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Domestic Violence Research

What Have We Learned and Where Do We Go From Here?

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Domestic violence has been an intense area of study in recent decades. Early studies helped with the understanding of the nature of perpetration, the cycle of violence, and the effect of family violence on children. More recently, studies have focused on beginning to evaluate domestic violence interventions and their effects on recidivism. This article acknowledges the importance of what we have learned about the prevalence and impact of domestic violence and explores the need for more focused effort to pinpoint interventions that are effective with perpetrators and victims. Methodological issues relevant to past intervention studies are also discussed and future research directions are outlined.

Keywords: *domestic violence; batterer's intervention; prevalence*

Violence exposure and trauma has become an intense area of research interest over the past 20 years. Thousands of studies have been conducted in the area of family violence. A literature search reveals 15,719 articles published in this area in the past 10 years. From these studies, we have learned of the staggering prevalence of violence and the unfortunate effects of that exposure on children. The most predominant of these is intimate partner violence. The understanding of the sheer volume of children and families exposed to intimate partner violence and the implications of that violence provide guidance for current and future work on prevention and treatment and are the most important things we have learned about violence and trauma in the past 20 years.

Recent data from the Bureau of Statistics found that 691,710 nonfatal and 1,247 fatal violent victimizations were committed by intimate partners in the United States in 2001. This number only makes up 20% of the violent crimes against women in the United States (Rennison, 2003). These data suggest staggering rates of violence against U.S. women alone. In addition, an estimated 3 to 8 million children in the United States are witness to violence each

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year (Carlson, 1984). The prevalence of domestic violence has been a vital discovery along with the impact of this exposure on child development and psychopathology.

A large body of literature has shown that exposure to intimate partner violence has a deleterious effect on children's emotional and behavioral development (Davies & Cummings, 1994; Edleson, 1999). Correlational data have demonstrated that exposure to violence in childhood is associated with concurrent and prospective indices of child behavioral and psychiatric problems (Augustyn, Parker, Groves, & Zuckerman, 1995; Grych, Jouriles, Swank, McDonald, & Norwood, 2002; Holden & Ritchie, 1991). In addition to psychiatric and behavioral problems, exposure to violence can also affect children's cognitive functioning, initiative, personality style, self-esteem, and impulse control (Pynoos & Nader, 1990). These children are also at great risk for child abuse and neglect. A report in 1990 revealed that in homes where domestic violence occurs, children are physically abused and neglected at a rate that is 15 times higher than the national average (Osofsky, 2003; Senate Hearing 101-939, 1990). Studies have shown that 60% to 75% of families with intimate partner violence have children who are also battered (Bowker, 1988; McKibben, Devos, & Newberger, 1989; Straus & Gelles, 1990).

Younger children have been shown to be at particular risk for exposure to violence, with preschoolers evidencing higher levels of behavioral problems than older children (Hughes, 1988; Hughes & Barad, 1983). Developmentally, the intense stimulation and threat attendant to partner violence is highly arousing and potentially terrifying for child witnesses. At any age, such experiences are emotionally dysregulating; however, exposure at a younger age when emotional self-regulation is emerging can be especially detrimental and can lead to difficulties in sustaining peer relationships, negotiating conflict, and coordinating close friendships (Sroufe, Egeland, & Carlson, 1999). Looking more longitudinally, Tuppett, Yates, Sroufe, and Egeland (2003) found a correlational relationship between exposure to violence in the preschool years and externalizing behaviors in adolescent boys and internalizing behaviors in adolescent girls. It has also been shown that exposure to parent-to-parent violence significantly predicts future intimate partner violence perpetration regardless of gender. This is particularly true of individuals who were diagnosed with conduct disorders as adolescents (Ehrensaft et al., 2003). These results show a model of domestic violence exposure resulting in conduct disorder, which is associated with higher rates of domestic violence perpetration.

In addition to increased risk for violence perpetration as adults, children who are exposed to partner violence as children have also been shown to be at

increased risk for victimization. Mitchell and Finkelhor (2001) found that youth who had lived in a household where they were exposed to parental violence were 158% more likely to experience violence victimization than individuals from nonviolent households. The risk was 115% higher for boys and 229% higher for girls. Given the potential negative outcomes for children resulting in propagation of violent lifestyles as adults and correlations between childhood violence exposure and later psychopathology, it is essential that children's exposure to violence be limited. This awareness has led to governmental financial support of community action, intervention programs, and research, as well as changes to public policy and law enforcement.

The research to date, however, on the prevention of domestic violence recidivism and the effectiveness of current treatment models is not promising. Hence, the most important area for further study is the evaluation and discovery of appropriate, effective treatment models. Studies have suggested that recidivism rates in domestic violence cases are high with studies estimating 40% to 80% or more of repeat violence when victims are followed longitudinally and interviewed directly (Garner, Fagan, & Maxwell, 1995; Shepard, 1992). Court-ordered interventions have become a popular mode of treatment for batterers and their families. Mandatory arrest policies and court-ordered batterers' intervention programs have become common law enforcement practice. Recent studies have indicated that these programs do not significantly reduce recidivism or change batterers' attitudes toward violence (National Institute of Justice, 2003). A multisite analysis of a mandatory arrest program for domestic violence perpetrators found only modest reductions in recidivism across five communities as measured by police and victim reports (Maxwell, Garner, & Fagan, 2001). A recent study by Maxwell and colleagues published by the National Institute of Justice in September 2003 reviewed several batterers' intervention programs using the Duluth model, which is the most commonly used batterer treatment in the United States. Their results indicated that the court-ordered programs did not change batterers' attitudes about domestic abuse and did not reduce recidivism. This study found that other factors such as marital status, residential stability, and employment were better predictors of reoffense than treatment. The study did find some evidence that longer treatment programs (26 weeks vs. 8 weeks) resulted in fewer incidents of repeat violence of those who completed; however, the longer treatment resulted in more dropouts than the 8-week group. Other studies have not found differences between longer and shorter treatment programs (Gondolf & Jones, 2001). Researchers studying these programs have begun to look more closely at the characteristics of men who benefit from batterers' treatments and what aspects are helpful in creat-

ing change (e.g., longer duration of program, cognitive behavioral approach, trauma approach, etc.). These are key factors to aid in determining future directions for treatment programs.

Many treatment providers and others working in the field of domestic violence have developed an understanding that assurance of physical and psychological safety for victims of domestic violence is a prerequisite for any other form of intervention. If women and children do not feel safe, it is impossible for them to engage in other forms of treatment. Given the necessity of safety and security as a primary means of helping these families, increasing attention has been given to the use of collaborative community responses to domestic violence. Coordination among police, prosecutors, probation officers, domestic violence advocates, mental health providers, and judges to develop policies and procedures in response to domestic violence cases is becoming more common with some promising preliminary findings. Shepard, Falk, and Elliott (2002) found that men who were arrested, were court ordered to attend a Men's Nonviolence Program, and completed the program were less likely to reoffend based on police records. This program showed the success of coordination between the police, courts, and treatment providers. Casey, Berkman, Gill, and Marans (under review) found a 57% reduction in repeat calls for police service 1 year following a police-advocate home visit intervention designed to provide safety monitoring, court coordination, advocacy, and service referrals to women who experienced domestic violence compared with controls who received standard 911 police service. These studies suggest a need for further coordinated community responses, including law enforcement, that may be linked to batterers' treatment programs. The focus on one aspect of intervention alone has not yielded robust changes in this difficult population.

Despite these recent promising results in studies of coordinated community responses, there are many methodological issues with most studies of intervention models for domestic violence that are currently published. Use of police or court records to document recidivism rates is problematic because a high proportion of repeat incidents of violence are not reported to criminal justice systems. For more accurate estimates of recidivism, direct contact and information gathering from victims and other sources are paramount; however, there are often high rates of attrition in studies that attempt to directly interview victims. There is also the question of appropriate training of providers of the various domestic violence interventions. Issues include the following: (a) What is the level of training of various providers? (b) How closely do providers adhere to the intervention model being assessed? (c) How can adherence to a particular intervention be measured to ensure that

results are due to a specific treatment provided? Assessment and evaluation of adherence to treatment models is crucial to gain an understanding of what aspects of a treatment are most beneficial to participants. Methodologically, there is a need to integrate multiple approaches to domestic violence research, including cross-sectional and longitudinal approaches to quantitative research together with qualitative methods.

The most promising methodological innovation in the area of violence research has been the development of measures to assess for violence exposure. Authors have created measures of domestic and community violence exposure that have helped researchers understand various aspects of domestic violence. The revision of the Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) is a good example of a systematic way to explore with women the violence they have experienced. The measure provides a means for researchers to use a tool with good psychometric properties that provides an extensive look at the kinds of violence within a couple's relationship perpetrated by both partners. The CTS2 is now well known in the violence literature and provides a common ground for data collection and understanding of intimate partner violence phenomena.

The field has advanced greatly in its understanding of the methodological considerations in gathering data from domestic violence populations. Careful consideration of the above-stated evaluation concerns to provide scientifically stringent evidence of the effectiveness of interventions, what aspects are most important, and how to best implement programs that are economically feasible for communities is a vital area of future study. Although significant gains have been made in our knowledge of how violence affects families, there is still a great deal of work to be done to understand how to implement effective interventions to reduce domestic violence and improve outcomes for children and families. The need to pinpoint and develop effective treatments to end domestic violence is the most important thing we need to learn in the next 10 years. The improved study methodologies that are now being discussed and called for in the literature (e.g., Saunders & Hamill, 2003) will allow the field to advance in leaps and bounds and provide solid evidence for effective intervention.

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