stay. According to this model, then, “ending violence by means of leaving the relationship or the community is not a viable solution for many women, especially for cultural reasons” (Drigo, p. 35). Leaving is therefore depicted as a very complicated journey, meaning that this model provides a way for a caseworker to view staying or returning to the abuser as part of a broader

model of the overall ecology in which the woman lives. Without delving into the complexities of developing a computational agent-based model (ABM) to describe the complexity of this process, it is nonetheless true that the goal of creating an agent, or someone who is “autonomous, self-directed, modular, self-contained social and interacting, living in an environment, having goals that drive the behavior, able to learn and adapt, heterogeneous, engaged in local interactions, having bounded rationality (i.e. making decisions on the basis of the local information) and having emergent behavior” is an important goal for women dealing with domestic violence (Drigo, p. 42).

Drigo (2010) argued that the agent-based model is well-suited for examining the help-seeking behavior of women from various social backgrounds experiencing and responding to domestic violence. Many agent-based models have been used in police work based on social chaos theory to discern patterns in crime. While Drigo (2010), applying the agent-based model to domestic violence in a case study in Chicago, was not able to establish the parameters that lead to reduction of violence, it is also true that he found “much variability in how women of different groups responded to the changes in parameters” meaning that by and large the agent-based model provides a way for caseworkers to again acknowledge staying or returning as part of a myriad of responses of ethnic and other women to domestic violence (p. 42). By using a model that captures the heterogeneity of female response to domestic abuse, caseworkers might be better able to respond to their particular needs, and avoid unethical dismissal of their strategies based on ideological grounds.

A number of paradigm-changing theories have been developed to explain the dynamics of abusive relationships and the impact of such relationships on the development of women. For

example, Covington (2005) applied relational theory to the history of women entering the criminal justice system, finding that the reasons for this entry are different in women than in men. Most female offenders have a history of being physically abused, and were also mothers at the time. This combination often resulted in women having household needs as primary caretakers that lead them, by economic motivation, into crime. Abused women in prisons also have a higher incidence of suicide than do male offenders. According to standard psychology, a person develops from dependence to independence and self-sufficiency, at which point “the person was equipped for intimacy” (Covington, p. 3). But for women, separation, the key stage in this process, may occur in a different way. This is because a woman’s goal is to “build a sense of connection with others” in her life, and her self-worth arises out of these needs and connections.

Formerly, this characteristic of women has been treated as a deficiency, while since the 1970s at least connection has been validated as a key motivation for women. A connection in this sense is “an interaction that engenders a sense of being in tune with self and others, of being understood and valued” (Covington, p. 4). Connections are mutual, empathic, creative, energy-releasing and empowering. When these occur, women feel more vital, empowered to act, have greater self-knowledge and desire still more connection from others. If, however, these connections are broken, a woman experiences diminishment of all of the above. Relational theory acknowledges as well that these connections are made in a cultural context, in the contexts of relationships and provide pathways to growth.

This model allows for a paradigm shift which does not view women’s need for connection as dependency, but as a major pathway of personal growth. Covington (2005) argued

that because social services and, in the case of her study, prisons, operate according to outmoded notions of individualistic psychology, they often offer services that do not correspond to women's needs. A gender specific program would acknowledge the perspectives and unique needs of women, respect the dynamics of female development and empower women to reach their full potential. Only rarely, up until recently, was policy aligned with these needs. In Florida, for example, more has been done to allow for visitation from female inmates' children, acknowledging the rehabilitative effects of relating to one's children, for women.

Covington (2005) also reported a high incidence of cultural encapsulation in much policy, a situation which exists when a person is viewed through the lens of one culture as pathological, when her behavior may be normal for a minority group. Covington (2005) argued that relational theory helps services better understand why women remain attached to their abusers, as well as the dynamics of drug addiction, which is also often linked to a relationship. Drug addiction is also conceptualized from this perspective as a response to psychological isolation, when a woman feels isolated from her personal relationships, and is not validated by her relationships. The fact, then, that the system often limits contact between women and their children is a major problem, in that it revictimizes women where such relationships might help them recuperate. The fact that the Adoption and Safe Families Act of 1997 allows for termination of parental rights if a mother has been apart from a child for 15 consecutive months has only added to the anxiety of such separation. Visitations by children are also far from best practice in that the concern for security and safety compromises the ability of the child and mother to interact. As a result, "what should be an experience fostering family support and connection is instead often an unpleasant or traumatic occasion for both the child and the

mother” (Covington, p. 10). Thus, Covington (2005) recommended that all services for women in the system focus on maintaining their role as mother as an integral part of the services.

Covington (2005) also argued that relational theory calls for the creation of more pre-release planning and post-release supervision of a women’s attempt to reintegrate into society. The restorative model of justice, focused on relationships, healing and justice, was found by Covington (2005) to be in accord with female psychosocial developmental theory in that its emphasis on the restorative value of relationships to build up a woman’s caring capacity through community service and other “moral development opportunities” will ensure that women will move beyond the male-style egocentrism that put them in prison in the first place. Addiction can also be viewed as a relationship, which can be countered by the expansion of one’s connection to others. Women also may begin to use drugs to alter themselves in order to fit into a relationship, as relationships for women often are marked by a paradox, namely, “when a woman cannot move a relationship toward mutuality, she begins to change herself to maintain the relationship” (Covington, p. 13). Substance abuse is often made use of to alter oneself to adapt to the disconnections within the family. Women also use drugs to “numb the pain of nonmutual, nonempathic, even violent relationships” (Covington, p. 13). While acknowledging that the medical model that sees alcoholism as a disease that cannot be changed by will power alone is helpful, Covington (2005) also argued that this model still sees the disorder as rooted in the individual and not as part of a more holistic model which acknowledges the psychological and spiritual aspects as well. In this instance, treating addiction with brief treatment and discharge is ineffective and only results in “shaming and punishing clients for failing to respond to an intervention design that is inherently flawed” (Covington, p. 15). By contrast, an approach

which provides supervision after release until the woman has expanded her sense of self and reestablished strong relationships is helpful.

Covington (2005) also argued that trauma theory can help social services professionals provide better care to women, as this theory argues that traumatized individuals can be retraumatized by a system unsympathetic to their needs. A trauma informed care, by contrast, would avoid triggering trauma reactions, support of coping capacity and help survivors manage trauma. Trauma also results in disconnection and can only truly be overcome going through three stages of healing: safety, remembrance and mourning, and reconnection. If social services cannot provide a safe place for abused women, teach them self-soothing mechanisms, avoid retraumatizing the woman, provide social support and create a therapeutic environment designed to reverse the effects of exposure to relationship violence (characterized by attachment, containment, communication, involvement and agency), rather than recreate the dysfunctional system women had come from, it will not help abused women.

With regard to specific recommendations to prevent abused women from becoming imprisoned, Covington (2005) recommended changing mandatory sentencing laws, female staffing of prisons, retraining personnel to value the realities of women's lives, help women maintain contact with their children and teach women to value life. Thus, Covington (2005) demonstrated how a change of paradigm can result in a change of social services practice in ways that will avoid retraumatizing women.

5. Barriers to social services and advocacy encountered by victims of domestic violence who remain with their abusive partners

Studies have found that women who choose to cope with abuse by a solution other than leaving face challenges in receiving responsive care from public services professionals (Burman, 2010; Coohey, 2007; Hetling & Zhang, 2010; Lindhorst & Casey, 2010; Robinson & Spilsbury, 2008). Burman (2010) reported that many women, if they chose to stay in an abusive relationship, or have chosen to stay in a relationship and then are abused again, meet with a response from social workers questioning their motives in ways that not only revictimize them insofar as it deflates the ego but in many ways incriminates them in the abuse and thus represents a kind of blame the victim response to abuse. Burman (2010) argued that to avoid this type of response a greater understanding of the nature and extent of domestic violence is required, as well as of the reasons a women chooses to stay or leave.

To this end, Burman (2010) enlisted Roberts' models of the seven-stage crisis intervention to help abused women, as well as his conceptualization of the continuum of the severity of abuse through time. Use of this model has shown that the extent and chronicity of the abuse in a relationship often determines whether or not a woman will stay or leave. Identifying which stage of change the woman may be in terms of assessing her response to abuse may also help in pinpointing best advice for clients at particular junctures in their relationships. The stage of change or transtheoretical change model has also been made use of to shift paradigmatic thinking about why people cling with rigidity and belief to maladaptive behaviors.

This model posits six stage changes, precontemplation, contemplation, determination/preparation, action, maintenance, and termination. Applied to abused women, the woman in the precontemplation stage still minimizes or denies abuse, is defensive against anyone suggesting something is wrong, and hides or rationalizes abuse. She continues to hope that her abusing spouse will change his ways. While experiencing honeymoon periods, there is also, Burman (2010) reported, “an invasive apprehensiveness in her daily routine—one that lies just beneath the surface and threatens the vulnerable state of stability and security” (p. 85). It is also in the precontemplation stage that traumatic bonding occurs, as well as learned helplessness and psychic numbing emerges. During stage two, the contemplation stage, the woman moves into a more ambivalent state of mind as she becomes more aware of the cognitive dissonance between her beliefs about the relationship, and its realities. A woman may also fight back or take other moves to protect herself during this phase, in a vague way preparing to leave. Burman (2010) argued that women without social support often become stalled in this stage for some time, and recommended the use of a decisional balance chart to weigh the advantages and disadvantages of leaving.

In stage three, the woman is determined to carry out a course of action, and prepares to do so. Ambivalence is replaced by a clear decision to leave, and beginning to take steps to ensure a smoother departure. Women in this phase begin to look around at the available social services available to them, put money away, look into daycare and other issues: they are planning. Action is the fourth stage, it involves actually putting one’s plan into action, such as going to a shelter, calling the police or moving to a relative’s house. The fifth stage, maintenance, involves preventing a relapse or return to the relationship. This stage is particularly difficult for abused

women, as they may have only limited resources for remaining independent, fail to receive appropriate or enough service, and end up having no choice but returning. Threats of death or serious injury, as violence often does escalate after departure, can also lead them to appeasing the abuser by return. Suffering from post-traumatic stress disorder (PTSD) and other after-effects of abuse may make it hard to maintain one's resistance to return as well.

The next phase is termination, this only happens when a woman in fact rebuilds her life and believes that the action she has taken has led to a better life. Burman (2010) argued that the use of this model would inform service providers of the myriad different junctures in the long-term process of leaving that may cause a woman to stay in or return to an abusive relationship. To advise a battered woman to take action, for example, when she is only in the precontemplation stage, may only worsen her plight: thus, this model allows for service professionals to adjust their services to the stage in which the victim finds herself.

In addition to the aforementioned model, Burman (2010) also argued that the seven-stage crisis intervention model and the model of the abuse continuum can improve service. This model applies to service provision. Stage one entails risk assessment screening, stage two relationship building, stage three involves problem identification and identification, stage four necessitates the use of therapeutic skills, stage five assesses the coping mechanisms of the client, stage six involves developing a rational plan for leaving (both stage 5 and 6 focused on empowering women), and stage seven involves examining and reinforcing progress made in leaving the relationship.

The five stages of severity abuse model (dividing abuse into short-term, intermediate, intermittent long-term, chronic and predictable, and homicidal) allows service providers to gauge how quickly they need to act to help women. Cognitive problem-solving in general, as a paradigm, is recommended, as it involves helping women to become more empowered by developing their coping skills in a way that will move them through the stages of change more quickly. Burman (2010) provided a case study of a woman who had stayed in a relationship but had only moved to a contemplation stage of leaving, until a crisis event precipitated departure, treated with these models, in order to demonstrate their efficacy. Burman (2010) argued that the extent to which the above models helped service providers to identify where the client was in terms of stage of change, severity or continuum of abuse, and development of self-empowerment, allowed them to respond more effectively to her needs, not dismiss or blame her for having chosen to stay, and organize an appropriate treatment that proceeded to a successful termination. Therefore, social services, by becoming more sensitive to the various reasons why a woman may have chosen to stay in a relationship, may be more effective in helping her find a genuine and safe resolution to her problem (Burman, 2010).

As noted, one of the major reasons why many women choose to remain in abusive relationships is to avoid having their custody of their children revoked, on the charge that, by not leaving the relationship earlier, they exposed their children to domestic violence. As the definition of child maltreatment has expanded over the past generation to include witnessing violence, and legislation has now been passed in 22 states to protect children from being exposed to domestic violence, child protective services (CPS) have become more directly involved in domestic violence disputes (Coohey, 2007). This has created tension between domestic violence

advocates and child protective services, as they worry that child protective services, failing to understand the nature of domestic violence, will blame women for exposure to violence and increasingly revoke custody, in effect revictimizing the women. Domestic violence advocates argue that child protective services claims that women are responsible for protecting children is unreasonable, given the dynamics of abuse, and separation of victims from their children is unfair.

As word has spread of how child protective services responds to domestic violence, it is clear why some women would also increasingly hesitate to report domestic violence, if they are going to lose their children. Also, there is criticism of child protective services in terms of its level of understanding of domestic violence, and the consistency of its decisions in these matters. Coohey (2007) sought to contribute to untangling this jurisdictional clash by determining if child protective services made use of recognizable criteria when making decisions as to the extent to which children had been exposed to violence.

Most statutes describe levels of exposure based on whether or not they were acts of commission, the child directly witnessing violence, or omission, the victim failing to remove children from a violent situation. With regard to the first, Coohey (2007) found that danger of children also being hurt has become a major criterion for arrest based on commission, while with regard to omission five criteria exist but the main one appears to focus on the degree to which the victim can in the present and future protect the child from witness to abuse or abuse itself. To determine if child protective services made use of legal-based criteria in decisions regarding domestic violence cases a sample of cases from a midwestern U.S. state were examined

encompassing 437 incidents. Child protective services reports were examined for consistency in the use of specified criteria.

In describing a series of graphic domestic violence situations, Coohey (2007) found that child protective services investigators did make use of recognizable criteria, with exposure being 100% substantiated if the batterer met the criteria. The study also found that child protective services workers also, however, rarely considered the extent to which mental illness or substance abuse was involved, but also that they attributed responsibility to protect the children to the victims in no cases. Indeed, in only 15 of 437 cases did child protective services workers chose to investigate the failure to protect children criteria. However, if they felt that the victim was unable to protect the child from future abuse, then child protective services did in fact, as feared by many women, remove the children from the home, though again this happened in only five cases.

Coohey (2007) concluded that while it was true that in rare instances children were removed from homes, causing further distress to the victim, states need clearer guidelines on how to identify the extent to which exposure is dangerous to children as at present child protective services and most states do not act according to any guidelines in trying to determine this factor (Coohey, 2007). This finding appeared still to confirm women's fears that their children could be removed from the home in an arbitrary manner by having child protective services involvement in the case.

6. Circumstances of disclosure of abuse and response to disclosure

Robinson & Spilsbury (2008) examined the perceptions and experiences of adult victims of domestic violence when accessing healthcare. The study focused on the disclosure of domestic violence, the response of the healthcare professionals, and the victim's perception of barriers to support and services. The victims' perceptions of the appropriateness of the referrals made by health personnel was also assessed. Robinson & Spilsbury (2008) undertook the study with the belief that the healthcare context would be an ideal conduit through which domestic violence services could be accessed. At the same time, it remains a question as to how well healthcare professionals have been trained to recognize the various negative health impacts of domestic violence. The study was based on a thematic analysis of 12 databases of domestic violence cases presented to the healthcare system in Britain in 2005. It asked respondents a series of questions involving factors that enabled or prevented them from reporting domestic abuse, which responses by healthcare professionals were helpful or not, what barriers they encountered in accessing support based on healthcare referrals and how appropriate the support obtained eventually turned out to be.

The results found that most victims felt that their having to bring up the issue of domestic violence remained a barrier and that they would prefer it if health care professionals were trained to proactively and routinely raise the issue of domestic violence, which would then enable them to report it. Some 90% of victims of domestic abuse supported, therefore, the policy of having healthcare professionals routinely screen for domestic violence. With that said, if domestic violence was detected and the victim was referred to services, Robinson & Spilsbury (2008) found no evidence that the subsequent services were in any way effective. This was most likely

because healthcare professionals focused on physical injuries and did not also consider the impact of domestic violence on mental and emotional well-being. Also, even then, mental health services only responded to the symptoms of emotional distress, but then did not probe the relationship of the distress to domestic violence. Thus, Robinson & Spilsbury (2008) found a general lack of awareness of the various links between physical and other elements of abuse.

Victims also reported that lack of privacy in some screening situations in healthcare, such as in busy emergency rooms, was a major reason why they chose not to disclose domestic violence as a cause for injuries. A significant reason that emerged for caution by victims for reporting domestic abuse in healthcare contexts was their awareness of rules regarding children's safety that could result in them losing custody of their children upon disclosure of the violence. Robinson & Spilsbury (2008), in fact, argued that formalizing reporting laws, and these consequences with regard to children, as in the U.S., would only increase the size of this particular barrier. Victims' fear of loss of control of the process after disclosure must be mitigated by continual consultation with professionals at all stages of the help-seeking process. Overall, then, Robinson & Spilsbury (2008) found that the factors in the circumstances of reporting abuse in healthcare contexts are similar in nature to the barriers to reporting elsewhere in the intake aspect of the domestic violence service framework.

Gregory, Ramsay, Agnew-Davies, Baird, Devine, Dunner, Eldridge, Howell, Johnson, Rutterford, Sharp & Feder (2010) also found that healthcare professionals rarely asked about domestic violence and were not trained to do so. For that reason, they applied an intervention based on adult learning theory to address the barriers that exist to asking women about domestic violence in healthcare settings and encourage disclosure. The intervention was carried out in two

cities in the United Kingdom and physician response to domestic violence was then measured pre- and post-test using the Physician Readiness to Manage Partner Violence scale. The primary outcome entailed an increased rate of referral to advocacy in one year, meaning that the domestic violence disclosure rate also increased in the one year of the study.

In many cases, victims of domestic violence first come in contact with healthcare providers in the context of emergency rooms. However, there are many challenges to having sensitive-issue-oriented conversations in this context. To study this problem, Rhodes, Frankel, Levinthal, Prenoveau, Bailey & Levinson (2007) examined audiotapes of 293 cases being referred for further screening, finding that only 19 cases led to women being referred to counseling. The results found that by and large most of the exchanges with clients about the possibility that they were victims of domestic violence were perfunctory and generally only part of the intake interview in which the provider seeks a patient history from the victim.

Women also only disclosed domestic violence in these situations when probed by doctors, when asked open-ended questions that allowed them to talk, and when they were responsive to various patient clues. Factors which presented barriers to disclosure were the fact that the initial screening was often done in front of a third party, various responses by doctors which seemed to minimize the importance of domestic violence, failure to provide for confidentiality, and even the presence of the abusive partner.

Several tapes demonstrated insensitivity on the part of doctors to domestic abuse, and an unhelpful attitude as well. In one case, the provider paused, upon disclosure of abuse--and then changed the subject. More positively, some doctors made safety checks as to whether or not the woman was in immediate danger, mentioned available law enforcement recourses, brought in

social workers or showed sympathy. The fact that most disclosures occurred in the context of taking a history of one's social background or in using a risk factor checklist recommends these approaches for eliciting disclosure.

Overall, though, Rhodes et al. (2007) witnessed a number of inappropriate and inadequate responses by doctors to disclosure of domestic violence, they also found some best practice examples of response which indicates that emergency rooms may be working to improve the circumstances under which disclosure might be made. Murphy & Ouimet (2008), addressing precisely the same problem, the inadequate response of healthcare workers to mentions of domestic violence in emergency rooms, recommended placing social workers in emergency rooms as a way to break down the barriers that currently prevent reporting. The rationale for their suggestion is that social workers take on multiple roles and can therefore conduct assessments and screenings that go beyond the current model of routine screening. The extent to which social workers are focused on domestic violence means that they would be more responsive to reporting, undoubtedly as well because they are sensitive to multicultural needs, and as this is reported to be a major barrier to reporting, improve the rate of reporting.

Spangaro, Zwi, Poulos & Man (2010) presented a case study of barriers to disclosure of domestic violence as part of a routine screening for intimate partner violence in a healthcare setting in Australia. The routine screening protocol was created to improve the rate of identification and responsiveness of domestic violence. Women in ten settings covering antenatal/prenatal, drug and alcohol, and mental health services were screened, with about half reporting abuse during the screening. Some 23% of respondents reported the abuse for the first time to anyone, during the course of the screening, while 14% had been repeatedly abused but

chose to keep this information from the screener. When asked why they did not disclose this information, the victim reported that they did not consider the abuse to be that serious, they feared retaliation from the abuser or they simply were not comfortable with the healthcare worker and therefore did not want to disclose personal information to him/her. Other women reported that they did not report abuse because of fear of negative response by the healthcare worker, presumably because she had stayed in an abusive relationship, for example. This suggested, if only slightly, that women who have chosen a non-paradigmatic approach to coping with their abuse, that is, by staying not leaving, may be less likely to report it for fear of negative response to their having not left. Still, the fact that some women did disclose means that some women believe the healthcare setting is safe and supportive. The results generally found that in spite of having created a formalized routine screening tool for domestic violence, much abuse continues to remain hidden in the context of the healthcare profession.

There also appear to be barriers to disclosure, or to gaining helpful service through disclosure, if a victim discloses domestic violence in the context of a welfare office. Lindhorst & Casey (2010) found that while substantial numbers of women taken in to the Temporary Assistance for Needy Families (TANF) services report domestic violence, very few of them received mandated services. When studies discovered this, the Family Violence Option (FVO) protocol was added to caseworker procedures, requiring action, to expedite referral based on such reporting. Studies have still found that the Family Violence Option is rarely carried out. Some research into this problem has focused on caseworker perceptions, finding that some caseworkers believe that in some situations domestic violence is legitimate, while others are under the impression that they are not required to refer clients under the Family Violence Option

until the client has left the abusive partner. That is, caseworkers' construction of the nature of domestic violence, and the extent to which a woman is in danger, may affect their ability to take up the issue or make a referral.

This personal response to domestic violence then would be one reason for inconsistent policy implementation. One study found that only 9% of caseworkers felt that universal screening for domestic violence was needed. Still another study found that too many caseworkers, if domestic abuse is reported, failed to assess whether the victim then meets the threshold at which referral is required. That is, frontline caseworkers did not seek to obtain enough information to make a decision in the matter. After studying transcripts of caseworkers and client discussion at intake, Lindhorst & Casey (2010) in fact found that only 22 of 782 clients who disclosed domestic abuse to a welfare caseworker were then referred to appropriate services. The results found that the workers did not acknowledge disclosure because they were focused on concrete tasks involving gathering information for another purpose at the moment, and domestic violence was deemed irrelevant to the immediate discussion. Most workers heard the disclosure but then continued along on the line of questioning they had been pursuing before the disclosure. In such cases, clients perceived that it was almost as if the caseworker did not hear the disclosure. In a second situation, the caseworker acknowledged the abuse disclosure but then dissuaded the client from receiving help through the Family Violence Option, either by minimizing the abuse or recommending that the client not pursue it as it could lead to other problems. A third response is to acknowledge the abuse but then perfunctorily remark that a referral will be made, but then it is not. In these cases, studies have found that lack of an affirming response by the caseworker will act as a discouragement of further disclosure to the

client. Also, “the compartmentalized nature of the welfare office may mean that a survivor of domestic violence has to disclose multiple times or to employees who do not view responding to disclosures as within their role” (Lindhorst & Casey, p. 235), a situation which will limit disclosure. Other caseworks did provide client-specific information about the Family Violence Option, but mentioned the risk resulting from referral, asked follow-up questions, but not enough, and provided emotional support, but of a limited nature. In only a few cases did caseworkers engage in best practice in providing proper response and referral of disclosure of domestic abuse in a welfare office situation.

Overall, then, Lindhorst & Casey (2010) found sporadic response of welfare caseworkers to disclosures of domestic abuse, indicating that women who first disclose domestic abuse in welfare offices are more likely than not to either not receive proper response or be discouraged from pursuing the case, mainly because of the “it’s not my job” syndrome of such offices, or because of caseworker cynicism about the workings of the system beyond their office. Nor is there any institutional incentive, such as assessment of quality of caseworker intake, to motivate caseworkers to improve their, at present, dismal record in referring disclosures of domestic violence to the proper channels (Lindhorst & Casey, 2010).

Because so many cases of domestic violence occur in families with children, first disclosure of domestic violence often occurs in the context of child protective services involving issues revolving around maltreatment of children (Rivers, Maze, Hannah & Lederman, 2007). Indeed, the Dependency Court Intervention Program for Family Violence was created in the state of Florida in order to identify domestic violence in families involved with the child protection system. A protocol was created in the context of this intervention so that the court could engage

mothers in dealing with domestic violence and participating in advocacy services. Rivers et al. (2007) examined whether or not these outreach and screening efforts have been successful in identifying indicators of domestic violence, and more particularly if screening in a dependency court context is able to detect or elicit disclosure of domestic violence from victims. The results found that in many cases with families already being served by child protection the agency still fails to identify the presence of domestic violence. This usually happens because caseworkers do not conduct a systematic screening process for domestic violence, which is therefore recommended. Once again, a major problem encountered is reluctance on the part of mothers to disclose abuse, fearing, rightly so, that their problems in court could be compounded if it is found out that they had failed to protect their children from witnessing domestic violence. Also, women often do not bring up the issue of domestic violence because they believe that protecting their children from physical harm is the extent of their responsibilities, and generally fail to recognize the emotional and psychological harm to children after witnessing violence. It appeared then that appearing in court subsequent to being brought into the child protection services for other reasons makes mothers hesitant and reluctant to trust anyone in the system. Mothers may also be reluctant to disclose domestic violence in a court setting for fear of being further victimized by their abuser, or because they are aware of the fact that if the abuser is not related to the children in any way then the dependency court has little power to require treatment. Thus, "this has the effect of holding the mother accountable for the abuse, rather than the batterer" (Rivers et al., p. 129). Overall, then, in dependency court, mothers are often forced to make a choice between their abuser or their children, often a difficult choice for various reasons. Rivers et al. (2007) proceeded to outline a positive screening protocol which could resolve many

of the problems connected to disclosure of domestic violence in a dependency court, but the study generally leaves an impression that a dependency court where a mother is already stressed due to her becoming involved in child protective services for other reasons may be the least advantageous place to elicit a disclosure of domestic violence as well.

One goal of research to improve the circumstances of disclosure of domestic violence is to provide more services. Indeed, Hetling & Zhang (2010) wondered, along these lines, if placing a domestic violence center in a community increased the rate of reporting and decreased actual incidence of domestic violence in the neighborhood. Testing this idea with the placement of a center in an urban neighborhood in Connecticut, Hetling & Zhang (2010) analyzed whether or not there was a relationship between presence of an agency and rates of domestic violence. The findings, however, found that while there may be a relationship between agency presence and prevalence at a regional level, there was not relationship discerned at the local level. It remains that the rate of domestic violence in various neighborhoods correlate with community measures of disadvantage, and that, in fact, agencies are overrepresented in these areas.

7. Response of social service and advocacy personnel to intention to remain in a relationship with abusive partners

With the goal of routinizing inquiry into domestic violence, Dienemann, Glass, Hanson & Lunsford (2007) tested the usefulness of the Domestic Violence Survivor Assessment scale (DVSA), used by some agencies to screen victims. The scale measures the severity of the abuse, whether or not substance abuse was involved, the demographic variables of the partners, and whether or not children under 18 were in the home. It is based on the transtheoretical change model (TTM) as noted above, measuring victim readiness to take action against the violence by

leaving the relationship. At the same time, Dienemann et al. (2007) believed that the transtheoretical change model better accounts for the non-linear path of behavior change and the complexity of the process of leaving, which would entail acknowledging staying and returning to the relationship as part of the larger picture of the dynamics of victim response to abuse. Indeed, the Domestic Violence Survivor Assessment altered the terms of the transtheoretical change model to accord with stages moving to a violence-free life, including being committed to continuing the relationship, being committed but questioning, considering change, breakaway or partner changes in behavior, and establishing a new life together. Thus, the Domestic Violence Survivor Assessment neatly translates the transtheoretical change model into an acknowledgement that staying in and returning to relationships is part of the process.

The Domestic Violence Survivor Assessment was tested with 355 women at the Montgomery County Maryland Abused Persons Program center where caseworkers assessed the current phase in which victims were located on the scale. The results of the study found that these factors explained 10% of the variance of detection of domestic violence. Dienemann et al. (2007) also found that individual counseling and resource referrals to other services were the most effective responses based on the results of the survey. Though the purpose of Dienemann's et al. (2007) study was simply to test the validity of the Domestic Violence Survivor Assessment model, the fact that the model provides caseworkers with a protocol for acknowledging the role that staying and returning have in the process by which a woman leaves an abuser would appear to offer a way for response to victims to include these options in care.

8. Studies of victims of domestic violence who choose to remain in a relationship with abusive partners experiencing barriers to social services or advocacy

Studies on the perceptions of, specifically, women seeking to stay in or return to abusive relationships as to the quality or responsiveness of their public services are few (though there is no shortage of general perceptions of abused women about services, as noted above) (Chantler, 2006; Cole & Caron, 2010; Vidales, 2010). Chantler (2006), in a case study of the experience of immigrant women in England reporting domestic abuse, argued that the traditional notion of independence adopted by most domestic violence services founded on the principles of feminism in the 1970s often leads agencies to “foist” independence on women who may not yet be able to exert such independence based on the nature of their relationships and the cultural frameworks in which it exists. That is, notions of independence adopted from Western individualistic ideas of freedom may not correspond to the realities of immigrant women’s lives and their decision to manage abuse, somewhere between dependence and independence, in abusive relationships, and their different calculation of the dangers involved in attempting to leave.

According to Chantler (2006) the notion of independence presupposes a white, heterosexual, able-bodied, middle class man who is master of his own life, and can live in “a state of being free from the control of others” (p. 29). In short, this notion is an artifact of market-directed liberal democracies. According to this model, dependency is seen as a sign of weakness. There is no middle ground in this model. Feminism took up the model of independence and applied to the female sex in the 1970s, though not in always entirely helpful ways. For example, Chantler (2006) found that the emphasis on developing assertiveness in women in the 1980s had under it an assumption that women were somehow deficient when

compared to men and that it was necessary for women to prioritize their own needs over those of others, or enmeshment in any interconnected relationship. Chantler (2006) worried that these efforts to reshape one's subjectivity easily lead to victim blaming. It is also true that the assumption that women seek to be independent and assertive fails to correspond to the more collective ethos of some immigrant cultures. In the context of this paradigm, women who stay in abusive relationships are seen as weak, and agencies routinely deny them any agency in their strategy to stay in the relationship. A stereotype emerged that women who stay in relationships were helpless and immobilized by brainwashing, when in fact, while many immigrant clients were victims, they were "women of substance who had strong opinions and conveyed a sense of personal power" (Chantler, p. 30). Women who leave, by contrast, are routinely depicted as strong and exercising their choice.

When overlaid with cultural issues, there is an implicit message in most services, leave your man and leave your culture. Chantler (2006) argued that this approach excludes many immigrant women from service provision, as such advice runs counter to their beliefs. While "law and popular culture tend to equate agency in battered women with separation from the relationship" these stereotypes hide the many acts of resistance that women within relationships undertake to stay for the sake of their children, family, identification with their culture, love and even a hope that things will improve (Chantler, p. 33). Thus, Chantler (2006) examined examples of a number of ways in which women in the case study undertook acts of resistance in abusive relationships. Most women acted on a daily basis in ways that amounts to a negotiation to minimize the level of abuse in the relationship, described by one social worker as "one hell of a skill" (Chantler, p. 33). Strategies of resistance developed over time include: exerting control

over finances, living space, providing for their children or even using physical violence themselves. In one example, a Jewish woman, while remaining involved in her home, set up a separate home for herself, providing her space away from the relationship when needed. Many women reported denying men sex, as a weapon against abuse, taking the stand, “if you want it you make me happy” (Chantler, p. 33). At the same time, these fairly assertive responses often brought more violence on the women, and thus may be still too simplistic an explanation for how women cope. Sabotage and other methods were also reported. Most women also stayed long enough to devise intricate plans for leaving, the planning process indicating that they had entered a new stage.

Immigrant women also have additional reasons to stay in relationships: any involvement in the courts could result in deportation, for example, a major disruption of life that would clearly retraumatize women who leave. In other ways, Chantler (2006) described the “potent cocktail of the inter-sections of domestic violence and immigration” that changes the picture of staying or leaving in dramatic ways (p. 34). The fact that some immigrant woman are forbidden to work, lacking work permits, makes leaving financially untenable, while even if they obtain a job it is usually so low-paid that it can hardly be said to support independence. Most immigrant women would not even be able to afford entering a typical shelter.

In terms of their contact with agencies, most subjects in Chantler’s (2006) study found that they all expected the women to do too much too soon too quickly, failing therefore to account for the various ways they are enmeshed in relationships. Chantler (2006) also highlighted feminist care ethics theory, which placed connections at the center of women’s needs, to understand why so many immigrant women were distressed by the care they received at

shelters, with “impersonal and detached forms of services which are insensitive to the needs of women” (p. 38). The fact that most shelters are in isolated, secret locations only seemed to exacerbate the sense of dislocation women who left felt.

One woman who left reported that she later returned to an abusive relationship, only to leave a second time, because of the sense of isolation and lack of support and relationships in the services she received after she left the first time. Cultural misunderstanding only made these problems worse, causing other women to return. In sum, then, Chantler (2006) provided evidence from case studies that both a paradigmatic model focused on independence, as well as services built on that model, often fail immigrant women both as they try to stay in abusive relationships and when they seek to leave them. A more culturally sensitive model focused on the importance of interconnectedness and interdependency, as well as an ethic of care, is required to shift services away from an independence-focused model to one that serves to preserve battered women’s sense of connection to others even as they leave abusive relationships (Chantler, 2006).

Vidales (2010) surveyed Latina residents of a home for domestic violence victims as to the quality of help they received in the system thus far. Their responses indicated that there were multiple structural, cultural and institutional barriers that prevented them from receiving optimal services. In addition to language barriers and economic issues, their own lack of knowledge of the laws and the services available to them was a problem. Once again, a major problem that emerged was the failure of service providers to comprehend how the cultural value of *familismo* changed the calculus according to which a Latina decides to stay or leave

relationship. Also, the fact that a Latina has been raised to put family before self means that they are less likely to seek assistance for domestic violence.

Combined, these values mean that some Latinas believe that they must stay in the family, even though they are being abused, they believe that their children need a father, even if he is abusive, and they are committed to keeping the family together in spite of everything. Loyalty, kindness, forgiveness and respect: all of these values too may make a Latina stay in an abusive relationship. Latinas feel that they must remain *simpatica*, that is, friendly, easy-going and peace-making, diminishing conflict. Indeed, *marianism*, which values loyalty, means that many Latina women demonstrate this virtue by living with abuse. For Latinas, “this represents conforming to an ideal motherhood role in which the mother sacrifices her life for her children” (Vidales, p. 539).

This value system may also lead them to find ways to tolerate the abuse, just to keep the peace. With regard to respect, many Latinas have also been raised to respect their husband’s decisions and power, and not challenge them. Latinas will also not be surprised to find that the extended family will support the abuser, as men are expected to be king of the castle. Being Catholics, most Latinas also believe that God, not services, will solve their problems, acknowledge spiritual struggles in life, leave their struggles in God’s hands, and leave things generally to God’s will.

There is also a strong strain of fatalism in Latina beliefs. With divorce not an option, many Latinas believe that they must remain with their husbands in spite of everything. All of this adds up to many Latinas deciding to stay in abusive relationships. As a result, many caseworkers witness a recurrent pattern in Latina clients as opposed to others, serial separations

followed by repeated reconciliations. Mexican American women are even less likely to leave due to an abandonment of the home law in Mexico which can result in loss of custody even if she leaves the home for a short time. They may not be aware that laws in the U.S. are different. Combined with reluctance to bring police into a private situation, and complaints about insensitive, casual police attitudes, a Latina may thus decide that her quest to remain in an abusive relationship will not be treated with respect, and not seek services (Vidales, 2010). Kulwicki, Aswad, Carmona & Ballout (2010) discussed similar issues with regard to responding to domestic violence in the Arab American community, where domestic abuse continues to be viewed as a private matter, but in the context of which a number of complex cultural values are also in play.

9. Studies of perceptions of victims who remain in contact with abusive partners as to the barriers to helpful, appropriate or quality social services and advocacy

Crawford et al. (2009) found that many women report that their disclosure of abuse is minimized and sometimes not supported by social services. They also recounted that social services professionals often respond to their abuse by revictimizing them, either by projecting a sense of blame onto them, or by removing children from their custody, charging them with having exposed children to abuse by not having reported the abuse earlier. As a result of this kind of problem, Crawford et al. (2009) posit that social services professionals need to work more closely with mental health services professionals and a multi-agency staff which included specialists in domestic violence. At present, too few studies have asked women what they expect or want from social service agencies, and how they appraise social service professionals' response to their report of domestic abuse. For this reason, Crawford et al. (2009) argued that training

programs must be implemented to address what the authors saw as skills deficits ranging across the spectrum of social service professionals' and mental health service professionals' response to victims of domestic abuse.

Crawford et al. (2009) also argued that a broader model which takes into consideration the variety of complexities which mitigate women's response to domestic abuse and may cause them to respond to it in less than ideal ways, as modeled by social services is necessary. Social service policy needs to conform to the realities of the complex tensions of women's lives, and not the other way around. To contribute to filling in these blanks, Crawford et al. (2009) emphasized the importance of gaining a better sense of women's perceptions of their situation in domestic violence. Therefore, Crawford et al. (2009) undertook a survey of abused women to determine their understanding of the effects of abuse on their lives, how they responded to abuse, what factors influenced their show of resilience, if in fact they displayed resilience, what are their needs, and what the implications of these findings would be for social services planning and delivery, as well a training of personnel.

Participants were women with children attending the Child and Adolescent Mental Health Service in Coventry, England. In their response, women espoused powerful cultural and societal ideas about domestic arrangements as having a strong influence on how they responded to abuse. Most of these perceptions appeared to blame women for the abuse, and even more so for responding to it. This tended to instill in victims a sense of shame and self-blame. All the respondents reported that the various roles involved in being a women, including wife and mother, were important to them, and stayed in abusive relationships because "they were committed to it and did not want to be seen to fail" (Crawford et al., p. 72). In a number of

cases, however, the role of mother clashed with the role of wife: while the wife might have stayed, the knowledge that the children were witnessing abuse often served as the catalyst for leaving. Most women's perceptions of these issues were, however, blunted by a sense of loss of personal identity due to the abuse, and a feeling of having been brainwashed in the context of the relationship. Once they left, most women rebuilt their personalities based on the role of mother, but at the same time were hesitant to enter a new relationship.

Crawford et al. (2009), therefore, found that most of the women in their study did not leave because their sense of self had been fundamentally compromised and "their ability to leave the relationship was hampered by a lack of a sense of agency and all of the women needed an external influence to engender change" (p. 72). Most women had developed an external locus of control and were unable to recognize any power of resilience in themselves, few of them even understood why they had remained in an abusive relationship. Women also reported having had to cut off their emotions to bear their abuse, which further deteriorated their internal stores of resilience. Many women minimized the abuse, because they still felt a connection with their abuser.

With regard to services, Crawford et al. (2009) found that most women were unaware of how services could help them, or were "fearful of the consequences of seeking help" (p. 79). Yet, with regard to services, abused women most appreciated referral to support groups as they "valued meeting other women who had been through similar experiences" and subsequently felt that helping other women who had been abused also empowered them Crawford et al., p. 77). Crawford et al. (2009) also found that, once they left the relationship, none of the women interviewed returned to the relationship, though all were still "striving to understand why they

had ended up in an abusive relationship” (p. 77). At the same time, the fact that they shared children with the abuser meant that they had to periodically continue to come in contact with him, and this tended to “remind the women of their identity as an abused women by negatively impacting upon their sense of self” (Crawford et al., p. 78).

Most women reported that contact with services ultimately turned out to be positive. The fact that most professionals do not believe that abused women would be helpful to other victims means that, insofar a woman reported feeling empowered by group meetings, professionals perhaps need to be retrained to value the contact with others in similar situations. Services also could help focus on helping women rebuild their lives by focusing on those areas reported by the women as the basis for such an effort, including their striving for a normal life, making the most of their role as mother and getting a job or work as a way to reconstruct their own identity in a new role (Crawford et al., 2009).

Nonetheless, the fact remains that Cole & Caron (2010), in their study of the reasons provided by child protective services for how a family was able to be reunited after domestic violence, strongly indicated that caseworkers do believe that there are conditions under which reunification is possible, and that they entertain this possibility as part of their services. The study examined domestic violence in the broader context of the family as a whole, as, given research that has found long-lasting negative impact of children witnessing domestic abuse, most child protective services have by now brought exposure to domestic violence into their overall framework of evaluation of family health, and whether or not a child should be removed from the home. Insofar as studies have linked exposure to domestic violence to negative outcomes for children, domestic violence and child abuse are therefore converging.

Legislation has now deemed that for a parent to allow a child to witness ongoing domestic abuse is a form of child neglect. For this reason, caseworkers must evaluate the extent to which the child is witnessing the abuse, and how much risk of harm the child may be in, both difficult questions. Moreover, under current law, “the domestic violence victim is required to make the necessary changes in their life in order for reunification to take place, or risk losing custody of their children” (Cole & Caron, p. 298). This stipulation involves the child protective services worker in helping the family develop a plan by which they can maintain a climate free of violence, work that requires open and honest communication between victim and caseworker.

The extent to which women may fear that they will be revictimized by removal of children from the home, however, has, it has been seen, emerged as a new barrier to reporting of abuse or wanting to be honest with caseworkers. These changes, however, also mean that child protective services is more involved in seeking to help families change. The Family Team Meeting Model has been instituted to focus care on what is best for the child, and seeking out family strengths upon which to base eventual reunification. That is, the final goal of child protective services involvement in domestic abuse cases today is to reunite the family. Still, when domestic victims enter into discussion with child protective services about the changes needed to prevent removal of the child from the home, the caseworkers can still make the decision at any point in the process that the necessary steps have not been taken to secure the child’s safety. As a result, “some victims of the abuse find this choice to be unacceptable and very difficult to understand given that they have made many changes in their own behaviors” (Cole & Caron, p. 298). This, then, raised to Cole & Caron (2010) the question, why are some victims able to make the changes that allow for family reunification, and others not?

Cole & Caron (2010) examined the issue according to three variables: the services provided to the family, the relationship between the caseworker and the parents, and the presence or absence of social supports. These factors are believed to influence the family's ability to reunify. The perceptions of caseworkers as to the fulfillment of these factors were addressed. Six child protective services caseworkers covering over 40 domestic abuse cases, in less than half of which, however, reunification occurred, were interviewed.

Caseworkers were asked to identify two successful unifications and compare them to unsuccessful unification cases. Twelve cases were highlighted, six successful, six unsuccessful, though only in one case did the child return to both parents, that is, was full family reunification achieved. In six cases parental rights were terminated and the children were put up for adoption. In half the cases, parents separated but reunited. The study found that those families who were able to reunite fully engaged in the services, admitted to the issues which took place in the home, came to set clear boundaries of behavior within the home, and sought and received support as needed. That is, in unsuccessful cases, the family did not admit to the problem existing, and thus did not deal with making any changes, resulting in permanent removal from the home. In other cases, the mother could not place the child over her abuser. In cases where the child was reunited with the mother but not the father, it was again because the father refused to admit that domestic abuse was a problem in the home. Parents who participated in counseling, attended Batterer or Victim Intervention Programs, and attended Family Team meetings were also more likely to achieve reunification. Moving to another community or giving up unhealthy friendships was also a major factor leading to reunification.

In sum, though Cole & Caron (2010) presented a broad picture, in the perceptions of caseworkers, of a system that seeks reunification, it is also true that compliance with system procedures and rules remains the basic criterion by which reunification is made. The degree to which, in a case-by-case survey of the results of the study, women seem to be repeatedly put in conflicted positions—for example, not wanting to admit domestic violence for fear of losing their children, then failing to because the children were able to report it, and she was found out to be lying—would appear to continue an overall framework of services which have great potential to revictimize. The fact that caseworkers believed that having a good, trusting relationship with the parents involved improved their chances for reunification also seems at odds with a system which would appear to limit the potential for trust between victim and compliance to this system.

Cole & Caron (2010) concluded that as of now caseworkers need more training to build more effective collaborative efforts with abusers and victims, in order to expedite reunification. The development of specialized domestic violence units in many child protective services departments nationwide may lead to this kind of training. Psychologically, in terms of the perceptions of abuser or victim, caseworker response found that “internal willingness” to admit to the problem, or that it exists, appears to be the key issue upon which the future of the family hinges. If either parent refuses to address the issue, then parents are left with extremely difficult decisions between partners and children. The fact that in some of the cases reported in this study the abuser was the one who was eventually able to reunite with the children, having made necessary program-guided changes, would also appear to give victims pause. Indeed, Cole & Caron (2010) opined that “this suggests that [child protective services] caseworkers must go beyond focusing on empowering the victim to leave a relationship, they must also focus on the

abuser in helping him or her find the needed services to make change,” a response that would, in this case, appear to countenance Duluth Style programs to reduce abuser problems (p. 297). Insofar as the efficacy of this approach has been elsewhere questioned, Cole & Caron (2010) again presented a conclusion strongly suggesting that even a change of focus in domestic violence cases toward working for reunification may continue to revictimize the victim.

10. Conclusion

This review examined the experiences and perceptions of abused women receiving assistance or involved in the criminal justice system if they declare intention to stay in or return to an abusive relationship (Anderson, 2001; Covington, 2005; Grovert, 2008; Payne & Wermerling, 2009; Sumter, 2006). The review found that by and large the handling of domestic violence cases by the criminal justice system, the healthcare system and social service system remains based on the paradigm that originally sought to develop response, which, while benefiting victims of domestic violence in many ways, paradigmatically overlooks many of the complexities of contemporary abusive relationships and why women might want to stay or return to a relationship (Evans, 2007; Grovert, 2008; Shurman & Rodriguez, 2006). Research found that changes in the paradigm are being proposed, mainly for the purpose of avoiding revictimization of victims in the system, as, for example, when they lose custody of their children for having failed to protect them from exposure to violence (Awoyomi, 2009; Baker, 2009; Bouffard, & Muftic, 2007; Desmond, 2011; Drigo, 2010; Grauwiler, 2004; Perez, 2007; Sumter, 2006; Vincent & Eveline, 2008). The needs of immigrant and ethnically diverse women, who for various reasons are much more likely to try to work out an abusive relationship through strategies connected with staying or returning, must also be met (Anderson, 2001; Bell

& Naugle, 2005; Brabeck & Guzman, 2009; Christman, 2009; Grovert, 2008; Payne & Triplett, 2009; Payne & Wermerling, 2009; Saunders, 2008). A number of case studies were presented where it was the normative expectation of all service stakeholders that a woman should leave the abusive relationship, and any desire expressed to stay or return was pathologized or ignored (Burman, 2010; Coohey, 2007; Hetling & Zhang, 2010; Lindhorst & Casey, 2010; Robinson & Spilsbury, 2008). The review closed with some studies on perceptions of these women regarding the adequacy of the public services they received in response to domestic violence, or insight into their perceptions as provided by other stakeholders (Chantler, 2006; Cole & Caron, 2010; Vidales, 2010).

While some efforts have emerged to explore the complexities of relationships as they interact with cultural values and why this might cause an abused woman to seek to stay in or return to a relationship, at present the feminist paradigm and the emphasis on leaving and empowering women so that they can leave remains the standard of practice in the response to domestic violence by the criminal justice, healthcare and social worker system. It appears likely, then, in current practice, that if an abused woman declares an intention to stay in or return to an abusive relationship, she places herself in a situation likely to cause the system of services to revictimize her.

Over the last four decades, domestic violence advocacy efforts have resulted in various support services, and the widespread use of those services has prompted efforts to ensure they meet organizational and individual objectives. Services offered by domestic violence agencies are commonly evaluated to hold agencies accountable to their multiple stakeholders. Riger et al. (2002) identified several reasons to evaluate services for survivors of domestic violence and

sexual assault, including accountability to the community, the organization/agency, funders, and service recipients. Researchers have also noted the need for clients to evaluate the services they receive.

Research supports the need to study which advocacy services victims deem important by using a sample population of help-seeking victims (Bateman & Smith, 2005; Bacchus, Mezey, & Bewley, 2002; Davies, 2008, Davies, 2009; Humphreys & Thiara, 2003; Peckover, 2003; Barron, 2004; Bates, Hancock, & Peterkin, 2001; Zink, Jacobsen, Regan, & Pabst, 2004; Peterson, Morracco, Goldstein, & Clarke, 2003; Belknapp & Sayeed, 2003; Gerbert, Johnston, Caspers, Bleeker, & Woods, 1996). Research results have indicated varied levels of victims' satisfaction with services. Bacchus, Mezey and Bewley (2002) found that help-seeking victims questioned the efficacy of services and referrals due to time constraints and a perceived lack of privacy and continuity of care. In addition, Peckover (2003) noted that help-seeking participants indicated such practical concerns as lack of knowledge about appropriate resources, support, and protection and the absence of information about accessing more specialized services.

In their study of victims of domestic violence over the age of 55, Zink, Jacobsen, Regan, and Pabst (2004) had mixed results. Some participants indicated that they felt discounted and unsupported, and others reported receiving valuable assistance, referrals, and resources. The authors attribute satisfied responses to an increased awareness and understanding of elements that help-seeking victims deemed important. Likewise, in their study of Mexican female victims of domestic violence, Belknapp and Sayeed (2003) found that disclosure and the willingness to discuss domestic violence depended on building rapport with the help provider. This finding is consistent with Gillium's (2008) study of African American domestic violence victims. Results

demonstrated that African American victims were dissatisfied with services and referrals due to cultural incompetence of advocacy personnel.

The common theme among studies that explored help-seeking victims' perceptions of services received was that victims' experiences need to be incorporated in the discourse discerning what services are needed. Overwhelmingly, the aforementioned studies were conducted using samples of participants seeking to leave abusive relationships. Results from these studies are important. Nevertheless, evaluation of the services needed should also consider perceptions of victims who choose to remain in the relationship with abusive partners. The current study seeks to fill this gap.

III. METHODOLOGY

A. Design

The current study operates within the feminist paradigm and more specifically it identifies with the position of feminist standpoint research. With its foundations stemming from the works of scholars such as Harding (1991), Smith (1987), and Harstock (1983), feminist standpoint research assumes a position that evolved having the experiences of women as the locus. Having similar ontological, epistemological, and methodological beliefs as critical theorists, feminist standpoint research assumes that a ‘reality’ exists which has been largely shaped by social, political, cultural, economic, ethnic, and gender-based forces that continue to be systemically promulgated through the aforementioned social structures and are therefore taken as being natural or real.

Feminist standpoint research also assumes a modified transactional or subjectivist epistemology which dictates that researchers operating under this theory cannot separate themselves from their experiential reality and, therefore, this reality influences their selected topics and subjects of inquiry. As outlined by Linda Thompson in “Feminist Methodology for Family Studies” (1992), all research is value-sustaining and attempts to further the dialogue of topics of inquiry may reconcile issues of subjectivity and objectivity as separation between the subject and object of inquiry does not lead to objectivity. It is cautioned, however, that although reconciliation of subjectivity and objectivity may be acquired through a closer connection between the subject and object of inquiry there may be no such thing as “truth” and objectivity. For this study, I wanted to present the experiences of my study participants and explore their perceptions of their situations. Organizing my research study around the participant’s

experiences and perspectives, as prescribed by feminist standpoint perspective, was helpful to better understanding this subset of domestic violence victims' reality. Our current knowledge presents accounts of women who have decided to leave the relationship and has allowed us to better understand their needs while taking this action. My study, however, helps us to understand the needs of those who have decided to remain in the relationship with the purpose of ending the abuse and working things out with their partner. This knowledge can only be acquired by asking those who have this reality about their experiences and their perspectives. In this vein, this study is using feminist standpoint perspective as a framework for exploration.

Thompson also argues that the experiences of women are a source of justification of knowledge. In addition to the aforementioned historical ontological and epistemological assumptions of feminist standpoint research, feminists employ an array of research methods including naturalistic approaches such as systematic observation, qualitative methods such as intensive interviewing, and dialogic methods that combine the use of observation and interviewing with approaches that foster conversation and reflection such as case study research.

This study employed the use of qualitative research methods. Qualitative methods allow researchers to present the complexity of study subjects' experiences with regard to social, economic, and political systems and, in doing so, to advance alternative viewpoints (Bloomberg & Volpe, 2008; Cannon, Higgenbotham, & Leung, 1988; Collins, 1990; Creswell, 2003; Devault, 1999; Fine, 1992; Frohmann, 2005; Harding, 1986; Hertz, 1997; Lazarus-Black, 2007; Maynard & Purvis, 1994; Reinharz & Chase, 2002; Riger, 1999; Smith, 1987; Zinn, Cannon, Higgenbotham, & Dill, 1986). By using qualitative methods, including intensive interviewing, the researcher can capture social life as experienced by the participants.

In intensive interviews, the researcher asks open-ended, semistructured questions to obtain a detailed understanding of the participant's feelings, experiences, and perceptions (Bachman & Schutt, 2007). Also, the researcher can encourage the participant to elaborate on particular topics of interest, including those that may not be represented in mainstream society (Few, Stephen, & Rouse-Arnett, 2003; Pogrebin, 2003). One distinctive benefit of intensive interviewing is the ability to develop a comprehensive picture of the participant's background, experiences, attitudes, and actions in the participant's own voice. The interview protocol used in this research study (Appendix D) consisted of 23 questions, developed through modification of the Domestic Violence Survivors Assessment (DVSA) created in 1994 and revised in 2004. The DVSA has been pilot tested and has statistical support for validity and reliability (Dienemann, Campbell, Curry, & Landenburger, 2002; Dienemann, Glass, Hanson, & Lunsford, 2007; Dienemann, Neese, & Lowry, 2009). The current researcher solicited and received permission from Dr. Jacqueline Dienemann (the copyright holder) to use and modify the DVSA for this research study.

B. Setting

The 20 semi-structured interviews for this study were conducted in a private, agreed upon location. At the beginning of each meeting, each participant was read the informed consent document. The informed consent process provided each research participant with: a description of the nature of the project, the procedures involved in the study, the risks or discomfort that may result by agreeing to volunteer for the study, precautions taken to minimize risks or discomfort, compensation, techniques used to protect the participants' identity and information, voluntary participation and withdrawal and alternatives to participating in the study, and contact

information if there were additional questions or complaints or if the participant wanted supplementary clarification of her rights as a research subject.

All questions regarding the study procedures were answered prior to beginning each interview. Research study subjects were not required to sign the informed consent document as a waiver of documentation was requested and approved by the University of Illinois at Chicago (UIC) Office for the Protection of Research Subjects (OPRS). After the principal investigator provided informed consent to potential subjects, time was allowed for the potential subjects to ask questions and to be provided answers to those questions to their satisfaction prior to beginning the interview. The time needed for the decision to participate was determined by the potential research subject.

To minimize the possibility of undue influence on research subjects, study participants were allowed to self-govern during the one-on-one, semi-structured interview with the principal investigator. Participants were informed that the study was voluntary and that they could refuse to answer a question or to withdraw their consent from the study at any time. Participants were also instructed to alert the principle investigator if they became ill or were experiencing mental distress during the interview. If alerted, I would have stopped the interview and contacted medical authorities if there was a health related issue or I would have contacted a counselor if there was a mental health related issue. In this vein, I allowed participants to self-regulate in matters concerned with the respondent's decision to continue participating in the study and in monitoring their health and mental health status. To protect the subjects from being recognized as a study participant no subject identifiers were maintained for this project. Initial identification of participants was based on screening questions asked by the principal investigator and all semi-

structured, one-on-one interviews were conducted by the principal investigator. During the interviews, each participant was assigned a unique Participant Identification Number (PID). All data collection and analysis was performed by the principal investigator. All data collected from research participants was kept in a locked file cabinet, in a locked office, in a locked suite. The principal investigator was the only person with keys to the file cabinet, the office, and the suite. Persons not listed on the study research protocol application had no access to the research data.

C. Sample

1. Screening Criteria

Upon being contacted by potential participants, the principal researcher asked the following screening questions:

Eligibility Screening Sheet Questions

- (1) Are you a woman who is 18 years of age or older?
 - ☐ Yes (eligible for the study, continue to the next question)
 - ☐ No (not eligible for the study, thank the respondent and end questioning)
- (2) Have you been the victim of domestic violence?
 - ☐ Yes (eligible for the study, continue to the next question)
 - ☐ No (not eligible for the study, thank the respondent and end questioning)
- (3) How long has/did the abuse lasted/last?
- (4) Have you decided to stay in the relationship with the person who abused you to work things out?
 - ☐ Yes (eligible for the study, continue to the next question)
 - ☐ No (not eligible for the study, thank the respondent and end questioning)
- (5) What made you make this decision?
- (6) Are you willing and open to discuss your experience with abuse and your decision to stay in the relationship?
 - ☐ Yes (eligible for the study, if questions 1, 2, 4, and 6 were answered “yes” and the additional information from questions 3 and 5 were provided invite the respondent to participate in the study.)
 - ☐ No (not eligible for the study, thank the respondent and end questioning)

Respondents who meet the eligibility criteria (answering “yes” to questions 1, 2, 4, and 6 and providing the additional information from questions 3 and 5) were invited to participate in the study. An eligibility screening sheet was prepared for each potential candidate at the time of the initial contact with the principal investigator and at the time of the interview to ensure that potential participants remained eligible to take part in the study.

2. Selection Strategy

This study used a purposive selection strategy, as suggested by Rubin and Rubin (1995), to recruit interviewees knowledgeable about domestic violence; open to discussing their experiences, attitudes, and beliefs; and representative of the target population (those who choose to remain in romantic relationships with the person who abused them and desire to end the abuse). To identify research participants, I contacted local domestic violence/crisis agencies, mental health organizations, hospital emergency rooms, clinics, and community locations where potential participants may congregate (e.g., houses of worship, barber shops, and beauty salons) and request to leave research project informational flyers with the administrators. I asked administrators to distribute the flyers to clients or to post the flyers where clients would see them. Administrators were instructed to encourage interested potential participants to contact the principal investigator, who would assess whether the interested party met inclusion criteria. Agency staff did not undertake direct recruitment. Staff only provided the contact information of the principal researcher to potential study participants.

3. Size

The sample size for this research study was 20 female survivors of domestic violence. This study explored the survivors' perception of safety when remaining in the relationship and identified the survivors' needs to end the abuse. Past researchers exploring similar social phenomena have used samples of this size with fruitful results (Enos, 2001; O'Brien, 2001; Richie, 1996).

D. Interview Protocol

During the 1-hour, semi-structured interviews participants were asked 23 questions exploring factors such as the abuse experienced, the rationale for staying in the romantic relationship, their perceived needed support, resources, and referrals; and their outlook on their future and the future of their relationship. Responses to these questions assisted me in answering my central research question by illuminating the participants' experiences and their needs for safety.

Questions 1-12 were demographic questions designed to get a representation of the specific characteristics and attributes of study participants. Questions 13-15 were history questions designed to better understand the length of the relationship, the length of abuse, and the severity of abuse. Questions 16 and 17 were decision questions designed to better understand the rationale for remaining in the romantic relationship. Questions 18 and 19 were actions questions designed to better understand what the research participant did to address the abuse. Questions 20-23 were future and advice questions designed to better understand the perception of the future and gather advice for those in a similar situation (see Appendix D to review the interview protocol).

E. Statistical Methods

Descriptive data, including race/ethnicity, age, education, marital/relationship status, financial obligation, children, and housing status were analyzed using descriptive statistics. Descriptive statistics assist in describing data. These statistics can range from representation of the data using illustrations such as a chart or graph to a presentation of single numbers, such as percentages or averages that allow researchers to create a mental image in the mind of the reader. For the purpose of this study, most of the descriptive statistics analyzed were univariate and described a single variable; however, some analyses presented used multiple variables (i.e., correlations of two variables) to examine relationships between variables. In addition to examining descriptive statistics, a correlation coefficient matrix using Spearman's Rho was created and analyzed using the Statistical Package for the Social Sciences (SPSS) to gather a better understanding of the relationship between the variables under study. The Spearman's Rho correlation presents the magnitude and direction of the relationship between two variables that are on an interval (such as education) or ratio (such as income) scale. The assumption of the Spearman's Rho correlation is that the variables are not normally distributed. There are two overarching hypotheses of correlation: the null hypothesis – there is no relationship between the variables and the alternate hypothesis – there is a relationship between the variables. The variables age of the respondent, education level achieved, annual income, whether the participants have children or not, the number of children participants have, whether or not the participants share children with their abusive partner, whether or not the participant lives with their child(ren), the length of the relationship, and the length of abuse were analyzed to ascertain the relationship between these characteristics.

Data analysis of the qualitative interview questions was accomplished using four stages (1) coding the data, (2) developing themes from the data, (3) developing a conceptual schema from the data, and (4) writing up the analysis. To begin stage 1, coding the data, the principal researcher reviewed the data searching for elements essential to answering the research question, “What do women who are still in a romantic relationship with the person who abused them need to manage the abuse and be safe?” This process required the researcher to review the narratives and convert them into measures of significant words, phrases, or messages (Neuman, 2011). To accomplish this task, the researcher sought out visible, surface content relevant to the research question in the narratives (manifest content) as well as the underlying or implicit meaning in the narratives (latent content).

In the initial read, the researcher wrote a paraphrase, phrase, heading, or label that described what was discovered in the narratives under study. This preliminary label served as a general indicator and was refined as data coding and analysis continued. Each time a new observation was identified the principal researcher developed a new label. To increase the reliability of coding, the principal researcher solicited the assistance of another researcher familiar with the nuanced elements of victims of domestic violence who choose to remain in relationships with an abusive partner to review the selection of codes. This type of equivalence reliability checks for consistency across coders. Once a coder was selected, the principal researcher taught the coder the coding system and requested that he code the descriptions of themes independently. The coder did not view the study data from the interviews in its original form. To prepare the data for the coder, I transcribed responses for each question from each of the 20 participants. I then grouped responses for each question to allow the coder to read all 20

responses for each question at the same time thereby allowing him to code responses one question at a time and protecting the participants' identities. Aggregating the questions and responses in this manner allowed the coder to be blinded as to which participant was speaking and therefore did not allow the coder to match respondents with partners, social service team members, or agencies mentioned in the responses. After coding the data and providing his responses, the coder reviewed the description of elements to be included in the codes that I prepared and was asked if those descriptions were appropriate for the codes that were selected. Upon completing the coding process the coder and the principal researcher reviewed the codes and discussed ambiguities (Neuman, 2011). After coding was solidified, the principal researcher reviewed all the narratives, identified the general labels, and saturated the narratives with relevant labels; at this point the principal researcher proceeded to stage 2.

In this stage, developing themes from the data, the principal researcher sorted the various labels according to topic. Each of the elements identified that have similar labels were developed into themes and assigned a word or phrase that captured the "general picture" of the narrative. The principal researcher then review the themes, and the labeled narratives in them, to (1) be sure every element included within each theme related to the theme that was assigned and (2) identify themes that may be combined, deleted, are insignificant, do not relate to the research question, or have very few pieces of data in them. After the themes were reviewed and the principal researcher was satisfied the information in each was relevant and necessary, she proceeded to stage 3.

The process of developing a conceptual schema from the data, stage 3, allowed the principal researcher to synthesize the data and answer the research question: “What do women who are still in a romantic relationship with the person who abused them need to manage the abuse and be safe?” In this stage, the principal researcher identified major and minor components of the schema and organized the themes into a representation of the underlying concepts identified in the narratives. Undertaking this process assisted in explaining how the victims related to their experiences and identified their needs to manage abuse and be safe. After developing a conceptual schema from the data, the principal researcher proceeded to stage 4.

To begin data analysis, stage 4, the principal researcher organized the schema in the order in which she planned to discuss the elements. Each topic was sorted and the information was further organized to eliminate redundant or insignificant information. The principal researcher then “wrote through” the topics and connected elements with her own thoughts, transitions, and synthesis. The principal researcher used the conceptual schema to drive the analysis and used current literature to support her assertions.

IV. FINDINGS

During 1-hour, semi structured interviews, participants were asked 23 questions that explored factors such as the abuse experienced, the participant's rationale for staying in the relationship, support and resources deemed necessary, and the participant's outlook for her individual future and the future of her relationship with her abuser. Participants' responses were then examined to answer the following research question: "What do women who remain in a romantic relationship with a person who has abused them need to manage the abuse and be safe?" Analysis of the data was performed according to six broad categories.

First, questions 1–12 sought information about study participants' specific demographic characteristics and attributes. Second, questions 13–15 related to participants' histories and assessed the duration of relationships, duration of abuse, and types of abuse experienced by the study respondents. Third, questions 16 and 17 examined study participants' decision making and rationales for remaining in their relationships. Fourth, questions 18 and 19 examined the actions or methods participants employed to address the abuse. Fifth, I performed an analysis of the correlation coefficient matrix using Spearman's ρ , to gain a better understanding of the relationship between the variables in this study. Sixth, by analyzing participants' responses to questions 13–23, I determined their specific elements of need with respect to their experience.

The sixth category of analysis revealed six common needs identified by study participants across their narratives. These needs were as follows: (1) to identify the contributing factors or root causes of the current abusive situation; (2) to understand and address the effects of abuse; (3) to have the tools and skills to deescalate hostility and talk through issues calmly and without blame, judgment, or accusation; (4) to be able to explain to a social support team the decision to

remain in the relationship, end the abuse, and work with their partner to rebuild their relationship; (5) to develop an individualized plan of action to address the abuse, one that is responsive to personal needs and goals; and (6) to share advice with others in similar situations.

In the Results section, I present the primary results of my analysis of the study data. In the Discussion section, I summarize and interpret my findings, place these findings in context with contemporary domestic violence scholarship, and present the implications of the research findings to the field of domestic violence advocacy.

A. Results

I collected the data for this study by performing semi structured interviews with 20 women who self-identified as victims of domestic violence and who had decided to remain in a romantic relationship with the men who abuse them. These women each had the goal of ending the abuse and working things out with their partner. They discussed three different elements that contributed to why they wanted to repair their relationships: (1) they were in love with their partners and felt the relationship was worth repairing, (2) they wanted to ensure that the needs of their children would be met, and (3) they wanted to ensure that their financial needs would be met.

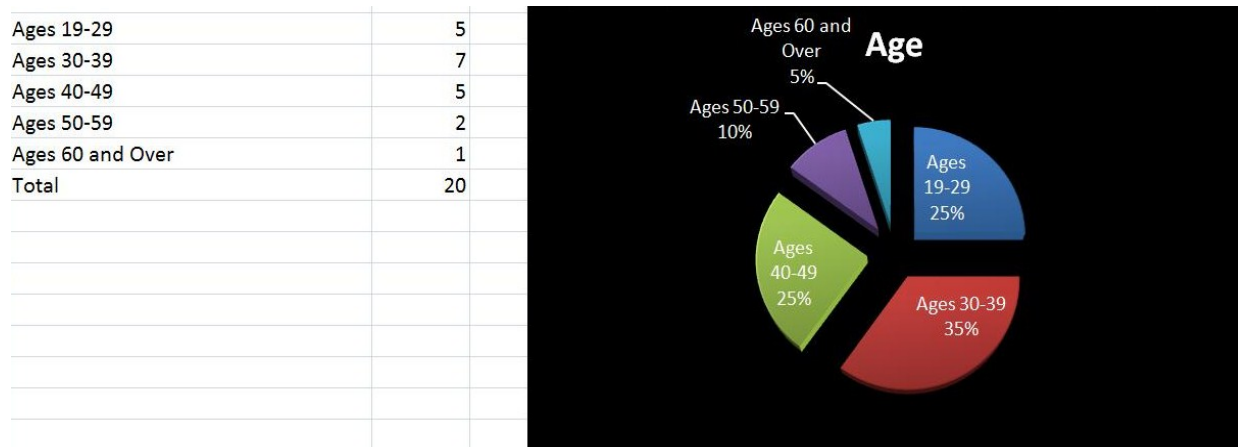
Study participants were recruited from domestic violence agencies, counseling centers, hospitals, and other social service agencies urban ($n = 14$) and suburban ($n = 6$) areas of a Midwestern county in the United States. Demographic characteristics of the study sample are represented in Table 1.

Table 1. Demographic Characteristics of the Respondents ($N = 20$)

Variables	Frequency	%
Race		
White/Caucasian	9	45
Black/African American	8	40
Hispanic/Latina	3	15
Age		
19-29	5	25
30-39	7	35
40-49	5	25
50-59	2	10
60+	1	5
Education		
Some High School/No Diploma	1	5
High School Diploma/GED	8	40
Trade School Certificate	2	10
Some College/No Degree	3	15
Two-Year College Degree	1	5
Four-Year College Degree	2	10
Graduate School/No Degree	3	15
Employment Status		
Unemployed	4	20
Working Part-Time	7	35
Working Full-Time	9	45
Yearly Income		
\$0-\$5,000	4	20
\$5,001-\$10,000	3	15
\$10,001-\$20,000	4	20
\$30,001-\$40,000	1	5
\$40,001-\$50,000	5	25
\$50,001-\$60,000	3	15
Have Children		
Yes	17	85
No	3	15
Number of Children		
None	3	15
1 to 2	10	50
3 to 5	6	30
6 or More	1	5
Number of Children Currently Living in the Household with the Respondent (n=17)		
1 to 2	11	65
3 to 5	6	35
Share Children with the Abusive Partner (n=17)		
Yes	14	82
No	3	18
Relationship Status		
Single	4	20
Married	12	60
Separated but Legally Married	2	10
Dating Someone	2	10
Housing Status		
Rent	8	40
Own	10	50
Live with Relatives	2	10

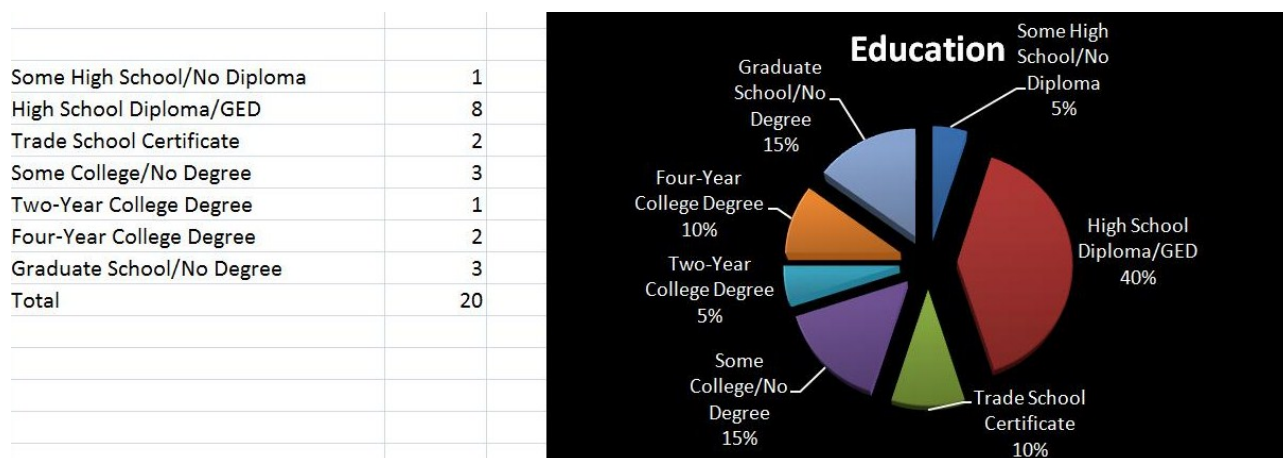
A total of 45% of the study participants identified as white/Caucasian, 40% identified as black/African American, and 15% identified as Hispanic/Latina.

Figure 2. Age of Study Respondents



A total of 35% of the study participants were between the ages of 30 and 39 years, 25% were 40–49 years of age, 25% were 19–29 years of age, 10% were 50–59 years of age, and 5% were 60 years of age or older.

Figure 3. Education Level of Study Respondents

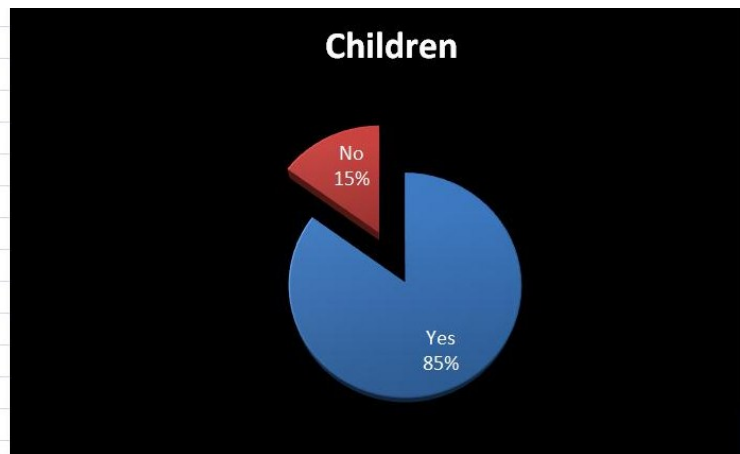


A total of 40% of the study participants obtained a high school diploma or GED, 15% completed some college but did not receive a degree, 15% attended graduate school but did not receive a

A total of 25% of the study participants earned \$40,001–\$50,000 a year, 20% earned \$10,001–\$20,000 a year, 20% earned \$0–\$5,000 a year, 15% earned \$50,001–\$60,000 a year, 15% earned \$5,001–\$10,000 a year, and 5% earned \$30,001–\$40,000 a year.

Figure 6. Children of Study Respondents

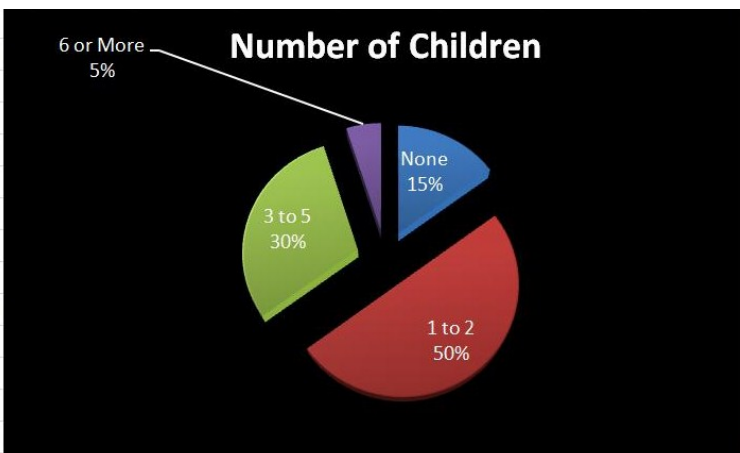
Yes	17
No	3
Total (three do not have children)	20



A total of 85% of the study participants had children, whereas 15% did not have children.

Figure 7. Number of Children of Study Respondents

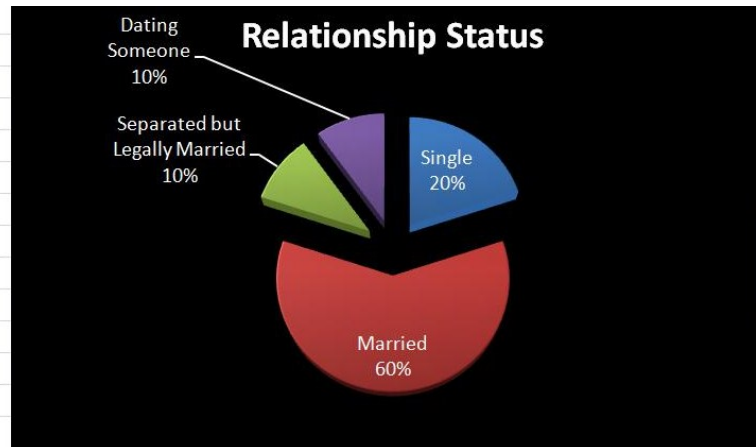
None	3
1 to 2	10
3 to 5	6
6 or More	1
Total	20



A total of 50% of the study participants had one or two children, 30% had three to five children, 15% had no children, and 5% had six or more children.

Figure 10. Relationship Status of Study Respondents

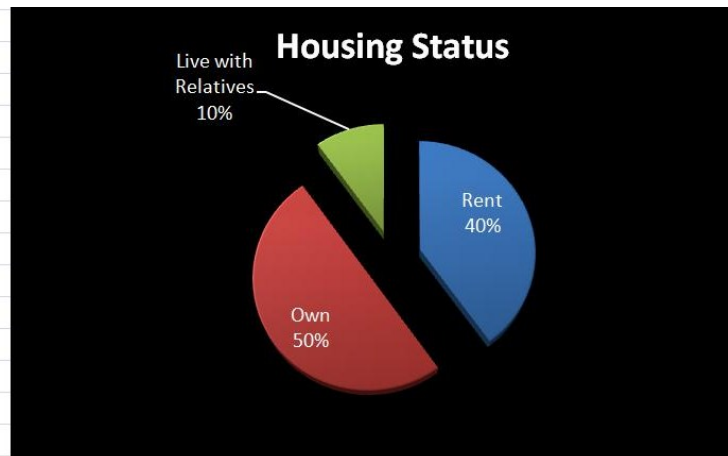
Single	4	
Married	12	
Separated but Legally Married	2	
Dating Someone	2	
Total	20	



A total of 60% of the study participants were married, 20% were single (never married or engaged), 10% were separated but legally married, and 10% were dating someone.

Figure 11. Housing Status of Study Respondents

Rent	8	
Own	10	
Live with Relatives	2	
Total	20	



A total of 50% of the study participants reported owning their current residence, 40% were renting, and 10% lived with relatives.

A total of 55% of the study participants sought out family members and friends to assist with addressing abuse; 35% sought out family, friends, and domestic violence agencies; and 10% sought the assistance of only family members.

Analysis of the data I collected provided an overall view of study participants' demographic characteristics. As I will explore in the Discussion section, these attributes play an important role in participants' decision making. Likewise, relational nuances, duration of abuse, and nature of abuse experienced were significantly relevant.

2. Relationship and abuse history

Participants' responses to the history questions (questions 13–15) provided information about the duration of relationships and of abuse and about the types of abuse experienced. When asked how long they had been in a relationship with their current abusive partner, four respondents indicated 1–3 years, five respondents indicated 4–6 years, four indicated 7–9 years, and seven indicated 10 or more years.

Some of the respondents, such as “Madison,” had known their partners since adolescence:

We were high school sweethearts. I was really shy, so I didn't hang around at all of the social events. But one day he came over to me and struck up a conversation, and we became really good friends. ...Two kids later, we're still together.

Other participants, like “Samantha,” met their partners while attending college or trade school:

We were inseparable in school. He fascinated me... He was into art and music and acting—he was a contemporary renaissance man and I found that attractive. Although we didn't move in together right away, I knew I was in love with him after our first date.

Respondents like “Ella” met their partners in an occupational setting:

We worked for the same company, but in different departments. We would meet up at lunch or on breaks and just “shoot the breeze.” I found our time together pleasant. One thing led to another and we started dating.

“Mia” and others met their partners at social gatherings:

One day I was out at a picnic and I saw him... He was charismatic and well-spoken, and I thought he would be a cool boyfriend. Well, needless to say, our relationship evolved and we were married exactly 5 years to the day of our first date.

When respondents were asked for how long the abuse had occurred in their current relationship, seven respondents indicated 1–3 years, six indicated 4–6 years, six indicated 7–9 years, and one respondent indicated 10 or more years. The abuse took several of the respondents by surprise, as illustrated by “Natalie”:

At first, we were so close. He was loving and attentive... I never saw [the abuse] coming. He was not quick to anger; he didn’t have any serious substance abuse issues... I don’t know what happened. One day he just blew up. He snapped on me for no reason about something that I didn’t even have control over. From then on, it has been a series of arguments and constant belittling.

Some respondents, like “Amanda,” had never been in an abusive relationship before and could not identify a point at which the abuse began:

This was so new to me. I didn’t know what was happening. He went from being my best friend to being this weird angry guy who didn’t show me any kind of respect anymore. I had never had a boyfriend treat me this way... When thinking about it, I don’t know what made things change or when things changed.

Other respondents, such as “Sophia,” had been in an abusive relationship prior to the current one:

My ex-husband was a beast... He fought me like I was a man on the streets. After I got away from him I said I would never put up with my man putting his hands on me again—and I meant that! So, when I got with [my current partner], I thought it was refreshing to not have to sleep in fear. He has never hit me and I don’t believe he ever would... In the beginning he said and did all the right things, but now he uses his words like a weapon... It hurts all the same.

Several respondents reflected on past relationships and compared them with the current relationship. As “Hailey” related,

In my other relationship, I had no control over anything. I did, said, and wore, what [he] told me to. I was treated like a child. He paid for everything. I didn’t work, so I depended on him. It took me a couple years but I saved up enough money to get away, and I left. I got a job and vowed to never depend on anyone like that again—and I haven’t. My husband is different. He would never hit me. He knows what I have been through. We were friends while I was in my previous relationship, so he knows how I feel about physical abuse. The funny thing is, that when I got hit the hurt only lasted for a little while, but the scars from all the arguing and verbal abuse last for much longer.

When asked what type of abuse they were experiencing, eight respondents reported psychological abuse (including emotional and verbal abuse) and 12 respondents reported both psychological and financial abuse. Several of the respondents found it challenging to identify a specific type of abuse. This was the case with “Lily”:

I always thought abuse was when someone hit you, so the stuff like arguing and name calling didn’t seem to be abuse to me. I didn’t think I was being hurt by [the verbal, emotional, and psychological abuse]. It wasn’t until I started getting sick and depressed that I realized I was being abused—I just didn’t have a name for what I was going through.

“Abigail’s” experience was similar:

Everyone I knew had arguments with their significant other, so I didn’t think my relationship was any different. I thought something was wrong, but I also didn’t think it was serious enough for me to talk to a [counselor] or someone like that. Who was I to put all my problems with my guy on someone else? It made me feel like I was incompetent. I mean, I couldn’t even handle my relationship problems or settle an argument with my partner. It wasn’t until I really looked at the situation and noticed how one-sided the arguments were and how varied they were that I began to realize [my partner] was being [emotionally and financially] abusive.

Conversely, other respondents such as “Emma” readily identified the type of abuse they were experiencing:

After I had the baby things changed. He rationed out money to me and wanted to know how every penny was spent. Bills began to pile up and he would start complaining, so I told him I was going back to work. He had a problem with that and said I needed to stay home with the baby. My problem is that if we cannot pay our bills, I don’t understand why I can’t work. I don’t like having to beg for money for personal things I need, and I don’t like having to show receipts for everything I buy.

As demonstrated in “Olivia’s” account, some respondents noted that they were experiencing multiple types of abuse:

I’m not sure what has gotten into [my partner], but he curses me out at the drop of a dime. Sometimes it seems like he doesn’t care how I feel, at least not in the moment. He comes back later and apologizes, but the situation is never truly rectified. It just isn’t talked about... He also is terrible when it comes to money. We’re supposed to go half on all of the house bills but sometimes he doesn’t give me anything... he doesn’t mention the money... it just is what it is. He doesn’t care how I get the money to cover his half, but I know if one of the utilities gets cut off there will be a huge argument.

Participants' responses to the history questions provided a detailed account of the durations of their relationships, which ranged from 1 to 10 years. Participants also indicated the durations of abuse that they had experienced, which largely also ranged from 1 to 10 years. Participants provided detailed descriptions of the types of abuse they had experienced. In general, study respondents chronicled examples of psychological abuse (including emotional and verbal abuse) and financial abuse.

3. The rationale for remaining in the relationship

Participants' answers to the decision questions (questions 16 and 17) indicated rationales for remaining in a relationship with an abusive partner. Initially, during a screening process prior to the study, each respondent reported that she had chosen to remain in her relationship for the purpose of working things out with her partner and ending the abuse. However, during the interviews, 12 of the respondents indicated that this decision was considerably motivated by their children and their commitment to their partners, seven respondents stated the main reason for staying was to work things out, and one stated that she stayed because she wanted to work things out with her partner and because they had substantial financial investments together.

Participants reported a variety of reasons for choosing to stay in the relationship. In "Elizabeth's" case,

I thought about leaving, but I believe we can work through this. I don't think he would be the same if we weren't together, and I know I wouldn't be. We truly love each other, but somewhere over the course of the years the spirit of what love means in our relationship has gotten lost. We just need to find that loving spirit.

Some respondents, such as “Alexis,” reported that the love they felt for their partners was the primary reason for staying in their relationships:

I love [my partner]! I love him with all my heart. That’s why I am still here... that’s why I stayed. Too many people think every day is going to be a picnic. Well, I know better than that. Anything worth having requires hard work and perseverance. I am not going to give up on my relationship without putting in the work to try to get it back on track.

Alternatively, respondents like “Abigail” identified commitments to their partners and the institution of marriage as the primary reason to stay in the relationship:

I took vows... I wanted to marry the love of my life and I did. I told my friends, my family, and God that I loved this man and that I would continue to love him through sickness and health and for richer or poorer. It’s supposed to be “until death do us part” not “as soon as you make me mad I’m leaving you!” That’s why I stayed... I believe in my vows, and I believe in my marriage.

Study participants like “Madison” acknowledged their commitments to their families as a major reason to remain in their relationships:

I have a lot riding on this. My children depend on both of us, I depend on my relationship. Prior to all of this happening, he was my best friend... We have created a beautiful home and a happy life for our children. We’re supposed to grow old together... I know the children may be a factor in us staying together right now, but when they grow up and leave our house it will just be us two. We have to fix this relationship now. I want to grow old with my husband, and I want to keep my family intact.

Responses to the decision questions gave indications as to why these women chose to stay in their relationships, which included considerations of children, finances, and participants’ commitment to their partners, and to revive their relationships.

4. Actions taken to address the abuse

Responses to the actions questions (questions 18 and 19) indicated what study respondents did to address the abuse. Ten respondents reported that they had relied on informal resources such as journaling or social support to address the abuse; five described accessing formal resources such as contacting an agency; three stated that they argued with and, on occasion, used “hateful” language to attempt to get back at their partner; and two respondents stated that they often ignored the abuse in the hope that their partner would stop talking.

Like “Isabella,” several respondents relied on assistance from social support members such as friends or family:

I talked to my family about [the abuse] because I wanted to get an outside objective opinion. I also talked to my friends about [the abuse]. Talking about it made me feel better, and everyone offered suggestions of how I could make things better. Whether good or bad, the suggestions and being able to talk about [the abuse] made me feel better. They were also there to watch my kids when I needed time alone. Sometimes I wanted to just shut everything out and think. It was during these times when I needed them most.

Other respondents, like “Grace,” relied on formal organizations for assistance:

I went to [a domestic violence agency] to see what they had to offer and to find out if what I was going through was really domestic violence. I found out it was domestic violence, and that they did have counseling for me. It wasn’t the kind of counseling I expected, though... They gave me a lot of information about the steps I should take if [my partner] hits me, and all of these legal resources. It just wasn’t what I was looking for.

Several respondents chose to use avoidance coping as a technique to decrease abusive episodes.

“Ava” detailed her experience:

There was a period of time when I could not stand to see [my partner] coming. He got on my last nerve with all of his whining and complaining... I really didn't want to hear anything else about problems with his job, which somehow was my fault, or what he thought I was doing wrong. I was just sick of hearing his voice... So, I mentally checked out. When I saw him enter the room about to start an argument, I just checked out... All he got was an emotionless stare.

A number of respondents, such as “Madison,” even used substances to deal with the abuse:

At first, I started drinking. I would have a cocktail before bed to ease the tension, then I found myself having two or three drinks in the evening... I was still feeling anxious, so I got prescribed some anxiety medication. When that didn't work, I decided to combine my cocktails with the medication... After a couple months of that I knew I was in trouble.

Additional respondents thought of taking drastic measures to end the abuse. As “Alyssa” revealed,

I didn't know where to turn or what to do. I wanted it all to end... I had been depressed for quite some time. I thought I could handle it—I mean, he wasn't being physical or anything—but I was feeling worse and worse as the days went on. I didn't think anyone could help me. I thought there was something wrong with me. Like I was defective or something... I considered taking pills to end my hurt, but when I thought of my kids I decided against it. I just dealt with it and lived through the seconds.

Participants' responses to the actions questions provided detailed explanations of methods they used to address their abuse. These approaches included accessing informal resources or support such as discussing the situation with friends or family members, obtaining formal support and/or resources from service agencies, retaliating with verbal attacks, and ignoring the abuse.

Understanding study respondents' approaches to addressing abuse is paramount to determining the most beneficial services and resources to serve this population, and it is instrumental in developing innovative initiatives designed to assist them. To accomplish this, however, we must better understand the complex tensions of women's realities. Making the decision to stay is rarely understood as a choice, a statement of commitment to a relationship, or an expression of self-determination, although it often is. To gain better insight into the dynamics of victims' decisions to stay in abusive relationships, we must understand the values that contribute to these decisions.

5. Correlations of the study variables (Spearman's ρ)

Analysis of the data indicated that several of the relationships between variables were statistically significant. The duration of abuse was positively associated with the number of children a respondent had ($r = 0.45, P < 0.05$), the age of the respondent ($r = 0.42, P < 0.05$), and the duration of the relationship ($r = 0.88, P < 0.01$). Older respondents identified having experienced longer durations of abuse. Similarly, those who had been in longer relationships also experienced longer durations of abuse. The number of children a respondent had was also positively associated with the number of children the respondent had who were currently living in the household ($r = 0.89, P < 0.01$). Finally, the data illustrated that having children was positively associated with sharing a child with the abusive partner ($r = 0.64, P < 0.01$). The correlation coefficient matrix is presented in Table 2.

Table 2. Correlation Coefficient Matrix (Spearman's Rho)

Variable		Age	Education	Income	Have Children	Number of Children	Share Child with Partner	Live with Child	Length of Relationship	Length of Abuse
Age	Correlation Coefficient	1.000	.143	-.354	.365	.378	.190	.288	.263	.420
	Sig. (2-tailed)		.548	.126	.114	.100	.424	.219	.262	.065
	N	20	20	20	20	20	20	20	20	20
Education	Correlation Coefficient	.143	1.000	-.011	.077	.050	.070	-.061	.366	.174
	Sig. (2-tailed)	.548		.962	.748	.833	.771	.799	.112	.464
	N	20	20	20	20	20	20	20	20	20
Income	Correlation Coefficient	-.354	-.011	1.000	-.062	-.353	.145	-.333	.224	.086
	Sig. (2-tailed)	.126	.962		.796	.127	.543	.151	.342	.718
	N	20	20	20	20	20	20	20	20	20
Have Children	Correlation Coefficient	.365	.077	-.062	1.000	.636**	.642**	.599**	.378	.332
	Sig. (2-tailed)	.114	.748	.796		.003	.002	.005	.100	.153
	N	20	20	20	20	20	20	20	20	20
Number of Children	Correlation Coefficient	.378	.050	-.353	.636**	1.000	.350	.893**	.352	.454*
	Sig. (2-tailed)	.100	.833	.127	.003		.131	.000	.128	.045
	N	20	20	20	20	20	20	20	20	20
Share Child with Partner	Correlation Coefficient	.190	.070	.145	.642**	.350	1.000	.369	.216	.070
	Sig. (2-tailed)	.424	.771	.543	.002	.131		.109	.360	.771
	N	20	20	20	20	20	20	20	20	20
Live with Child	Correlation Coefficient	.288	-.061	-.333	.599**	.893**	.369	1.000	.143	.251
	Sig. (2-tailed)	.219	.799	.151	.005	.000	.109		.546	.286
	N	20	20	20	20	20	20	20	20	20
Length of Relationship	Correlation Coefficient	.263	.366	.224	.378	.352	.216	.143	1.000	.884**
	Sig. (2-tailed)	.262	.112	.342	.100	.128	.360	.546		.000
	N	20	20	20	20	20	20	20	20	20
Length of Abuse	Correlation Coefficient	.420	.174	.086	.332	.454*	.070	.251	.884**	1.000
	Sig. (2-tailed)	.065	.464	.718	.153	.045	.771	.286	.000	
	N	20	20	20	20	20	20	20	20	20

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

6. Needs of those who choose to stay in the relationship

With this study I sought to answer the question “What do women who are in a relationship with a person who has abused them need to manage the abuse and be safe?” My analysis of study participants’ narratives illuminated six common needs: (1) to learn the contributing factors or root causes of the current abusive situation; (2) to understand the personal

effects of the abuse; (3) to have the tools to deescalate hostility and the skills to talk through issues calmly and without blame, judgment, or accusation; (4) to develop techniques to explain to a social support team the decision to remain in the relationship, end the abuse, and work to rebuild the relationship; (5) to develop an individualized plan of action that is responsive to personal needs and goals; and (6) to share advice with those who have had similar experiences.

The first need, to learn the contributing factors or root causes of the abusive situation, was illustrated in 12 of the narratives. Respondents indicated wanting to “understand what triggers” their partner’s abusive behavior or “know what the root cause” of their partner’s “issues” were. In some cases, study participants considered their partner’s responsibilities and inferred that competing responsibilities may be a factor in an abusive episode. As “Abigail” stated,

It seems that anything I say or do results in me being verbally attacked. I can do just what [he] asks me to do and I get [verbally abused]... and if [he] tells me to do something and I do it differently than I get [verbally abused]. I try to consider the pressure he is under because of his job and having to support me and the kids, but I am under pressure, too... and I don’t act that way. It would help if I knew what caused [the abuse], but I don’t.

In other narratives, respondents considered that various occupational and social relationships might contribute to an abusive episode. In this sense, “Chloe” articulated the notion of wanting to better understand the cause of abuse:

It’s always the same thing: [he] gets mad, for whatever reason, and takes it out on me. He could get mad at someone at work or a friend or relative, but I am the one that gets cussed [sic] out. I wish I knew when he was about to “chime up” or what causes him to get so angry, because then I could do or say something to calm him down—at least to the point where he’s not trying to make me feel bad about myself.

Some respondents hypothesized that their partner's anger originated from elsewhere and was redirected to result in personal verbal attacks. "Mia" described such a circumstance, and also surmised that it would be helpful if she knew where her partner's anger originated:

Everything could be going great. We could be happy, going about our everyday tasks... and then, out of the blue, [he] starts in, whooping and hollering about the smallest things, and then it escalates to verbal attacks on me and my character. It's disheartening, to say the least. I often think to myself "Who does this, and why?" If I knew the answer to that question, I think it would save me a whole lot of grief.

Other participants compared a partner's treatment of them with their treatment of others.

"Amanda" experienced a constant struggle with understanding not only the cause of the abuse she was experiencing but also her partner's perspectives:

I try to think about the situation from both perspectives. I know my position and where I am coming from, but I have no clue as to why [he] chooses to deal with problems the way he does. He is a great provider and a wonderful father, but when it comes to attending to my feelings when we are having a discussion, he misses the mark totally. I wish I understood what causes him to treat me so differently than he treats other people... I want and need to know what causes him to be [verbally and emotionally] abusive to me.

The second recognized need, to understand the personal effects of abuse, was indicated by nine respondents, who reported that they "knew the abuse was having a bad effect on [them] but wanted to know what the effect was" or they "wanted to know how much damage [their] partner was causing them and their child(ren)." In some cases, respondents such as "Elizabeth" recounted the physical and mental toll the abuse was having on them:

His [verbal and emotional] assaults make me sick! Literally, I start to feel physically ill when he goes on his rants. I know these feelings are caused by the abuse because I only feel this way when [the abuse] is happening. I know that the sick feeling that I have can't be the only result of the abuse and I should probably make an

appointment with someone to find out how [the abuse] affects my mental state. Since the abuse started, I haven't really felt like myself.

Other participants, like “Hailey,” noted the effect abuse was having on their personal productivity:

I used to be active. I use to run every day and spend a lot of time with my friends and family, but in the last few years I haven't had the drive that I used to have. Dealing with [the abuse] takes a lot of energy out of me... I don't know what the effects are totally, but I plan on finding out. It's important that I find out soon. I want to get back to my normal self. I feel like somebody else now, and I don't like it.

Additional accounts uncovered some respondents' concerns about the possible effects of abuse on work performance. As “Ella” noted,

I worked hard to get to where I am in my career. I went to college, landed my dream job, outperformed everyone in my department to secure a promotion as lead engineer, and now I feel as if I am losing my commitment to my craft. What gets me is that I am not being hit or physically harmed. I never knew the effect that arguing could have on me. I don't really know what all of the effects have been. What I do know is there has definitely been a change—but I can't explain what that change is.

Some participants referenced a need to understand not only the effects of abuse on themselves but also on children who have witnessed it. This was evidenced in the narrative of “Alexis”:

I know something is wrong. I mean, I always feel jumpy and anxious, and I've noticed that my children are having some of the same reactions. When [my partner] starts with the verbal lashings, we tense up, or when there is a loud noise, we tense up. I know I need to get counseling for me and my kids, but I don't even know where to start. I don't think I'll be taken seriously if I walk into a doctor's office and say, “Excuse me, we need to see the doctor because we are jumpy because [my partner] doesn't know how to interact.” I feel like I would get laughed out of the office and possibly carried out by security!

The third need—to have the tools to deescalate hostility and the skills to talk through issues calmly and without blame, judgment, or accusation—was referenced in the narratives of 15 respondents who “wished [they] had the words to explain to [their] partner the negative effect of the abuse and make things better” or “wanted to calm things down and work through issues without making the situation worse.” In some cases, as with “Natalie,” respondents actively expressed the desire to learn communication skills from a professional:

When [he] starts an argument, we go back and forth. He doesn't hear what I'm saying. Even when I'm responding to his questions, he doesn't wait on me to finish my reply before he starts yelling again. I think we need some sort of mediation. Someone to help us say what we mean and help us to understand one another. I think some sort of counseling would do us both some good... He always thinks I'm being judgmental but I'm not. I want him to understand my points too.

In other narratives, respondents like “Samantha” wanted to learn to communicate better and felt that their partner needed to learn the same skills:

I know I could use some assistance when it comes to communicating with [my partner]... I am strongly considering talking to a counselor, but I am not responsible for [my partner's] abusive actions and I will not take responsibility for that. I don't blame him for my not being able to communicate, and I want him to own his shortcomings, too. Yes, I need to learn better [communication] skills, but so does he. I just don't know how to suggest that we get counseling without starting another argument. We already argue too much, in my opinion.

Some participants, such as “Olivia,” were optimistic about the possibility of both the respondent and the abusive partner learning how communication impacts one other:

I think what we both need is to sit down and talk with a [counselor]. I could use someone to help me use my words to get my point across, and I know he needs someone to do the same for him because sometimes I can't even follow his line of reasoning. I mean, we get into a heated discussion, and when I fail to

understand his point he gets angry and that's when he starts to attack my intelligence, like I am not smart enough to understand his points. But that's not it. I don't understand because some of the stuff that he says doesn't make sense. I think it would be a good idea for both of us to learn to use our words better... I think that would make us have less arguments and even if we do argue, it would help end [the argument] sooner.

Other participants, like “Ella,” described the challenges associated with not having effective communication skills to assist in deescalating an abusive episode:

[My partner] always thinks I'm accusing him of being wrong. He always thinks I'm looking down on his point of view. But that's not the case. It is challenging when two well-established people don't agree on something that they fundamentally feel is best for the two of them. I thought I had good command of my communication skills—until I got in this relationship. We seem to always have conflict and when [an argument] starts, it seems to never end. It's like we go back and forth between arguing about the same things and nothing ever gets resolved. It's hard to deal with... We both could use help from a professional because what we're doing now isn't working.

The fourth need—to develop techniques to explain to a social support team the decision to remain in the relationship, end the abuse, and work to rebuild the relationship—was illustrated by such statements as “I wish I could make my family understand my position,” “I need to be able to explain to my friends everything that went into my decision to stay,” and “If I only knew the right words to say, I could get them [friends and family] to understand my position.” This theme appeared in the narratives of 13 study participants. Some respondents, like “Madison,” expressed frustration with having to repeatedly explain the reason for remaining in the relationship:

It's a difficult decision to make. When you are in a relationship with someone for so long and you know that there are major issues that need to be addressed, you may consider leaving; however, when you start thinking about how your lives are intertwined—

love, children, property, and everything else—you may realize that you don't want the relationship to end... you want to work things out. But when you have to constantly tell your friends or family all your business over and over again, it gets hard. You get the "I feel so sorry for this poor little thing" looks or the "It's your fault for staying" looks... I'm no dummy. I know what staying means. I want [my social support team] to understand what it means, too. I want to be able to tell them that in a way that makes them understand the totality of the situation. I need them to be there for me.

Other respondents, such as "Elizabeth," felt that they were "shut out" or disowned because they had decided not to leave an abusive relationship but could not communicate the importance of that decision:

I told them everything, thinking that it would help them understand what I was going through. I thought they got it, but I was wrong. A few days later people stopped answering my calls and offered no more help—not with the kids or anything. I was on my own. I don't know if it was the way I told them or what. I just simply let them know that I invested too much time, money, blood, sweat, and tears in this relationship to throw it all away because he don't know how to talk to me. I believe communication skills can be taught and that's why I'm staying: to work on our relationship. Maybe I can get some help with communicating to my family and friends, too—that way I'll know how to express myself and my situation to them in a way they can understand my position.

Some accounts demonstrated the frustration respondents experienced when they were seeking continued support from friends and family members but were unable to communicate their needs. Such was the case for "Sophia," who identified receiving continued support as a major challenge:

They all know what I am going through. Yes, I made the decision to stay, but, as with every other relationship, there are going to be problems. When I need to vent my frustrations, I want to be able to do that without someone always pointing out that I made the choice to stay. It could be something as small as us disagreeing over weekend plans... When I bring it up to my family, I hear the

conversation about why I should just leave him. WHAT!!! Who leaves because of that? I made a serious decision to stay to work things out in my relationship, but it seems that I did not communicate the seriousness of my decision to my family. I wish someone would please tell me how to do that, because I love my family but I am confused about why they are unable to understand my explanation of my choice to stay.

Further descriptions revealed the importance of continued support but also illustrated the difficulty with seeking this support without seeming needy. “Alyssa” had this concern:

I don’t just need their [family and friends] support when my partner and I have a big argument—I need it all the time. I appreciate when they are there to listen to me and offer suggestions about different things, but it seems that this only happens when I start the conversation. I don’t start the conversation often because I don’t want to be the needy girl who always needs advice or help cleaning up her mess. I want to learn how to ask for help from my friends and family without feeling bad about it. I don’t mean money or anything like that, because I have a nice job—I mean asking for emotional support or a listening ear.

The fifth need, to develop an individualized action plan to address the abuse that is responsive to personal needs and goals, was demonstrated by such statements as “I need to make a plan for the future that includes everything I want for my family and my relationship,” “I have things that I want to do but I can’t do them until I lay out all my goals and find out how to meet them and help my relationship,” and “I have a lot of things to consider and need to make a plan that takes everything into account—including my relationship.” This theme appeared in the narratives of all 20 study participants. In some cases, the respondent had already been considering a plan of action and had started to make a list of important things. As “Isabella” explains,

I have been thinking about this for years. I want to go back to school so that I can get a good job. I need to be able to take care of my family. My husband and children are important to me and I

want to make sure we can get all of the things we need and do some of the things we want. To do this I have to think about financial aid for school, my older kids' tuition, daycare for my younger children, transportation for everyone because my husband's work hours don't allow him to transport the kids, and my responsibilities such as providing breakfast, lunch, and dinner for everyone. It is a lot to think about, and I need to come up with a doable plan but it has to be a plan that considers everything that I need to do.

In other narratives, the participant had not considered the specifics of a plan of action but, when making the decision to remain in the relationship, considered specific elements as being important. Such was the case for "Lily":

I don't even know where to begin with making a plan for the future, but I know I need one. I know whatever I include in my plan I will have to think about my son, my education, my career, and my husband. These are all important to me, and whatever plan I create will have to be beneficial to each aspect of my life.

Some responses indicated the importance of professional assistance when developing an individualized plan for the future. As "Ava" explained,

I know I need a plan for the future. I want my relationship to work, and I know that it is not going to be peaches and cream overnight. It is going to require a lot of work on both our parts. I have a lot of things to think about, and I think I need someone to help me to prioritize all of them. My family, my work, my relationship all matter to me, and within each of those elements I have various responsibilities. I need someone who understands all of the things that are important to me to help me come up with a plan that was designed specifically for me and my needs.

Other respondents highlighted the importance of individualized plans that included all of the necessary elements to achieve future success. "Samantha" was optimistic about her future success, both in her relationship and personally, and she indicated that developing an individualized plan was a first step toward achieving her objectives:

I know I will succeed if I have the right tools. Up to this point, I have never thought about each step that I need to take to “make things happen” for me. I always thought about the end result. Now, I understand that I need to think about each piece of the puzzle. I have to develop a plan that includes every aspect of my life. It may take me some time to figure things out as far as daycare and transportation and all, but once I have a plan I know I can be successful at home and at work.

The sixth and final need, to share with those experiencing similar situations, was directly referenced by all 20 participants as it was the subject of a specific interview question. Statements such as “People need to learn to love themselves before they can truly love their partner,” “I want to tell [others] that love does not hurt or make you feel bad, so they need to really evaluate what their idea of love is and make that happen for themselves before they try to make it happen for someone else,” “It’s hard to see the effect abuse has on you when you are being abused, but people need to think about how they are being affected,” and “I want others to understand that being in a hostile, negative, abusive relationship creates a breeding ground for other negative circumstances in their life” indicated that participants wanted to reach out to others in similar situations. In some cases, such as with “Grace,” the participant wanted to convey a message of the value of self-importance for someone who is being abused:

Your husband is supposed to love you unconditionally. He is supposed to be the one who protects your heart. But sometimes he can be the one [who] hurts you most. If you make the decision to stay in the relationship because you feel it is worth saving, then it is up to you to manage your heart. This is one of the circumstances when you have to love yourself. You have to remember that you are important and that you matter. Sometimes when you are in a relationship you forget who you were before the relationship, and you take on this alternate identity where you are no longer an individual but you are just part of a couple. My advice to someone who is being abused is to always maintain your identity and know that you are important.

In other narratives, respondents like “Chloe” wanted to illustrate the importance of taking care of “self” prior to attempting to take care of someone else:

I find myself doing everything for everyone else in my life—my kids, my fiancé, my friends, and my family always need me to do something and I do what they need because that is my nature. But after I do all of that, there is no time left for me to do anything for myself, and if time is left, I am too tired to do anything. My advice to someone [who is being abused] would be to make sure she takes care of herself first. Women who are mothers and girlfriends or wives feel like they have to do for other people first because kids and boyfriends or husbands depend on them, but in reality you can’t truly take care of someone if your needs haven’t been met.

Other respondents, such as “Olivia,” described the feeling of being loved and of loving oneself and explained why this is important for positive growth:

When you are loved you feel better about yourself. That is important. Everyone wants someone to love them, and everyone wants someone to make them feel like they are loved. I don’t think people who feel unloved do well... I know I don’t. There have been times when I just stopped caring about everything. I didn’t care about how my home looked or how I looked. I was just existing and waiting on the days to pass by... I felt like I was stuck in limbo, like I had no purpose... It took some time, but now I know that I was in a bad space. I realized that I had to start by loving myself more and when I did I started to grow, I saw positive changes all around me. I now keep my house in order, I keep myself in order, and with a lot of hard work my relationship will be in order too. You have to love yourself if you want to grow.

Some respondents, like “Alexis,” urged those in abusive relationships to reflect on how their ideal relationship would look and to use this as a model:

I really had no clue as to how much work went into a relationship. I really didn’t have a frame of reference of a functional relationship to rely on, so I just accepted what was presented to me. I now know this was not the right thing to do. I think people should really think about what they expect in a relationship. They should think about their role and what that entails and they should think about their partner’s role and what that entails, and then they

should choose a partner who has the same vision. This should be the basis of the relationship. This way both people have an understanding of what is expected of them and how they should behave toward one another. No one would go into a relationship saying “I don’t mind if you treat me like crap.” So I say if a situation was not in your vision of a relationship, then deal with it as soon as it comes up. That is what I am doing right now. It’s a challenge when you have put up with it, so I would tell people to say something the first time something happens that they do not agree with.

Analysis of the narratives collected for this study produced interesting results. The data described the length of study respondents’ relationships and the duration and types of abuse the study respondents had endured. In addition, participants revealed their reasons for remaining in their respective relationships and the various methods they employed to address the abuse. Critical investigation of the study data yielded six needs most commonly cited by participants in their responses to the study questions. These needs included (1) to learn the contributing factors or root causes of the current abusive situation; (2) to understand the personal effects of the abuse; (3) to have the tools to deescalate hostility and the skills to talk through issues calmly and without blame, judgment, or accusation; (4) to develop techniques to explain to a social support team the decision to remain in the relationship, end the abuse, and work to rebuild the relationship; (5) to develop an individualized plan of action that is responsive to personal needs and goals; and (6) to share advice with those who have had similar experiences.

B. Discussion

1. Demographic data and variable correlation

Analysis of the demographic data and variable correlation of this study produced interesting findings. The demographic profile of study participants revealed that most were mothers who were married or in a long-term relationship, over 30 years of age, educated beyond

a high school level, were gainfully employed, and had experience with physical and/or sexual domestic violence in previous relationships but at the time of the study were experiencing psychological and/or financial domestic abuse. Study participants indicated that the absence of more lethal forms of abuse such as physical or sexual abuse was an important factor in their decision to remain in their relationships, and a majority ($n = 18$) stated that they would not remain in a relationship where they were subjected to physical and/or sexual abuse.

This demographic profile is markedly different from the popular perception of a victim of domestic violence. Society's image of a domestic violence victim is generally one of an undereducated single mother who is isolated and withdrawn from familial and social acquaintances and who exhibits visible signs of severe physical abuse. Popular culture would assume the victim to be unemployed or underemployed, completely dependent on her abuser, and inexperienced with the nuanced elements of domestic abuse. This may have been an accurate description several decades ago, when domestic violence was first exposed to the public and images of how a victim of domestic violence should look and behave became stereotypes. However, many contemporary victims of domestic violence do not exhibit these attributes and instead have characteristics that are congruent with those of the participants in this study.

Understanding the demographic characteristics of all kinds of victims is important, because the current domestic violence advocacy framework was developed to address the needs of victims who face situational barriers such as dependence on an abuser, being undereducated, or being underemployed. Many contemporary victims of abuse do not face these specific barriers, however, and are affected differently depending on the type of abuse that occurs. In fact, when the effects of abuse on victims who experience more lethal forms (such as sexual and physical

abuse) are juxtaposed with the effects of abuse on victims who experience less lethal forms (such as emotional or financial), distinct differences are revealed.

The psychological effects of abuse on someone in an environment of constant severe physical violence, isolation, and manipulative control may mean that that person is less likely to report the abuse and may even conceal the abuse, making it difficult for outsiders to see the signs of violence. To address abuse of this type requires immediate intervention with multiple agencies such as domestic violence organizations, law enforcement agencies, and healthcare facilities to assist the victim in leaving the potentially lethal environment, addressing the abuse, and possibly filing a criminal report. The current domestic violence advocacy framework uses innovative methods to assist victims in this situation. In fact, the coordinated community response (CCR) to domestic violence, which coordinates the assistance of multiple agencies to address the needs of abuse victims, was implemented with this goal in mind. Such services as mandatory arrest and prosecution, shelter and residential services, hotline services, food bank services, assistance with obtaining orders of protection, legal representation, assistance in preparing legal forms, court accompaniment, and assistance with transitional and permanent housing provisions are important to the abuse victim who is attempting to leave a relationship and establish a violence-free life. However, there is a segment of victims of domestic violence for whom these innovative techniques offer little respite. For the victim who is experiencing psychological and/or financial abuse and is not in need of assistance with leaving a relationship and petitioning law enforcement agencies to assist with protection or criminal prosecution, the abovementioned remedies are insufficient. For victims such as the participants in this study, a more individualized approach is required to address abuse. A course of action that considers a victim's current

position (with respect to educational and occupational attainment), takes into account a victim's responsibilities and goals, and considers the type and severity of abuse that is occurring is necessary to adequately address the situation at hand. By attending to these dynamics and understanding the degree to which abuse is multifaceted, we can gain better insight into the dynamics of victims' decisions to stay in their relationships and also refer victims to services that will help them to address the abuse.

It is important to note that the demographic characteristics of the participants of this study are not typical of participants in previous studies of domestic violence. The respondents in this study represent a unique subgroup of victims of domestic violence in that they portray their abuse as being less lethal, because they are not experiencing physical and/or sexual abuse, but more psychologically harming. Experiencing this dynamic of abuse may mean that remaining in the relationship is a more likely option for these respondents compared with those victims of domestic violence who experience more lethal abuse.

The demographic profile of the participants in this study suggests that those who have made the decision to remain in a relationship with an abusive partner with the purpose of ending the abuse and working things out may have different individual and situational motivating factors than those who have made the decision to leave a relationship where severe physical abuse is present. Participants in longer relationships identified as having experienced longer durations of abuse. This finding suggests that respondents' relational (longer relationship) and familial ties (having children) with their partners were factors when longer periods of abuse were endured. As such, it is necessary that advocacy professionals have an understanding of situational nuances when these victims of domestic violence seek assistance.

Support services and strategies that evolved out of previous understanding of abuse are incompatible with the needs of many victims who are not in immediate crisis, who do not experience more lethal types of domestic abuse (such as physical and sexual abuse), and who do not want to leave their relationships. Most current approaches to domestic violence support concentrate on the crisis point of separation. That is, most social service agencies provide resources until the woman leaves her abuser and has secured independent housing, after which point the services end. By focusing on survivors' perspectives, however, a much more longitudinal approach to addressing domestic violence is indicated. Approach to assistance will need to consider resolution of abuse in situations where the victim of abuse and the perpetrator are willing to work toward ending the abuse and repairing the relationship. However, to begin to develop a longitudinal approach, we must acknowledge that resolution is more complicated than just telling women to leave and requires a better understanding of the influence of specific situational factors in the victim's life. To accomplish this with this study, I examined the characteristics of victims' relationships.

To measure the strength of association between variables in this study, I conducted a correlation analysis using the correlation coefficient Spearman's ρ . This statistic was selected for analysis because it was developed to address instances where both variables are not assumed to be normally distributed (i.e., have a mean of 0 and a standard deviation of 1).

Results of my analysis indicated that the duration of abuse was positively associated with the number of children a respondent had ($r = 0.45$, $P < 0.05$), the age of the respondent ($r = 0.42$, $P < 0.05$), and the length of the relationship ($r = 0.88$, $P < 0.01$). That is, respondents with multiple children experienced longer durations of abuse. Similarly, older respondents had

experienced longer durations of abuse. Thus, those in relationships of longer durations experienced longer durations of abuse. These findings indicate that the relational (longer relationship) and familial ties (having children) that respondents had to their partners were significant factors in situations where the longer periods of abuse were endured.

The age of the respondent was statistically significant, which may indicate that older respondents were more “vested” in their relationships and thus were more willing to attempt to work things out with their partner. The number of children a respondent had was positively associated with the number of children the respondent had living in the household with her ($r = 0.89, P < 0.01$). That is, respondents with multiple children were more likely to have more of these children living at home.

Finally, the data illustrated that having children was positively associated with sharing a child with the abusive partner ($r = 0.64, P < 0.01$). In other words, respondents who had children were more likely to share a child with their partners. These findings have practical significance in the sense that studies of domestic violence have illustrated that abuse has a negative impact on both the victim and the children who witness the abuse. Results of this study—that those who have children were more likely to share a child with their partner and that those children were likely to be living in the household—indicate that children were likely exposed to the abuse. Thus, it is suggested that the children, the victim, and the abuser all seek counseling to address the effects of exposure to abuse. The complexity of participants’ lives and the choices that they have made to stay in their relationships indicate the need for a more independence-focused model of addressing domestic violence in such cases.

Individual characteristics were key elements in study participants' decisions to remain in a relationship with their partners and work toward ending the abuse. The length of the relationship and the presence of children were identified as significant elements that study participants considered when making decisions about how to address the abuse they were experiencing. Identifying both a victim's rationale to stay in a relationship and her considerations are essential, as this understanding allows for critical examination of important factors in victims' lives. Equally important is the identification of victims' needs when they have decided to remain in an abusive relationship with the intention of ending the abuse and working things out. Participants in this study identified six such needs, including (1) to learn about the contributing factors or root causes of the abuse; (2) to understand the personal effects of the abuse; (3) to have the tools to deescalate hostility and the skills to talk through issues calmly and without blame, judgment, or an accusatory tone; (4) to develop techniques to explain to a social support team the decision to remain in and repair the relationship; (5) to develop an individualized plan of action that is responsive to personal needs and goals; and (6) to share advice with those who are experiencing similar situations.

2. The need to identify what causes abusive episodes

His rage comes out of nowhere... I mean, I know there is something that causes him to snap out on me but I honestly don't know what it is... If I knew what the cause was and how to handle it without taking it in as the truth [about me], it would lift a heavy burden. ("Isabella")

Participants noted that their situations were frequently unpredictable and that they were often caught off guard. They indicated that they would feel more prepared to address the abuse if they knew what triggered the violent outbursts and then had appropriate responses for a partner's

actions. They wanted to better understand the cause of a partner's mood swings and be able to separate normal stress response from psychological, verbal, or emotional abuse, and have a plan to address the issue and work through the problem. Several participants described partners' definitive actions such as attempts to belittle them or their parenting style or personal attacks on the way they looked or acted. Others discussed cultural differences, explaining that they had learned that men are supposed to be aggressive and were unsure whether certain actions constituted abuse or normal male behaviors. Variations in participants' definitions of abuse and perceived rationalizations for a partner's negative actions have also been reported in other studies. In a study of 40 women from two different cultural backgrounds, Tehee and Esqueda (2008) observed cultural differences in the definitions those women assigned to abusive acts. They found that some women defined domestic abuse as when physical violence was present, whereas others defined domestic abuse as when emotional and verbal abuse occurred.

Several participants in this study struggled to deem as abuse those acts that have been defined in the literature as psychological and/or financial abuse (Kelly, 2004; Postmus, Plummer, McMahon, Murshid, & Kim, 2012). These participants rationalized forced surrender of their personal paychecks or constant belittling and threatening language as part of "paying their way" or "just male behavior." The nonidentification of acts of abuse in many of these situations led to the abuse being tolerated and thus unaddressed. The compounding impact of such events decreases a victim's quality of life in the sense that a woman in this situation does not have the freedom to use her earnings as she deems appropriate, and in many instances she does not recognize the difference between appropriate interpersonal communication and abuse. In this study, participants voiced opposition to mistreatment, particularly in cases where finances were

involved; however, they frequently felt as though their perception of the situation and their mistreatment were not taken seriously by their partners.

Most of the participants in this study stated that they felt the abuse they experienced was the result of personal issues of their partner. Previous studies have revealed similar findings: Tehee and Esqueda (2008) found that some women identified personal, internal dysfunctions of the abuser, such as anger and control issues, as the primary causes of domestic violence. Participants in this study who held this position stated that they did not believe their partner wanted to abuse them but instead needed to release frustration, and therefore lashed out at them in an effort to relieve tension at that moment. Not all research participants maintained this position, however; others felt that the abuse was the result of larger societal issues such as stress from unemployment or underemployment or not being able to provide for the family in the manner he felt was appropriate. This too has been demonstrated in the literature: Tehee and Esqueda (2008) noted that some women in their study perceived societal issues such as poverty, unemployment, and lack of mobility due to isolation as the primary causes of domestic abuse. In this study, those who felt that the “verbal lashings” they received were not abuse but instead a normal stress response were also the ones who perceived domestic violence to be the result of larger issues such as cultural norms and aggressive socialization. That some respondents maintained this position indicated that they subscribed to beliefs passed down through family traditions or transmitted through environmental association.

The role of society in identifying the causes of domestic violence was a constant theme in the narratives of participants in this study. Those who identified the abuse as stemming from a partner’s personal issues are not alone: this was also a finding of a study of 1,200 telephone

respondents representing six communities in New York State. Worden and Carlson (2005) found that most of these respondents believed that domestic violence was caused by individual, relational, and familial problems such as work-related or financial stress, substance abuse, anger and loss of control, relationship problems, early exposure to family violence, adultery or jealousy, and the abuser's mental health issues. As in this study, respondents in Worden and Carlson's study indicated a prominent role of culture or society: two-thirds of these respondents believed that society socializes boys to be aggressive and that this socialization is a precursor to domestic violence.

Unlike Worden and Carlson's study (2005), which found that some respondents believed that female victims wanted to be abused, the participants in this study were steadfast in their desires for the abuse to end and to establish or reestablish healthy relationships. This study's participants indicated that if their partners could accept the negative consequences of abusive behavior and would agree to work toward ending the abuse, the abusive behavior would change over time. This finding is inconsistent with the responses of the participants in Worden and Carlson's study, who believed that abusive behavior is unlikely to change and will escalate from verbal abuse to physical abuse over time. The deviation of this finding from established findings of past studies seems to indicate an evolution of the perception of domestic violence in general. Contemporary victims of domestic violence, such as those who participated in this study, have taken a rehabilitative position in the sense that they believe certain types of domestic abuse can be addressed and resolution can be secured.

Not all of the participants in this study felt that the abuse was completely the fault of their partner: six of the respondents stated that they believed their own actions may play a role in their

partner's abusive behavior, citing behaviors such as not responding quickly enough to the needs of their partner or their child(ren) as contributors to the escalation of verbal abuse. This finding is consistent with the findings of Worden and Carlson (2005), who reported that two-thirds of respondents in their study believed that some fights were started by women and one-half believed that the women's treatment of the men accounted for some of the violence. It should be noted, however, that the domestic violence literature and the participants of this study overwhelmingly denounce the notion that a victim's behavior is cause for domestic abuse.

Whether abusive behavior is due to personal struggles of the abuser, societal issues, or unintended inattentiveness of the victim toward the abuser (which should also be labeled as personal issues of the abuser; however, study participants did not make that connection), unaddressed abuse of all types and severities can have serious consequences. Therefore, it is important for the general public to identify nuanced variations of abuse if we are to begin to understand the causes of abusive episodes. Many of the participants in this study did not immediately recognize psychological, verbal, emotional, or financial abuse. This speaks to the image of abuse that is being broadcast to the community: individuals had no difficulty in recognizing acts of physical or sexual abuse, but there was ambiguity in the identification of abusive actions when assault (whether physical or sexual) was absent.

The findings of this study illustrate that the general population must be provided with specific definitions of the various types of abuse. This can be accomplished through outreach similar to that being used to identify physical and sexual abuse. The participants in this study seemed to desire specificity; an explanation of the nuances of emotional, psychological, verbal, and financial abuse may help them to better understand different types of abuse and identify the

causes of the abuse they are experiencing. Understanding the reasons for abuse may allow victims to respond in a manner that supports neutralizing the situation and that can assist in ending the abuse; however, equally important is the identification of the abuse experienced. Until the public is given concrete explanations of the nuanced elements of all types of domestic violence, by using language and terminology they can understand, certain aspects of domestic abuse will remain elusive and thus unaddressed.

3. The need to address the effects of psychological abuse

I know that all the negative talking that he says to me is hurting me... It feels like a knife. Sometimes I think to myself it might be easier if he just hits me... I would know what to do if he hit me but I don't know what to do about him constantly belittling and threatening me. ("Sophia")

In addition to a better understanding of the causes of domestic violence, participants in this study wanted a better understanding of the personal effects of emotional and psychological abuse. In every interpersonal relationship there are exchanges of messages about one's value to the other. In most cases, these exchanges are positive and are designed to support the relationship and uplift and encourage. However, in relationships involving domestic violence, words are often used to belittle. Participants in this study noted that they often felt threatened or put down by their partners and that although abusive language was common, they were continuously adversely impacted. Participants expressed the need to better understand the effects of their partner's abuse, and they also wanted to know how to address those effects. Most of the participants stated that they often felt bad about themselves after reflecting on the negative language they received, and some even stated that the abuse made them physically ill. The feelings articulated by the participants in this study have been expressed in other contemporary

research from across the globe. In a study of 1,415 South African women, Jina, Jewkes, Hoffman, Dunkle, Nduna, and Shai (2011) found that women who experienced emotional abuse had a greater risk of suicidality than women who experienced no abuse. Furthermore, these researchers found that a co-occurrence of multiple types of abuse was associated with poor mental health outcomes such as hazardous drinking behaviors, illicit drug use, elevated depressive symptoms, psychological distress, and suicidality. This finding is consistent with “Sophia’s” explanation of her experience. She stated that she frequently used alcohol to “numb the pain of [her] existence” and that she has often thought about ending her life because she felt “no one would miss [her] because [she] was worthless.” Similarly, “Emma” discussed using marijuana to “ease physical and mental pain,” and she explained experiencing depressive states where she wished she “did not have to see or talk to anyone.” “Emma’s” experience is consistent with the findings of Jina et al. (2011), which identified drug use and having depressive symptoms as being associated with experiencing multiple abuse types and suicidality as being associated with experiencing emotional abuse.

Depending on the type(s) of abuse experienced by the women in this study, coping strategies ranged from ignoring a partner’s negative language to contemplating suicide and included problem solving (e.g., taking steps to decrease or end the violence), seeking social support (e.g., pursuing assistance from those within the victim’s social circle), and avoidance (e.g., withdrawing from contact with others). In some instances, victims were unable or unwilling to access social support, in which case they relied on avoidance coping to address the abuse. In other cases, the nature of the relationship made it difficult for victims of abuse to define a relationship as abusive because a partner’s behavior frequently alternated from psychological

or financial abuse to loving contrition. In such a case, an act that may have initially been identified as abusive can be restructured as an abuser's reaction to stress, thus mitigating blame for violent behavior.

The different approaches victims used to cope with abuse suggest a change in the severity of abuse when multiple types of abuse are present. Several respondents in this study stated that they had used substances to self-medicate in response to the negative feelings resulting from abuse, and three respondents stated that at some point in the abusive relationship the abuse was so bad that they considered suicide. Respondents who expressed suicidal ideations noted that they were experiencing multiple types of abuse at the time. This implies that the compounded effects of multiple types of abuse are distinctly more severe than the effects of one type of abuse; as a result, the approaches to addressing multiple types of abuse are also distinctively different.

Oftentimes emotional abuse is thought to be a less severe form of abuse within a relationship and a precursor to "more severe" abuse (when abuse is assumed to increase in gradients of severity from emotional abuse to physical abuse to sexual abuse). However, suicide is one of the most severe residual effects of emotional abuse (as illustrated by this study and others), and therefore, the importance of identifying the impact of emotional abuse on a victim is highlighted. Abuse of any type can have detrimental effects. In a study of 1,750 married women, Chowdhary and Patel (2008) found that abuse is often a risk factor in attempted suicide. In their study, verbal (emotional) abuse was the most frequently occurring type of violence reported by participants. Negative effects of abuse were also observed in a study of 1,402 women by Ruiz-Pérez, Plazaola-Castaño, and Del Rio-Lozano (2007). There a higher prevalence of chronic disease was found among women who had experienced any type of abuse: women who

experienced emotional (psychological), physical, and sexual abuse were twice as likely to develop a chronic disease than women who had never been abused, and more frequent abuse increased the likelihood of a victim developing a chronic disease. This was also the case with several of the participants I interviewed, as a number of the narratives chronicled bouts of physical illness resulting from psychological and financial abuse.

Still further, in a study of 1,045 women, Ludermir, Lewis, Valongueiro, Barreto de Araújo, and Araya (2010) found that a gradient of increasing risk of postnatal depression was associated with multiple types of abuse against pregnant women, and psychological (emotional) abuse was most strongly associated with postnatal depression. Likewise, Naved and Akhtar (2008) found in a study of 2,702 women that severe physical and emotional violence were positively associated with suicidal ideation, and in a study of 1,371 women, Yoshihama, Horrocks, and Kamano (2009) found that self-reports of poor health, suicidal ideation, difficulty performing regular activities, and various mental health distress symptoms increased among women who experienced emotional abuse.

This increase in the presence of depressive symptoms among those who experience multiple types of abuse, including psychological and emotional abuse, is notable. Emotional abuse is thought to be ongoing and continuous and can be overt and/or covert, compared with the episodic nature of physical and/or sexual abuse. As such, this may suggest that emotional abuse has a greater impact on mental health when it is combined with other types of abuse. This finding has implications for practice in the field of domestic violence advocacy in that it highlights the need to screen for emotional abuse in those women who report that they have been abused and to monitor these women for negative mental health effects and suicidal ideations. In addition,

identifying victims of emotional abuse allows professionals to work with individuals to develop therapeutic plans of action that consider experiences of emotional abuse and address residual effects.

4. The need to learn to communicate without being combative, judgmental, or accusatory, to relay to a partner the consequences of verbal abuse

I just don't know what to say... He constantly [curses] me out and talks about me like I'm scum. I feel like he thinks he is the best thing since sliced bread and he's not... So I tell him... I know I don't make it no better, but I don't know what else to say. I don't want to be negative like him but that's the only way I can think of to get the message across to him that it hurts to be talked down to. ("Olivia")

Many of the participants in this study expressed feelings of helplessness when it came to responding to a partner's verbal assaults. They indicated a need to respond to the abuse but also claimed they did not have the tools required to de-escalate a situation. In many instances, study participants indicated that they responded to abuse using available tools, but instead of neutralizing the situation, their responses made the situation worse. Their position was that if someone is in an abusive situation, it is necessary to have a discussion with the abusive partner to make sure that he takes responsibility for his negative behavior and will work to repair the relationship and end the abuse. Study participants also expressed the opinion that if an abuser is unwilling to accept responsibility for his actions or work toward addressing the issues and ending the abuse, the relationship may not be worth saving and the victim should reevaluate safety strategies, which could likely include an exit plan. If, however, an abusive partner was willing to work toward ending the abuse and repairing the relationship, study participants overwhelmingly

supported the presence of a neutral third party during the interaction. This is not a foreign concept in the field of social services.

When the objective is to allow two individuals to express their feelings and frustrations, allowing the presence of a neutral third party is a first step toward ending abuse and repairing a relationship. To adequately express feelings, it is necessary to communicate using an inoffensive tone. This is not to say that all parties will agree on aspects of the discussion; in contrast, the aim of this approach is to promote honest sharing of information and receptiveness and allow both individuals to be heard. To understand the appropriate language and tone to use during an interaction can require the intervention of a professional who is trained to address such an issue and teach such skills.

These skills can be taught in one-on-one counseling sessions or in settings such as anger management programs. In a study of 418 male participants in Australian anger management programs, Howells, Day, Williamson, Bubner, Jauncey, Parker, and Heseltine (2005) found that learning about anger and its effects had a positive effect. The authors found that individuals who acknowledged they had an anger problem and were willing to change experienced the greatest success in these programs. Howells et al. postulated that anger management programs with longer durations of participation can increase client success. They also advised that because those with anger management issues often have other psychological and social issues, additional professional alliances are necessary in order to adequately address every issue and develop a targeted plan of treatment. This finding has significance for the participants of this study, as they expressed interest in participating in counseling sessions, both individually and with their

partner, and supported attending sessions on a continued basis in order to create and maintain a positive relationship.

The participants in this study indicated that a plan to address abuse with a partner must begin by attending individual, separate counseling sessions for the victim and the abusive partner and later, at an agreed-upon time and location, couple's counseling sessions with a neutral third party. Participants felt that if both parties learned how to speak to one another and had another person present to mediate the interaction, more progress would be made. This process has positive implications on several levels. As "Madison" explained,

I know my circumstances are a bit sketchy and I have things I need to work on, but I really don't know how to do anything but survive... I mean, I've been on my own since I was 17—this is all I know. I want a better future for me and my kids but I don't know what that is or how to get it.

Learning how to communicate is beneficial not only for interactions between the victim and the abusive partner, it also helps both parties to communicate with others in their professional and social spheres. The learning process can provide information about the impact of communication on all of an individual's relationships, whether professional or personal. Further, for those who have children, improved communication skills can be passed on, thereby decreasing the likelihood that a child will be unable to communicate effectively with others.

5. The need to be able to explain the decision to stay to friends and family

When I went to my friends to get help, everyone was so happy to help me until I told them I didn't want to leave my husband. Things went downhill from there... One minute it was like I could get all the help I wanted, and the next minute it was like I was on my own. I don't know if I said it wrong or what, but having to explain every little aspect of my situation over and over again is tiring and sometimes I feel like they still don't understand.
("Emily")

Victims of abuse often find it difficult to disclose the abuse, for a variety of reasons such as feeling ashamed, being afraid of being judged or rejected, and fearing that they will be viewed in a negative light. These feelings may be compounded if, when disclosing abuse, a victim experiences negative reactions from friends or family members; the situation may be further complicated if she discloses the decision to remain in the relationship with the goal of ending the abuse and working things out with her partner. These concerns are not unfounded: many domestic violence advocacy plans insist on a severing of contact with the abusive partner as a primary strategy for securing victim safety. However, this advocacy strategy has been criticized following recent findings that indicate the philosophy should be reconsidered (Shurman & Rodriguez, 2006). Often victims of abuse are in danger of future victimization or unsuccessful transition after separation from an abusive relationship, and frequently these women are forced to return to abusive relationships because they lack support in creating new, independent lives. Barriers to disclosure of abuse, as well as the types of reactions they receive when they do disclose, can impact coping behaviors and access to services. These barriers can be especially difficult for those who have made the decision to remain in a relationship with an abusive partner citing cultural beliefs.

Many services related to domestic violence are controlled and delivered by the racial majority culture. As such, they are often inappropriate in response to the daily needs of minority victims. This is significant, as research has shown that many minority women rely on informal avenues for support, such as friends or family members, when dealing with an abusive relationship. Certain cultural, ethnic, and religious practices and experiences may prevent victims from accepting assistance or make them distrust advocates who are not from different

communities or backgrounds. In addition, these factors lessen the likelihood of reporting abuse. For example, misogynistic views of African American women have plagued society since the slave era. These views include degradation of African American women by the hip-hop culture and the media; stereotyping them as *mammies*, *Aunt Jemimas*, *nappy-headed whores*, and free-loading welfare mothers; and describing them as seductive, alluring, angry, unreliable, criminal, poor, lazy, worldly, sexually predatory, beguiling, tempting, promiscuous, lewd (*Jezebels*), unattractive, uncivilized, and unintelligent. These images have eroded important social threads that could facilitate an African American woman's ability to negotiate her agency in an effort to better her situation. They have also normalized for African American women a foundation of racism, sexism, and poverty. As indicated by the women in this study, in lieu accessing professional social services, some African American women choose to use informal coping strategies such as journaling, self-help books, religion, and the support of friends and family when dealing with abuse.

Not all participants in this study received assistance solely from social support systems. Several sought out domestic violence agencies but were dissatisfied with their treatment by professionals. Victims who encounter negative consequences of reporting and those who have had negative experiences with service providers may be less likely to report future abuse. "Alexis," a participant in this study, was traumatized when she experienced a negative reaction from a service provider when she disclosed her decision to remain in the relationship with her abuser:

I went to the agency because I knew I could not do it alone. I tried everything from trying to talk things out to being overly nice to him, but nothing was working. I was at my wits end... I went in and filled out all the paperwork. It looked like they had a lot of

counseling programs that I could use. When I talked to the lady, she was really nice at first, we talked about my kids and my job... But when we got to my boyfriend and she asked me why don't I just break up with him since I had my own job, I was a little offended. I told her that I loved him and that I wanted my kids to have their father around. After that, her attitude changed... She was nasty to me. When I left there, I told myself "I will never do that again."

This encounter illustrates the barriers to victims disclosing abuse and refraining from accessing support services. Domestic violence advocacy professionals are charged with assisting victims in addressing abuse, not with judging their decisions—especially without a holistic evaluation of all of the individual considerations that went into making the decision. To make an informed assessment of a situation, advocates must identify the factors a victim deems important. This is reasonably expected only when a victim is asked, and then an advocate must consider each factor when designing an individualized safety plan. Without doing this, advocates and other service providers are ill-prepared to assist victims who have experienced barriers to reporting abuse.

Grauwiler (2004) found in her study of victims who remain in contact with their abusive partners that most abused women believe that the criminal justice system is not the proper place to resolve domestic disputes. Baker (2009) described how some states are changing responses to domestic violence by developing multidisciplinary practices that involve social workers, attorneys, and others, as well as counselors, to provide a "whole-client" response to abuse.

As indicated by the participants in this study, changes must be made in the administration of resources for victims of domestic violence. As “Alyssa” explained,

I need someone to help me... I mean, I have my friends and family, but they're just like me. They don't do this for a living. I need someone who understands what I am going through to help me, but I don't want to be badgered because I want to mend my relationship. A lot of the stuff that is offered to me is for people who want to leave. I need stuff from people who help with rebuilding relationships.

In accord with “Alyssa’s” position, contemporary research has found that those who remain in contact with an abusive partner frequently encounter barriers to assistance, such as negative responses from advocacy professionals when the decision to remain in contact with the abuser is disclosed (Burman, 2010; Coohy, 2007; Goodkind, Gillum, Bybee, & Sullivan, 2003; Hetling & Zhang, 2010; Lindhorst & Casey, 2010; Robinson & Spilsbury, 2008). Crawford et al. (2009) found that many women indicated that reports of abuse were minimized and sometimes not supported by social service advocates. Burman (2010) reported that many women who chose to stay in an abusive relationship or who had decided to stay and then experienced further abuse received responses from social workers that served revictimize them. Goodkind, Gillum, Bybee, and Sullivan (2003) reported that although many domestic violence shelter programs have policies that restrict contact with friends, family, and the abusive partner before services can be accessed, their findings indicated that it is important to consider the emotional and tangible support that women can receive from family members and friends. Participants in this study identified help-seeking patterns that illustrate the importance of a social support system. Friends and family members can offer informal social support such as listening, babysitting, and

providing respite from the abuse and temporary financial assistance; study participants indicated significant desire for this type of support.

There is ample support for the inclusion of various social actors in a safety plan for survivors of abuse who have made the decision to remain in a relationship with their partner in order to end the abuse and work things out. This support is consistent with my findings in the sense that study participants sought not only to obtain professional assistance to address the abuse but also to acquire the skills needed to explain their decisions to a social support team. The participants in this study indicated that the prominent and continued support of friends and/or family members was crucial: the ability to effectively communicate responsibilities, decisions, and personal goals is important in a victim's efforts to end abuse.

6. The need to develop a safety plan

I need a plan that is just for me. I have to think about a lot of stuff in my life, and some preplanned, cookie-cutter deal can't help me with all of my responsibilities. I mean, sometimes I have ten things to do when I'm supposed to be picking up my kids or getting food, so I need someone to tell me how I can balance all of that and keep myself together. ("Ava")

A consistent theme identified among the narratives of this study's participants was the need to develop a safety plan for staying with an abusive partner. Many of these individuals had sought out assistance in the past but felt that the resources they were offered were designed for someone who is leaving an abusive relationship and/or severing ties with an abusive partner. A majority of resources for victims of abuse, such as shelter services and protection orders, were designed on the basis of findings of research conducted with help-seekers who had decided to leave a relationship and sever ties. It is apparent that the current framework of domestic violence advocacy, which emphasizes leaving the relationship, does not meet the needs of those like

participants in this study, who have decided to stay. Effective safety planning and advocacy requires a victim-defined approach and must begin with understanding the needs, resources, and perspectives of the individual. To adopt this approach, help-seekers will have to work collaboratively with advocacy professionals to define responsibilities and develop a plan of action.

Several participants in this study articulated dissatisfaction with the support they had received from service agencies, indicating that the services provided were insufficient because they were designed for victims of abuse who chose to leave their relationships. This experience was consistent with some of the findings of other domestic violence scholarship: Grauwiler (2007) found a lack of meaningful support from domestic violence agencies for some victims who chose to remain in contact with an abusive partner, who were not prepared to leave their homes, or who were struggling with the decision to enter a shelter. This is clearly an unintended consequence of otherwise successful approaches to domestic violence advocacy that have assisted millions of abuse victims over the last two decades. It can be addressed by modifying the way we currently respond to all help-seeking survivors of domestic violence.

Participants in this study identified among their greatest needs access to a personal life coach or mentor, licensed childcare assistance, job-readiness programs, educational or vocational services, family reunification counseling, faith-based counseling, mental health therapy, financial literacy counseling, healthy relationship development assistance, and parenting skills training. Those who had sought out formal assistance to address abuse (prior to involvement in this study) also noted, in addition to the services mentioned above, the need to address barriers such as

support materials that do not align with cultural beliefs, level of education, and ability to adequately benefit from the offered services.

To a victim of abuse, the advantage of a life coach or mentor is access to someone who not only understands the situation but also empathizes with decisions, responsibilities, and needs. The life-coach or mentor can assist an individual in mapping out goals, identifying what must be addressed to achieve those goals, identifying professionals and/or agencies that can assist in attaining those goals, and facilitating initial contact with professional network contacts or agencies. When a personalized plan of safety is developed and network contacts have been accessed, professionals can work with clients to determine the length of time required to access services, as in many cases long-term access to services is necessary. As “Grace” described,

They [professionals] are very good at what they do... but what they do is helpful for people who are getting really hurt. They don't have anything for me. It would be good if they could help us all in a meaningful way. I don't mean a one-time food voucher or a bus ticket to the next suburb, I mean something that will help me keep moving forward.

Developing an individualized, broadly defined safety plan that considers personal and familial nuances and goals provides a foundation on which a victim of abuse can begin to build a future.

7. The need to share with others in similar situations

I have been through a lot. I've been shot at, stabbed, beaten, raped, talked about, and ridiculed... But I'm still here. I want to tell my story because maybe it can help someone who is going through the same thing. I wouldn't wish what I've been through on my worst enemy, but if I can help someone else then my suffering won't be in vain. (“Lily”)

In many situations, people find solace in sharing difficult experiences and the methods they used to overcome them, with the hope that their testimony will save someone else the

misfortune of experiencing similar trauma. This was indicated by many of the participants in this study. In addition to reiterating the five other needs identified in previous subsections, most of the participants in this study emphasized two things that others experiencing similar abuse must understand: (1) the relationship between the abuse they are experiencing and their personal goals, and (2) the importance of self-love.

Participants noted that they often let the abuse they were experiencing control their approach to life. They frequently spoke of letting abusive partners' moods dictate the day's activities, and many noted they would not make any decisions without first assessing their partner's disposition. Even in situations where the participant felt strongly about an activity, such as going to church, attending school, accepting overtime hours at work, or spending time with friends or family, a partner's temperament regularly played a key role in decision making. This implication—that a partner's disposition dictates one's movements—had significant negative consequences for study participants: some experienced severe depression and hopelessness, and others retreated into isolation, forgoing any thought of attaining future goals. These negative effects illustrate the importance of understanding the relationship between an abuse victim's experiences and how these experiences impact one's outlook. These effects are also prevalent in the literature: Hadley and MacLeod (2010) found that levels of hopelessness were related to the belief that goals were attainable, which thus impacted future goal setting.

Study participants also recognized the value of knowing one's worth and loving one's self as one of, if not the, most important things for someone to understand. Several participants maintained that their culture or religion dictated considering the well-being of others before their own; however, these participants did not differentiate between normal and abusive behaviors in

their rationalization of their quality of life. These participants regularly traded their own quality of life for that of their partner, taking the position that it would be morally wrong to put their needs over the needs of others. In her article “Selfless Self-Love,” Jan Bransen (2006) argues that putting one’s own beliefs and maximizing one’s own utility is not at odds with having a sense of morality and individual debt to society. In contrast, she posits that fostering selfless self-love supports an environment that allows a person to be cognizant of his or her quality of life and cultivating a positive personal environment positively influences a person’s social environment. The importance of understanding the relationship between abuse and personal goals and the significance of self-love can positively impact the victim of abuse by allowing him or her to make plans, take steps to end the abuse, and transcend the current situation.

The overall message that study participants had for victims of domestic violence who make the decision to remain in their relationships was that one can transcend a negative situation. This transcendence could be in the form of accessing resources to assist with addressing the abuse or advocating for the eradication of domestic violence, among many others. Generally, the resources accessed by a victim of abuse will be determined by how she defines her personal importance and the goals that she has set for the future. The women in this study advocated supporting one another. They sustained the possibility of developing support groups for those in similar situations, as they valued the idea of meeting other women with similar experiences and felt that helping other victims of abuse would be empowering.

8. Unanticipated findings

Owning to the complexity of women’s lives, this study sought to develop an understanding about the experiences, interpretations, and feelings of women existing in the

structure of domestic violence. As such, the current study operates within the feminist paradigm and more specifically it identifies with the position of feminist standpoint research. Additionally, the study also utilizes ecological systems theory. When examining the experiences of domestic violence, it is essential to consider how individuals perceive their experiences and how society plays a role in shaping their experiences. Ecological systems theory addresses the complexity of various overlapping structures that influence development and behavior. The ecological model conceptualizes four systems that shape how a person perceives his or her experiences: the microsystem, mesosystem, exosystem, and macrosystem. With regard to victims of domestic violence, the microsystem consists of the victim's interactions with family and friends, the mesosystem incorporates the interactions between multiple microsystems, the exosystem is defined by the victim's immediate external environment, and the macrosystem consists of the larger cultural context. Knowledge of a victim's ecological systems assists in understand the impact of complex layers, such as family, environment, community, culture, and the interactions of these structures on the victim, and helps to understand the elements informing a person's *psychological contract* with the world. Furthermore, these ecological systems play an important role in the decision to disclose abuse, to seek help, and to leave, remain in, or return to a relationship where abuse is a factor. In this vein, feminist standpoint theory and the ecological systems theory provided the epistemological foundation for this study.

This study assumed that the participants' 'reality' was largely shaped by social, cultural, economic, ethnic, and gender-based forces. Therefore, the study was organized around individual lived experiences to allow for exploration of respondents' perceptions of their situations. As suggested by the literature, I went into the study with very specific assumptions. First, domestic

violence literature often categorizes domestic violence victims as two types – “leavers” and “stayers”. As described by the literature, those who leave exhibit various actions that outwardly demonstrate their unwillingness to be abused by physically removing themselves from the abusive situation. Additionally, the literature also describes stayers as those who do not take steps to physically remove themselves from an abusive relationship or environment. Domestic violence literature accounts for the processes and stages involved with making the decision to leave and with taking action to leave an abusive situation; however, fundamentally victims are assumed to be leaving or in the process of leaving or staying in the relationship.

With the aforementioned epistemological foundation I began this study with several assumptions. My first assumption was that there was a group of women who want to stay in a romantic relationship with an abusive partner but who felt they could work with their partner to end the abuse and repair their relationship. My second assumption addressed my ability to access the desired study population. As social science has been characterized as being driven by two pillars – logic and observation – my second assumption was that I would be able to locate individuals who were purely “stayers”. My final assumption was that once I identified the “stayers” they would be able to articulate their conception of safety when staying in an abusive relationship.

As I set out to find research participants I advertised that the study sought to explore the experiences of those who “decided to stay in the relationship with the person who abused [them]”. Upon being contacted, I asked screening questions to explore potential candidates’ history of victimization and their decision on how to address the abuse. The screening criteria were narrow in the sense that they specifically dealt with the candidates’ current relationship. I

was able to access a sample of twenty women who indicated that they had made the decision to remain in an abusive relationship and were working with their partner to end the abuse and repair the relationship. However, through further analysis, the women were not “pure stayers” in the sense that they could not be defined as women who would stay in an abusive relationship by and large. Although these women had made the decision to remain in their current relationships with their current partners they had specific expectations of behavior with respect to the types and physical severity of the abuse that they would tolerate. In fact, the sample that I studied were women who permanently left an abusive relationship in the past that was characterized as consisting of sexual and/or physical abuse and now found themselves in a relationship characterized by psychological and/or financial abuse.

This presents a conundrum. Did I study the population that I sought to study? The answer is nuanced and depends on whether or not I view the victims’ current position in their life experience or I view their life experience in its totality. In this study, I was looking at a cross-section of the victims’ lived experiences and in the cross-section they represent “stayers”. They represent women who have identified themselves as currently being in an abusive relationship that they have made the decision to remain in. However, when looking at the participants’ lived experience using a longitudinal approach the participants of this study were leavers who have evolved in their understanding of the dynamics of domestic violence and who have figured out how to manage the abuse in their current relationship based on their experience in their past relationships. The domestic violence literature gives a sense of two separate groups of domestic violence victims: those who leave and those who stay. However, my study has illustrated that this process is fluid and ever-evolving. It demonstrates that leaving an abusive relationship at

one point in time does not mean that a person will forever be a “leaver” and that remaining in a relationship at one point in time does not make one purely a “stayer”. Further, the study supports the position that even if a victim of abuse leaves a relationship with one abusive partner permanently they may find themselves in another abusive relationship in the future. Moreover, even if a victim of abuse vows to never deal with physically and/or sexually abusive behavior again they may find themselves dealing with other types of abuse later in life. This study cautions us to revisit our system of typology, taxonomy, or categorization of domestic violence victims and the nuanced elements of domestic violence. We cannot say that domestic violence victims are either “leavers” or “stayers” because leaving and staying is a dynamic process that is not mutually exclusive. The practice of categorizing victims of abuse is flawed as they are people in process.

Researchers perform studies in order to explore specific variables or populations of people. In many cases, these endeavors result in findings that are anticipated as a result of *a priori* knowledge and a review of the literature. In some instances, however, secondary findings may present. In these cases, researchers find exceptions in their data that may not correlate with previous scholarship or, under certain circumstances, may illuminate lesser-known phenomena. When this occurs, it is necessary to highlight these manifestations in an effort to better understand them. The results of this research project provide one such opportunity. I sought to explore the needs of domestic violence victims who have made the decision to remain in a relationship with a partner who has been abusive. In return, I identified six such needs. However, some of the results of data analysis were unanticipated and caused me to question how we

understand domestic violence and its victims and the impact of prior violent relationships on survivors' expectations of behavior in future relationships.

My findings prompted me to reevaluate the concept of relationship abuse and domestic violence. Conceptual frameworks are beneficial in that they provide coherence to empirical investigation and, by virtue of their relation to empirical enquiry, can take different forms depending on the research question or problem under examination. This theoretical framework attempts to reconcile aspects of inquiry such as defining domestic violence and identifying the methods to address it, the study populations and samples, the potential avenues for data collection, and the appropriate techniques for data analysis. It was designed to prescribe possible alternative courses of action to address abuse according to a model that, while benefiting many victims of domestic violence, has paradigmatically overlooked a number of the complexities of contemporary abuse situations and why a woman might want to stay in a relationship.

The respondents in my study indicated that they had been in physically and/or sexually abusive relationships before and had made the decision to leave. However, at the time of the interviews, these participants were in relationships with different partners who were psychologically and/or financially abusive. These respondents stated that they would not tolerate a partner who was physically or sexually abusive, but because they were now experiencing a different type of abuse, they were willing to work with their current partners. This says something about the way these women understood their experiences with physical and/or sexual abuse, the methods they had chosen to address specific types of abuse, the knowledge they had gained from their experiences, and the impact those experiences have had on their expectations for future relationships.

Study participants understood the risk involved in staying with a partner who is physically and/or sexually abusive. In fact, 18 of them had in the past left a partner who was physically or sexually abusive, citing a fear of serious physical injury or death. They understood that prolonged exposure to these types of abuse increased lethality. Although the extent of abuse in participants' previous relationships was not the focus of this study, many of the women's narratives provided insight into their unwillingness to remain in a relationship where physical and/or sexual abuse was present. Furthermore, respondents readily detailed specific acts of abuse that they would not tolerate (all which were physical or sexual in nature)—they had learned from their experiences of physical and sexual abuse. To this end, they were able to articulate an understanding of the increased likelihood of serious injury or death resulting from these types of abuse and that a victim who is being physically or sexually abused should consider physically removing herself from the abuser and the relationship.

Most of the respondents in this study had subscribed to specific methods to address physical and sexual abuse in past relationships. These methods predominantly included leaving the abusive partner permanently. Although they did not go into detail about the specifics that led to their decisions to leave prior relationships, various participants indicated the importance of making this type of decision.

Respondents also had expectations about relationship dynamics as a result of previous relationship experiences. This sample of victims of domestic violence is unique in that these women had nuanced understandings of the lethality risk for those who stay in relationships where physical and/or sexual abuse occurs, and they understood that there is a time to leave an abusive relationship but there also exist circumstances where reconciliation may be an option.

These victims had experienced more lethal types of abuse in the past and made the decision to leave; however, when in relationships where psychological and/or financial abuse was present, they made the decision to stay with the goal of ending the abuse and determining the cause of the abusive episodes, the effects of the abuse, and how to address the abuse. My research findings, therefore, are unique compared with those of previous scholarship; however, it is unclear whether it is the relationships of the participants that is unique or if it is a characteristic of the individual choosing to stay. On the one hand, it could be that the relational dynamics are predictable in the sense that, because there is no history of physical or sexual abuse in the current relationship and the partner is not prone to physical or sexual attacks, there is minimal reason to expect that the abuse will progress to physical or sexual abuse. On the other hand, it could be that the victim understands the mechanics of the abuse she has experienced in the past versus what she is currently experiencing, recognizes a difference in the situation and/or the partner, and therefore is willing to work to end the abuse. To determine this, future research with this subpopulation of victims of domestic violence is required.

The respondents of this study believed they could develop a different type of relationship with their current partners: one that can be nurturing to their needs and goals. But what are the risks of assuming this ideology? Domestic violence scholarship has taught us that there is a lethality risk for those who stay in abusive relationships, and I would be remiss if I did not acknowledge the negative aspects of respondents' current relationships and the "slippery slope" of the dynamics of an abusive relationship. However, participants had rationalized the risks and benefits in staying and in leaving. They had accounted for all of their resources and options and were comfortable, and in some cases adamant, about partners' abilities to change negative

behavior and their ability as a couple, with necessary support, to repair the relationship. This suggests a conceptual difference between those who stay and those who leave abusive relationships: those who stay have a much more nuanced understanding of the dynamics of domestic violence and have arrived at this understanding on the basis of previous experience along the continuum from verbal abuse to physical abuse.

As indicated by the six needs that I identified in this study, to assist this subpopulation of domestic violence victim will require active participation by the victim, the abuser, a social support team (family and friends), domestic violence advocacy professionals (advocacy workers and specialized counselors), and community outreach agencies (law enforcement and health care). Given current agency restrictions, it is unclear whether domestic violence support agencies can address the needs of this subgroup. However, developing a better understanding of the experiences and needs of these victims can allow for an evaluation of services offered and, if necessary, a modification of available resources or the development of innovative assistance initiatives. To this end, additional research on this subpopulation is necessary.

9. Summary of analysis

The results of this study were presented in six broad categories. First, an analysis of participants' responses to questions of demography provided an overall view of their demographic characteristics. On average, study participants were married mothers in their mid-30s who had been educated beyond a high school level and were employed. Second, an analysis of responses to the history questions illuminated study respondents' relationships and abuse. The average participant had been in a long-term relationship for between 4 and 9 years and had experienced physical or sexual abuse in a relationship prior to the current one but, at the time of

the study, was experiencing psychological and/or financial abuse. Third, an analysis of responses to the decision questions described children, finances, and commitment to a partner and to repair a relationship as being important factors in the decision to remain in a relationship. Fourth, an analysis of the responses to actions questions identified participants' approaches to addressing abuse, including using informal resources or support (e.g., discussing the situation with friends or family members), obtaining formal support and/or resources from service agencies, retaliating against psychological abuse by using verbal attacks, and ignoring the abuse. Fifth, an analysis of the correlation coefficient matrix using Spearman's ρ identified statistically significant relationships between several study variables. The duration of abuse was positively associated with the number of children a respondent had, the age of the respondent, and the duration of the relationship. Similarly, older respondents had experienced abuse for longer. Likewise, those in longer relationships also experienced longer durations of abuse. The number of children a respondent had was positively associated with the respondent's number of children who lived in the household with her. Finally, the data illustrated that having children was positively associated with sharing a child with the abusive partner. Identification of the relationships between these variables was essential to better understand how certain aspects of a participant's life correlate with others. Sixth, we identified participants' specific elements of need. These needs included (1) to discover the contributing factors or root causes of the current negative situation; (2) to understand the personal effects of abuse; (3) to have the tools to deescalate hostility and the skills to talk through issues calmly and without blame, judgment, or an accusatory tone; (4) to develop techniques to explain to a social support team the decision to remain in and repair the

relationship; (5) to develop an individualized plan of action that is responsive to personal needs and goals; and (6) to share advice with those experiencing similar situations.

The findings of this study demonstrate the issues faced by contemporary victims of domestic violence and the factors that must be considered to address this abuse. Victims of abuse should not be assumed to be helpless, bonded to their abusive partners in a symbiotic fashion. On the contrary, many individuals who are being abused actively seek multiple avenues to address the abuse and desire access to services that can accommodate their specific needs. The participants of this study were not experiencing severe physical and/or sexual abuse but rather were subjected to psychological and/or financial abuse. Thus, the importance of advanced services to provide support beyond the immediate crisis of an abusive episode is highlighted.

Significant strides have been made toward the eradication of abuse. Scholars have identified the acknowledgment of domestic violence as a serious societal problem and an increased understanding of the multiple causes and levels of domestic violence (including the intersection of offender, victim, situational, familial, and community-level factors) as two of the most important methodological innovations in domestic violence advocacy in the past 20 years (Mears & Visher, 2005). Additionally, in an article discussing progress made in the prevention of domestic violence over the past 20 years, Shepard (2005) argued that comprehensive reform and a coordinated community response to domestic violence can successfully reduce the incidence of domestic abuse and that changes in responses to abuse can positively impact victims. Shepard cited the obstacle of being able to identify challenges to institutional response as one of the most important elements to be addressed by domestic violence advocates over the next 10 years. Study participants identified the need for long-term treatment and assistance in which they could

actively participate in an individualized plan to meet current and future responsibilities and goals. This specific need developed from methods these participants had used in the past to address abuse.

Until now, the needs of this subpopulation of victims of domestic violence have not been presented in the literature. The voices of those who have made the decision to remain in an abusive relationship with the intention of working things out and ending the abuse have been largely unheard. This study is a first step toward understanding these needs, which is paramount to ascertain the necessary and preferred services and resources of this subpopulation and is instrumental in the further development of innovative initiatives designed to assist them.

V. CONCLUSION

A. Summary of research findings

Advocacy for victims of domestic violence has come a long way over the past several decades. Historically, domestic violence was not openly discussed and victims suffered in silence. During the 1970s, grass-roots activism and advocacy changed the way abuse was addressed, which resulted in the creation of avenues of redress for victims. Initiatives such as crisis hotlines and shelter services offered a conduit through which victims and advocates could address immediate crises and build a support network. In addition, the increased attention to the phenomenon resulted in the creation of local and national statutes and legislation designed to decrease incidents of abuse and prosecute offenders. Policies such as the Violence Against Women Act (VAWA), mandatory arrest, and the identification of domestic violence offenses as felonies (in some jurisdictions) have assisted millions of victims of abuse. Although a coordinated response to domestic violence has resulted in remarkable initiatives and legislation, some victims remain unlikely to report violence, for a variety of reasons including distrust of service agencies, law enforcement, or healthcare workers; a tendency or desire to minimize the abuse; fear; and familial responsibilities, and some are motivated to remain in their relationships.

Recent scholarship has identified various reasons that lead to abuse victims' remaining in relationships with or returning to partners that have been abusive. Rationales such as financial need, insufficient independent resources, fear of the perpetrator, social location, race, class, gender, culture, and ability have all been identified as contributory factors in the decisions of some victims to remain in abusive relationships. This is a cause for concern, as many who remain in abusive relationships are subjected to further victimization. Scholarship has also found

that the frequency and severity of abuse may increase the longer a victim remains in a relationship. This practice has led many researchers to explore the methods used by abuse victims to cope with domestic violence. Research on coping mechanisms of abuse victims has identified several strategies, including problem solving (e.g., taking steps to decrease or end the violence), seeking social support (e.g., seeking assistance from those within the victim's social circle), and avoidance (e.g., withdrawing from contact with others). Identification of different systems used to cope with domestic violence impelled researchers to explore the impact of the "experience" of victimization, using first-hand accounts of abuse.

The need to understand the experiences of domestic violence victims has resulted in much contemporary research. Having a better grasp of the intricate details of the effects of abuse on and the support needed by a victim has led to promising initiatives designed to assist those who have made the decision to leave an abusive partner—in fact, the vast majority of the relevant research has focused on victims who are attempting to leave abusive relationships. The current framework for domestic violence advocacy views leaving the abusive relationship as an important element in attaining safety for the victim of domestic abuse. This scenario may be relevant for many victims of abuse, and so this line of defense is useful for offering redress. However, many other victims of abuse decide not to leave an abusive partner; therefore, many of the resources that are currently available are not effective at addressing the needs of these clients.

Herein lies the methodological problem with the current domestic violence advocacy framework. Any honest discussion of domestic violence must include an understanding of the experiences of all victims of domestic violence, including those who remain in or return to relationships where abuse has occurred. It is for this reason that this study was designed. I sought

to answer the question, “What do women who are still in a romantic relationship with the person who abused them need to manage the abuse and be safe?” To this end, the goal of this study was to better understand the safety needs of domestic violence victims who choose to remain in romantic relationships with abusive partners.

Analysis of the demographic data of the study respondents revealed that the duration of abuse was positively associated with the number of children a respondent had, the age of the respondent, and the duration of the relationship. These findings indicate that the relational (longer relationship) and familial ties (having children) a respondent had to a partner were significant factors in situations where the respondent remained in the relationship and endured longer periods of abuse. In addition, study participants’ needs included (1) to be able to discover the contributing factors or root causes of the current negative situation; (2) to understand the effects the abuse is having on them; (3) to have the tools to deescalate hostility and acquire the skills to talk through issues calmly and without blame, judgment, or an accusatory tone; (4) to develop techniques to explain to a social support team the decision to remain in the relationship, end the abuse, and work with their partner to rebuild their relationship; (5) to develop an individualized plan of action to address the abuse that is responsive to their personal needs and goals; and (6) to share advice with those in a similar situation. Illuminating these needs and desires is a necessary first step to assist this population.

B. Limitations

Although this study identified needs of victims of domestic violence who have made the decision to remain in and repair a relationship, the study design had several limitations, including generalizability and sample size, participant disclosure, sample-selection bias, and the use of volunteers.

1. Generalizability and sample size

This study was limited to a single interview of 20 participants. As such, generalizability and sample size are limitations. The purpose of this study was to examine the experiences of 20 participants and ascertain their needs, in order to gain a better understanding of victims who have decided not to leave abusive relationships. It is important to note that the characteristics of this study's participants are atypical of those in other studies of domestic violence. The participants in this study represent a unique subgroup of victims of domestic violence who, by virtue of experiencing psychological and/or financial abuse in their current relationships and not physical and/or sexual abuse, view their abuse as less lethal. Experiencing a less lethal form of abuse may mean that to these participants, remaining in an abusive relationship is a tolerable option. This finding suggests that the decision to remain in a relationship with someone who has been abusive may be made for different individual and situational reasons than the decision to leave a relationship where severe physical and/or sexual abuse occurs. The absence of potentially lethal types of abuse may therefore be a prerequisite for these women to remain in their relationships. As such, findings from this study should be considered in a context involving victims with similar characteristics and who are experiencing psychological and/or financial abuse; hence, they may not be generalizable to different populations of domestic violence victims.

In addition, small sample size in research studies has often represented a limitation with respect to the generalizability of findings. Generalizability calls into question the degree to which study findings represent something more than the specific observations on which they were based and whether they can be applied to and representative of the larger population. However, when results are considered in context, a small sample size can be beneficial when examining rare cases or little-known populations in depth. This process allows for a more personal understanding of the participants and phenomena, and so the results of a study with a small sample size can potentially contribute valuable information. Being able to apply my findings to a larger population was a goal of this study; however, it must be noted that future study participants must have similar characteristics to those in this study, and the types of abuse they have experienced must be explored. I acknowledge that this project is a first attempt at exploring the needs of victims of domestic violence who have decided to remain in abusive relationships with the purpose of ending the abuse and repairing the relationship; as such, my findings and conceptions should be considered as preliminary, and future researchers are encouraged to initiate replication studies to investigate this subpopulation of domestic violence victim prior to implementing practical initiatives.

2. Participant disclosure

Study participants were required to disclose sensitive personal information during a one-time interview. As such, reluctance to disclose could have limited the quality of information I received. Single, face-to-face interviews are fiscally conservative and are appropriate for gathering sensitive information. However, this method does not allow for follow-up interviews in which to explore topics after an initial discussion, and thereby researchers are prevented from

clarifying or exploring issues that may have been identified during data analysis. To address this limitation, I began by establishing a rapport with each participant during the initial contacts. By disclosing the purpose of the study and my background in advocacy, my intention was to ease participants' anxiety and relax some of their inhibitions. I believe that this increased the likelihood of the disclosure of accurate information. Domestic violence is a sensitive topic, and discussing personal experiences of abuse can at times be uncomfortable for the research participant. As a domestic violence advocate with a working relationship with a domestic violence agency I understand this dynamic, and so I provided participants with resources and referral materials at each meeting. These resources included information on crisis lines, shelters, food pantries, health care, immigration, substance abuse support, legal assistance, mental health support, and counseling services.

3. Sample selection bias

Only respondents who had made the decision to remain in their relationships were targeted for this study. Therefore, this study has a sample selection bias. Sample selection bias occurs when gathering a nonrandom sample of a population. Some individuals are more likely than others to be recruited. Participants in this study were selected if they met specific inclusion criteria (see app. B, "Eligibility Screening Sheet"). An analysis of the demographic characteristics of this study's participants indicates that the sample was atypical compared with those of previous studies of domestic violence. The study sample represents a unique subgroup of domestic violence victims in that these women portrayed their abuse as less lethal, because they were not currently experiencing physical and/or sexual abuse, but more psychologically harming. Having experienced physical and/or sexual abuse may mean that for these women,

remaining in a relationship that features less lethal abuse is a likelier option. As such, it is important to note that the findings of this study may not be applicable to victims of domestic violence who experience more lethal types of abuse or who do not have similar demographic characteristics to the participants in this study.

4. The use of volunteers

This study's design called on participants to volunteer. As such, there may be representation issues. Personal motivators could have prompted some individuals to participate and others not to. This may mean that nuanced elements are absent from the data and the results are therefore not representative of all victims of domestic violence who remain in relationships where abuse has occurred.

C. Contributions to the literature

Contemporary initiatives to assist victims of domestic violence would be remiss to neglect the experiences of those who remain in or return to relationships in which abuse has occurred. These initiatives cannot offer holistic assistance to all victims without first considering the experiences of this subpopulation. This project addresses a void in the literature regarding the experiences of those who remain in or return to relationships where abuse has occurred.

Most contemporary advocacy resources and services are designed to assist a victim in immediate crisis to address abuse and develop a safety plan. With this study I identified a need to develop and/or enhance resources and services to assist survivors of domestic violence in maintaining safety plans and managing healthy relationships. Survivors of domestic violence require lifestyle changes; sustaining these changes will require multileveled assistance in the

same spirit as programs such as Alcoholics Anonymous and Narcotics Anonymous, which offer continued and indefinite support.

After surveying hundreds of agencies, it was apparent that most of their services are designed for those seeking to sever ties with an abuser. In fact, some agencies explicitly state that their services are available only to those living independently from an abuser. This may mean that some victims who decide to remain in contact with an abuser will not seek help.

The participants in this study identified several overarching categories of services that are necessary to address abuse and maintain safety when an individual decides to remain in a romantic relationship where domestic violence has occurred. These needs include (1) to learn the contributing factors or root causes of the current negative situation; (2) to understand the effects the abuse is having on them; (3) to have the tools to deescalate hostility and the skills to talk through issues calmly and without blame, judgment, or an accusatory tone; (4) to develop techniques to explain to a social support team the decision to remain in the relationship, end the abuse, and work to rebuild the relationship; (5) to develop an individualized plan of action to address the abuse that is responsive to their personal needs and goals; and (6) to share advice with those in a similar situation.

D. Implications for practice

The findings of this study have several implications for survivors of domestic violence and the practitioners who provide services to this population. First, it offers two overall benefits to victims of domestic violence who seek assistance from agencies that recognize the experiences of those who choose to remain in contact with their abusers. By better understanding situational factors, advocates can, with new resources, better help survivors negotiate agency

services. As indicated in the literature review, specific help-seeking behaviors do not occur in a vacuum but rather are informed by such elements as the level of social support and the help-seeking approach taken.

With greater knowledge of victims' experiences and an improved understanding of the available support structures, advocates will be better equipped to help abuse victims determine their next steps. Practitioners must understand that responses and behaviors, such as help seeking, are informed and motivated by larger forces and circumstances in victims' lives. Practitioners must also understand that these factors can affect a victim's assessment of whether help-seeking or coping mechanisms will be effective. Until we better understand the experiences of those who decide not to sever ties with an abusive partner, the potential benefits of advocacy services will be limited.

By better understanding the situational experiences of those who remain in relationships where abuse has occurred, we will be able to recognize the need to develop a variety of services and resources for these victims and their families. Not every victim of domestic violence wants to leave the relationship; in most cases, the victim simply wants the abuse to stop. Therefore, practitioners must have the resources to support not only those victims who want to leave their relationships but also those who wish to stay.

Advocacy practitioners are accountable to clients and should have the tools to provide them with the best services possible. Indeed, a key to a successful transition is the knowledge of how to meet certain needs in order to facilitate in a client a sense of control, competence, and belonging—regardless of the decision to stay in, return to, or leave a relationship with an abusive partner. Furthermore, a better understanding of the experiences of abuse survivors can inform the

types of interventions practitioners used and increase the likelihood that an intervention will create a climate of positive social and emotional support. When practitioners offer autonomous, supportive resources that allow clients to feel that their perspectives are valued, they promote the sharing of thoughts and feelings, they engender choices, and they promote self-initiative to learn new life skills. Overall, an increase in a practitioner's knowledge about a client's needs and desires will improve the likelihood that that client will have the tools for success, no matter if they leave, remain in, or return to a relationship where abuse occurred.

The results of this study also have important implications for theory. That the participants experienced less lethal victimization and more psychological and financial abuse indicates that there may be a bias between different types of domestic violence, that some victims deem psychological and/or financial abuse as less damaging. Contrary to this belief, research has shown that psychological and financial types of abuse have negative effects on victims that, in many cases, are more difficult to define and acknowledge. Victims of less lethal types of abuse may have a false sense of security, which could mean they are more likely to remain in an abusive relationship or determine that they can change the dynamics of the relationship through some modification on their part. This may implicate the way a woman has been socialized to the dynamics of relationships and/or the assignment or acceptance of gender roles whereby women are expected to be more passive and submissive and men are expected to be dominant. To this end, a victim may underestimate the costs of remaining in an abusive relationship, particularly if the abuse is varied (e.g., not always overtly negative or consisting of less lethal abuse), because psychologically and financially abusive acts may be more difficult to identify as abuse.

Prior research has found that abuse can escalate over time and increase in intensity and severity; therefore, remaining in an abusive relationship may in some cases pose a long-term risk. On the other hand, leaving a relationship has also been demonstrated to be dangerous. Addressing the abuse, therefore, indicates a “step approach” (such as is employed when addressing substance abuse) and/or intense counseling or advocacy in conjunction with the presence of informal social support. With this plan of action, this subset of victims could be assisted with navigating healthier relationships over time. It is likely that this approach will allow a victim to make choices about what is realistic for her specific situation and determine what will keep her safe. It is advised, however, that with this type of approach, the victim and domestic violence advocacy professionals revisit the assessment regularly.

The goal of domestic violence advocacy is to end all abuse. Until that goal can be achieved, it is imperative that advocacy professionals be prepared to address the needs of all victims of abuse. To do this, during initial assessments, professionals must work to understand victims’ circumstances and identify the impacts of the situations by assessing risk factors, current methods for addressing abuse, familial dynamics, and availability of social support. They should also ascertain victims’ needs in order to assist in addressing the abuse. Advocacy professionals should identify victims’ goals—for safety within a relationship and for the future—and should provide assistance with making individualized plans to achieve these goals. This planning stage should also involve making appropriate referrals to other agencies or organizations if the needs of the victim are beyond the services or resources available. In this vein, agencies should identify agencies and organizations that can assist victims in need and establish collaborative relationships so that referrals have reliable conduits. One type of agency that could provide

outreach is law enforcement. Law enforcement agencies may have community relations departments that could be instrumental in disseminating information to the public; in Chicago, for example, Chicago Alternative Policing Strategy (CAPS) meetings or other community outreach initiatives could provide information to assist the public in understanding and recognizing different types of abuse. In addition, law enforcement agencies could maintain databases of domestic violence agencies and organizations that address the needs of victims with experiences along a continuum from emotional abuse to severe physical or sexual abuse, as well as the needs of those who choose to leave a relationship or stay. Implementing collaborative interagency initiatives would provide a medium for community outreach that has the potential to reach victims of domestic violence who may not understand the nuanced elements of domestic abuse or do not want to report abuse through formal channels.

Agencies should also discontinue rules and policies that require a victim to sever ties with an abusive partner prior to obtaining assistance. Furthermore, they should offer individual counseling to victims of abuse who have made the decision to remain in a relationship and provide counseling referrals for victims' partners. Likewise, agencies should make couples' counseling resources available (however, this option should be offered only to those whose partners have agreed to participate in counseling and preferably to those who have already attended individual counseling sessions). Agencies should provide long-term, ongoing advocacy and counseling services. Moreover, they should evaluate their policies and practices and identify and address discrepancies between victims' needs and the services offered. Finally, agencies should provide a context in which victims can meet with counselors and discuss issues via support groups and mentoring programs.

E. Implications for research

With this study, we sought to identify the needs of victims of domestic violence who have made the decision to remain in romantic relationships in order to end the abuse and repair the relationships. The characteristics of the members of the study sample were different from those of previous studies, and as such the participants in this study may be very different, in many ways, from other victims of domestic violence. To better understand how this unique subgroup of victims differs from others, additional research is required. Identifying the differences between victims who decide to leave abusive relationships and those who decide to stay for the purpose of ending the abuse and working things out will give domestic violence advocacy professionals a better idea of the types of services and resources that will be most useful for each population.

Study participants were all women in heterosexual relationships. To expand our knowledge on the needs of those who stay, future research should consider victims with various lifestyles. The design of this study may be implemented with larger, more diverse samples of participants in order to identify any relationships between culture, race or ethnicity, class, gender, and age and a victim's decision to remain in an abusive relationship. In addition, the design of this study may be implemented with samples of men in heterosexual relationships, women in same-sex relationships, men in same-sex relationships, teens, mature adults aged 50 and over, adults with different ability levels, and immigrant populations. Identifying the specific needs of victims within these subpopulations is a significant step toward assisting all victims of abuse.

Certain cultural, ethnic, and religious practices and experiences may prevent victims from accessing services from agencies, or they may result in distrust of advocates who are from different communities or backgrounds (Donovan & Williams, 2002). For instance, misogyny has beleaguered African American women since the slave era. Its effects have eroded significant social threads that could otherwise facilitate an African American woman's ability to negotiate her agency, and it has provided a foundation for the normalization of racism, sexism, and poverty aimed at this population. As such, many African American women who are victims of domestic violence address abuse with informal coping techniques. The current domestic violence framework, which emphasizes leaving an abusive relationship, has informed the philosophies of various support structures (such as social support team members) that are available to African American women. Therefore, no frame of reference may be available to assist someone who has made the decision to remain in an abusive relationship. Future research is required to better understand and support African American victims of domestic violence who have made the decision to remain in relationships in order to end the abuse and work things out with a partner.

Immigrant and refugee victims of abuse face additional barriers when attempting to address domestic violence, particularly those who have not mastered English. Among this subpopulation, victims are often isolated by their abusers from friends and family or others who speak the victim's native language. An abuser may threaten to report the victim to immigration enforcement, threaten to withdraw a petition to legalize the victim's immigration status, lie about or misrepresent the victim's immigration status, or threaten to take the victim's children out of the country or report them to federal authorities (Ahmad, Riaz, Barata, & Stewart, 2004). Family, friends, or advocates who otherwise provide support may not understand the intricacies of

complex and changing immigration laws, and victims may consider these individuals ill prepared to provide assistance (Abu-Ras, 2007; Barata, McNally, Sales, & Stewart, 2005; Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thornton, 2005; Raj & Silverman, 2002). For the victim who has made the decision to remain in an abusive relationship, end the abuse, and work things out, additional resources may be required beyond domestic violence advocacy. Future research that seeks to better understand this subpopulation of victims of domestic violence could illuminate their unique needs and assist in developing resources and services on the basis of those needs.

Racial or ethnic, cultural, religious, and immigrant victims of abuse are not the only ones who face limited options for redress. Victims in same-sex relationships also experience multiple barriers to addressing abuse related to disclosure, isolation, biases, a lack of adequate services, and stigma. Victims may fear having their sexual orientation being made public (Kuehnle & Sullivan, 2003) and may anticipate unsupportive or hostile responses from law enforcement officers (Bernstein & Kostelac, 2002; Younglove, Kerr, & Vitello, 2002). Further, because domestic calls involving same-sex couples result in higher rates of dual arrests than do those involving heterosexual couples (Hirschel, Buzawa, Pattavina, Faggiani, & Reuland, 2007), fear of being arrested can significantly inhibit victims' decisions to report abuse.

Same-sex individuals have access to a limited number of domestic violence counseling and support groups, prevention and community education services, clinical assistance and referrals programs, educational initiatives, and social service activities (Irwin, 2008). Lesbian, gay, bisexual, transgender, queer, questioning, and intersex victims may fear negative repercussions of attempting to access such services (Alpert, Shannon, Velonis, Georges, & Rich, 2002; Warrier et al., 2002). Even when services are available for victims of abuse in same-sex

relationships, many fear that the abuser will be able to use his or her gender identification to gain access to services and/or resources. Future research that seeks to better understand victims of domestic violence in this subpopulation who have made the decision to not leave, end the abuse, and repair the relationship could identify the unique needs of this subpopulation and assist in developing appropriate resources and services.

Population-specific barriers are also prevalent among victims of certain ages and levels of ability. In some situations, elderly, differently-abled, and younger victims require the assistance of their abusers to function on a day-to-day basis.

Elderly victims may be unaware of the abuse (as in the case of economic abuse) or unaware of or unable to locate resources or services (owing to the limited number of resources available for older victims; Spangler & Brandl, 2007). They may have few economic resources because many are retired, have been homemakers, or lack necessary job skills. Additionally, health issues may prevent elderly people from addressing the abuse, particularly those who have chronic, debilitating illnesses and those in need of constant care.

Differently abled victims often do not find sufficient resources to address abuse. For example, people who use wheelchairs rely on those devices as sources of mobility and freedom, and those who have visual impairments may depend on canes or guide dogs for navigating and Braille or large print to read resource materials. Inaccessible services, discrimination by service providers, lack of information about appropriate resources, and dependency on the abuser often result in nonreporting or underreporting of domestic abuse by differently abled victims of domestic abuse (Pagelow, 1992; Zweig, Schlichter, & Burt, 2002).

Teenagers often face unique barriers to properly addressing abuse. An approval of violence by peers and a lack of experience may lead teenage victims to believe the abuse is normal and not serious enough to report. These perceptions are encouraged by messages in the media that portray women as passive and submissive and men as dominant and forceful, thus informing or reinforcing gender-role expectations (Lavoie, Robitaille, & Martine Hébert, 2000). Even those teenagers who believe they have been victimized may underreport dating violence because of limited access to resources or little contact with service providers.

Future research is required that seeks to better understand elderly, differently abled, or teenage victims of domestic violence who have decided to remain in relationships where abuse has occurred, with the goal of working to ending the abuse and repairing the relationship. These studies could identify these subpopulations' unique needs and assist in developing appropriate resources and services.

Each of the aforementioned subpopulations of domestic violence victim has a set of specific needs and unique rationales for decisions about abuse. To adequately assist them all, future research must investigate different victims' needs if the decision is made to stay in a relationship, and access to the services and resources required by these individuals must be facilitated.

F. Final thoughts

The aim of this study was to answer the research question, "What do women who are still in a romantic relationship with a person who has abused them need to manage the abuse and be safe?" To accomplish this, I examined the narratives of 20 female victims of domestic violence who had chosen to remain in relationships with their abusers, in order to identify what these

women required to manage their situations and end the abuse. Victims of domestic violence will benefit from initiatives that have been informed by an understanding of unique situational characteristics. Practitioners who provide resources for victims of domestic violence will benefit from a better understanding of the experiences of this subpopulation. This information may inform the types of services and resources available to domestic violence survivors and their families. Scholars of domestic violence will benefit from having a cohesive understanding of the experiences of victims who choose not to sever ties with abusive partners.

The research literature on this topic is insufficient, and the current advocacy system is ill-equipped to address the needs of victims who decide to remain in relationships with partners who have been abusive. As a result, some abuse victims may inadvertently be inhibited from actively seeking assistance and thereby subjected to further victimization without redress. Findings of this study provide empirical evidence of the need for the development of advocacy materials targeting this population.

The strategies that evolved out of our previous understanding of domestic violence are incompatible with the needs of many current victims of abuse who are not in immediate crisis, who do not experience more severe types of domestic abuse, and who do not want to leave their relationships. Most of current approaches to domestic violence concentrate on the crisis point of separation and then seek a finite point of resolution, ignoring the continued repercussions of abuse. That is, most resources for victims of domestic violence are provided up to the point where the woman leaves her abuser and secures independent housing, and then services end. But by focusing on the survivors' perspectives, a much more longitudinal approach to care may be implemented.

There are cultural values that contribute to the decision to remain in an abusive relationship, some of which advocacy officials might disapprove. In many cases, little or no attention is given to women who declare a desire to stay in or return to an abusive relationship. Frequently, the focus of the domestic violence advocacy system has been to process victims and help them get through a negative situation and move on. In addition, certain methods, such as avoidance coping, that are regularly employed by victims of domestic violence are often misinterpreted as passivity, when in fact they entail an individual making use of a number of skills such as minimization and disassociation. Misinterpretation of coping skills by advocacy professionals and social support team members as inaction has resulted in the negative treatment of victims of abuse. This practice is short sighted and often serves to retraumatize. The decision to stay is rarely understood as a choice, a statement of commitment to the relationship, or an expression of self-determination, although it often is. By investigating the myriad of circumstances that lead some victims to remain in abusive relationships, advocacy professionals and social support team members can gain better insight into the dynamics of victims' decision making and refer them to services that will help them to address the abuse.

Service providers and social support team members must acknowledge the many possible scenarios that may impact a victim. That is, the nature of domestic violence and the extent to which an individual is in danger may affect one's ability to take up the issue or make an evidenced referral, and agencies often impose independence on those who may not yet be able to exert such independence (given the nature of their relationships and their cultural frameworks). A more culturally sensitive model focused on the importance of interconnectedness and interdependency, as well as an ethic of care, is required to assist victims of domestic violence.

Participants in this study had powerful cultural and societal ideas about domestic arrangements, and these influenced their responses to abuse. Social service policy must conform to the realities of the complex tensions of women's lives, and not the other way around.

It is necessary for service providers to acknowledge that addressing abuse is more complicated than just telling a victim to leave the abusive relationship. Domestic violence advocacy professionals and social support team members may be ill-prepared to assist a victim in addressing abuse, as they may have in mind stereotyped images of how a victim of domestic violence should look and behave. Negative responses can revictimize the abused. Stakeholders in the system must become more sensitive to a victim's motives for remaining in a relationship if they are to support the development of safety plans, and initiatives should be designed to develop protocols to provide for the longer-term safety of victims. Many services developed under the current framework of domestic violence advocacy are short-term crisis and recovery effects that give little consideration to helping abused women cope with long-term needs. A mutual support program that is open-ended, mutually rehabilitative, nonobligatory, and democratic is recommended under these circumstances.

Although policy initiatives have resulted in legislation to address domestic violence, some victims are unlikely to report violence for a variety of reasons and some may be motivated to remain in abusive relationships. The results of prior research have spurred the development of methods to understand and explore the experiences of domestic violence victims, but the vast majority of research has focused on those victims attempting to leave abusive relationships. Any honest discussion of domestic violence must include an understanding of the experiences of victims who remain in contact with abusive partners. The continued neglect of this population

prevents access by some victims to well-rounded, holistic treatment services. A better understanding of the unique circumstances of this population, however, could lead to the formation of an evidenced response to domestic violence by social support team members, a practical framework for domestic violence practitioners, and education and training of those who design, manage, and evaluate domestic violence resources and initiatives.

APPENDICES

APPENDIX A – Research Study Informational Flyer

APPENDIX B – Eligibility Screening Sheet

APPENDIX C – Informed Consent Document

APPENDIX D – Interview Protocol

APPENDIX E – UIC IRB Approval Letter

APPENDIX A

**SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR
NEEDS**

RESEARCH STUDY INFORMATIONAL FLYER

by
Tracy G. Crump
Department of Criminology, Law, and Justice
University of Illinois at Chicago

REQUEST FOR RESEARCH STUDY PARTICIPANTS

SAFETY PLANNING FOR DOMESTIC VIOLENCE SURVIVORS

MAR 26 2012 TO MAR 25 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

- Are you a woman who is 18 years of age or older?
- Have you been the victim of domestic violence?
- Have you decided to stay in the relationship and work with your partner to end the abuse?
- Are you willing and open to discuss your experience with abuse and your plans for staying safe?

- ☐ If you answered Yes to all of the questions, you may be eligible to participate in a study to better understand the resources needed and services expected for survivors of domestic violence.
- ☐ Participants will be compensated for their time.

☐ Please contact Tracy Crump at 1(773)329-7770 or via e-mail survivingdomesticviolence@gmail.com

Principal investigator: Tracy Crump
Institutional affiliation: University of Illinois at Chicago, Dept. of Criminology, Law, and Justice
Contact address: Post Office Box 490717, Chicago, IL, 60649

Please take information slip

Survivor Resources Study
1(773) 329-7770
Survivor Resources Study
1(773) 329-7770
Survivor Resources Study
1(773) 329-7770
Survivor Resources Study
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Survivor Resources Study
1(773) 329-7770

Please inform Tracy that info slips ran out: 1(773) 329 - 7770

APPENDIX B

**SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR
NEEDS**

ELIGIBILITY SCREENING SHEET

by
Tracy G. Crump
Department of Criminology, Law, and Justice
University of Illinois at Chicago

STARTS APPROVAL EXPIRES

MAR 26 2012 TO MAR 25 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD**Eligibility Screening Sheet**

Hello, my name is Tracy Crump and I am a graduate student at the University of Illinois at Chicago (UIC). I would like to ask you questions to determine your eligibility to participate in the research study "Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs". Is it okay for me to tell you about this research study and to ask you questions to determine your eligibility to participate in this research study?

- ☐ Yes (proceed with eligibility screening)
☐ No (thank the respondent and end questioning)

I am conducting a research study designed to better understand the needs of survivors of domestic violence who stay in the relationship to work things out with the person who abused them and to find out what the survivor needs to help her address the abuse. The following questions are designed to determine your eligibility to participate. Please provide responses that illustrate your personal characteristics, situation, and/or experiences.

(1) Are you a woman who is 18 years of age or older?

- ☐ Yes (eligible for the study, continue to the next question)
☐ No (not eligible for the study, thank the respondent and end questioning)

(2) Have you been the victim of domestic violence?

- ☐ Yes (eligible for the study, continue to the next question)
☐ No (not eligible for the study, thank the respondent and end questioning)

(3) How long has/did the abuse lasted/last?

(4) Have you decided to stay in the relationship with the person who abused you to work things out?

- ☐ Yes (eligible for the study, continue to the next question)
☐ No (not eligible for the study, thank the respondent and end questioning)

(5) What made you make this decision?

(6) Are you willing and open to discuss your experience with abuse and your decision to stay in the relationship?

- ☐ Yes (eligible for the study, if questions 1, 2, 4, and 6 were answered "yes" and the additional information from questions 3 and 5 were provided invite the respondent to participate in the study.)
☐ No (not eligible for the study, thank the respondent and end questioning)

APPENDIX C

**SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR
NEEDS**

INFORMED CONSENT DOCUMENT

by
Tracy G. Crump
Department of Criminology, Law, and Justice
University of Illinois at Chicago



University of Illinois at Chicago
Research Information and Consent for Participation in Social Behavioral Research
Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigator University Address and Contact Information:

Tracy G. Crump
 Department of Criminology, Law, and Justice
 The University of Illinois at Chicago (UIC)
 4022 BSB MC 141
 1007 W. Harrison Chicago IL 60607-7140

University E-mail Address: tcump5@uic.edu

Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs Study E-mail
 Address: survivingdomesticviolence@gmail.com

Why am I being asked?

You are being asked to be a subject in a research study about domestic violence. The research study, "Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs" is being conducted by Tracy G. Crump, as part of a graduate research project in the Department of Criminology, Law, and Justice at the University of Illinois at Chicago. This research is supervised by Dr. Beth E. Richie, Director of the Institute for Research on Race and Public Policy.

You have been asked to participate in the research because you are a female, in a heterosexual relationship, who is at least eighteen years of age, have been a victim of domestic violence, and have made the decision to remain in the relationship that has experienced abuse to work things out with your partner and also wants the abuse to end.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Chicago. **If you decide to participate, you are free to withdraw at any time without affecting that relationship.**

Approximately 20 subjects may be involved in this research at UIC.

What is the purpose of this research?

The purpose of this research study is to examine the safety needs of women who choose to stay in a romantic relationship with a partner who has abused her. This study seeks to better understand the safety needs of these women.

What procedures are involved?

This study will require you to be interviewed by the researcher. The interview will take approximately one hour (60 minutes) after this consent form has been discussed and signed. The interview will be conducted in a private, agreed upon location. In the interview, you will be asked to discuss your demographic characteristics, your history of dealing with domestic violence, and coping strategies that you have used to handle or relieve the abuse. I will take notes, and with your permission, audio tape the interview session, but will not identify you by name in any report of the results.

What are the potential risks and discomforts?

As a result of discussing sensitive issues subjects may become upset. In the event that a study subject becomes distressed the principal investigator will provide the contact information of agencies, counseling centers, and/or people that the participant can contact to access counseling, legal, and domestic violence related services. The principal investigator has completed a 40-hour domestic violence certification and has completed 150 hours of direct supervision on the domestic violence crisis line and is knowledgeable about the distress that can occur as a result of questioning regarding sensitive subjects. There are no known physical risks associated with participating in the interview. The 1-hour face-to-face interview will not cause any physical risk to you. However, if you become ill during the 1-hour session I will call 911. All data collected from the interview will be stored in a locked file cabinet inside of a locked office located in a locked suite. No other person not listed on the protocol application will have access to the research data; however, the potential risk of breach of privacy and confidentiality may occur. The principal investigator will securely store all research materials to minimize this risk. You do not have to share any information you do not want to. The information that you do share with the researcher will be kept confidential. Neither your name nor any other identifying information that you provide will be used or reported in any published data that results from your participation in this study.

Are there benefits to taking part in the research?

There are no direct benefits to study participants. The identification of key issues relevant to domestic violence victims who choose to remain in a relationship that has experienced abuse could assist advocates and those that provide assistance to this population in better understanding specific experiences of their clients and could benefit society or others who share the same circumstance. This study is designed to learn more about the safety needs of women who choose to remain in a romantic relationship with a partner who has abused her. The study results may be used to help other people in the future. Taking part in this research study may not benefit you personally, but researchers may learn new things that will help others.

What other options are there?

You have the option to not participate in this study.

What about privacy and confidentiality?

The people who will know that you are a research subject are members of the research team. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law.

Study information which identifies you and the consent form signed by you will be looked at and/or copied for checking up on the research by the University of Illinois (UIC) Office for the Protection of Research Subjects (OPRS) or the State of Illinois Auditors. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

To protect you from being recognized as a study participant none of your identifying information (such as your name, address, or social security number) will be requested during the interview. During the interview, you will be assigned a unique Participant Identification Number (PID). All data collected from you during the interview will be linked to the PID. Immediately after the interview, the interview notes and audio tapes will be transcribed and prepared for data analysis by the principal investigator. After transcription the audio tapes will be erased and destroyed. The principal investigator will be the only person with keys to the file cabinet, the office, and the suite containing data that is collected for this study.

What are the costs for participating in this research?

There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

As a participant, you will receive \$25.00 cash for your time and effort upon completion of the one-time interview.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. To withdraw your consent and discontinue participation tell me (Tracy G. Crump the principal investigator) that you wish to do so. There are no consequences for your decision to withdraw from the research. You have the right to leave the study at any time without penalty.

The Researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests.

In the event you withdraw or are asked to leave the study, you will still be compensated as described above. As a participant, you will receive \$25.00 for your time and effort.

Who should I contact if I have questions?

Contact the researcher Tracy G. Crump at 1-773-329-7770 or email address survivingdomesticviolence@gmail.com or the faculty sponsor Dr. Beth Richie at 1-312-413-1573 or e-mail address brichie@uic.edu:

- if you have any questions about this study or your part in it,
- if you have questions, concerns or complaints about the research.

After your participation in the study, you will not be contacted; however, if you would like to contact the principal investigator after the study has ended regarding the research please send written correspondence to:

Tracy Crump
Post Office Box 490717
Chicago, IL 60649

This address can be used through May 31, 2013.

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

Remember:

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

APPENDIX D

SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR NEEDS

INTERVIEW PROTOCOL

by
Tracy G. Crump
Department of Criminology, Law, and Justice
University of Illinois at Chicago

Surviving Domestic Violence Interview Protocol
[Modified Domestic Violence Survivor Assessment (DVSA)]

What Will Happen During This Interview

The purpose of this research study is to better understand survivors of domestic violence who stay in the relationship to work things out with the person who abused them and to find out what the survivor needs to help her address the abuse. Domestic violence is any kind of sexual, physical, emotional, or financial abuse. The abuse could have come from someone who has lived with you, someone you dated, or someone you had a child with. This interview is voluntary and you do not have to take part if you do not want to. You can skip any question(s) or stop the interview at any time. Everything you say will be kept private. The interview will be tape-recorded only if you agree. The tape-recordings will be erased after I write out your answers to the questions. Your real name will not be used. A false name will be used to keep your identity private. Please answer the following questions in a way that best describes you.

Demographic Questions

1. What is your race or ethnicity?

- ☐ White
- ☐ Black/African American
- ☐ Hispanic
- ☐ Latina/Latino
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Asian/Asian American
- ☐ Native American
- ☐ Other _____

2. What is your age? _____

3. What kind of school have you gone to or what degrees have you received?

- ☐ Never went to school
- ☐ Some grade school but less than 6th grade
- ☐ Completed the 7th grade
- ☐ Some high school but no diploma
- ☐ Have a high school diploma or GED
- ☐ Trade school certificate/degree
- ☐ Some College but no degree
- ☐ Two year college degree
- ☐ Four year college degree
- ☐ Graduate School but no degree
- ☐ Graduate degree
- ☐ Advanced graduate degree (PhD, JD, RN, MD)
- ☐ Other _____

4. What kind of relationship are you in right now?

- ☐ Single and never married
- ☐ Married
- ☐ Divorced
- ☐ Husband or wife is no longer living
- ☐ Separated from husband or wife (not living together) but legally married
- ☐ Dating someone
- ☐ Other _____

5. Do you have any children? If no, skip this part and go to question 10

- ☐ Yes
- ☐ No

6. How many children do you have? _____ boys(s) _____ girls(s)**7. Is your abuser the father of any of your children?**

- ☐ Yes
- ☐ No

8. How many children live with you? _____

★ **Please Explain:** Who has custody of the other child(ren)

9. What kind of living situation do you have right now?

- ☐ I rent
- ☐ I own
- ☐ I am renting to own
- ☐ I live with relatives
- ☐ I live with friends
- ☐ I live in a shelter
- ☐ I am homeless
- ☐ Other _____

10. Do you have your own source of income?

- ☐ Yes
- ☐ No

11. Where are you working right now?

- ☐ Unemployed/not working
- ☐ Work part-time
- ☐ Work full-time
- ☐ Student full-time
- ☐ Student part-time
- ☐ Other _____

12. How much money did you make over the past 12 months?

- ☐ 0 to 5,000 dollars a year
- ☐ 5,001 to 10,000 dollars a year
- ☐ 10,001 to 20,000 dollars a year
- ☐ 20,001 to 30,000 dollars a year
- ☐ 30,001 to 40,000 dollars a year
- ☐ 40,001 to 50,000 dollars a year
- ☐ 50,001 to 60,000 dollars a year
- ☐ 60,001 to 70,000 dollars a year
- ☐ 70,001 to 80,000 dollars a year
- ☐ 80,001 to 90,000 a dollars year
- ☐ 90,001 to 100,000 dollars a year
- ☐ 100,001 or more dollars a year

History Questions

13. How long were you in a relationship with your abuser? _____ months
 _____ years

14. How long has the abuse been going on? or How long did the abuse go on?

15. What kind of abuse have you experienced?

★ **Please Explain:** What kinds of things have happened to you because of the abuse and how has it been for you?

Decision Questions

16. Did you choose to stay in the relationship?

- ☐ Yes
- ☐ No

17. Why did you choose to stay in the relationship?

Actions Questions

18. What did you do yourself to address the abuse?

★ **Please Explain:** Did it help? Why or why not? What resources or support did you need to assist you in addressing the abuse?

19. Did you reach out to anyone to help you?

★ **Please Explain:** To Whom? Did it help? Why or why not? What resources or support did you need to assist you in reaching out to someone to help you address the abuse?

Future and Advice Questions

20. In the future, what options do you see for this relationship?

21. In the future, what options do you see for yourself?

★ **If applicable:** In the future what options do you see for your child (ren)?

22. What advice would you give others to assist women in similar relationships with addressing the abuse?

*** Please Explain:** What would you tell family members? What would you tell friends? What would you tell social support and community members? What would you tell domestic violence advocates? What resources or support do you believe someone in a similar situation needs to assist in addressing the abuse?

23. Is there anything else you would like to add at this time?

APPENDIX E

SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR NEEDS

UIC IRB APPROVAL LETTER

by
Tracy G. Crump
Department of Criminology, Law, and Justice
University of Illinois at Chicago

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

**Approval Notice
Initial Review (Response To Modifications)**

March 26, 2012

Tracy Crump, MS
Department of Criminology, Law, and Justice
Criminology, Law and Justice
M/C 141
Chicago, IL
Phone: (773) 851-0058

RE: **Protocol # 2012-0229**
"Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs"

Dear Ms. Crump:

Your Initial Review (Response To Modifications) was reviewed and approved by the Expedited review process on March 26, 2012. You may now begin your research

Please note the following information about your approved research protocol:

Protocol Approval Period: March 26, 2012 - March 25, 2013
Approved Subject Enrollment #: 20
Additional Determinations for Research Involving Minors: These determinations have not been made for this study since it has not been approved for enrollment of minors.
Performance Sites: UIC
Sponsor: None
PAF#: Not Applicable
Research Protocol(s):

- a) Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs; Version 1; 03/08/2012

Recruitment Material(s):

- a) Surviving Domestic Violence; Version 2; 03/19/2012
- b) Eligibility Screening Sheet; Version 2; 03/19/2012

Informed Consent(s):

- a) Research Information and Consent for Participation; Version 3; 03/23/2012
- b) A waiver of documentation of consent has been granted under 45 CFR 46.117 for this research to protect the identity of the subjects; subjects will be provided with an information sheet that contains all of the elements of consent

Page 2 of 3

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific category(ies):

- (6) Collection of data from voice, video, digital, or image recordings made for research purposes.,
- (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note the Review History of this submission:

Receipt Date	Submission Type	Review Process	Review Date	Review Action
03/12/2012	Initial Review	Expedited	03/14/2012	Modifications Required
03/20/2012	Response To Modifications	Expedited	03/22/2012	Modifications Required
03/23/2012	Response To Modifications	Expedited	03/26/2012	Approved

Please remember to:

→ Use your **research protocol number** (2012-0229) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 355-0816. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,



Alison Santiago, MSW, MJ
IRB Coordinator, IRB # 2
Office for the Protection of Research Subjects

Enclosure(s):

1. UIC Investigator Responsibilities, Protection of Human Research Subjects
2. Data Security Enclosure

Page 3 of 3

3. Informed Consent Document(s):

- a) Research Information and Consent for Participation; Version 3; 03/23/2012

4. Recruiting Material(s):

- a) Surviving Domestic Violence; Version 2; 03/19/2012
- b) Eligibility Screening Sheet; Version 2; 03/19/2012

cc: Amie Schuck, Department of Criminology, Law, and Justice, M/C 141
Beth Richie (Faculty Sponsor), African American Studies, M/C 347

SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR
NEEDS

CITED LITERATURE

by
Tracy G. Crump
Department of Criminology, Law, and Justice
University of Illinois at Chicago

CITED LITERATURE

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**SURVIVING DOMESTIC VIOLENCE: AN EXPLORATORY ANALYSIS OF SURVIVOR
NEEDS**

CURRICULUM VITA

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PhD. University of Illinois – Chicago. 2012.

Criminology, Law, and Justice
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Doctoral Dissertation: “Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs”

M.S. Chicago State University – Chicago. 2006.

Criminal Justice

Master’s Thesis: “An Exploratory Descriptive Study of Gender and Culturally Responsive Treatment within the Cook County Department of Women’s Justice Services”

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Certifications:

Quality Matters Peer Reviewer Certification – “a faculty-centered, peer review process that is designed to certify the quality of online and blended courses” (Quality Matters).

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Publication:

Abstract “An Exploratory Descriptive Study of Gender and Culturally Responsive Treatment within the Cook County Department of Women’s Justice Services.” *ACJS Today*. Volume XXXII, Issue 2, June 2007.

Professional Service:

Chicago State University, Department of Criminal Justice, Philosophy, and Political Science Distance Education Committee – Chairperson. Established the department’s first Distance Education Committee designed to evaluate all distance education courses (hybrid and online). Created the department’s Distance Education Policy. Trained each member of the committee in evaluation of distance education courses and faculty member online readiness.

Internship: Chicago Crime Commission. Chicago, Illinois. 2004.

Internship/Thesis Work: Cook County Sheriff's Office Department of Women's Justice Services. 2006.

Chicago Legal Advocacy for Incarcerated Mothers (CLAIM) *Voices Against Violence: What Will It Take Initiative* – Research Consultant. 2007-2008

Research Assistant to Dr. Beth Richie. University of Illinois (UIC). 2009.

2011 – 2012 Bridgepoint Education – Academic textbook/manuscript peer reviewer: *Psychology of Criminal Behavior* [In press]

2011 – 2012 Bridgepoint Education – Academic textbook/manuscript peer reviewer: *Corrections* [currently under review]

2011 – 2012 Bridgepoint Education – Academic textbook/manuscript peer reviewer: *Introduction to Criminal Justice* [currently under review]

2012 Quality Matters Course Peer Reviewer: CJL5421 Legal Issues in Criminal Justice Administration

2012 Quality Matters Course Peer Reviewer: MAT540 Statistical Concepts for Research

2012 Quality Matters Course Peer Reviewer: BUS692 Strategies in Human Resources Management

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October 2009 Ashford University BASCJ Online Program Assessment

March 2009 Ashford University BASCJ Online Program Assessment

Recent Conference Presentations:

Justice Studies Association 14th Annual Conference. "Passing and Securing Enactment of the Illinois Domestic Violence Act." Chicago, Illinois. May 30, 2012.

Diversifying Higher Education Faculty in Illinois Program (DFI) and Illinois African American and Latino Higher Education Alliance (IALHEA) Research Forum: Building a Community of Scholars. “Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs” Chicago, Illinois. April 12, 2012.

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Midwest Criminal Justice Association Conference. “Passing and Securing Enactment of the Illinois Domestic Violence Act.” Chicago, Illinois. September 29, 2011.

Midwest Criminal Justice Association Conference. “Gender and Culturally Responsive Treatment within the Criminal Justice System.” Chicago, Illinois. September 28, 2007.

Chicago State University. Graduate Studies Forum. “An Exploratory Descriptive Study of Gender and Culturally Responsive Treatment within the Cook County Department of Women’s Justice Services” Chicago, Illinois. March 2007.

Teaching:

Full-time Lecturer. Criminal Justice. Survey of the Criminal Justice System (CJ 2309), Freshman Seminar (CJ 1099), Law and Justice (CJ 1190), Victimology (4332/5332), Social Inequality in Criminal Justice (CJ 5870), and Research Design in Criminal Justice (CJ 4350/CJ 5350). Chicago State University. Fall 2011 – Present.

Part-time Lecturer. Criminal Justice. Survey of the Criminal Justice System (CJ 2309), Freshman Seminar (CJ 1099), Law and Justice (CJ 1190), Victimology (4332/5332), Social Inequality in Criminal Justice (CJ 5870), and Research Design in Criminal Justice (CJ 4350/CJ 5350). Chicago State University. Spring 2007 – Summer 2011.

Adjunct Lecturer. Psychology. Experimental Psychology (PSYC 4100). Chicago State University. Spring 2011.

Associate Faculty. Ashford University. Criminal Justice. Introduction to Criminal Justice (CRJ 201), Juvenile Justice (CRJ 301), Corrections (CRJ 303), Social Justice and Ethics (SOC 331), Psychology of Criminal Behavior (CRJ 308), Capstone Course (CRJ 422). Spring 2007 - Present.

Teaching Assistant. University of Illinois at Chicago. Criminology, Law, and Justice. Introduction to Criminal Justice (CLJ 101). Research Design in Criminal Justice (CRJ 261). Criminal Justice Organizations (CLJ 240). Spring 2008 – Spring 2009.

Research:

Doctoral Dissertation: “Surviving Domestic Violence: An Exploratory Analysis of Survivor Needs” Chicago, Illinois. 2012.

Independent Research: “Passing and Securing Enactment of the Illinois Domestic Violence Act: Interviews with the Co-authors and Principal Lobbyists.” Chicago, Illinois July 2010.

Master’s Thesis: “An Exploratory Descriptive Study of Gender and Culturally Responsive Treatment within the Cook County Department of Women’s Justice Services.” Chicago, Illinois. July 2006.

Work in Progress:

Crump, Tracy G. (Anticipated 2013). *Research Methods for the Social Sciences*. [Currently under review with Pearson Education].

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University Service:

Chicago State University Criminal Justice Association – President
 Chicago State University Students Against Drug and Alcohol Abuse – President
 Chicago State University Foreign Languages Organization
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Analytical & Presentation Skills

Statistical Package for the Social Sciences (SPSS), Hierarchical Linear & Nonlinear Modeling (HLM6), Microsoft PowerPoint, Microsoft Excel, Microsoft Word

Organization Memberships:

Academy of Criminal Justice Sciences (ACJS)
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 American Society of Criminology (ASC)
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 Juvenile Justice Trainer Association (JJTA)
 Illinois Academy of Criminology (IAC)

Midwestern Criminal Justice Association (MCJA)
National Association for Blacks in Criminal Justice (NABCJ)
National Association for Juvenile Correctional Agencies (NAJCA)
National Partnership for Juvenile Services (NPJS)
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Community Service:

Between Friends Crisis Line Volunteer
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Awards:

2008-2012 Diversifying Higher Education Faculty in Illinois (DFI) Fellowship
2008 University of Illinois at Chicago Chancellor's Student Service Award
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2006 Chicago State University Criminal Justice Graduate School Award
2005 Chicago State University Student Ambassador Award
2004 Chicago State University Criminal Justice Department's Academic Merit Award
2004 Chicago State University-Wide Student Achievement Honorable Mention Award
2004 Chicago State University Presidential Scholar