

Domestic Violence:
The Effects on Victims
and
The Intervention Programs
Created to Combat Domestic Violence

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Abstract

Through this research the definition of domestic violence will be discussed, along with the different types, patterns, causes, and how everyone involved is affected. It will also give the history of domestic violence and how through the years it has become a crime against society. The review of literature will give some research statistics that will show that domestic violence has become a worldwide problem. This research will then review several theories such as the social learning theory, neutralization, power and control, and the cycle of violence that pertain to the crime of domestic violence. The myths about DV will be discussed as well as the different types of abuse will be presented also. Prevention and rehabilitation programs that are used in many communities worldwide will also be discussed in this research. Suggestions on how to better equip batterers education programs (BEPs) will be offered during this research and will show that the "One Size Fits All" mentality does not work across ethnic lines.

Introduction

Domestic Violence (DV) is considered a global problem. In the United States there is a woman beaten by a man every nine seconds. There will be 5.3 million women abused in this year alone. Out of the 5.3 million women being abused 3 to 4 of them will be killed each day by their intimate partner or former partner (AGAPE AID, 2013). During the 1970s, the issue of domestic violence was brought to the forefront and became a growing problem that law enforcement, the courts, and the public needed to be aware of. For many years family beatings and conflicts were kept behind closed doors so that communities, law enforcement, and the courts did not have to deal with or acknowledge the growing problem of partner violence. Domestic violence was considered at the time a “family problem” and was considered private matters for the family to handle. Domestic violence affects people in all stages and walks of life. There is no boundary for domestic violence it does not discriminate, it can happen to people no matter what their race, age, religion, gender, or economic status (Jackson, 2007). Everyone that lives in a household with domestic violence is affected in some way whether it is physical or mental abuse.

Domestic violence is of growing concern in most communities across the nation and throughout the world. Domestic violence needs to be studied so that researchers will be able to gain a better understanding why this type of violence seems to be getting increasingly worse year after year. Worldwide one in three women are physically and verbally abused and forced to have sex during their lifetime. These women's abusers are generally a member of their family. Domestic violence is the leading cause of injury to women. One in five, teenage girls, that are in

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relationships have been threatened with violence or self-harm by their boyfriends when the boys were presented with a breakup situation (Domestic Violence Statistics Organization, n.d.).

According to Matthews (2004) the definition of domestic violence (DV) or intimate partner violence (IPV) occurs when; spouses, intimate partners, or dates use physical violence, threats, emotional abuse, harassment, or stalking to control the behavior of their partners. He also defines physical violence as; putting hands on a person against their will, shoving, grabbing, pulling, or forcing someone to stay somewhere. The Centers for Disease Control and Prevention (CDC) (2006) describes intimate partner violence (IPV) as the abuse that can occur between two people in a close relationship. The CDC also report that intimate partner can include current or former partners such as marital or dating partners and can occur one time or multiple times.

Domestic violence has existed throughout all of time. It was during the 19th century that domestic violence became an issue. When the middle class started to develop, women became more active in the social and political issues of the time. The first time that this type of violence was written about was in 1878 when Francis Cobb wrote a book called “Wife Torture in England”; this brought the battering of women into the public eye. Cobb during this time fought to have these abusers arrested and jailed and wanted these abusers to pay alimony while in jail. In 1882, Cobb campaigned for a law called the “Wife Beaters Act of 1882.” This act called for the courts to confine the wife abuser or child abuser to be held in a pillory for up to four hours. Then if the abuser was brought in for a second offense they should receive a long prison sentence and receive a thrashing (Camporeate et al., 1999).

The 1970s was when the issue of wife battering was again brought to the forefront. For many years the family beatings and conflicts were kept behind closed doors. These beatings at this time were ignored by law enforcement and investigative organizations. Domestic violence

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was considered at the time a “family problem” and was considered private matters for the family to handle (Jackson, 2007).

As women gained more ground in the 1970s, spousal abuse became a public issue. The battered women’s movement entered the public arena because of three social advancements; women’s liberation, women’s health, and anti-rape. These three advancements had already gained momentum and had resources and networks that the battered women’s movement needed to gain its own strength. Rape hot lines were starting to receive more calls from wives that had become victims to their husband’s abuse. These increased calls to the rape hotlines helped the domestic violence issues become an important part in political agendas (Camporeate et al., 1999). Research will show the different types of violent abuse the victim’s endure, what power and control is, and how this type of violence goes in cycles. The victims of domestic violence are not only the spouses of the batterer but the children also. During the 1980s and more so into the 1990s, a growing concern began for the children who had to witness the brutal beatings of one of their parents. Before this time, people felt that children were only affected if they were receiving the abuse themselves (Jackson, 2007). Children living in a home with domestic violence can be affected in many different ways; those will be discussed plus interventions for those children. Victims have to be educated on how to exit this type of relationship through the creation of a safety plan and the explanation of some of the prevention strategies that are being used today.

During the mid-1980s, many police jurisdictions started to adopt a mandatory arrest policy in those cases that involved domestic violence. Because of these policies the need for treatment programs increased rapidly throughout the United States. These batterer’s intervention or education programs became another sentencing options for judges trying these domestic

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violence cases. Judges over time were noticing that fines and jail time alone were not as affective at deterring these batterers from future violent episodes (Buttell & Carney, 2004).

Ellen Pence is known for helping to build a program foundation called the Duluth program that does programming with batterers. Through this program the "Power and Control Wheel" was created from the experiences of women that had been abused and battered. This Duluth model is still widely used throughout the United States (Gondolf, 2010).

Literature Review

In the United States there are more than three women that are murdered by their spouses or boyfriends every day. The victims of domestic violence lose almost eight million days of paid work a year just in the United States. Those eight million days equal that of 32,000 full-time jobs (Domestic Violence Statistics Organization, n.d.). The cost of IPV exceeds \$5.8 billion every year and \$4.1 billion of that is just for medical and mental health treatment services (National Coalition Against Domestic Violence, n.d).

In 2005 in Iowa there were 7,047 reported cases of domestic violence. Of those 7,047 victims, 19% of were male and 81% were female. There were 7200 offenders that same year and 81% of those were male and 19% were female. Forty-one percent of the victims were between the ages of 20 and 29. Six hundred fifty-two of those victims were under the age of 20. Forty-nine percent of the victims here in Iowa were cohabitants of the abuser. Additionally, 26% were the wives of the abusers. Domestic and other romantic disputes accounted for the largest combined category, with 34%, of murder in 2005 (National Coalition Against Domestic Violence, n.d.). When it comes to domestic violence the statistical numbers are usually lower than they actually are, because most victims of domestic violence do not contact authorities and file charges.

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In 2008, a nationwide survey of state standards showed that 95% of the programs endorse a philosophy of treatment based on the idea that domestic violence is a form of power and control. The most common batterer's education program, the Duluth model, is used in more than half or 53% of the programs nationwide. This model was created by Pence and Paymar, the attributes of this model are the coordinated community approach and it focuses on power and control as the main factor in IPV. Another common philosophy of these BIPs is a "profeminist" approach which considers the victim to be a client. The protection of that client is the main concern not rehabilitating the abuser. Most of these programs use the term "psychoeducational" to describe the program, which says that the program itself is not a therapeutic type program (Price & Rosenbaum, 2009). There are many myths that surround domestic violence and these will be offered and explained in the next section.

Myths

One myth that is associated with DV is that there is a loss of control on the part of the batterers. The fact is that the batterer's violent behavior is a choice. Batterers use violence as a way to control their victims. It is all about control not about losing control, because the batterers are always in control (Turning Point Services, n.d.). A second myth is that the victims are responsible for the violence, that the actions of the victim provoke the batterers. In reality no one ever asks or deserves to be abused. There is a belief that domestic violence victims enjoy being abused and that is one reason for staying. There are many reasons why victims stay such as for their children or out of fear of repercussions of leaving. People in society think that DV only occurs in a small amount of relationships. The estimates show that about 1/4 to 1/3 of all intimate relationships report DV happening and it is not just in heterosexual couples either. There is a mentality that middle to upper class women do not experience DV. Which is the

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wrong mentality, DV affects all socio-economical levels. Women that have money also have the resources to get help privately and those women that do not have the money must seek assistance from community agencies which makes them more visible to their community. Society also has this idea that abusers are violent in all other their relationships. The fact is abusers choose whom they will be violent with and that is their partner and would never be this way with other people. Then there are those that think that once a DV victim always a DV victim. Some victims may have more than one relationship that is abusive, but for those who use DV services that are available to them they are the ones that are least likely to enter into another abusive relationship (Turning Point Services, n.d.).

There are many different ways that batterers abuse their victims. These types of abuse will be discussed next in detail.

Types of Abuse

According to Matthews (2007), batterers use dominating, intimidating, terrifying, rule-making, stalking, harassing and injurious behaviors to control and manipulate the actions of their partners and sometimes the children also. Some evidence that domestic violence could be occurring is severe, reoccurring, or life threatening abuse such as: bruises, broken bones, physical attacks, or even threats involving weapons (McClennen, 2010). Domestic abuse does not have to be just extreme physical violence. It could be pushing, shoving, slapping, emotional and financial abuse, being held captive, and any other actions that allow the abusers to have control over their partners. If the abusers partner has to constantly ask for permission to do anything domestic violence is most certainly occurring. Next this research will define some of the most common types of abuse.

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Physical battering is when the abuser uses physical attacks or aggressive behavior to control their partner. Physical abuse is considered the most common type of abuse and is easily recognized (McClennen, 2010). Physical abuse may leave bruises, broken bones, and could even possibly lead to the death of the victim. This type of abuse usually occurs during the buildup process, which will be discussed further in the section about the cycle of violence (Matthews, 2007).

Emotional abuse is when one partner consistently and constantly uses words to degrade the other partner. He/she may use words like stupid, ugly, not a good parent, or say that the victim is the reason that the relationship is constantly in turmoil (Montminy, 2005). There are different ways in which abusers can emotionally abuse the victims. All abusers will do anything to keep control of their victims; they will even use the children to control the victims. One way of doing this is to threaten to take the victims to court. Also abusers will tell the victims if they leave the abusers will take custody of the children and the victims will not see them again. If there is court ordered visitation the abusers will use this time to try and get closer to their victims. The abusers are not concerned about seeing the children; this is another chance to control their victims (Matthews, 2007).

There may also be sexual assault that occurs in an abusive relationship. Sexual assault is defined as any sort of sexual activity between two or more people when one of the persons who are involved is sexually assaulted against their will. The women/men may be subjected to unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object, and/or sexual intercourse (Campbell, 1999). The abusers may use physical or non-physical force. According to the National Crime Victimization Survey (NCVS), 76 percent of the women who are sexually

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assaulted are assaulted by a current husband or ex-husband, cohabitating partner, friend or date (Matthews, 2007).

Stalking is defined, by the National Violence Against Women Survey and the National Institute of Justice, as conduct that is directed toward a specific person that involves nonconsensual communication, threats that include verbal, written, or implied threats, and repeated physical or visual closeness (Swanger & Petcosky, 2003). According to Morrison (2008), the definition of stalking basically is a repeated act of intimidation. In a study, which was done in 2000, 8,000 women and men were surveyed. The survey asked both the women and the men if they had ever been stalked. The results showed that 5 percent of the 8,000 women have at one time or another been stalked. The amount of men that said they had been stalked at some point in their lives was 0.6 percent of the 8,000 surveyed (McClennen, 2010).

Economic abuse can be another way for abusers to control the victims. The National Coalition Against Domestic Violence (NCADV) reports that the abusers will control the victim's finances so that the victims will have no access to resources or prevents them from working or maintaining control of the finances, so as not to achieve self-sufficiency or gain financial independence. Abusers will also try to stop or interfere with the victim's education, job training, and job seeking or maintaining a job. Most victims stay because they do not have income and would be unable to survive without their abusers. The victims of IPV are harassed at their place of employment between 35% and 56% of the time. As the result of IPV there are over 1.75 million days of work lost each year (United Negro College Fund Special Programs, 2013). In 2003, \$8.3 billion was lost by businesses each year due to absenteeism, lowered productivity, and the health and safety costs associated with IPV (Centers for Disease Control, 2012).

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Economic abuse does not just affect the poor but it affects all of the socio-economic classes (United Negro College Fund Special Programs, 2013).

There are many theories that can be used to explain why men become batterers. The research in this next section will look at the social learning theory, the neutralization theory, power and control wheel, and the cycle of violence theory and apply them to intimate partner violence.

Theoretical Views of Domestic Violence

Social Learning Theory

Ronald Akers (2006) social learning theory helps to explain criminal and delinquent behavior. The basic idea of the social learning theory is that through the process of learning an individual can either conform to societal norms or become deviant against those norms. The probability that a person will be deviant and commit crimes is increased when they associate with those that are deviant especially those close to them. Akers concept of this theory has four basic components; differential association, definitions, differential reinforcement, imitation, and these are discussed in further detail next.

Differential association is the method by which an individual is exposed to normative definitions that are either favorable or unfavorable to actions that are legal or illegal. There are two dimensions to differential association and those are interactional and normative. The interactional is the direct association and interaction with others that engage in certain kinds of behavior and the indirect contact with distant groups. The normative dimension is the different norms and values that an individual is exposed to through the interactional dimension. Through this differential association the individual learns to imitate what they have learned from those close to them. The most important people that teach these definitions are family and friends.

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Additional influences could be neighbors, churches, school teachers, doctors, and even law enforcement or other community groups. These influences that occur early in life that last longer and take place more often have the most influence on how a person behaves. An example of this would be a young boy that watches a man, either his father or father figure, verbally or physically abusing or both his mother on a consistent basis will believe that is the way to treat a woman and will most likely grow up to be an abuser himself (Akers, 2006).

There are two subcategories of a person's belief system; general and specific. General beliefs are ones such as; religious, moral, and the other values and norms. Specific beliefs are those that a person acts upon. For example, in a home where domestic violence occurs the man may believe that he is in charge and the disciplinarian, while the woman should be submissive. The man will use neutralization to explain his verbal and physical abuse towards his wife. Some excuses he may use are that he was drunk and that it will never happen again. He may also say that she deserved it because she disobeyed and did not complete a task he told her to do (Akers, 2006).

Differential reinforcement is the anticipated rewards or punishments that may occur after the action is complete. In the situation with batterers their reward is being able to control their partner. Another differential reinforcement for the batterer knows that their victim is so scared of them that they will not inform anyone of the violence they are experiencing. This leads into the next theory of power and control (Akers, 2006).

Power and Control

Intimate partner violence is usually explained as one partner's abuse of power over another. In 1982, the Domestic Abuse Program in Minnesota created a diagram called the Power and Control Wheel. This chart was used by the program as a psycho-educational approach to

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help stop violence within relationships. The creators of this model based it on the feminist perspective that says that men are typically the ones that abuse women. The model said that rehabilitation and punishment should be used together when working with the offenders. That is how the “Duluth Model”, which will be discussed later, was created and today it is used by batterer education programs as well as educating victims about power and control. The power and control wheel (see figure 1 below) (National Coalition Against Domestic Violence, n.d.) is broke down into spokes and each spoke shows the different techniques that abusers will use to control their victims while abusing their power.

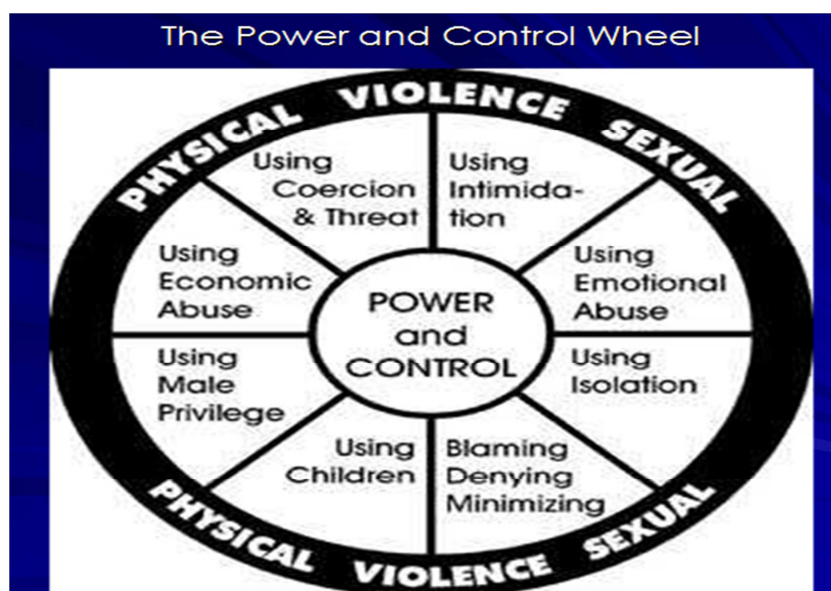


Figure 1

The techniques abusers use are: a) intimidation, b) emotional abuse, c) isolation, d) minimization and denial and will blame victim for his actions, e) using children against the victim, f) male privilege, g) economic abuse, and h) coercion and threats. The way the abusers use intimidation is by telling the victims that if they tell anyone about the abuse no one will believe them or that they will hurt them even more. The emotional abuse can be anything from calling them names such as; "you're worthless", "ugly", "smell bad", "bitch", and "cunt", "to telling them that no one

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else would or could ever love them like they do." The abusers isolate the victims by not allowing them to see their family or friends, and will tell lies about the victims to isolate them even further. The abusers may not allow their victims to have a job, a car, or even a cell phone. The offenders will also minimize and deny that the abuse has even been occurring and will even blame the victims for what they have done, just like the neutralization theory talked about previously. The offenders may also use children against the victims; the abusers will do this by lying to the children and telling them how bad their mother is or threaten to take the children away from her. Male privilege is what abusers will use to define the women's roles in the relationship. He will tell her he is the "king of the castle" and she is his slave and has to do whatever he tells her to do. Economic abuse is when the abusers will be in control of the money and will withhold money from the victims and not allow them to have a job, but if the victims do work the abusers will take all the money their partner earns. This is another way for him to control her from leaving the relationship. The final spoke in the wheel is coercion and threats, this will be where the abusers will threaten to take the children, turn the victims in for child abuse, or threaten to kill the partner if they try to leave. The power and control wheel has been adapted to represent other populations like the same sex partnership, immigrant families, even children living in homes that are violent (McClennen, 2010, p.147).

Neutralization

Sykes and Matza (2006) created the neutralization theory. The theory describes what domestic abuse offenders do to excuse their violent actions. According to Sykes and Matza there are five techniques involved in neutralization and those are: 1) denial of responsibility, 2) denial of injury, 3) denial of victim, 4) condemnation of condemners, and 5) appeal to higher loyalties. Denial of responsibility is when the abusers say that none of this is his or her fault, it happened

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because their partners made them do it or that some event in their past made them abuse their partners. Denial of injury is when the abusers believe that there is no way what they did injured the victims. The victims are making it up and lying about what really occurred. Denial of victim would be when the abusers declares that their partners deserved it because the partners did something to make them warrant retaliation or punishment. The fourth technique is condemnation of the condemners; the abusers will turn the focus off of them and make it about the ones that are condemning his or her actions by saying that the condemners are out to get him or her. The final technique is appeal to higher loyalties would be when the abusers get their friends and family to be on the abusers side so that they believe what he/she did was justified because the victims deserved it (Sykes & Matza, 2006). The final theory Cycle of Violence is discussed in detail next.

Cycle of Violence

Lenore Walker created the “cycle of violence” theory while interviewing women that had been abused by their male partners. These women spoke about the mood the husbands or partners would be in before a violent episode would occur. The description that these women gave to Walker was similar to the saying “the calm before the storm.” Any little action by the women would set the men off; such as speaking to their husbands when not spoken to or not cleaning an area in the home when told to by the husbands. Verbal abuse would start and become worse over time and the husbands would use foul language and tell their wives that they are worthless and that no one ever could love them like they do. If the husbands were also abusing alcohol or drugs these substances would enhance and make their abuse even more violent. Then the husbands would start destroying their wives personal property. These women would do and try anything and everything to calm their husbands down. The wives would give

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the husbands more attention, stop seeing their family and friends, or cook their favorite meal to deescalate the dangerous situation. Wives believed that something in their husband's lives was causing these violent episodes to occur. What the wives could not understand was that it was not something or someone that was causing the anger; it was something inside the abusers that was influencing those moods. This stage could go on for days or even months (Dutton, 2006; Karmen, 2010, Wallace & Roberson, 2011).

The next stage the wives encountered was the state of rage. This is when the physical abuse would begin. The physical abuse will start to escalate and may even become more severe. There may even be sexual abuse occurring during this stage. At this time the victims would start to focus on their safety as well as the children's if any are involved. They may even call the police or a neighbor to have the abusers arrested. In most cases the abusers would be served a criminal no contact order (NCO) or restraining order (RO) stating that they cannot return to their home. In other cases, the victims would move out and live with family, friends, or even at a domestic violence shelter. The reason the abusers may reach this stage is due to some sort of an external stressor or event or an internal state within themselves. The rage and abuse will last until the batterers are either physically exhausted or emotionally tired. This stage could last anywhere from two to 24 hours. These battered victims said it did not matter what they did during this stage nothing would stop their partners from battering them (Dutton, 2006; Karmen, 2010; Wallace & Roberson, 2011).

In the final stage of the cycle of violence the women said that the men would become quiet and remorseful. These men would start to become obsessed with making their victims forgive them and they would try to win their victims back. The husbands would buy them expensive gifts, take them out for dinner, and get friends and family on their side to win their

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partners back. There are a lot of empty promises made in this stage such as they will get sober, attend counseling and even marriage counseling, and swear that they will never ever abuse their victims again (Dutton, 2006; Karmen, 2010; Wallace & Roberson, 2011). These cycles of violence theories help to develop programs that can help to rehabilitate the offenders.

For many reasons these women truly believe that their abusers love them. It is quite confusing for them and there are many reasons why the victims may want to stay. In the next section the research will explain some of these reasons why the victims stay.

Why Victims Stay

It is so hard for people to understand why women in abusive relationships stay. There are many reasons people say that women stay, but most of them are just myths. One is that people believe these women stay is because they enjoy being physically and mentally hurt. These women that suffer this abuse do not enjoy being hurt, they feel that they either deserve it or are not sure what alternatives are available to them. The victims stay because they have invested a lot in their abuser such as their emotional, cognitive, financial, physical, cultural, and spiritual needs (McClennen, 2010).

The victim's emotional needs are the reasons that these victims stay with their abusers and continue to allow the abuse to occur. On the cognitive level the victims feel that the abusers will change, wants to change, and not be like that forever. Financially the victims may not be able to leave, because they have nothing and they rely completely on the abusers for financial support. They may not have access to transportation, which is another way for the abusers to control them. Most victims, but not all, are not allowed to have jobs so that the abusers can control who the victims have social contact with (McClennen, 2010).

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Children are another reason why the victims stay. They feel that a two parent home is better for the children. Victims rarely comprehend that violence in the home can be detrimental to the children. Even if the victims decide to leave there is the possibility of losing custody of their children, because the victims are not financially stable in most cases. The courts may look at their leaving as deserting the children (McClennen, 2010).

Some of the other factors that play into a victim's choice to stay could be their cultural and ethnic backgrounds or religious beliefs. If the victims were raised that men are valued more and that women are looked down upon as inferior, the victims may truly believe that it is right to be abused. The victims may not leave for fear of humiliating the whole family (McClennen, 2010).

The abusers may threaten to take the victims life. This fear could stop many victims from wanting to leave. It has been found that about one-third of female homicide victims are killed by their intimate partner (McClennen, 2010). Almost daily in the Dubuque Telegraph Herald in the police beat section there is at least one if not more domestic violence incidents reported. Violence against women is growing and has become a major public health problem. Most victims underestimate what their abusers will do to them. When the victims decide to leave their abusers this becomes the most dangerous time in the relationship. Because leaving is so dangerous the police, domestic violence advocates, and social workers should be involved so the victims have protection from their abusers. The question that should never be asked is "Why does she stay?", but "Why doesn't her abuser let her go" (McClennen, 2010)?

Effects on Children

According to Carlson (2000) estimates show that 10-20 percent of our children in America are at risk for exposure to domestic violence each year. A Harvard Medical School

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report in 2004 estimated that the amount of children exposed to domestic violence was between 2 to 3 million. Although a study done in 1999 put that estimate at about 3 to 10 million that seems to be more accurate since most domestic violence occurrences go unreported (Jackson, 2007). Research shows that domestic violence can have many negative effects on children that can last long into adulthood. Violence is a behavior that is learned through listening to verbal abuse or watching one parent being physically abusive towards the other parent. Children exposed to DV or IPV watch the behaviors of their parents and think that violence is a normal occurrence.

Sternberg and his colleagues (1993), Early Exposure Developmental theorists, believed that infants and toddlers attempt to establish trust and independence within the first three years of life. Failure to achieve trust and autonomy is thought to contribute to a child's insecurities and making it difficult to establish the sense of autonomy. Also this developmental theory has been used to understand children's responses to IPV. Back in the 1990s there was an increase in research on what IPV exposure has on the development of the brain and early exposure or experiences on child development. The results of this research showed that IPV definitely has a negative impact on children that may last long into their adulthood (Feerick & Silverman, 2006).

Bandura (1977) created the idea of a Social Learning Theory which says that the people closest to children are the ones that influence them the most, such as parents, guardians, and/or caretakers. When children are exposed to domestic violence while they are developing it could create extreme fear, detachment, and could lead to a cycle of violence throughout the children's lives. A child seeing their mother physically and/or verbally abused on a constant basis can create fear that the outside world is just as dangerous as it is at home. Also children could start to see that women are helpless and powerless against men. Children may become timid and

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withdrawn and may not socialize well with others. The children may also create their own fantasy world that is free of violence as a way of coping with the stress at home (Jackson, 2007).

When young children are exposed to parental assaults, their safety and security are compromised. These children have feelings of being defenseless often. Overtime these children often are not able to cope with everyday life as a result of parental battering. These children start to develop behavioral, physical, emotional, and social problems that show just how detrimental these abusive relationships can be to a child. Children start to regress and have maladaptive reactions to this violence. The children may return to behaviors of an early time in their development such as: thumb sucking, bed wetting, nightmares, anxiety, and depression to name a few. These types of behavior can be considered indications and evidence of post-traumatic stress syndrome (PTSD). There may be other problems that surface such as being disrespectful, disturbing and disruptive behaviors in the home, school, and in their neighborhoods (Jackson, 2007).

A 1994 report showed that 37% of all women who sought out care in an emergency room for injuries due to violence were injured by their spouse, ex-spouse, boyfriend and girlfriend. In a study done of 120 homicides of women in a relationship about two-thirds of those cases there were children present. In more than one-third of those cases the children had witnessed the femicide. In 37% of those cases children were the first ones on the scene to find their mothers body. African American and Latino women are the ones that report experiencing IPV at higher rates than any other women (Feerick & Silverman, 2006).

The rate of abuse during pregnancy ranges from 3.9% to 8.3% here in the United States. The prevalence rate is 10.4% to 24.4% of women while they are pregnant. A number of studies have shown that there is a positive association between severe violence and preterm labor and

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delivery, lower birth weights, low Apgar scores (the first test to make sure that the baby is in good health), and the use of tobacco and other illicit drugs during the pregnancy, depression, and suicidal thoughts and attempts. Because of these lower birth weights and babies being born prematurely can require extensive medical treatment during the first year. This can cause more stress and strain to a relationship that abuse has already been occurring (Feerick & Silverman, 2006).

Recent estimates from a nationally representative sample of American homes show that about 15.5 million children were exposed to IPV within the last year. Approximately 7 million children were exposed to severe forms of IPV. Young children seem to be more at risk for witnessing IPV and other forms of violence suggesting that they are vulnerable by age (Bermann & Perkins, 2010).

Children under the age of two months that are exposed or born into a family with domestic violence were found to be hospitalized, taken to the emergency room, and taken to the doctors for visits other than well-child check-ups more than those infants of mothers not exposed to domestic violence (Feerick & Silverman, 2006). In a study that included 1,116 identical and fraternal twins that were five years old showed that children this young that were exposed to high level of Intimate Partner Violence (IPV) had I.Q.'s that were eight points lower than those not exposed to this violence. The hypothesis of this study was that children being exposed to extreme stress at an early age affected their brain development. In this study it did confirm their hypothesis (Feerick & Silverman, 2006).

The negative effects that children might experience from witnessing IPV may differ depending on the age of the children's first exposure. Younger children are not able to understand all that is going on around them so their coping skills are not as mature as in older

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children. Preschool-aged children are more likely to show more externalizing behavior problems and less likely to show internalizing problems as with grade school children that are exposed to violence. There have been several studies that have shown that children that experience IPV at a very early age are more likely to experience multiple incidences of violence. Children that are exposed to IPV, no matter what age, are more likely to suffer greater levels of health problems, mental abuse, and physical injuries. These children that experience IPV are 50% more likely to intervene during a physical altercation to stop the abuse. When children live in a home of IPV there are more chances for them to be physically abused and may feel it is their responsibility to intervene when a parent is being abused. Many studies have shown that children that are either victims of violence or witnesses of violence are more at risk to experience additional violence and become victimized throughout their own lives (Bermann & Perkins, 2010).

Internalizing and Externalizing Behaviors

There have been numerous studies that have shown that children that are exposed to domestic violence and/or have been abused will more likely have a higher chance of adverse psychosocial and behavioral problems. The dual exposure theory says when children are exposed to both domestic violence and child abuse they will experience worse outcomes than those only exposed only to one form of violence (Moynan et al., 2009).

Many other studies done over the years have shown children that are abused can show a variety of psychosocial problems, such as anxiety and depression. Teenagers that have been abused are more likely to exhibit externalizing behavior like delinquency and violent tendencies. Also children that have been exposed to domestic violence have shown similar outcomes like low self-esteem, withdrawal from society, depression, and anxiety (Moynan et al., 2009). Evans

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et al. (2008) conducted a meta-analysis that examined domestic violence exposure in children that showed moderate associations between internalizing and externalizing behavior.

The dual exposure theory has been studied several times over the years. According to Hughes (1988), through his studies and research found that children exposed to both abuse and domestic violence scored higher when it came to externalizing and internalizing behavior than those children only exposed to domestic violence.

Sternberg et al. (1993) conducted a study of 110 children. Their ages ranged from 8 to 12 and the analyses compared children that were; (1) exposed to DV only; (2) directly abused; (3) experienced both. During their study they also had a control group of children not exposed to violence. The results showed that the children not exposed to violence had lower depression and internalizing and externalizing behavior compared to the three groups that experience violence. Those children that were exposed to both violent situations did not show any higher likelihood of depression or internalizing and externalizing behaviors than those exposed to abuse or DV only.

Edelson (1999) reviewed 31 studies of children who were exposed to or had witnessed IPV showed much more behavioral and emotional problems than those children that were not exposed. Behavioral problems are usually labeled as externalizing behaviors such as; aggression, delinquency, antisocial behaviors, and anger/temperament problems. Older children have also been known not to show any empathy towards others and their social skills were also lacking. Depending on the severity of the violence experienced by the mother could also affect the behavioral problems of the child witnesses, especially depression and anxiety. Boys that were witnesses to IPV showed more aggressive behaviors than girls.

Ware et al. (2001) conducted a longitudinal study of 401 children living in a domestic violence shelter. They used different methods of measurement and what they found was that 30

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percent of the children between the ages of 4 and 10 had clinical levels of externalizing behaviors. Thirty-seven percent met the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) criteria for behavior disorders.

Sternberg et al. (2006) took the raw data from 15 studies on age, gender, behavior problems, and the exposure to violence and conducted a meta-analysis. The data set consisted of 1,870 children between 4 and 14 years of age. The researchers used the Child Behavior Check List and used a regression analyses to look at the unique and combined effects of abuse and domestic violence on externalizing and internalizing behaviors. The researchers found that those children that were exposed to both abuse and domestic violence had a much higher risk for internalizing problems than those only abused, witnessed domestic violence, or had not been exposed to any violence. What they did find was that abused witnesses internalized their problems 187 percent more than the non-violence group, 117 percent more than the victims of child abuse, and 38 percent more than DV witnesses. Children between the ages of 4 and 9 that were exposed to both abuse and DV had a higher risk of externalizing behavior, but for children 10 to 14 years old this dual exposure did not affect them in the same way.

Obstacles of/and Screening for IPV

The American Academy of Pediatrics, Committee on Child Abuse and Neglect (1998) recommended that all pediatric practitioners should incorporate IPV screening as routine. There were a few challenges to doing these screenings. First, the pediatricians felt that the screenings would be reliable in an adult setting, but not sure it would work so well if not tested in the pediatric setting. Second, the pediatricians felt that it could be difficult asking the mother these questions in the front of her children, since they are such sensitive questions and may be related to the child's father or father-figure. The pediatric practitioners felt it was okay to ask the

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mother of a child under the age of two but not one older than two. Third, there is the risk that the child may go back to the abusive parent and tell them of the doctor or nurses questions. Fourth, the medical staffs document the abuse in the child's medical records and both parents have legal access to those records which could be dangerous for the abused parent and child. Fifth, there are those problems legally when domestic abuse is actually considered child maltreatment.

There are four assessments that nurse practitioners have created to assess for IPV:

- The Abuse Assessment Screen (AAS) (Parker & McFarlane, 1991)
- The Partner Abuse Scale (PAS) (Hudson, 1990)
- The Partner Violence Screen (PVS) (Feldhaus, Koziol-McLain, & Ambury, 1997)
- The Danger Assessment (Campbell, 1995)

The research has shown that the mothers and pediatric practitioners support the idea of using these screenings (Gielen et al., 2000).

Interventions for Children

Since the 1990's there has been much research dedicated to the effects that IPV has on children as seen in the previous section of this research. The programs have been implemented across the country in the court systems, schools, police departments, shelters, and in the mental and health centers and came about due to the amount of research done and the effects violence has on children and the battered women's movement (Feerick & Silverman, 2006).

The first shelters started for battered women back in the mid-1970s. In January of 1978 the National Coalition against Domestic Violence was formed and their first meeting had 100 advocates in attendance from across the nation. The Coalition in 1982 formed the Child Advocacy Task Force and its mission was "To provide a voice for children/youth within the

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battered women's movement; to promote the value of children's/youth's experiences; to work toward empowerment of children/youth and those who care for them; and to challenge the battered women's movement in its accountability to children/youth and their advocates (Feerick & Silverman, 2006, p.108)."

As domestic violence shelters started opening up throughout the states the movement for state-mandated child protection system also started to gain ground in the late 1960s and the early 1970s. In the beginning many of the advocates working in these shelters were not happy with these new mandatory reporting requirements. Most of these advocates had no training on how to identify or even respond to child abuse or neglect. The advocates were quite reluctant to involve these child protective services; the reason is that they felt they were putting the blame on the mother for not getting their child out of the violent situation (Feerick & Silverman, 2006).

Programs for children exposed to domestic abuse are available across the nation. The programs serve to help and identify those children that are at risk, help to increase the safety of the children and their families, and/or provide counseling for behavioral and emotional problems that can occur from exposure to violence (Feerick & Silverman, 2006).

It is best when children exposed to domestic violence are identified early so they are not negatively affected by the violence. The problem with identifying these children is that most of the time there is no physical evidence or symptoms to show they are experiencing this kind of violence. Being able to identify children at risk has been tough for the courts, police departments, child and family health settings, and child protective agencies. The best places for identifying children at risk would be through the school and health systems. Children will usually be exposed to both of these systems throughout their childhood (Feerick & Silverman, 2006). The health setting may be the best place to screen children for exposure to violence in the

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home, because of the privacy laws. Although in a health setting there may not be enough time for the health professional to do a proper screening and the staff may not be adequately trained to identify this problem (Groves, Augustyn, Lee, & Sawires, 2002).

The primary goal of intervention for children exposed to domestic violence is their safety and helping them with any possible long term mental health issues. The courts, child protective agencies, shelters, and the police department's basic goals for children are to keep them safe from violence. Most shelters now offer child services to include child advocates, screening and assessing procedures, and legal advocacy that include those needs of the children. Many police officers are now being trained to assess the situation and help raise their awareness of what the children's needs are (Feerick & Silverman, 2006).

The courts have also become more attentive to the needs of the children. They are now offering legal options for the victims and their children to increase their safety. The No Contact Order (NCO) or the protective order is the highly used legal method available to the victims of IPV. Some states go as far as having enhanced penalties for violent acts in front of children, which will make it more difficult for the abuser to have unsupervised visits with their children. There are several states that the court systems have all unified so there is better communication between them all and this helps to keep families safer. Child protective agencies main mission is the safety of children. They are the ones that determine if a child is at risk and directly intervene when it is necessary (Feerick & Silverman, 2006).

Safety Planning

A safety plan is a uniquely developed set of protocols that a victim can use to stay safe. These plans are created with the help of experienced domestic violence advocates. The best way to create this plan is to assess the degree of danger the victims may be in and what resources the

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victims will need to allow them to flee suddenly, be able to live violence free, and how the victims will be able to live on their own. Some of the essential things that need to be included in the safety plan are; a safe place to go like a family or friend's house, DV shelter, or even a safe house. Victims should also have in their possession their driver's license and another form of identification, car keys, extra clothing, and any medications they may need. Also the victims should have the birth certificates for themselves and their children, visas or passports, all social security numbers, any credit cards and/or records, and a resume with their work history. The victims may also want to have a list of important phone numbers for family, friends, religious leaders, and their health care providers. Plus, these victims should have anything else with them they feel is important when they are out living on their own (Matthews, 2007).

Most abusers often check their victim's personal belongings. So the victims must have a safe place to keep this information before leaving the office of the advocate or the healthcare facility. There are times when these plans may have to be redone a few times or the victims may have to get rid of the safety plan so as not to get caught with it. There are many reasons the victims may stay in the relationship, because it may be safer to stay in the relationship than it is to leave. Whatever their decision is, the advocate or healthcare provider must respect the victim's decision. It is ultimately up to the victims when it is the right time for them to leave, that will be when everything that was discussed in the safety plan meeting falls into place (Matthews, 2007).

Statistical Information

Intimate Partner Violence (IPV) is considered a global problem and a major public health concern. During the 1980s, many states began passing mandatory arrest laws that required police officers to make arrests when there was sufficient evidence that intimate partner violence

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had occurred. The creation of these laws certainly led to increasing numbers of male abusers entering the criminal justice system. By 1996 almost 25 million women, which was one-fourth of the female population, said that they had experienced some sort of physical victimization sometime during their lifetime either by a partner or another family member. In 2004, there were an estimated 466,600 women that had fallen victim to intimate partner violence and another 198,000 were abused by another family member. Also, there were approximately 112,000 men that were abused by an intimate partner, while another 163,000 were abused by someone else in their family. To address the needs of abused women, states began implementing batterer intervention programs (BIP) attempting to reduce IPV recidivism. Most jurisdictions require some intervention post arrest for partner-violent men, and the majority of men in these programs have been court ordered to attend. Over the last 25 years or so, these BIPs have become the most probable punishment or disposition that follows either a plea agreement or a conviction on domestic abuse charges (Price & Rosenbaum, 2009).

In 2008, there was a nationwide survey of the state standards that showed that 95% of the programs endorse a philosophy of treatment based on the idea that domestic violence is a form of power and control. There are very little treatment options or intervention models. The most commonly used option is the Duluth model. More than half or 53% of the programs nationwide identify themselves as using the Duluth model created by Pence and Paymar. This model practices a coordinated community approach with the primary focus on power and control as the motives for IPV. Another common philosophy applied to the-BIPs is the "profeminist" approach which says that the victims are clients and their protection and counseling is the main concern not the rehabilitation of the abusers. Most of these programs are "psychoeducational", which says that the platform itself is not therapeutic (Price & Rosenbaum, 2009).

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Sadly, the expansion of these BIPs has outpaced the efforts assessing their effectiveness (Stewart, Temple, & Moore, 2007). In the past there have been meta-analyses and experimental designs of batterer's education programs that have shown little or no effects on reducing intimate partner violence. The practicality of these batterers programs have come under quite a bit of scrutiny and have also become one of the biggest and most debated issues in the domestic violence field (Gondolf & Jones, 2001). Although BIPs have become more prevalent throughout the United States the rates of attrition and recidivism have not decreased and have remained high. The rates of attrition in batterer's intervention programs have ranged from 40% to 60% here in the United States. The recidivism rates have remained a significant problem after the completion of treatment, between 20% and 30% of the abusers return and abuse their original victims or new partners. Since most of the batterer's programs only provide single intervention, there are other factors such as substance abuse or mental defects that are not addressed and left untreated may possibly lead to more severe physical abuse. If the batterer's level of violence and the possibility of co-occurring disorders is considered an important dimension then providing additional treatment or intervention that will address these issues along with the single factor could result in more effective and successful treatments of batterers (Coulter & VandeWeerd, 2009). Numerous empirical studies have been conducted on batterer's education programs with at least six reviews, more than three dozen single site evaluations, and eight research reviews that showed only a limited number of studies that can actually validly claim that there are differences between those batterers that have been untreated and treated. Most of these empirical studies were done without any type of control group; they only examined the outcomes of participants that were assigned to treatment programs (Taylor, Davis, & Maxwell, 2001).

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Within the last few years, quite a bit of attention has been paid to the reality that batterers are a diverse population. Consequently, it has been repeatedly argued that in terms of intervention programs, one size programs do not fit all and a prescriptive move toward matching the intervention to the batterer might be necessary. Saunders provided some empirical support showing that antisocial abusers respond better to a cognitive behavioral approach. Abusers with dependent personalities responded better when participating in psychodynamic groups as opposed to those “one size fits all” programs (Price & Rosenbaum, 2009).

Prevention Plans

The goal of any IPV prevention plan is to stop domestic violence before it begins. The Centers for Disease Control and Prevention (CDC) list their 4-step approach to deal with problems such as IPV. First, the problem must be defined. Then the investigators conduct research to see just how bad the problem is, when it happens, and whom it affects. The data the CDC gathers help the decision makers to see where the resources are needed the most. Secondly, the CDC has to understand and identify the risk and the protective factors. The CDC does not just need to know what the effects are of IPV for certain people in a certain area. The CDC conducts its own research and then supports it to get the answer to the question. From there the CDC starts to develop programs to reduce or remove the risk factors. Thirdly, the CDC develops and tests the prevention strategies that the CDC creates. The last step in the CDC process is to assure that there is widespread adoption of the programs. The CDC shares the best prevention strategies with the public and helps fund and/or provides technical support to communities that apply the IPV prevention strategies that were tested (Centers for Disease Control and Prevention, 2012).

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The Coordinated Community Action Model helps to provide guidelines for groups of professionals that want to help end domestic violence. Just as in the power and control wheel mentioned earlier in this research this model is set up in a wheel style and each of the spokes represent different strategies to protect potential, present, and future victims of domestic violence. Plus, this model also shows the ways of holding these perpetrators responsible for their violent behaviors. These strategies have been created for the use by professionals that work in social services, education, the media, government agencies, criminal justice system, religious agencies, and any employer in the community (McClennen, 2010).

Primary prevention is an orderly method that promotes healthy behaviors and environments and lowers the likelihood or occurrence of intimate partner violence. Primary prevention is distinguished from secondary prevention because it clearly focuses on action before the onset of violence. Primary prevention efforts promote social norms and environments in which intimate partner violence does not happen (Karmen, 2010).

Ending intimate partner violence requires the acknowledgment that the circumstances within our society and communities lead to the violence. The myths our society upholds contribute to an environment in which intimate partner violence is seen as acceptable and tolerable. The most hopeful approach to stop violence against women before it occurs is to foster a culture in which society takes action to reduce the factors that lead to intimate partner violence (Prevention Institute Organization, 2012). While intimate partner violence is committed by individuals, preventing that behavior requires that everyone in the community be aware of this kind of violence. The social-ecological model recognizes that the individual is effectively swayed by societal beliefs and norms, and that manipulating these beliefs and norms will decrease violence. This model supports an inclusive public health approach that not only

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addresses an individual's risk factors, but also the societal beliefs and norms that create the conditions in which violence occurs (Prevention Institute Organization, 2012).

In Columbia, South Carolina, an organization known as the Domestic Abuse Center was formed in 1982. This intervention program is a cognitive-behavioral program. This program consists of group treatment that lasts for 16 weeks. The treatment focus is on anger management and skills development. There are three phases that this program incorporates and those are: a) orientation and intake interview which consists of two appointments, b) psychoeducational classes that involve 12 sessions, and c) group therapy regarding termination which is two sessions (Buttelle & Carney, 2004).

Each of these groups is made up of approximately 15 convicted batterers. The group meets one night a week and the sessions last about two hours. This program uses confrontation therapy and also includes educational components. During the 12-week program the curriculum can be divided up into three different series. Since most batterers have the same set of defenses such as; a) minimization, b) denial, and c) blame, that foster their aggressive behavior the first series of the program helps to overcome these defense mechanisms. Here the offenders need to recognize and accept the fact that their actions are their problems. The second sequence, in the process, deals with the fact that most batterers believe in the traditional sex-role stereotypes and this program challenges the views of these batterers. This process works by restructuring the batterer's way of thinking and helps them to change those beliefs so that violent behavior is not the result. The final series is designed to help the batterers increase their interpersonal skills by giving them alternate and proper behaviors that will be useful in building stronger relationships. Also, during this final phase the offenders are taught skills such as; problem solving,

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assertiveness, and negotiation which are taught during the group sessions. The first two series lasts for approximately 3 weeks and the third runs for about 6 weeks (Buttell & Carney, 2004).

In many of the single-site assessments there seemed to be some noticeable limitations to these studies. Many of these evaluations simply ask the participants whom have completed the treatment if they have been physically abusive to their partners during or after the treatment. Participants may give false reports and not admit to being physically abusive to their partners, this can and will skew the “success rate” (Buttell & Carney, 2004).

The Domestic Abuse Center research adopted a broad description of abuse in an effort to create a more comprehensive study on the behaviors of batterers. This definition of abuse includes everything from physical violence, emotional abuse, and controlling behaviors so that it would be consistent with the way that domestic abuse is perpetrated. Having a narrow definition of abuse that only addresses physical violence may miss the fact that the program may only achieve “behavioral containment” and could also create more savvy abusers (Buttell & Carney, 2004).

The 16-week treatment program that the study evaluated was quite typical for many of the domestic violence intervention programs that are offered throughout the United States. The results of the study suggested that the programs would be more effective if the treatment or therapy was conducted over longer periods of time. For batterers that have been abusing for a several year timespan, a program that lasts only 16 weeks is probably not long enough to change the batterer’s ways of thinking. These BIPs would be more beneficial if they were extended to a 26-week or 52-week program which was suggested by the Domestic Abuse Center. The participants may have a better chance in changing their attitudes and behaviors over a longer period of time compared to the 16 week program. This study suggests that batterers are not the

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same and each need to be treated individually. When the results of this research were collected it showed that Caucasian and African American participants in this treatment program were equally poorly underserved compared to other ethnic backgrounds. The only difference was in the area of Self-Deception Scale of the Balanced Inventory of Desirable Responding (BIDR) (a psychological instrument), for Caucasians and African Americans both groups were indistinguishable compared to the other participants from different ethnic backgrounds. The reason could be that the African American abusers may see themselves as being discriminated against by law enforcement agencies and the judicial systems because of their race. There could be some validity to that assertion, because of where the study was completed. Race may have interacted with rationalization of why the abuse occurred which would make them score higher on the self-deception chart. Even though only one difference was noted between the two groups, the ‘one size fits all’ design is flawed for African Americans and Caucasians equally (Buttell & Carney, 2004).

A study conducted by Bennett, Stoops, Call, and Flett (2007) in Cook County, Illinois, used a sample of 899 male participants ages 18 and older. The participants were referred to the probation department to be monitored after being adjudicated either through a plea deal or being found guilty of a domestic violence offense. Participants went through an initial 2 hour clinical assessment that was documented through the use of the Offender Assessment Tool (OAT), after this assessment the participants would either attend and in-house BIP through the court social service department (SSD) or referred to 1 of the 29 other community-based batterer programs. In Cook County, there are an estimated 10% of batterers that are convicted of a DV felony. Those batterers are referred to different units within the probation department that does not provide an in-house batterers intervention program, but were not included in this study. The

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final number of participants in the study was 549 men that the researchers determined had completed a batterer's intervention program (Bennett et al., 2007).

In Figure 1 (below) (Bennett et al., 2007), the variables for this research are shown for the conceptual model of program outcomes. The researchers used data that was collected through three sources: a) the OAT, b) Cook County electronic database used to track men on probation and supervision, and c) an Illinois State Police electronic database of arrests throughout the state. Since this information was pulled from an existing database the researchers were unable to control how the data was collected, however, the examiners of this study were active participants in creating and developing the OAT. The OAT is a tool that probation officers generally give within the first few meetings to male probationers that have committed domestic assault. The Offender Assessment Tool allows the probation officers to gain demographic information, history of violence, psychological characteristics, and any history of substance abuse. Also, within this tool there are standard scales embedded within the assessment to measure intimate partner violence, psychological maltreatment, psychological symptoms, trait anger, borderline personality orientation, and any effects from alcohol use and abuse. This tool also helps probation officers rank or rate the offender's motivation and acceptance of responsibility for the domestic violence committed (Bennett et al., 2007).

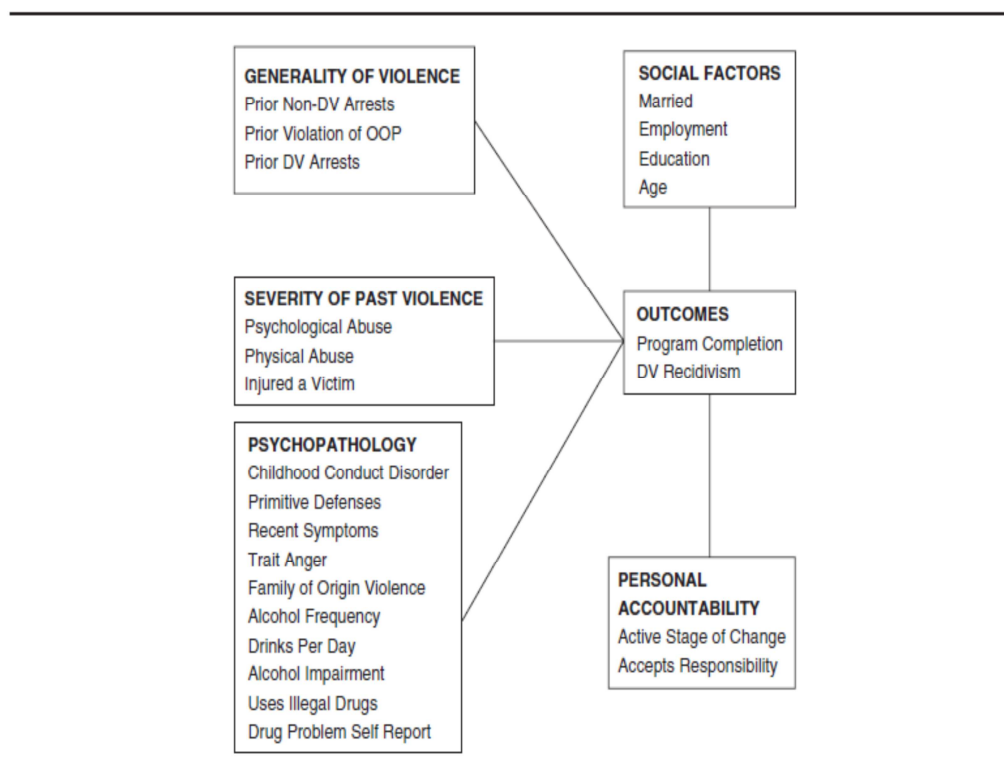


Figure 1: Conceptual Model of Program Outcomes
NOTE: DV = domestic violence; OOP = order of protection.

Included in the OAT was the variable family-of-origin violence which was created by using three dichotomous questions. The questions that were asked dealt with the participants experience of (a) ever observed the father-figure physically assaulting the mother-figure, (b) experience the mother-figure hitting the father-figure, and (c) did they ever see any physical or sexual abuse committed by any parent-figure (does not include physical punishment such as spanking) (Bennett et al., 2007).

Research done on batterers has found that there are short-term psychological symptoms along with longer-term personality characteristics that could be risk factors for domestic violence. These symptoms have been measured by the Trauma Severity Index (TSC-33). The subscales that are included in the TCS-33 are for depression, dissociation, depression, anxiety, sexual trauma, and sleep disorders. There are thirty-three symptoms that are included in the

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TSC-33 (e.g. sadness, insomnia, anxiety), and a four point metric scale was applied for the male participants (never, occasionally, fairly often, very often). This research tool showed how frequently over the past couple of months these men had experienced any of these symptoms (Bennett et al., 2007).

There were two other long-standing problems, trait anger and primitive defenses, that were measured. Trait anger offers a better look at the batterer's behavioral characteristics and can be linked to male domestic aggression. The Trait Anger scale contains 10 items (e.g., "I feel angry when I do good work and receive a meager evaluation on the job") these are added up for a score. Batterers with a high score on the Trait Anger scale shows that there is a higher or greater level of characteristic anger in abusers. The subsequent measure of the stable personality characteristics is the Primitive Defenses subscale of the Borderline Personality Orientation Scale (BPO). Borderline personality organization has been identified as one of the key factors of men's "abusive personalities." The scale of the BPO provides 11 statements for the men to read and indicate which statement(s) applies to them (e.g., "I have a hard time trusting people because they betray me often"). The items are then graded on a 5-point metric scale (*never true to always true*). Higher scores show greater levels of primitive psychological defenses that men will or could exhibit (Bennett et al., 2007).

The acute or chronic use of drugs and alcohol has shown to be well-established risk factors for the occurrence of intimate partner violence. Self-reports used in this study showed how the amounts and effects of drugs and alcohol affected the participant's behavior. The drinking frequency was measured by the average number of days that alcohol was used per month, and the drinking quantity was indicated by the amount of drinks consumed on a typical day. Investigators also asked the participants the number of days that cocaine or crack cocaine

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was used along with the number of days that marijuana or hashish had been used within the last year. The scientists decided that there was too much variability amongst the two figures so they reduced it down to one variable the use of illegal drugs: The participant has used marijuana or cocaine within the past year (Bennett et al., 2007).

After completing these assessments, the probation officers rated the offenders under their supervision based on their motivation to change and acceptance of responsibility for the violence perpetrated. Motivation to change was rated as a single item by using a 4-point scale (1 = precontemplative stage or disavowal of a problem, 2 = preliminary stage or thinking about change, 3 = active willingness to change, 4 = maintaining change that has been made before). The observer divided the motivation scale into a variable known as dynamic changer and was defined as being at the active or maintenance stage of change. Acceptance of responsibility was rated as a single item and was also scored on a 4-point metric scale (1 = denies the violence ever happened, 2 = agrees violence occurred but not responsible, 3 = accepts some of the responsibility, 4 = admits responsibility for the violence). Acceptance of responsibility was dichotomized and defined as either partial or full acceptance of committing partner violence (Bennett et al., 2007).

The Batterers Intervention Program staff determined if the participants had successfully completed the program requirements. The programs were standardized throughout the county and were based on criteria developed by the abuser services council of the Cook County Family Violence Coordinating Council. The discharge criterion was developed by Gondolf in 1995. The completion steps for this program are active participation in group sessions, accepting responsibility for the violence, understanding domestic violence, uses the skills taught to the participants, finishes all requirements, ability to use respectful language, egalitarian attitudes

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toward women, no reports of any recent violent or abusive behaviors, and must comply with all collateral referrals. In this study there were two outcomes either completed or not completed (Bennett et al., 2007).

The participants' arrest data was cross referenced with the assessment and program completion with the Illinois State Police electronic database by the participants state identification number. The charges were then broke down into one of four categories: 1) domestic violence, 2) other interpersonal violence, 3) drug related and 4) other crime. Pre-arrests and re-arrests for DV was the emphases of this study. The charges that were combined to make up the DV arrest category was aggravated domestic battery, domestic battery, DV act, and interference with reporting DV, stalking, also violating a no contact order. Recidivism for DV was defined as one or more DV arrests after the intake date (Bennett et al., 2007).

In Table 1(Bennett et al., 2007) below gives the lists of model descriptors for the participants across the four categories of completion.

TABLE 1: Model Variable Descriptors by Program Completion Status

	<i>Completer (n = 413)</i>	<i>Noncompleter (n = 136)</i>	<i>Never Referred (n = 93)</i>	<i>Still Attending (n = 257)</i>
Continuous variables				
Psychological abuse (LN)	3.14	3.15	3.11	3.20
Physical abuse (LN)	1.40	1.31	1.28	1.51
Primitive defenses (LN)	2.83	2.90	2.87	2.90
Recent symptoms	9.57	8.45	8.15	9.06
Trait anger (LN)	2.67	2.64	2.62	2.66
Alcohol use days per month	3.33	4.54	4.24	3.75
Drinks per day	3.29	4.09	3.62	2.98
Monthly income	1,951.06	1,287.38	1,970.65	1,075.59
Age	35.36	34.78	35.30	34.37
Dichotomous variables (%)				
Prior non-DV arrests	56.2	73.5	64.5	68.1
Prior violation of OOP	8.5	15.4	18.3	10.9
Prior DV arrests	36.8	53.7	48.4	48.2
Injured a victim	37.0	27.9	19.4	42.4*
Family-of-origin violence	27.8	34.6	24.7	40.1
CAGE >1	25.7	30.9	30.1	31.1
Drug problem self-report	14.8	19.1	19.4	19.1
Uses illegal drugs	10.7	16.9	16.1	23.3*
Divorced	17.2	15.4	31.2	16.7
Single	36.3	54.4	48.4	54.5*
Married	45.8	30.1	20.4	27.6*
Unemployed	19.4	42.6	26.9	43.6*
Employed part-time	9.4	11.8	14.0	13.2
Employed full-time	69.0	43.4	58.1	39.7*
High school graduate	71.2	68.4	83.9	66.5
Black	26.2	41.9	19.4	44.7*
Latino	34.4	19.9	15.1	30.7*
White	35.1	33.8	55.9	18.3*
Asian or other	4.1	4.4	9.7	6.2
Active stage of change	50.6	33.1	33.3	42.4*
Accepts responsibility	61.0	47.8	43.0	58.4
DV re-arrest	14.3	34.6	16.1	24.1

NOTE: LN = mean value of variable transformed using natural logarithm; DV = domestic violence; OOP = order of protection; CAGE = Cut-down, Anger, Guilt, and Eye-opener. Between-group statistical tests: *F* for continuous variables and χ^2 for dichotomous variables.

**p* < .05 after Bonferroni correction for multiple comparisons.

The data in table 1 shows that completing a BIP is related with having battered a victim, not using illegal drugs, marriage, employment, ethnicity, and being evaluated as an active changer.

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The examiners for this study utilized the sample of 549 men (413 completers and 136 noncompleters). There were several significant independent factors found in this program such as being; a) Latino, b) an active changer, c) single, and d) unemployed, that will reduce the odds of men completing the BIP (Bennett et al., 2007).

In determining the pre-intake and post-intake arrests it was found, using the state police database, that there was a total of 2,545 arrests involving the 899 men in this study. The total domestic violence recidivism rate for the sample of 899 abusers was 26.1% to 14.3% for offenders who completed the program and 34.6% for offenders who did not complete the program. Men that completed BIPs are less than half as likely to be arrested again for future domestic violence acts compared to those participants that did not complete the program, even after the sample was being controlled for the men's differences in violence history, personality, demographics, and motivation.

The completion rate for this Cook County program was at 75% which is higher than any other study that had been done at that time. The Cook County court system has 30 BIPs available for offenders, that means that if one program does not work an offender can be sent to another of the 29 BIPs that are available within that court system. Some court systems have only one program available to batterers and this can be a major disadvantage. The data shows that if individuals are placed in a BIP program and complete that program there is a reduction in the likelihood of re-arrest by 39% to 62%. This could suggest to some that BIPs are having the desired outcome.

In comparison to a multisite study of 840 domestic abusers participating in four well established programs the findings are consistent with the reduction in partner-reported re-assault by 44% to 64% (Bennett et al., 2007). In that same research, the re-offense rate for batterers that

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completed at least two months worth of BIP was 36% compared to the recidivism rate of 55% for those not completing a BIP. So the estimated effect of that multisite study was 19% even though dropout rates are a significant problem for most BIPs (Bennett et al., 2007). These programs are generally court-ordered, but only about one quarter to one half of the men actually complete the programs (Scott, King, McGinn, & Hosseini, 2012). In the current study the effects of batterers completing one of the 30 BIPs offered in Cook County was 20.3%. Program completion is again supported as one of the most critical components for reducing and inhibiting additional violence, at least to the degree that re-arrest is an effective gauge. There were independent predictors for completing the BIPs in this study and those were; motivation to change, employment, being Latino, and being married. There are essentially three stake-in-conformity variables and those are; employment, marital status, and age. Employment and marital status are representations for the degree of connection men have with society (Bennett et al., 2007). Men who are married and have jobs or careers have more to lose by not completing the BIP as opposed to men that are single and unemployed. Age is the third stake-in-conformity variable and it helps to predict domestic violence recidivism. Taking all three of these variables into account shows that the idea of stake in conformity is important and relevant to the research on batterers intervention programs (Feder & Dugan, 2002).

The motivation to change also has to be present. An offenders motivation helps to predict if the batterers will be successful in completing the BIP. Enhancing these offenders motivation to change has become a main focus of research on BIPs lately. Increasing the batterers involvement with the BIPs will help to keep them in the program longer and could also have positive effects on recidivism (Bennet et al., 2007).

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Perilla and Perez (2002) found evidence that shows that Latino batterers will complete the program more often than other batterers. The reason why Latinos may complete these BIPs at a higher rate are; these batterers are usually dealing with immigration issues and also may have very strong ties to the community they live in. There have been modifications in some BIPs to address this issue of the special sense of community that Latinos have (as cited in Bennett et al., 2007). Latino communities reach much farther beyond the geographical location they may live in and is quite different than what is normally thought as a community. Having culturally based BIPs could capitalize on the elevated sense of community and family of these Latino men (Gondolf & Williams, 2001). Which could make one wonder if these programs were designed according to the ethnic and cultural backgrounds of the batterers would they be more successful in increasing the completion rate and reducing the recidivism rate?

Recommendations

A quasi experimental trial was done on a 6 week motivation enhancing intervention program for batterers highly resistant to interventions. The study of 141 (29%) highly resistant batterers that had been identified from a sample of 486 men referred to a large Batterers Intervention Program (BIP) . The resistant batterers were given a choice to either attend a standard intervention which would last 16 weeks or a more intensive 6 week motivation enhancing program followed by 10 weeks of customary intervention. Observation of counselor behaviors established noteworthy changes in the rates of hostility across the groups. Studies of the immediate program provided some support for the value of motivation enhancing intervention. After controlling for demographic and daily life related forecasters of attrition, involvement in this specialized group still reduced the odds of dropout by almost five times. Resistant abusers whom attended the specialized intervention completed it at a considerably

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greater rate (84.2%) than both resistant clients in regular intervention (46.5%) and the willing participants (61.1%). By looking at the results of this study shows the effectiveness of motivational interviewing. There is also a strong link between participants completing the program and future reoffending and it gives hope that these MET programs will reduce recidivism (Scott, King, McGinn, & Hosseini, 2011).

In a 2009 roundtable meeting of experts, in the field of batterer intervention, the specialists identified seven key elements of what a BIP model should include: 1) connecting with other individuals and groups to increase the accountability and offer a variety of services; 2) working diligently with court and probation services to keep track of court-ordered referrals; 3) building a solid program infrastructure, which would entail the continued training and command of staff and executing policies that are consistent with best practices; 4) the ability to move beyond legal sanctions in corresponding community reactions; 5) creating interventions through the input of adult survivors and their children; 6) using risk assessment and risk management; and 7) educating men as adolescents so they can be better parents and partners (Carter, 2010).

Even though there has been many efforts by BIP practitioners to reach an agreement on what would make BIPs successful, there seems to be a struggle in definitional variances for many of the key program theories. There was no consensus between practitioners as to the role that BIPs were supposed to play, what it would mean to hold men accountable for their battering, or to figure out what the primary causes are for violence against women. Since there has not been any agreement in this field over those key areas, there has not been any consistency within these batterers programs, the ability to design any type of program measures or evaluations, or even be able to refute criticism from other disciplines (Carter, 2010).

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Research results on the success of BIPs range from little or no effect to considerable decreases in violent behavior by those participants that complete these BIPs. Having these conflicting research findings makes it quite confusing for judges, probation officers, and other service providers that refer men that batter to these BIPs. Many judges still refer batterers to these BIPs because there are very few alternatives in most cities or towns. Some judges do not believe that these BIPs are successful so they order abusive men to attend programs such as anger management classes or individual or couples therapy. In some areas throughout the country the BIPs have ceased to exist because of the lack of referrals from the court systems (Carter, 2010).

Many BIP practitioners do see positive results in those that participate in the program and there are practitioners that believe the research on BIPs does not give an accurate picture of how effective these programs can be. Specialists also feel that these programs are successful, especially because they have to run on a very tight budget. What most communities do not know or understand is the fact these programs are not state or federally funded. This creates a major burden on those that are from low-income families (Carter, 2010).

Men of color and poor men that commit this type of violence are the ones most likely to be brought to the attention of the criminal justice system (Carter, 2010). In many urban areas, African American men are the ones that comprise half of the men arrested for domestic violence. They also make up half of the men that are referred to BIPs. The drop out rates for African American men are considerably higher than Caucasian men that attend the same programs. African American researchers and practitioners that study and work on domestic violence have noted that the normal cognitive behavioral programming does not work for African American males because generally these men have grown up in homes that DV has occurred or have lived

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in neighborhoods where DV is prevalent . Experts feel that the programs have to be revamped to improve the outcomes for these black men. The National Institute on Domestic Violence and the African American Task Force on Violence Against Women of New York City believe and endorse a more “culturally-focused” counseling program for those African American men that have been arrested for domestic violence. “Culturally-focused counseling” is a more controlled and orderly approach to addressing cultural variances than what is frequently discussed as “culturally sensitive” or “culturally competent” counseling, and it is the method most likely to show positive effects on batterer intervention program outcomes (Gondolf, 2007).

If communities would come together in a coordinated way they could reach more men who are abusers and offer them a wide array of needed resources such as; parenting/fatherhood classes, substance abuse treatment, work training, and post-prison reentry. A few of the practitioners attending the roundtable meeting said men need to be held accountable by community members like probation officers, pastors, extended family, peers, and even substance abuse counselors seem to have greater success in changing their controlling behavior and ending the violence. BIPs have to be more attuned to what their local communities need, so they can coordinate and design their programs to be able to service their communities in more culturally appropriate ways. Risk assessment and management can definitely help to increase the safety of adult victims and the children and can also allow these BIPs to customize and tailor these interventions (Carter, 2010).

Some participants brought up the fact that BIPs need to be unified and have strategic responses in place to meet the current demand for evidence-based practices, the ability to reach the public and tell them about the BIPs, and provide messages about the effectiveness of the BIPs and how they can be customized to specific audiences. Other participants commented that

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they felt that BIPs are on the right track, but they need to have more practice driven research, better communication about what practices do work, better and stronger collaboration with community partners and leaders, and have consistency when implementing best practices across the entire field (Carter, 2010).

Conclusion

The research gathered for this paper shows that domestic violence has been perpetrated throughout the years. For many of those years, a blind eye was turned to this type of violence by law enforcement, court systems, and society in general. Within the last 40 years domestic violence has been brought to the forefront and has gained national exposure. Communities, law enforcement, and the court systems have finally recognized the problem and have started to take actions against this type of violence. Still in other countries IPV is not recognized or perceived as a violation of women's rights. Everyone involved with domestic violence is affected negatively in one way or another. Violence is a learned behavior and domestic abuse can be passed on throughout generations. When there are more participants who fail to complete the batterer's intervention programs than those who succeed to complete the programs something has to be done to better serve our communities. The research shows that BIPs need to be customized to fit the cultural backgrounds of the perpetrators, so that they can be successful in changing the thoughts and behaviors of those participants. This study's purpose is to bring awareness to the field of domestic violence that the current programs are not working as once thought and that attitudes have to change about the structure of these batterers intervention programs.

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