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Counseling psychology has a unique and important role to play in the reduction and elimination of interpersonal violence. This article provides a context for furthering preventative efforts within counseling psychology specifically aimed at ending and/or mitigating the effects of male violence against women. A brief discussion of social and cultural considerations in prevention is presented. Suggestions for involvement at five levels of prevention (stopping male violence from ever occurring; delaying the onset of abusive behavior; reducing the impact of men's violence; strengthening knowledge, attitudes, and behavior promoting healthy relationships; and supporting institutional policies that promote healthy relationships) are provided. Future directions in training, funding, research, and employment for the counseling field are suggested.

Since the early 1970s, when men's violence against women became a focus of the women's movement, active efforts on behalf of victims have generated clear and significant social, political, and legal changes supporting victims of domestic abuse. More than 1,500 community-based programs have been started by survivors of domestic violence and their supporters (Stark & Flitcraft, 1996). Legal options have become available for battered women, including contacting police and making a report, filing criminal charges with a city or county attorney, and seeking an Order for Protection (OFP), which can exclude the perpetrator from someone's home, workplace, or surrounding areas.

On the public policy front, the current and past surgeon generals of the United States and the Public Health Objectives for Healthy People 2000 have described family violence as an epidemic and have called for more efforts to screen, treat, and prevent further violence (Poirier, 1997). The Violence Against Women Act (VAWA) was passed in 1991 to provide funds to states for law enforcement and victim services, to initiate proarrest policies, and to educate law enforcement officers, prosecutors, judges, and medical personnel (Barstow, Urbaniak, & Holland Zaroch, 1999).

Within psychology, the American Psychological Association (APA) recently supported the development of a guide detailing warning signs of violent behavior and a television special on youth and violence. In addition, the

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APA Council of Representatives adopted a resolution on Male Violence Against Women in February, 1999, promoting public policy initiatives in research, prevention, and intervention areas. They recommended legal and legislative reform, expansion of training for psychologists in assessment and treatment of victims of violence, dissemination of materials on violence against women, and greater collaboration with legal, medical, and professional disciplines to prevent violence against women (Levant, 1999).

These national policy and legislative developments have begun a momentum within U.S. society and the field of psychology to turn back the tide of domestic violence. Active involvement on the part of counseling psychologists to join these efforts to change the course of violence and women battering is sorely needed. The goal of this article is to provide a context to generate preventive efforts within counseling psychology aimed at ending and/or mitigating the effects of male violence against female partners.

Although gender differences concerning relationship violence have been debated, estimates are that the majority of physical assaults by adult intimates or spouses are committed by men against women (Browne, 1987; Jacobson et al., 1994). National crime victimization survey reports indicate that 10 times as many women as men say that they had been victims of intimate partner violence serious enough to be considered a crime (Bachman, 1994). Hence, this article will refer to women when discussing victims of abuse, although recognizing the importance of ending all forms of intimate partner violence, including that which occurs in same-sex intimate relationships. In addition, due to the limited scope of this article, I will focus exclusively on battering and domestic violence, excluding the substantial body of literature on acquaintance rape and its prevention.

First, I will begin with some background, definitions, a brief discussion of research on men who batter, and social and cultural considerations in prevention in order to establish a context for prevention efforts. Next, recommendations for counseling psychologists' involvement at five levels of prevention (stopping male violence from ever occurring; delaying the onset of abusive behavior; reducing the impact of men's violence; strengthening knowledge, attitudes, and behavior promoting healthy relationships; and supporting institutional policies that promote healthy relationships) will be presented. Several recommendations are made to further interdisciplinary prevention efforts. Finally, future directions aimed at furthering prevention efforts within counseling psychology are suggested, including the areas of training, funding, research, and employment.

BACKGROUND AND DEFINITIONS

Preventive efforts within counseling psychology need to be based on accurate knowledge about the prevalence, severity, and outcomes of violence against women by male intimates. The incidence of intimate male violence is distinguished from many other traumatic events (e.g., natural disasters) by its tendency to occur multiple times, over an extended time period, and within a familiar place normally regarded as safe: the home. Estimates are that between 21% and 34% of all women are physically assaulted by an intimate male during adulthood (Browne, 1993), with 60% of all female homicides attributable to domestic abuse (DelTufo, 1995). Battering has been shown to be responsible for more injuries to women than automobile accidents, rapes, and muggings combined (Woods & Campbell, 1993). More than 2 million women experience severe intimate partner assault (e.g., punched, kicked, choked, hit with an object, beaten up, or threatened with a knife or gun) during an average 1-year period in the United States (Straus & Gelles, 1989). Finally, the impact of intimate partner violence is reflected in the estimated average cost for medical services provided to battered women, children, and the older persons, adding up to $1,633 per victim each year, yielding a total annual cost of $857.3 million (Meyer, 1992).

Abuse Defined

A number of theorists have used the terms *abuse* or *domestic violence* to refer to the use of physical force by someone against his or her intimate partner (e.g., Bograd, 1988; Gelles & Straus, 1988). The term *abuse* is used interchangeably with the terms *battering* and *violence* in this article and is employed to refer to a range of physical, verbal, or sexual acts that are experienced as hurting or degrading and that include elements of control or abuse of power by the person committing the violence (Koss et al., 1994).

Prevention Defined

The conceptual framework for this article is adapted from the definition of prevention described by Romano and Hage (2000 [this issue]) in the lead article of this major contribution that addresses prevention and counseling psychology. When referring to "prevention" in this article, I am referring to one or more of the five dimensions listed by Romano and Hage, which when

adapted to prevention of male violence against female intimates, include the following:

1. Stopping (preventing) male violence against female partners from ever occurring (primary prevention).
2. Delaying the onset of abusive behavior, especially among children and adolescents who are at-risk of violence (secondary prevention).
3. Reducing the impact of men's violence against women through programs and interventions preventing further abusive behavior in men (tertiary prevention).
4. Strengthening knowledge, attitudes, and behavior that promote healthy relationships between men and women and encouraging cooperation, mutuality, and nonviolence through various types of programs and interventions, including those strengthening women's sense of agency and resiliency.
5. Supporting institutional, community, and government policies that promote healthy relationships between men and women, which foster a sense of community, appreciation for diversity, and peaceful resolution of conflict.

Before elaborating on each of these dimensions, a brief discussion of the research on men who batter and social and cultural considerations in prevention is presented.

Men Who Batter

To effectively intervene to prevent male violence against women, it is important to understand the factors that contribute to abusive behavior. A lack of clarity in the literature regarding why men batter women is a major obstacle in understanding men's abusive behavior (Lenton, 1995). Most studies on male abusive behavior identify factors that correlate with abuse in samples of abusive and nonabusive men (Hanson, Cadsky, Harris, & Lalonde, 1997; Holtzworth-Monroe, Bates, Smutzler, & Sadin, 1997; Hoteling & Sugarman, 1986; Saunders, 1992). A fairly consistent set of factors have been identified.

Abusive men, in comparison to nonabusive men, have higher rates of violence during childhood (both as victims and perpetrators), more use of alcohol, lower occupational and educational attainment (Hanson et al., 1997; Hoteling & Sugarman, 1986), higher rates of distress, more marital maladjustment, higher rates of personality disorders (particularly borderline and antisocial), attitudes more tolerant of spouse assault, and a higher range of impulsive behaviors (impulsive violence, substance abuse, motor vehicle accidents) (Choice, Lamke, & Pittman, 1995; Dutton & Starzomski, 1994; Hanson et al., 1997; Holtzworth-Monroe et al., 1997; Saunders, 1992). Furthermore, batterers most likely to commit severe violence tend to have exten-

sive criminal histories, highly abusive backgrounds, and unstable lifestyles (e.g., frequent unemployment, multiple short-term relationships) and to commit violence both inside and outside the family (Saunders, 1992). Finally, Ryan (1998) notes higher levels of aggression in physically and sexually aggressive men who engage in both types of behaviors, compared with those who use only one. In sum, these studies characterize men who batter as living a lifestyle distinguished by anger, violence, and subjective distress (Hanson et al., 1997).

Social and Cultural Considerations

Consideration of the social and cultural context is also critical in designing effective prevention interventions (e.g., perceptions of and causal attributions, for events may be context-specific). Indeed, feminist analysis has highlighted the complex and powerful role of social factors in creating a context for violence against women (Bograd, 1988; Walker, 1989). Violence and the threat of violence reinforce and maintain traditional socialization and cultural assumptions supporting the control of women by men. Straus (1976) identifies a number of assumptions of the dominant culture in the United States that support and encourage violence against women: (a) a belief in the legitimate authority of men over women, (b) the idea that male aggressiveness demonstrates male identity, and (c) the role as wife and/or mother as the preferred identity for women (leaving the role of economic provider for men). These traditional values may provide the foundation for self-blame and economic dependence for many battered women.

Also, Barnett and LaViolette (1993) cite evidence that traditional theologies may contribute to the victimization of women by claiming evidence that God ordains patriarchy. Dutton (1994) adds nuance to this discussion by arguing that patriarchy does not directly elicit violence. Rather, Dutton argues, it interacts with psychological variables (e.g., personality disorders) to provide the values and attitudes that personality-disordered men use to justify their abuse. Although feminists like Bograd (1988) appear to differ with Dutton (1994) on the directness of the role of patriarchy in women battering, both highlight the nature of violence within relationships as a gendered social act.

Prevention interventions also need to consider how the experience of being a person with lower income affects women survivors. According to Dill and Feld (1982), the life of low-income persons is characterized by an unusually high level of stress-producing situations, many of which are unresolvable or out of their immediate control. It is further distinguished by limited resources and few perceived or real options for coping effectively. These difficulties, as Dill and Feld suggest, may contribute to a belief on the part of female victims

that they lack control over their environment, destroying their motivation and sense that they are able to hold their lives together. Such chronic stress often leaves these women with little time or energy to appraise and make sense of experiences. In sum, this collection of stressors may significantly undermine the survival processes of women.

In addition, prevention interventions must consider how the experience of being a person of color affects both perpetrators of abuse and women survivors. Few of the studies addressing male violence against female partners focused on racial and ethnic minority groups. In fact, much of what has been written about cultural dimensions of women and battering has been anecdotal. Coley and Beckett (1988) found only four citations that mentioned African American battering in a computerized search of sociological and psychological abstracts for the years 1967 to 1987. In a similar computerized search for the years 1988 to 1999, I found only 15 citations that mentioned African American or Black battering, compared to hundreds of citations addressing male violence against female partners in general.

Critical differences between women of color and White women in battering relationships have been identified in the literature. For example, when compared to White women, Black women are more likely to fight back, leave abusive men and return to them, tolerate the abuse longer, and be more reluctant to make use of domestic violence and other social services (Joseph, 1995). Coley and Beckett (1988) point to research indicating that women of color are less likely to use formal community organizations, may be less apt to seek shelter services or assistance from human services professionals, and are more likely to turn to medical care systems and informal networks for help (e.g., churches, family, and friends). Institutionalized racism has been described as a possible explanation for the reluctance of some women of color to make use of social services and other institutional resources in addressing domestic violence (Brice-Baker, 1994). Poverty has been noted as an additional obstacle for many women of color, reducing their options for leaving (Sullivan & Rumptz, 1994).

In training and educating professionals about male partner violence, counseling professionals need to make others aware that victims may have fears about contributing to the stigmatization and stereotyping of people of color when seeking services and hold perceptions of helping professionals as insensitive to the racial and cultural contexts of their lives (Asbury, 1993; Kanuha, 1994). Also, services for people of color need to be developed that go beyond helping the individual victim. Kanuha (1994) reports anecdotal evidence suggesting that part of the reluctance battered women of color have about seeking help from professional service providers is related to providers' almost exclusive focus on service to the battered woman, to the exclusion of the needs of other family members (e.g., children and extended kin). The

importance of the extended family may be a significant difference in the organization of community life, which needs to be taken into account when designing and initiating prevention interventions.

A final social and cultural variable to consider is the broader context of violence or "disconnection" (Miller & Stiver, 1997) that exists in our society and in the family. Cultural, familial, and interpersonal factors exist that act to increase one's vulnerability to violence in relationships (Wolfe, Wekerle, & Scott, 1997). These factors include cultural messages that glorify violence and abuse, the occurrence of child abuse within families, and negative influences in school and peer groups.

One illustration of glorified cultural messages that may increase one's vulnerability to violence in relationships is media violence. An analysis of 18 hours of television programming by the Center for Media and Public Affairs revealed close to 2,000 incidents of violence, ranging from property destruction (95) to serious assaults (389) (Lichter & Amundson, 1992), taking place during a typical 3-day period of television watching (the average American watches 6 hours of television per day). Lore and Schultz (1993) have concluded that the media has become a natural form of violence promotion. Violence appears to be promoted through a number of processes, including modeling, cognitive scripts, arousal, and desensitization of inhibitory emotional responses. Although the research in this area is not entirely consistent, evidence suggests that viewing violence (e.g., through video games or television) does increase aggressiveness, and such aggressiveness may be long-term (Dill & Dill, 1998; Hess, Hess, & Hess, 1999; Zillman & Weaver, 1999). Huesmann and Eron (1986) found that the amount of aggression viewed by children at age 10 predicted their levels of aggression at age 30.

In closing, awareness of the impact of each of the above dimensions (gender, social, and racial and/or ethnic identity and the broader social context of violence) is crucial in designing effective prevention interventions. These intersecting dimensions represent a sociocultural context that helps explain the nature of violence, the influence of oppressive forces in increasing one's vulnerability to violence, and how women and men become entrapped in a violent cycle in their relationships. These dimensions also provide an important nuance to an understanding how certain groups of women react to violence.

PREVENTION OF MALE VIOLENCE AGAINST FEMALE INTIMATES

Although APA's recent resolution on Male Violence Against Women (Levant, 1999) points the way for collaborative violence-prevention initia-

tives within psychology in each of the five prevention dimensions referred to earlier in the article, counseling psychology has focused almost exclusively on interventions and treatments for batterers and their victims (tertiary prevention). The areas of primary prevention and early intervention (secondary prevention) have been mostly ignored (Perez & Rasmussen, 1997). At the same time, as noted in the lead article by Romano and Hage (2000), a momentum has begun within the counseling field supporting a renewed focus on prevention initiatives and health promotion strategies that strengthen knowledge, attitudes, and behavior that promote healthy relationships and foster community at the individual, group, and systems levels. A brief definition of each of these dimensions of prevention will be provided below, along with examples of prevention initiatives and possible directions in which to further advance violence prevention efforts.

Stopping Male Violence Against Female Intimates Before It Occurs

Primary prevention is aimed at reducing the prevalence of psychological problems or disorders by decreasing the incidence of new cases. This effort is accomplished by making interventions that promote mental or psychological health available to all members of an identified group or population (Caplan, 1964). School-based dating violence prevention programs are an important focus of efforts to prevent male violence against female intimates.

A number of school-based, universal programs designed to prevent relationship violence in children and adolescents exist (Avery-Leaf, Cascardi, O'Leary, & Cano, 1997; Becky & Farren, 1997; Foshee et al., 1996; Hammond & Yung, 1991; Jaffe, Sudermann, Reitzel, & Killip, 1992; Jones, 1991; Lavoie, Vezina, Piche, & Boivin, 1995; Macgowan, 1997; Rosen & Bezold, 1996). Many of these programs are reviewed by Wekerle and Wolfe (1999). Without repetitively reviewing them and others addressing violence-prevention programs for youth (e.g., Wilson-Brewer, 1991), a discussion of factors gleaned from this literature about what makes these dating violence prevention programs effective will be presented in order to inform future prevention efforts.

The following recommendations for relationship violence prevention programs are drawn from one or more existing programs found in the literature. First, programs should begin with an assessment of existing levels of dating violence and involve youth in curriculum development and evaluation processes (e.g., Avery-Leaf et al., 1997; Wolfe et al., 1996). Second, content of the programs should be culturally sensitive and include material aimed at preventing violence among culturally diverse youth (e.g., Hammond & Yung, 1991). As stated by Klein, Campbell, Soler, and Ghez (1997), programmatic

efforts directed at violence prevention need to incorporate "intimate knowledge of and respect for the cultural heritage of the participants" (p. 85). Third, prevention curriculum should include both didactic activities (e.g., definitions of abuse) and skill development (e.g., positive communication, assertion, anger management) (e.g., Foshee et al., 1996; Macgowan, 1997; Rosen & Bezold, 1996). Fourth, follow-up services (e.g., support groups) should be provided for those completing the program (Foshee et al., 1998). Finally, program evaluation should be thoughtfully conducted (e.g., random assignment of participants, as appropriate; multiple assessment points across intervention; follow-up; and qualitative measurement of the process of change) (Macgowan, 1997; Wekerle & Wolfe, 1999).

These guidelines are based on preliminary outcome data from programs reporting significant, favorable changes in attitudes concerning dating violence (Avery-Leaf et al., 1997; Foshee et al., 1998; Lavoie et al., 1995; Macgowan, 1997; Rosen & Bezold, 1996), knowledge about relationship violence (Jones, 1991; Macgowan, 1997), and behavioral intentions in dating violence scenarios (Jaffe et al., 1992). A number of factors limit these results. These changes were based on self-report measures and sustained at short follow-up assessments (e.g., 6 weeks). Most studies used a quasi-experimental design. Hence, these guidelines are suggestive only, because these programs are undergoing development and evaluation (Wekerle & Wolfe, 1999). In sum, these programs need to be replicated and further studied. School-based helping professionals are uniquely positioned to reach a large proportion of children and adolescents in responding to the need for dating violence prevention program development and evaluation.

Delaying the Onset of Abusive Behavior

Secondary prevention efforts aim to decrease the prevalence or delay the onset of abusive behavior by targeting specific individuals at risk of becoming either perpetrators or victims of relationship violence. Two of the most important groups of individuals targeted for interventions to delay the onset of problem behavior, or buffer the effects of intimate relationship violence, include children and adolescents who witness such violence in their homes.

Children exposed to interparental violence. One of the most important groups of individuals to be targeted for secondary preventions include the estimated 3.3 million to 10 million children exposed to intimate relationship violence annually (Barnett, Miller-Perrin, & Perrin, 1997; Carlson, 1984). Kalmus (1984) and others (Feldman, 1997; Sudermann & Jaffe, 1997; Tifft, 1993) found boys who witness their fathers battering their mothers to be significantly more likely to use violence themselves.

The psychological effects on children who witness domestic violence are well documented in clinical case reports and empirical studies (Alessi & Hearn, 1998; Carlson, 1996; Echlin & Marshall, 1995; Fantuzzo & Linquist, 1989; Holden & Richie, 1991; O'Keefe, 1994; Sternberg, 1993). These children tend to be at risk for internalized (e.g., withdrawal, anxiety, somatic complaints) and externalized (e.g., aggressive actions and delinquency) behavior problems (Carlson, 1996; Holden & Richie, 1991; O'Keefe, 1994; Sternberg et al., 1993). Alessi and Hearn (1998) note that shelter children, ages 2 through 17, tended to be more aggressive in solving problems and with each other, to use abusive language, to exhibit a high degree of anxiety, to somaticize their feelings, and to verbalize feelings of responsibility for the parental conflict and separation.

Intervention on behalf of children exposed to violence is emerging as one of the newest areas of early intervention, with most programs concentrating on children who find themselves in shelters for victims (usually their mother) of domestic violence (Alessi & Hearn, 1998; Jaffe, Wolfe, & Wilson, 1990). These programs for child witnesses to domestic violence focus on prevention, support, and education, (Grusznski, Brink, & Edleson, 1988; Hughes, 1982; Peled & Davis, 1995; Ragg & Webb, 1992). A model developed by Wilson, Cameron, Jaffe, and Wolfe (1986) illustrates how counseling professionals might address the psychological effects of witnessing violence through teaching positive coping and problem-solving skills. In their model, children between the ages of 8 and 13 meet for 10 weekly sessions that are focused on learning how to label feelings, how to deal more effectively with anger, and how to keep themselves safe in conflict situations as well as on skills promoting social competence. In addition, facilitators help children to understand the nature of family violence and to separate themselves from responsibility for parental violence. Whether programs such as this one can overcome the forceful developmental trajectory that is often formed by children witnessing violence in the home is a question that has yet to be answered empirically in the literature. Existing research is restricted to study of the emotional and behavioral effects of witnessing violence, as previously reviewed. Counseling psychologists need to pair with practitioners and child advocates in evaluating such programs, including longitudinal study, and using both quantitative and qualitative methodologies.

Adolescents exposed to interparental violence. Another group of individuals that need to be targeted for secondary preventions includes adolescents exposed to interparental violence. Little research exists on adolescents exposed to interparental violence or on effective treatment interventions, perhaps partly due to the fact that adolescents often do not accompany their

mothers to shelters (O'Keefe & Lebovics, 1997). Information that is available on the effects of interparental violence notes a positive relationship between witnessing such violence and aggression toward parents, running away, delinquency, and suicide (Carlson, 1990; Elze, Stiffman, & Dore, 1996; Grusznski et al., 1988). In addition, numerous studies indicate that witnessing interpersonal violence places individuals (especially males) at higher risk of becoming either a perpetrator or victim of violence against women, both in their dating relationships and in their marriages (DeMaris, 1987; Foo & Margolin, 1995; Gwartney-Gibbs, Stockard, & Bohmer, 1987; Kalmus, 1984; O'Keefe, 1997).

An excellent example of a program that targets at-risk youth, ages 14 to 16, who are in danger of becoming either perpetrators or victims of violence against women, is the Youth Relationships Project (YRP), funded by the Canadian National Health Research Development Program (Wolfe et al., 1996). This program also integrates several of the recommendations for relationship prevention programs previously discussed under primary prevention. Program developers believe the period of mid-adolescence offers a valuable "window of opportunity" because it is the period of development that can change the direction of current and future relationships (Bethke & DeJoy, 1993; Wolfe, Wekerle, & Scott, 1997).

The YRP participants are identified through human services professionals, such as child protection workers and school counselors, and have a history of witnessing disruption and/or violence within their families. The YRP intervention consists of (a) education about gender-based violence (e.g., myths and facts of woman abuse) and (b) skill development and social action (e.g., communication, personal responsibility, assertiveness) delivered to groups of 12 participants during 18 weekly 2-hour sessions.

The project is in its 5th year of evaluation, with more than 200 teens currently involved (in addition to controls) and a 2-year follow-up near completion (Wolfe, personal communication, April 18, 2000). Evaluation criteria include both the absence of violence or abuse and improvement on designated relationship indicators. Participants were randomly assigned to groups. Preliminary data comparing males and females in the intervention and control groups on the degree of abusive behavior toward dating partners has shown encouraging results. Measures taken immediately following the 4-month treatment indicated that treatment reduces offending behaviors in males (0% treatment vs. 9% control; $p < .05$; $n = 117$) and females (26% treatment vs. 36% control; $p < .05$; $n = 117$) and reduces victimization for females (32% treatment vs. 40% control) (Wolfe, Wekerle, & Pittman, 1998).

These preliminary results need to be seen in the context of other research finding physical and sexual coercion within dating relationships ranging

between 10% and 59% of high school students (Foshee et al., 1996; O'Keefe, 1997; Roscoe & Kelsey, 1986; Sudermann & Jaffe, 1993; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998). It may seem surprising that females in the control group reported the highest rate of offending behaviors; however, from a developmental perspective, gender differences are often less evident in adolescent relationships than with adult relationship violence (Wekerle & Wolfe, 1999). A normative interactional style, characterized by "surface aggression" (e.g., pushing, shoving, teasing), appears to serve as a rudimentary means of maintaining intimacy and resolving conflicts for adolescents (Laursen & Collins, 1994). At the same time, adolescent girls, similar to adult women, endure more intimate-relationship violence-related injuries than males (Foshee, 1996), with the increased potential for such violence to generate fear and coercive control (Jacobson et al., 1994). Hence, prevention activities must strive not only to reduce the frequency, intensity, and duration of violent behaviors but also to focus on establishing a positive relationship dynamic (Wekerle & Wolfe, 1999).

Although further research is needed to establish the effectiveness of YRP, the program is an example of a thoughtfully designed intervention, emphasizing health promotion and building on participants' strengths (e.g., communication and problem-solving skills) rather than areas of deficit (e.g., undesirable patterns of conflict resolution). These aspects make the YRP program stand out among other youth prevention efforts. Potential risk factors (e.g., family-based problems such as an experience of abuse or neglect) are identified and targeted before they develop into negative traits, whereas positive behaviors (e.g., skills for nonviolent, healthy relationships) are encouraged (Wolfe, Wekerle, & Scott 1997). Their efforts are also predicated on the view that "violence in relationships develops over time and is affected by many interconnected layers of influence" (Wolfe, Wekerle, & Scott 1997, p. 116).

Reducing the Impact of Men's Violence Against Women

Tertiary prevention programs are designed to reduce the impact, duration, and consequences of men's violence against women. One area that is significant in reducing the impact of men's violence against women includes programs for men aimed at preventing further abusive behavior.

Counseling and social service professionals have been significantly involved in the early identification and treatment of men's abusive behavior for quite some time. A number of programs and theoretical models targeting potential perpetrators of male violence against female partners have been presented in the literature (e.g., *Men Helping Men With Anger*, Decker, 1999; *Intervention With Men Who Batter*, Edleson & Tolman, 1992; *Men Who Batter*, Gondolf, 1992; *Amend*, Lindsay, McBride, & Platt, 1993; *Education*

Groups for Men Who Batter: Duluth Model, Pence & Paymar, 1993; "Prevention of Abuse Program," Perez & Rasmussen, 1997). These programs vary in terms of underlying philosophy, operational aspects (e.g., court-mandated or self-referred), and length, ranging from 6 to 32 weeks. Several have a profeminist orientation (Edleson & Tolman, 1992; Gondolf, 1992). Most consist of group treatment for men who have a history of difficulty handling anger (e.g., verbal explosions, controlling behavior, emotional and verbal abuse). Group sessions incorporate interaction and sharing among participants, written assignments, and psychoeducational presentations. Men may be taught self-care strategies to improve self-esteem and overcome shame; how to identify and express feelings respectfully, including anger; how to change controlling attitudes and behavior and move toward empowerment; how to use other group members for support; and skills in stress management, conflict resolution, positive self-talk, assertiveness, and parenting (Decker, 1999). Some programs incorporate family intervention (e.g., Edleson & Tolman, 1992). The groups may be led by counseling professionals or volunteers trained and supervised by counseling professionals. The Duluth Model (Pence & Paymar, 1993) is the most widely used curriculum among court-mandated programs across the country. The curriculum includes role plays and instruction for addressing men's tactics of control.

One major concern with group treatment programs for men is that drop-out rates tend to be high (Gelles, 1997). In addition, evaluation of the efficacy of these programs is often absent or lacking rigor. Hence, we do not know whether such programs are effective and what length of treatment is effective. In addition, outcome measures may focus on self-reported frequency of violent acts, help-seeking behavior, or increased awareness. A more accurate picture of reassault needs to include reports from female partners about rates of reassault, verbal abuse, and threats. A further defect of these prevention efforts is that they likely occur too late, after a pattern of coercion and abuse in relationships has formed.

A comparative multisite evaluation of four "well-established" batterer programs in geographically distributed cities was conducted by Gondolf (1997, 1999). Researchers compared the pattern of reassault among 840 batterers. Nearly half of the men who reassaulted (39% from batterer's report plus arrest record) did so within 3 months of program intake. "Voluntary" participants and program dropouts were significantly more likely to reassault (44% and 40%, respectively), compared to court-mandated batterers (29%). There were no significant differences in reassault rates across the four sites. Gondolf (1997) concluded that well-established batterer programs appear to contribute to a short-term cessation of assault in the majority of batterers. However, without appropriate control or comparison groups, it is difficult to generalize from these findings. Additional research using appropriate control

groups and long enough follow-up periods to determine the effectiveness of programs is needed in designing or reformulating interventions to reduce the impact, duration, and consequences of men's violence against women.

Strengthening Knowledge, Attitudes, and Behavior That Promote Healthy Relationships

Several of the prevention efforts already mentioned overlap with this fourth dimension: strengthening knowledge, attitudes, and behavior that promote healthy relationships. As mentioned by Romano and Hage (2000), this dimension and the next one are conceptualized within a "risk-reduction" framework. For example, the YRP is a risk-reduction program aimed at reducing the vulnerability of "at-risk" youth to developing or falling victim to abusive behavior by teaching them new behaviors, attitudes, and skills. Psychoeducational programs for men who have difficulty handling anger train men in new ways to care for themselves, manage feelings, change controlling attitudes and behavior, and move toward empowerment. Finally, efforts to strengthen the resiliency of women who are battered by developing their access to resources (e.g., spirituality and social support) and buffering the effects of intimate relationship violence also fit within the fourth prevention dimension. This latter focus on women's resiliency reflects a broader conceptualization of prevention mentioned in the Romano and Hage article, which includes efforts to reduce the potential for distress by strengthening abilities to withstand risks, in this case related to the experience of intimate partner abuse. A discussion of some elements of a resiliency focus will be presented in this section.

A focus on research and programs to strengthen women's sense of resiliency is a newly emerging area within the counseling field. Such research builds on earlier studies addressing resiliency processes in children at risk (e.g., Garmezy, 1993; Werner & Smith, 1992). A few studies have begun to center on risk and protective factors that might create resiliency in some battered women (e.g., Astin, Lawrence, & Foy, 1993; Hage & Bushway, 2000; Kemp, Green, Hovanitz, & Rawlings, 1995). Most of these studies focus on identifying protective factors that reduce the likelihood of a post-traumatic stress disorder (PTSD) diagnosis, with the goal of ameliorating the effects of abuse in women. This work builds on research that indicates that a PTSD diagnosis may be the best conceptual framework available for understanding how women respond to their abuse. Battered women have been shown to be at high risk for PTSD (estimates range from 45% to 84%), perhaps even greater if they have experienced previous trauma (Astin, Ogland-Hand, & Coleman, 1995; Cimino & Dutton, 1991; Hage & Bushway, 2000; Kemp et al., 1995;

Kemp, Rawlings, & Green, 1991; Saunders, 1994; West, Fernandez, Hillard, & Schoof, 1990).

A study by Astin et al. (1993), using self-report measures with 53 women, found that positive factors such as social support, religiosity, and positive life events may serve as a "resource pool" on which an individual can draw during posttrauma adaptation. Kemp et al. (1995) note that the strongest predictors of PTSD symptomology are disengagement coping (e.g., wishful thinking, social withdrawal, self-criticism), followed by negative life events, the severity of the battery experience, and perceived social support. Finally, a study by Hage and Bushway (2000) revealed that higher self-esteem, social support, hardiness, spiritual maturity, and less physical and psychological abuse were associated with lower PTSD symptomology among a shelter population of battered women.

An additional area of resiliency-related research has focused on strategies women develop to reduce the impact of the violence and protect themselves from injury, sometimes by placating their partners, and/or by "fighting back" (e.g., Bergen, 1995; Dunbar & Jeannechild, 1996; Hage, 1998; Kirkwood, 1993; Lempert, 1996). Lempert (1996) found that abused women in her study employed multiple coping strategies, including impression management techniques, violence-containing methods, and efforts to preserve a sense of agency in the relationship. Similarly, findings of a qualitative study of 14 women residents of a transitional housing program for battered women suggested that women employ active strategies to preserve their sense of self and agency within the conditions of violence (Hage, 1998). Such strategies included efforts to manage and stop the violence, a reliance on faith in God or spirituality, using feelings of anger to generate positive action, finding meaning in their identity as mothers, and a reliance on their own sense of internal strength. Spirituality as a source of strength for battered women in leaving their relationships was also revealed in a study by Dunbar and Jeannechild (1996).

Further research focusing on reducing the impact of men's violence against women by strengthening women's sense of agency and resiliency would provide a useful addition to prevention research. As we learn more about the processes that contribute to women's resiliency, the impact, duration, and consequences of abuse for women may be decreased.

Supporting Social and Institutional Policies That Promote Healthy Relationships

As previously mentioned, the final prevention dimension is conceptualized within a risk-reduction framework and is focused on supporting institutional, community, and government policies that promote healthy relation-

ships between men and women and foster a sense of community, appreciation for diversity, and peaceful resolution of conflict. Whalen (1996) writes that a major flaw in the work of counselors and counseling psychologists is our failure to ground our intervention skills in a social change model. Like Brown (1994), who urges counseling professionals to view our "primary client" as "the culture," she calls on counseling professionals to move beyond an individual client-based approach focused solely on treatment and remediation. Rather, counseling psychologists must also work to shape societal beliefs that contribute to problems, including norms that accept violence as an appropriate response to conflict in families. As Barnett and LaViolette (1993) conclude, "Battering happens because society has somehow given its consent" (p. 8).

The study by Hage (1998) illustrates the need for institutional changes in policies that affect relationships between men and women. In this study, abused women gave examples of (a) judges who failed to hold offenders accountable or take their claims seriously, (b) medical personnel who provided repeated care for injuries and then sent women back to their abusers, (c) clergy who encouraged victims to try harder in their relationships, and (d) shelter staff who indirectly or directly blamed shelter residents for the abuse, often indirectly supporting their return to the perpetrators. In sum, these results point to the failure of service providers and institutions to effectively intervene in abusive situations. The result is that women are victimized both by their abusers and the institutions they turn to for safety and assistance from the effects of the abuse.

The public policy realm is an important area for counseling psychologists to concentrate intimate violence prevention efforts. Psychologists need to be active participants in community, governmental, and school-based planning efforts that address systemic and societal factors contributing to or sanctioning male partner violence. Two examples of national organizations with which counseling professionals might form collaborative partnerships include the Family Violence Prevention Fund (http://www.igc.org/fund) and the National Coalition Against Domestic Violence (http://www.ncadv.org).

Klein et al. (1997) suggested that a lasting change in behavior in the area of domestic abuse will only come about by "a concerted effort to address the public's subtle acceptance of, and turning away from, the problem," while encouraging individuals and communities to take "personal responsibility" for reducing male partner violence (p. 91). Their outcome survey of the There's No Excuse for Domestic Violence national media campaign, launched by the Family Violence Prevention Fund in 1994, revealed a substantial change in public consciousness about domestic violence but little concrete action (Klein et al., 1997). Survey results indicated an increase (9% in 1994 vs. 17% in 1995) in the number of women who publicly acknowl-

edged violence in their lives and suggested a greater willingness on their part to take action (31% in 1994 vs. 52% in 1995). Those who knew victims also indicated a greater willingness to take action (31% in 1994 vs. 41% in 1995) against domestic violence. However, despite an increase in willingness to take action, fully 76% of all respondents in 1995 had not actually done anything about domestic violence in the previous year (Klein et al., 1997). Klein et al. concluded that advocates need to identify and promote simple and effective action steps individuals and communities might take to address domestic violence in order to move individuals beyond increased awareness and behavioral intention to action.

Counseling psychologists need to work with policy makers and legislators to develop specific ways for individuals and communities to make an active commitment to join in preventing or reducing the effects of male partner violence. For example, counseling professionals could join with other service providers (e.g., clergy, medical personnel, social services) in promoting and planning regional and national education campaigns about domestic violence, developing policy, and sponsoring public awareness–raising events similar to such events as Take Back the Night, which address male violence on all levels.

VAWA, first introduced in 1991 by Senator Joseph Biden, is an example of an important national public policy effort that is deserving of support and attention from counseling professionals. This legislation identified a number of key issues that need to be addressed in eliminating violence against women, such as arrest of batterers and those violating protection orders and coordination of domestic abuse programs with the criminal justice, social service, health care, educational, religious, and occupational systems. With this legislation, the federal government also initiated programmatic efforts such as a hotline and victim advocate services and shelter resources (Crowell & Burgess, 1996).

Legislation to reauthorize VAWA (H.R. 1248) was introduced at the end of 1999 and currently has the support of more than 200 members of Congress. Key parts of the VAWA reauthorization include funds to states for law enforcement and victim services and funds to initiate proarrest policies and educate law enforcement officers, prosecutors, judges, and medical professionals. Especially noteworthy for counseling psychologists in the new act is the provision to provide grants through the Department of Justice to graduate training programs, including counseling, psychology, and social work in order to strengthen training in the identification, treatment, and referral of victims of domestic assault. Funds for research to understand the causes of violent behavior against women and to identify effective prevention and intervention programs are also included (Barstow et al., 1999).

An additional public policy area that seriously demands further exploration and action by counseling professionals is that of protecting children from witnessing violent acts in their families (e.g., by increasing awareness of the negative impact on children and policy changes to protect children; Koss et al., 1994). Abusive behavior in front of children is not included in legal definitions of child abuse and is an issue "virtually hidden from public debate" (Barnett et al., 1997, p. 152).

In addition to protecting children from witnessing violence, dialogue and joint policy efforts are needed on several other fronts to reduce the "culture of violence" and prevent the abuse of women. The following areas are possible contributors to violence in society that merit both exploration and examination of alternatives: spanking of children, unlimited access to and possession of guns, corporal punishment in the schools, and the death penalty (Gelles, 1997). Furthermore, gender equity issues in work and family relationships, such as attitudes about how decision making happens in relationships, socialization practices, and media images need to be addressed. Finally, the role of public policy in providing adequate child care opportunities, health care, and economic self-sufficiency (e.g., safe neighborhoods and affordable housing) merit further study (Herzberger, 1996; Whalen, 1996).

PREVENTION INTERVENTION SETTINGS

In this section, various settings in the professional helping network are reviewed, with particular attention to specific ways counseling psychologists might further interdisciplinary prevention efforts.

Schools and Colleges

Primary prevention efforts necessitate beginning at the level of children's exposure to violence, with such programs as problem solving, peace education, and conflict resolution for children and parents. Counseling psychologists need to collaborate with school and college personnel in the development of violence prevention curricula, beginning with elementary school and continuing through postsecondary education. Such efforts are an important strategy to prevent violence against women and need to begin while children's values about men's and women's roles are being formed and to be reinforced throughout their educational experiences. Part of these efforts must also be directed at educating children and youth about media depictions of violence against women (Koss et al., 1994).

As suggested above in the discussion of dating violence prevention programs, school- and college-based violence preventive efforts have been shown

to be effective in changing attitudes, knowledge, and behavioral intentions. Colleges and universities are one of the few settings within counseling psychology where prevention and outreach activities have been expanded (Stone & Archer, 1990). Additional research needs to establish the potential for these programs to create behavioral change.

Key recommendations for relationship violence prevention programs were described previously. Weiler and Dorman (1995) add to this discussion by addressing important elements of promising children's programs: They reflect children's developmental characteristics, address the health concerns of children, and give attention to diverse cultural backgrounds. In addition, strong programs include specific classroom activities aimed at increasing knowledge about healthy relationships, influencing attitudes, and developing life and social skills (Dryfoos, 1990; Weiler & Dorman, 1995). Resources to conduct meaningful evaluation of violence prevention programs in schools and colleges are essential to assess their efficacy. Evaluation efforts can provide information to encourage further implementation of a program, demonstrate the strengths and limitations of a program, and influence the formation of school policy (Flannery, 1998).

Legal Services

Legal interventions, although insufficient alone, are another focus for collaborative prevention efforts. In a national survey of family violence, only 14% of American women who experienced severe violence ever contacted the police (Gelles & Straus, 1988), and only a fraction of these cases (about 13%) ever went to court (Gelles, 1997). Barnett and LaViolette (1993) suggest that the beliefs of "myth, misogyny and misinformation" (p. 38) held by police officers explain why they have been reluctant to get involved in helping battered women. These beliefs include statements such as "if they stay after being beaten, there is no victim"; "it may be the battered woman's fault"; "criminal intervention is not the best solution"; and "it is too dangerous for police to intervene."

Recent research paints a bleak picture of the effectiveness of legal protections (Davis & Smith, 1995). The assumption has been that legal measures may act as a deterrent for potential batterers, reducing the level and incidence of aggression. However, studies raise questions about the effectiveness of restraining orders, especially for those with long histories of abuse by their partners (e.g., Davis & Smith, 1995). Sherman (1992) concluded that restraining orders and arrests can be effective deterrents, but only when used for married and employed batterers who have a stake in conformity.

Counseling psychologists must work to educate police officers about the impact of abuse on women and strengthen law enforcement agencies' com-

mitment and ability to respond effectively to male violence against female partners. By building collaborative relationships with law enforcement, counseling professionals can affect existing policy to make domestic disturbance calls a high priority. In addition, such efforts should include advocacy by counseling professionals for sufficient resources and staff for law enforcement to respond to the epidemic (e.g., resources for outreach and education for women victims aimed at increasing help-seeking behavior, hiring of battered women advocates to team with police officers in assisting victims). For example, psychologists could join with domestic violence groups in urging implementation of full faith and credit protection orders by another state or Indian tribe. Current nonenforcement of this legislation implemented with VAWA 1994 means protection orders obtained by women are not enforceable if they are traveling or relocating across jurisdictional lines.

Counseling psychologists also need to join other professionals in educating judges and legal professionals about women's experience of domestic abuse (Barnett et al., 1997), countering gender and cultural biases, and increasing sensitivity of legal and law enforcement response to victims' needs. A number of legal organizations are available for collaboration with counseling psychologists in furthering the prevention agenda, including the American Bar Association Commission on Domestic Violence (http://www.abanet.org/domviol/home.html); the Battered Women's Justice Project (1-800-903-0111); and the Resource Center on Domestic Violence: Child Protection and Custody (1-800-527-3223; http://www.ncjfcj.unr.edu). In addition, research needs to be directed at further investigation of the effectiveness of various legal measures, including mandatory policies that may put women at further risk and newer models of coordinated systems-level interventions (Gelles, 1993).

Health Services

Male violence against female intimates is the most prevalent cause of trauma treated in emergency rooms, and the detection record of such abuse remains poor (Abbott, 1997). It is estimated that although 30% to 35% of women in hospital emergency rooms are treated for injuries related to battering, the cause of these injuries is identified in only 5% of the cases (Randall, 1990). According to a Commonwealth Fund survey (1993), the majority of women who are abused (92%) do not discuss the incidents with their physicians or anyone else (57%). Several reasons are cited for why violence is so undiagnosed or misdiagnosed by medical personnel. These reasons include insufficient training in medical school, the absence of or failure to follow screening protocols, and a tradition of regarding physical and sexual abuse of women as a private matter (Boes, 1998). Stark and Flitcraft (1988) report

other possible reasons for health providers' minimal efforts to intervene in partner abuse, including the status structure of medicine, the existence of a traditional male bias, and the strict hierarchical organization of medical training.

Counseling professionals have an important role to play in assisting health care personnel to be more responsive to abused victims (Koss et al., 1994). Counseling psychologists need to work within an interdisciplinary framework and in partnership with other community professionals to teach medical personnel how to identify patients who are in abusive relationships or who are at risk of committing violence, make referrals (e.g., to advocates, shelters, and treatment facilities), and intervene early in the abuse cycle to prevent men's violence against women. Such efforts would support health care professionals' and medical organizations' requests for screening for domestic abuse in all women (Caralis & Musialowski, 1997), regardless of socioeconomic status (Poirier, 1997), including those living in rural areas (Johnson & Elliott, 1997). As one of the first entry points for battered women, emergency room personnel need to be trained as advocates, providing women with information about community and legal resources and assistance obtaining protective services.

Religious Institutions

In the Hage (1998) study of women survivors of abuse, churches were cited as one of the first places battered women turned but also as one of the most likely institutions to suggest negative coping strategies (e.g., self-blame, woman needs to try harder, and honor family norms). Social and religious expectations that women are supposed to keep the family together and traditional values limiting women's role in society may have an effect on women's decisions about leaving abusive relationships (Barnett & LaViolette, 1993; Gelles & Straus, 1988; Lempert, 1996). These traditional values, along with blaming tactics by the perpetrator, can be a powerful foundation for female self-blame (Barnett & LaViolette, 1993; Blackman, 1989; Hoff, 1990; Tifft, 1993).

In a study of 146 battered women, Bowker (1988) found that 40% sought help from the clergy. As a group, the clergy were rated lower on effectiveness compared to most other resources (e.g., shelters, women's groups, social service organizations), except physicians and nurses. A significant portion of the women reported that they were told by clergy that they "could not leave the relationship, or that it would be sinful to do so, and that divorce was strongly discouraged. They reported that they felt trapped by their religion" (p. 243). In this study, highly religious women were found to stay longer in their marriages than less-religious women who had experienced similar lev-

els of abuse. Clinical case studies by Burnett (1996) confirm these findings. Burnett suggests that strongly religious women may feel a sense of duty to stay in an abusive relationship to honor their marriage vows or to demonstrate their faith.

These studies point to the necessity of fashioning intervention efforts toward training and educating clergy and other religious professionals who may know little about the causes and impacts of violence against women and appropriate interventions. One strategy is for counseling professionals to maintain a visible presence in local religious communities, through extending programming and services to churches and other informal settings where people already gather. For example, counseling psychologists might share information with clergy about the danger of messages regarding preserving the family potentially resulting in women staying in destructive relationships and offer to provide training on how to screen victims and locate referrals to community resources.

Summary

Counseling psychologists have an important role to play in training and educating other professionals in several institutions (e.g., school, legal, medical, and social service agencies and religious organizations) about male partner violence as well as in fostering the environmental changes needed in the professional helping network to increase its responsiveness to the concerns of battered women. School, religious, and community agencies should be encouraged to distribute information on rights and services for victims of intimate partner violence and to provide training to its professional staff on appropriate client services and referrals. Counseling professionals should support the development of additional guides and resources to assist appropriate interventions for different professional settings. The goal is to ensure staff respond sensitively to victims while also empowering women survivors.

CONCLUSION AND FUTURE DIRECTIONS IN THE PREVENTION OF DOMESTIC VIOLENCE WITHIN COUNSELING PSYCHOLOGY

This article has addressed the role of counseling psychology in the reduction and elimination of interpersonal violence. The goal has been to provide a context to generate preventive efforts within counseling psychology aimed at ending and/or mitigating the effects of male violence against female partners. In this final section, suggestions for a prevention agenda and opportunities

for involvement and collaboration for counseling psychologists will be delineated.

Training

As suggested in the Romano and Hage (2000) article, a renewed prevention agenda requires that students in counseling psychology acquire the necessary knowledge and skills to effectively engage in the practice of prevention. To meet this goal in terms of violence prevention efforts, it is important to address how well graduate training programs in counseling psychology are preparing new professionals in early identification, treatment, and prevention of violence within intimate relationships. APA's accreditation committee and Educational Affairs Directorate could carry out such an evaluation and suggest new directions for graduate training programs (Koss et al., 1994). As mentioned above, such efforts would be consistent with the recently adopted APA resolution on Male Violence Against Women, promoting exploration of ways to train psychologists to recognize and treat victims of violence, disseminate materials on violence against women, and to more closely collaborate with other professionals to prevent violence against women (Levant, 1999).

Although caution about adding additional content-based training for counseling psychologists is merited, the scope and impact of the epidemic of violence against women as well as the misconceptions held by many professionals (Blackman, 1996) justify domestic violence prevention training. Walker (1994) notes the tendency for abuse to remain undetected by counseling professionals poorly trained in screening, assessment, and therapy with victims of abuse. Information on violence prevention could be integrated into existing assessment, practicum, and counseling theories courses, with a specialized course available for those who desire additional training. Practicum opportunities that facilitate outreach and program development on partner violence issues need to be promoted. Faculty might generate new courses, using sample course syllabi on abuse and the prevention of violence available at the Minnesota Center Against Violence and Abuse electronic clearinghouse (http://www.mincava.umn.edu).

Funding and Resources

Recent legislation extending the Violence Against Women Act and providing funds for education, research, and training is a step forward in directing resources for violence prevention efforts. Additional funding resources need to be identified to expand prevention efforts at each of the five levels discussed here. Additional resources within counseling psychology must be

generated to go beyond direct services (e.g., interventions and treatments for batterers and their victims) and address the underlying causes of violence against women (e.g., societal and community norms and policies that directly or indirectly contribute to intimate partner violence). Counseling professionals can support the expansion of funds through advocacy with governmental and private funding agencies and educating the public about the need for prevention.

A difficulty with including social change as a focus for counseling psychology is that "professionalism" in our field is often defined by public and private funders as providing research and service, not social action, which may affect the availability of economic and sociopolitical support for our work. Yet, as Roche and Sadoski (1996) note, social action does not have to be regarded as an all-or-nothing option. At times, we may need to measure the costs of risking credibility and external support against the likely benefits of such work. Furthermore, counseling professionals may need to identify their own personal resources (e.g., expertise, time) and focus their expertise in one or another of these areas, keeping in mind the current lack of emphasis on primary prevention and public policy promotion and their potential need for training in these areas. For example, counseling psychologists might work at strengthening the resources and resiliency of victims by providing counseling services and may also choose to take an active role in policy development on a local or regional domestic abuse coordinating board. Finally, we are also challenged to use prevention funds effectively through both increased interdisciplinary collaboration and partnerships with community services and agencies.

Employment

As the importance of violence prevention is further recognized and new funding becomes available, increased employment opportunities for those skilled in prevention science, advocacy, and consultation on behalf of battered women and other victims of abuse will increase for counseling psychologists. Two areas needing special attention are housing (temporary shelter and transitional) and training of staff to serve women in abusive relationships. Estimates are that only about 1,200 shelters currently exist in the United States, far less than the amount needed, which means that a large number of abused women and their children are forced back into abusive situations (Crowell & Burgess, 1996). The VAWA reauthorization bill, providing $1 billion for battered women's shelters during the next 5 years, would help meet this need. Along with working as staff at additional centers serving victims and families, which result from collaborative advocacy efforts, counseling psychologists are needed to serve as trainers, consultants, and victim

advocates to expand the number of service providers to respond to the epidemic of family violence that currently exists. Funds for salaries for counseling psychologists who work in this area will only come when interventions at the public policy level are advanced and psychologists become more active in community, governmental, and school-based planning efforts that address systemic and societal factors contributing to domestic violence.

Research and/or Evaluation

Research efforts within counseling psychology need to address prevention of violence at multiple levels, including prevention of violence before it occurs, early intervention for individuals at risk (e.g., children who witness abuse), and effective treatments for perpetrators. Much additional research is also needed to study the impact of abuse on women, specifically the efficacy of violence prevention and intervention programs, and the amelioration of PTSD. Finally, the impact of public policy to prevent violence through strengthening knowledge, attitudes, and behaviors that support healthy intimate relationships needs to be evaluated and further developed.

Gilfus et al. (1999) describe an exemplary approach that could be used to promote this agenda through collaborative research on violence against women and mutual learning among researchers, practitioners, advocates, and policy makers. Their model is defined as "'survivor-informed' networks—informed by the perspectives and experiences of survivors and the wisdom of those who work closely with them" (Gilfus et al., 1999, p. 1195). The model is focused on creating multidisciplinary partnerships among members of diverse cultures and communities, through regular meetings, shared research endeavors, mentoring of beginning researchers (e.g., doctoral students), consultation, and mutual support of each other's work. They rightly argue that violence against women is a complex phenomenon and therefore demands a multiplicity of perspectives to study it.

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